

FREQUENTLY ASKED QUESTIONS ABOUT EVIDENCE-BASED PREVENTION

What is evidence-based prevention?

Evidence-based refers to those prevention approaches (typically a program or an environmental strategy) that have undergone a rigorous evaluation and have shown positive evaluation outcomes for reducing substance use. To be even clearer, DAODAS typically reserves the label of “evidence-based” to those that have appeared in a peer-reviewed journal (a journal where highly-qualified social scientists scrutinize submissions before allowing publication) or parallel peer-reviewed process.

What is the value of using evidence-based approaches?

Under rigorous evaluation methods, many efforts to prevent substance use often show little or no impact, despite good intentions and a theory basis. Evidence-based approaches, however, have shown positive results under such evaluation. Due to limited funding for prevention, there is plenty of incentive to spend our scarce resources on approaches that have shown results over ones that are unproven. In other areas of life (for example, medicine), we expect to receive only the most effective approaches, so why not expect the same from us in prevention?

What are some of the criticisms of evidence-based prevention?

Evidence-based approaches may cost more than developing your own prevention program because of materials and training costs. Also, evidence-based approaches may be less flexible as they are typically multiple sessions that may not fit the needs of, for example, a PTA group that wants a one-time ATOD presentation. Some prevention professionals also have concerns that many evidence-based approaches won't work with specific populations in their community because of cultural issues, reading levels, etc.

Where can I find information on evidence-based approaches?

The most common resources for South Carolina are SAMHSA's National Registry of Evidence-Based Programs and Practices website (<http://www.nrepp.samhsa.gov/>) and the SC Toolkit for Evidence-Based Prevention Programs and Strategies (<http://www.daodas.state.sc.us/toolkit.asp>), which includes public comments about various programs and sections on environmental strategies. Section 8 of the Toolkit has much more information about evidence-based prevention.

Can a home-grown program I work with become an evidence-based program?

It is possible, but extremely difficult. Organizing the type of rigorous evaluation necessary to get published in a peer-reviewed journal almost always requires the participation of a Ph.D.-level researcher and several years for research and publication.

What ever happened to the terms “model,” “promising,” “effective,” etc.?

SAMHSA has discontinued putting programs in these categories. Instead, they list all programs they have reviewed in NREPP (see above) with ratings rather than labels and have shifted more responsibility to the states to define evidence-based.