

# Translating and transferring drug prevention interventions across contexts: Learning from the EPPIC project

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#### **Declarations**

- 1. The authors have no conflict of interests to declare.
- 2. This paper is part of the project 768162 / EPPIC which has received funding from the European Union's Health Programme (2014-2020). The content of this paper represents the views of the authors only and is their sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the in-formation it contains.

# EPPIC – Exchanging Prevention practices on Polydrug use among Youth in Criminal justice systems

EPPIC

Funded by: Third EU Health Programme (2014-2020): Consumers, Health, Agriculture and Food Executive Agency (Chafea)

**Duration**: January 2017 – February 2020

Co-ordinator: Drug and Alcohol Research Centre, Middlesex University (UK)

- Change Grow Live (UK)
- HOT (UK)
- Aarhus University (Denmark)
- European Centre for Social Welfare Policy and Research (Austria)
- Frankfurt University of Applied Sciences (Germany)
- Institute of Psychiatry and Neurology (Poland)
- Eclectica (Italy)



# What the project is aiming to do



To gather knowledge, exchange best practice & identify transferable innovations & principles of good practice on interventions to prevent illicit drug use, the development of polydrug use and use of NPS among young people in the criminal justice system (CJS)

To develop a set of guidelines adapted to the development of initiatives aimed at the target group based on European Drug Prevention Quality Standards

To initiate a European knowledge exchange network for practitioners and stakeholders working with young people in the CJS

#### Methods

- Aim was to explore substance use & experiences of prevention interventions, from the perspective of young people and professionals.
- Qualitative approach: interviews, focus groups & workshops with practitioners & young people; documentary analysis.
- Common core questions, coding and analysis frameworks were used to facilitate comparative analyses & to identify across countries:
  - drug interventions for young people in touch with CJS;
  - interventions that had been transferred;
  - factors that facilitated or impeded transfer.

#### Current knowledge: literature

- Move away from policy (& knowledge) transfer being viewed as straightforward & technical/mechanistic
- Emphasis on 'translation' (Prince, 2009) & 'variation' (Newburn, 2010)
- Notion of 'selective borrowing' (Stone, 2012) leads to hybrids & adaptive innovation to make the intervention better fit local conditions (divergence, hybridisation, mutation, adaption)
- Highlights complexities of context & need for interpretation (Stone, 2012)
- Policies & practices are often not simply 'transferable' as they have arisen from the specific legal, educational & social systems of their 'host states' and are neither ideologically nor culturally proximate (Hulme, 2005, p.243).

# Initial results from EPPIC project

- Of the sixty interventions identified across partner countries less than half were evaluated.
- Two interventions had been transferred, both underwent translation:
  - FreD goes net (aimed at first time offenders) developed in Germany was translated to several European countries (Wirth & Rometsch, 2010)
  - CANDIS (Hoch et al, 2014) (aimed at cannabis use cessation or reduction) was translated from Germany to Poland.
- Exchange of best practice was valued by informants but simple transfer was not seen as viable.
- Participants argued that if interventions were to succeed they required adaptation to fit different and often complex contexts

#### Principles of transferability

Setting intervention delivered in

Target group for the intervention

Who delivers the intervention/ways of working

Geography (e.g. rural, urban, transport links)

Systems (health, legal, welfare, education)

**Policy frameworks** 

**Cultural context** 

Language, terminology and translation

**Content and visual presentation of materials** 

**Underpinning principles/ideology** 

Resources required (e.g. staff, funding, space)

User involvement in design and/or delivery

**Strength of evidence base** 

**Ethical considerations** 

#### Next steps: stakeholders views

Using i) 'real world' examples of innovative interventions identified within EPPIC; ii) principles of transferability (from EPPIC & literature) In each partner country workshops/interviews are being conducted to explore:

- What factors are taken into account when making decisions about whether an intervention could be replicated elsewhere e.g. from one place to another, across settings
- Transfer and adaptation (translation) of interventions
- Factors that might facilitate or impede the transfer of 'best practice' measures and initiatives
- Cross national similarities and differences

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### Relevant EPPIC project reports

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