UNIVERSITY of STIRLING

Using evidence to inform improvements in policy and practice

Tessa Parkes, June 21st
Highland ADP Stakeholder Day

BE THE DIFFERENCE

Structure of talk

Position myself
Provide some context
Tell you about PADS, its vision and remit and associated developments
Provide definitions of evidence-based and evidence-informed practice
What do people themselves say they value from services?
A few words about effectiveness in relation to drug treatment and policy
Provide a caution about the role of politics in creating and using evidence
Outline some challenges of translating evidence about what works into action
Provide a personal take on a way forward

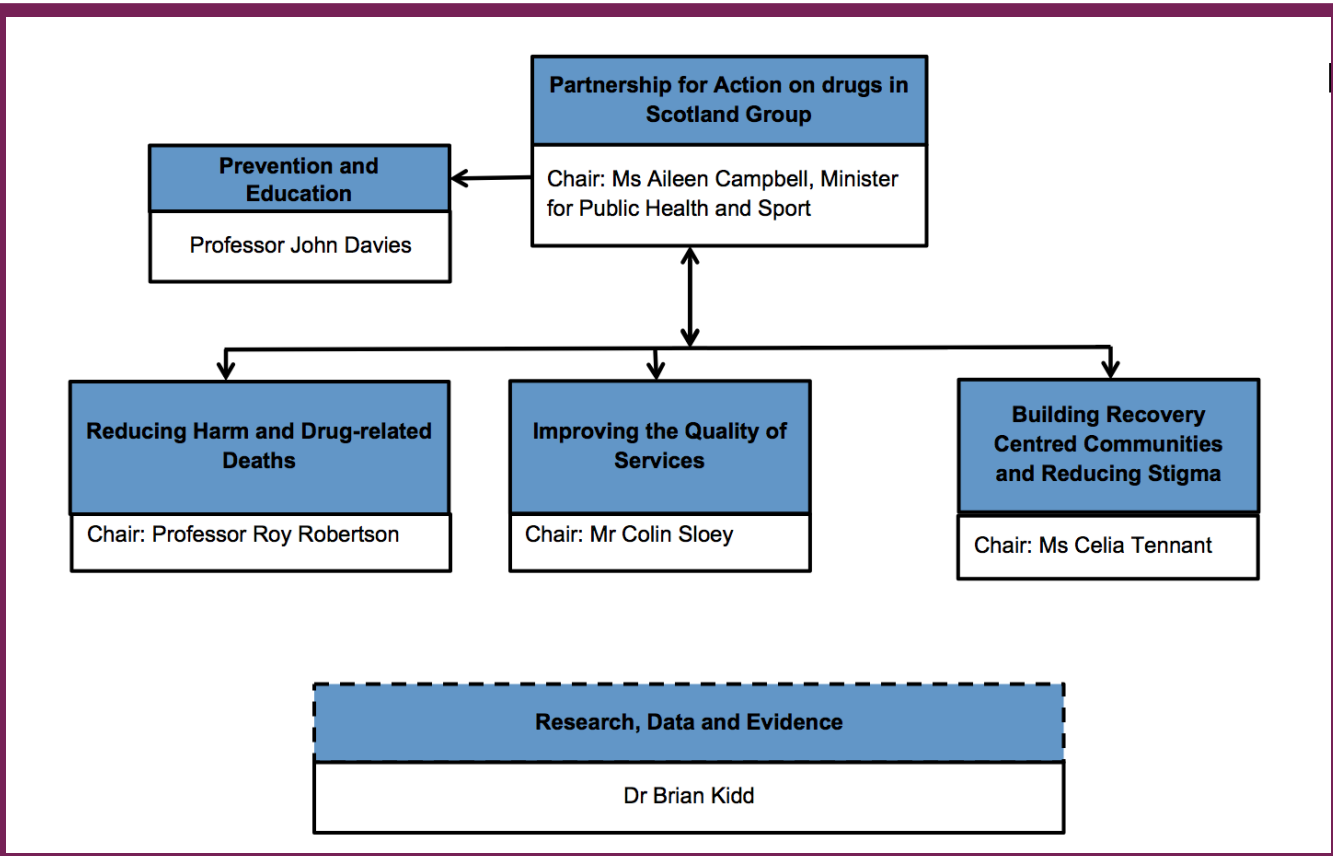
Context to our work

- The drive to prevent and reduce drug and alcohol related harm in Scotland but also to improve health outcomes and quality of life for those affected
- *Road to Recovery* (2009), *Changing Scotland's Relationship with Alcohol* (2009)
- Infrastructure including 29 ADPs - activities range from prevention to recovery
- Quality improvement of treatment - waiting times targets, Quality Principles (2014)
- Prevention agenda including the education of young people on risks and harms
- Work to prevent drugs-related deaths and overdoses including the Naloxone work
- Support from the national commissioned organisations
- Sir Harry Burns Independent Chair reviewing targets and indicators to create an improved national measurement framework
- PADS, its subgroups and remit and the new Drugs Research Network Scotland

At the sharp end

- Many people have combined mental health, physical health, substance use problems, HIV/Hep C, long term conditions including chronic pain
- Generally, but not exclusively, a very marginalized group, lack of social/economic power and “voice”, stigma, chaotic lifestyles
- Huge social problems: poverty, unemployment, homelessness/housing, dislocation from families/community, involvement with criminal justice
- People have very varying needs and levels of stability
- Other prescription/non-pres. drug use can be very common
- Many people have violence and trauma histories
- People easily become as marginalised within healthcare services/treatment as within society more generally and vulnerable to poor service experiences

Partnership for Action on Drugs in Scotland



PADS Vision Statement

PADS believes that individuals, families and communities in Scotland have the right to live their lives unharmed by problem substance use.

We understand that substance use is a complex problem, with associated stigma, for society and individuals, and can be both created and compounded by a range of significant inequalities.

In responding to such inequalities, and their harmful consequences, we believe that problem substance users, their families and communities, deserve our help, support and resources to create the kinds of changes that they wish to see in their lives and environment.

The prevention of substance use problems lies at the heart of our approach. We invite Scotland to join us in making this agenda real so that lives are valued, families are nurturing and safe, and communities are healing and supportive.

How will PADS achieve this vision?

Through cross-cutting, innovative partnership work across multiple sectors we will align the ways that substance use is tackled with Scottish and international best practice in order to reduce the problem and its effects on our country.

To achieve our vision we will embrace evidence-informed and non-punitive approaches and treatment that respect the dignity of those whose lives are impacted by substance use, and of their families, and promote an individual's, a family's and a community's health, wellbeing and journey of recovery.

A focus on quality, consistency and sustainability will run through all of our activities.

PADS Subgroups

- Through the HARMS GROUP PADS will continue to identify harms caused by problem drug use and improve practices in harm reduction that will increase capability and capacity of the sector to engage with people directly and indirectly affected by problem drug use by finding innovative approaches
- Through the COMMUNITIES GROUP PADS will build recovery-friendly communities that celebrate recovery & enable current communities to grow, new communities to begin and develop a broader and more inclusive conversation about recovery
- Through the QUALITY GROUP PADS will support ADPs to continue to embed quality standards for the delivery of care in appropriate facilities and develop the workforce through training and education based on improvement methodology

The new Drugs Research Network Scotland

- The Scottish Government accepted all recommendations in the *Independent Expert Review of Opioid Replacement Therapies in Scotland* (DSDC 2013):

  > *'The Chief Medical Officer should task the Chief Scientist to consult with the academic community in Scotland and bring forward robust plans to develop a Scottish National Research Programme addressing the key substance use questions for Scotland….. The aim should be to support and facilitate the delivery of efficient, high quality research into both the natural history of problem substance use – its development and progression – as well as the effectiveness of a broad range of treatment approaches – including psychological and social approaches as well as novel treatments'* (Recommendation 10).

- Key stakeholders worked with Scottish Government to develop the Scottish Research Framework for Problem Drug Use & Recovery (2016) with key themes **of prevention, harms, families and recovery** plus attend to **inequalities**
- A **strategic research collaboration** for problem drug use and recovery aims to build capacity to address the priorities above and address gaps

DRNS Aims, Impact and Outcomes

- Progress the delivery of high quality, interdisciplinary research into the developmental pathways and natural history of problem drug use and its common comorbidities
- Deliver an evidence-based understanding of the nature and extent of problem drug use and its effects on individuals, families, carers and communities with the intention of reducing the harms associated with problem drug use and facilitating recovery
- Address the gaps in the evidence-base around effective interventions regarding prevention, harm reduction, recovery & family-based approaches to problem drug use
- Maximise synergy by attracting external research/ infrastructure funding
- Work to improve knowledge exchange with practitioner/policy-development agencies to facilitate better understanding of what interventions are effective for whom & when
- Build on existing relationships to further develop active links with leading researchers and practitioners in other parts of the UK and across the world.

Evidence and improvement

- To improve the impact we are having we need to be able to ‘do the right things well’
- Challenges lie in
  - **identifying effective evidence-based solutions** - the problems are complex and research studies proliferate sometimes providing opposite findings or both risks and benefits (PbR)
  - **assessing the quality of the evidence** and developing critical approaches that take account of bias
  - **ensuring that high quality evidence is used** to shape policy, inform funding choices and change practice on the ground

Evidence-based, evidence-informed

- **Evidence-based practice** is 'conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient… integrating individual clinical expertise with the best available external clinical evidence from systematic research' (Sackett, 1996)
- **Evidence-informed practice** brings together local experience and expertise with the best available evidence from research
- All about **building in accountability** to the system, standardising up to date, good quality care – reducing risk and enhancing effectiveness
- **Quality Principle 2:** you should be offered high quality, evidence informed treatment, care and support interventions which reduce harm and empower you in your journey

People with lived / living experience want…

- To be treated with respect with a focus on rights and advocacy
- Relational models of care, treatment and support
- Better psycho-social supports and holistic care for quality of life outcomes
- Increased access through shared care, low threshold models
- Peer led models of outreach, networking and mentoring
- To be involved at the heart of systems change
- Quality information on options for treatment
- Robust systems of accountability locally and nationally, policy and practice
- Direct action to address deep rooted stigma and discrimination
- Support for families
- Education for self, others, public on nature of addiction problems
- Decriminalisation of personal drug use

What do we know about effectiveness of drug treatment?

- Drug consumption rooms
- Heroin-assisted treatment
- Buprenorphine
- The ‘Portugal’ model of a health first approach to personal drug use

- Compare to Scotland’s alcohol brief interventions roll out in 2009 where some priority settings had a less secure evidence base
  - ✧ High levels of alcohol-related harm and the need to make difficult policy decisions to mitigate population and public health risks

Science, politics and power

- Commissioned research with political (or NHS) priorities can take precedence over investigator-driven research
- Accusations of funder (industry, government, charity) interference in addictions research (Miller, et al 2017)
  - ✧ Corresponding authors of 941 papers published in specialised journal approached to complete web questionnaire
  - ✧ 34% response rate (n=322) of whom 36% had encountered at least one instance of interference
  - ✧ 56% in Australasia, 33% in Europe and 30% in North America
  - ✧ Censorship of research outputs was the most common form of interference
  - ✧ Wording or writing of reports or articles, as well as where, when and how findings were released
  - ✧ Conclusions are that funder interference in addictions science appears to be common internationally

Lost in translation…

- The challenges of translating these into policy, practice and systems change are significant
- When we place client/peer views at the centre of our analysis of service “systems” the implications that emerge can be profoundly challenging e.g. Housing First
- Public opinion and media reporting is still overtly hostile to what we know can work for people – always a balancing act
- Political will is essential to adopt evidence-based measures in this field

How can we improve together?

- Use the power you have in your role to help those with least, we all need allies and solidarity wherever we are in the system
- Recognise contradictory requirements that front-line staff face each day that encroach on their ability to meet a person where they are at
  - ✧ Address staff burn out and low morale
  - ✧ Support reflective practice, promoting positive behaviour training etc
  - ✧ Use supervision and constructive challenge to help each other out of our comfort zones
- Be discerning about the knowledge you use to inform your work in practice, in commissioning, in policy
- Remember that while the system as a whole needs sophisticated action to make it fit for purpose, kind relational care is in itself a significant evidence-based intervention

Relational care matters – whoever provides it

Seeing eye to eye
Has a heart – gives me breaks – treats me like an individual
Not thinking I am there just to scam pills
Making me feel that I matter
Having support, a safety net
Being treated as a person
What works for me
Giving me ownership
That confidence built inside
Bonds that are helpful

(from *"Me I'm Living it": The Primary Health Care Experiences of Women who use Drugs in Vancouver's Downtown Eastside.* VANDU Women CARE Study, 2009)

Be the change you want to see

- Working with evidence/ creating new evidence is something we can all be involved in.

- Taking action on the basis of evidence is something we *must* do:

> *"You need an advocacy group. Some pressure. Take the plunge. You know, stick your neck out. Stay with it. Be tenacious. That's the only way it is going to happen"*

(Parkes 2010).