Summary - Foundation of Prevention through Prevention Science

Keynote speaker: Dr Zili Sloboda

Panellists: Matej Košir, Chantelle Pepper, and Carlton Hall

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Keynote Presentation

Prevention science has seen a 30-year evolution of evidence-based interventions and policies. It is important to reflect on how far we have come and what is still left to do to build and sustain evidence-based prevention programming while also building a culture of prevention. Prevention science is multidisciplinary and its focus is three-fold: to identify those factors that protect or put at risk the social, emotional, and physical health of individuals, families or even communities; to understand how these factors operate to put at risk or to protect; and to develop and evaluate prevention strategies such as interventions or policies that counter risk or that enhance protection.

Prevention science draws on epidemiology (description and understanding of the problem, the consequences, and its stakeholders), definitions and principles (explaining the theoretical basis for effective interventions as to how prevention works to promote positive behaviours and intervene to interrupt the trajectory toward negative behaviours, like substance use.), research methods to determine the level of effectiveness of preventive interventions. There is a growing effort worldwide to professionalise the field of prevention. Professionalisation means having a systematic body of knowledge, skills, and competencies that have their basis in theory and research; having the authority to define the problems or issues it is to address and how to treat or address these issues, having sanctions in place regarding training and who is to be admitted into the profession, having a code of ethics based on principles of service to others, and having a culture that includes what institutions or systems are necessary to carry out their functions. In addition, there must be international acceptance of these elements to fully be a profession.

Currently, the field has accumulated a systematic body of knowledge skills, and competencies. However, there is no international standardised training for those in the prevention field. There are efforts to have international credentialling and acceptance of a prevention code of ethics as well as building a delivery system for evidence-based prevention interventions and policies.

Key to prevention programming is understanding the process of vulnerability and to understand the prevention strategies that would work with to alter potential negative outcomes for vulnerable individuals and groups. Vulnerability is the result of the interface of the person and his or her micro- and macro-level environments that either puts that individual at risk or protects him or her. The influence of these environments is called socialisation. The process of socialisation occurs across the lifespan. Understanding these points of interface helps prevention professionals to identify points where intervention can be identified. Overall, prevention is a socialisation process. Both socialisation and prevention programming share similar factors and outcomes.

Parents, teachers, and other stakeholders have an important role in the socialisation process. with appropriate parenting skills, parents help their children to understand the “right and wrong” behaviours of their society; support prosocial attitudes and behaviours; and help their children choose prosocial friends and succeed in school and in their other positive pursuits. Good teachers help students understand their role in the classroom as students and encourage learning. These ‘practices’ have been shown to have positive outcomes as children grow into adulthood. Therefore, prevention professionals are themselves socialisation agents. First by working with families, parents, teachers, etc.

to improve their socialisation skills to create a more positive experience for children's development. But also, they socialise students by directly engaging in the socialisation process through say, a school curriculum. They help individuals understand expectations in different social and emotional contexts, practice new behaviours, and collect and interpret information to make informed decisions about their behaviours.

The field is fortunate to have available a very important tool that brings together the results of three decades of research on the evaluations of prevention interventions. The International Standards on Drug Use Prevention published by the United Nations Office on Drugs and Crime and the World Health Organisation (2013/2018). The Standards provides a guide on evidence-based prevention strategies within a development framework and reflect on what strategies have had positive outcomes for each age group. The International Standards Documents provides a short description for these intervention and policies.

Prevention workers need to be trained, the programmes need to be inclusive, and reach out is needed. To achieve the goals, building a national service delivery system might be important, including multiple levels and integrate existing systems. It should also be open for feedback to build and improve the system while also building a culture of prevention. There needs to be a common understanding of ideologies, involved processes, and support for prevention efforts. In the end, it will achieve other outcomes as well besides prevention.

Q&A

Is there anything you would say is a difference between girls and boys when it comes to the results of prevention programming

Dr Zili Sloboda: Very little work in terms of gender differences in response of prevention has been done. We know from other research that there is a gender difference in response of prevention. There needs to be more research in prevention and we are not really going where we are needing to go. I would love to create an international research agenda.

What do you have to add to the topic/keynote speaker from your experience, role, and perspective?

Matej Košir: I have been involved in the process of bridging the gap between prevention science and practice throughout my career and think that this bridge is still not build, there is still a lot of work left for in the future. We know well from international standards and other publication what is very likely ineffective or harmful in prevention. What should be done?

- Ask ourselves if it is ethical to continue with the kind interventions that are harmful and who is responsible to stop these kinds of interventions.
- Persuade policy and decision makers to invest in evidence-based prevention and advocate to get the issues included in draft policies, legislations, funding, and implementation of practices.
- Broaden the spectrum and framework beyond narrowed risky behaviour focus, such as substance use disorder or mental health. Optimal health is a balance between physical health, emotional, social, spiritual, and intellectual health and all dimensions are important.
- We should broaden the discussion on prevention on scientific and practical aspects.
- Train the prevention workforce since knowledge of prevention is different among prevention workers and many of them do not have adequate knowledge and skills.
- Evaluate and measure prevention to reflect upon the effects of the work and see outcomes in the target population.

Chantelle Pepper: It is really important to start the conversation, no matter how small. Prevention is a multidisciplinary approach and should be embraced accordingly. For example, in South Africa, National legislation (Prevention and Treatment of Substance Abuse Act & the National Drug Master Plan 2019-2024) must be implemented by the provinces. The Department of Social Development (social welfare services) and local municipalities must implement it, in partnership with relevant stakeholders, such as the civil society, law enforcement, national prosecuting Traditionally everybody thinks that prevention is raising awareness on where to seek help / services for treatment, therefore there is a lack of evidence-based prevention programmes being offered. Prevention is therefore still seen as just simply raising awareness. What else needs to be done?

- Prevention needs to be taken more seriously on local and national level and in funding programmes. It is good to write down goals to achieve.
- Reduce demand for drugs through more evidence-based approach prevention programmes – even though the National Drug Master Plan clearly stipulates that demand for drugs should be reduced through prevention and treatment of substance use, there are not many evidenced-based programmes in place.
- Prevention should be lobbied for
- Establish prevention science courses to better understand the concept and to encourage the professionals on the ground to use evidence-based methods.
- It is critical for municipalities to understand what their needs are on the ground by doing a needs / resource assessment first then an intervention based on their needs and then they can see what their short outcomes are, then medium to long term outcomes. The City of Cape Town did just that, by understanding their needs first, they realised that they need to focus also on prevention & this resulted them to implement an evidence-based prevention programme Strengthening Families programme for a couple of years now and they are already seeing the value and impact it brings within their communities that are implementing it. Educate officials so they can support the practitioners.
- In my experience over the years, it is clear that collaboration between municipalities, provinces and key stakeholders are key to strengthen the network which will increase the flow of information about the need for evidence-based prevention programmes.

Carlton Hall: Dr Zili introduced the notion of the importance understanding vulnerability. Identifying and prioritising the vulnerable population is necessary while also recognising the environments that make them vulnerable. Notion of making prevention obvious is essential. The following aspects are critical to think about in prevention: translate/clarify (prioritise); identify local conditions (concretise); define strategic leverage (strategize), and; engage effectively and equitably (evangelise).

How to strengthen cooperation in multidisciplinary approaches? One stake holder has seldom a holistic responsibility. People consist of many different needs.

Dr Zili Sloboda: Bringing people together from different disciplines, sharing a common goal and objective, which is a core value, and find people that view the world broader. This can be done through professional conferences, chatting with people, etc.

Chantelle Pepper: In South Africa, the legislation says that we have to work together. Yet, it still depends on how we [government officials] communicate. The mayors and municipal managers need to get their buy in because they are the budget holders and have to implement the NDMP 2019 at a local level. Even if the legislation points it out, the reality is still different and not all mayors/municipal managers consider the municipality responsible to address substance use issues. Implementation is

yet another barrier. Department of Social Development social workers have a degree in social work but will not be specialised in SUDs and therefore need to be capacitated because it's a specialist field.

Carlton Hall: we need to clarify the goal and the objective. Everyone plays a role. Even though we apply the same tools, it has to be steered to the context and the goals. Identify how we play a critical role.

Matej Košir: in practice it is important to bring it to the lowest/most local level. Since it is multidisciplinary, we need to bring together the social counsellor, health centre, the police, etc. They can solve the problem much easier and it will be necessary to get them sit together and discuss the problem.

How do you balance the system in ensuring a coherent prevention strategy? How do we measure and review the effectiveness of the intervention policies?

Dr Zili Sloboda: Regarding the second question, it is more difficult to evaluate policies. The most effective research method to use has been time series analyses.

Matej Košir: When going to communities, we need to develop strategies on a local level. Even though communities often think they can do it themselves, they are not aware of all stakeholders that could be relevant in the socialisation process. Besides this, it is also a matter of motivation. Those that are motivated usually work more and it is not an easy task to get everyone involved and get a balance. Therefore, start with involving the motivated stakeholders and then other will join once they see a progress/outcome.

Dr Zili Sloboda: In the chart of the national prevention system that I presented, the basic element of the system is the community, however that is defined. There is knowledge, experience, effective models, etc. Yet, it is not an easy process. It is the basic unit where we have to look at. Every community has different SUD problems, other vulnerabilities, etc. and should therefore have a different strategy.

Chantelle Pepper: Establishing a committee with all the relevant stakeholders on a local level is necessary. According to our Act, municipalities must establish a Local Drug Action Committee. They have to appoint an official to drive it from the municipality and include all stakeholders to get their buy in and support, and this is only the first phase. Yet, it is surprising how long this can take therefore municipalities often feel overwhelmed. Besides this, a needs assessment is key since you cannot make a strategy without it.

Young people do not like to be told 'say no to drugs'. How effective are advocacy programmes in prevention strategies?

Dr Zili Sloboda: There is not a lot of research to support the approaches. But there are ways of involving young people in prevention programmes that have been demonstrated to be successful.

Matej Košir: I'm often confronted with such questions on ineffective or harmful practices by those who implement them on regular basis. I usually tell them that Science is not on their side and it takes time to switch from those practices to something which is evidence-based. There are many ways to do prevention. So, I tell them that they should Do not stick with what they do if it is not evidence-based although they have been doing this for 30 years. They should look into other ways.

Dr Zili Sloboda: There are programmes that involve young people but they have specific roles and supported by trained adults. For example, suicide programmes using peer leaders. Also, there are assistant programmes, in which students are also trained to work with adults. For instance in developing substance use policies in schools having youth involved in decision making roles, which helps their bonding in schools.

Carlton Hall: We understand a number of things that are required to involve young people. In the US, all data suggests that there are far more young people that are not participating in 'bad' behaviour. They can help us to spread the word and are often much better to spread the word than adults.

I was struck by Matej's comment about building bridges between research and practice "and that bridge isn't built yet". I feel the same way. After many years working on linking practice with research, there feels like it's been limited success. What does our panel think is missing? What can we do to increase these connections and better ensure prevention science is being used by people wanting to do prevention?

Matej Košir: Advocacy is one of the most important keys. Bringing all the evidence to the policy and decision makers will not work completely. In Slovenia, one of the biggest successes is that we have multiplied the number of advocates in the last two decades, especially among young people. That is also why we have one of the strongest tobacco policy, some important improvements of alcohol policy, and still rather strict cannabis policies. It is very difficult for these industries to get into the discussion at policy level because of our advocacy work. Also, key points of prevention should be put higher on the political agenda. This process should already start during the agenda setting phase of policy cycle, and not in the legislation adoption phase. It is highly recommended that we talk to the politicians before the elections. This will give them and us time to bring it to the agenda and you have a possibility afterwards to get back to the politicians after elections and ask them about their promises and pre-election plans.

Dr Zili Sloboda: We have to do this on multiple levels. Prevention is a profession and universities are acknowledging that and many are offering courses and degrees in prevention, which validates the field. The question will be on how we bring the information from prevention science to the general public and normalise it.

Chantelle Pepper: It really is a multidisciplinary approach and bringing universities in is key. We have to get it to a master degree or special degree level. Yet, compared to 5 years ago, we have come far and are gaining momentum and we are heading into the right direction, for example, we are the only province that offers a Post Grad in Addictions Care at Stellenbosch University & University of Cape Town. As governments, we have so much protocol and red tape we have to adhere to. Therefore, please be patient with governments and it is important in my experience that you find the right and committed person to work with – work with those that want to work with you.

Carlton Hall: Prevention is more than science; it is a craft. We are all getting better at it and there are four areas to move closer. We got to get better in describing our role, helping the people to help their community, help define the strategic leverage in the different areas, and we have to make sure to put greater emphasis on it.