

# RePS: Review of Prevention Systems

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# Agenda

- ✓ Who are we?
- ✓ What is RePS?
- ✓ How we adapted RePS to a Norwegian context
- ✓ How we collected the data
- ✓ What we learned
- ✓ How we will use it



# KORUS Oslo



- The Regional Drug and Alcohol Competence Center
  - Prevention, early intervention, treatment
  - Entire life course
  - Funded by the Norwegian Directorate of Health
- 1 of 7 regions covering Norway
- Population: 5,5 million
  - Oslo: ~750.000



# Review of Prevention Systems (RePS)

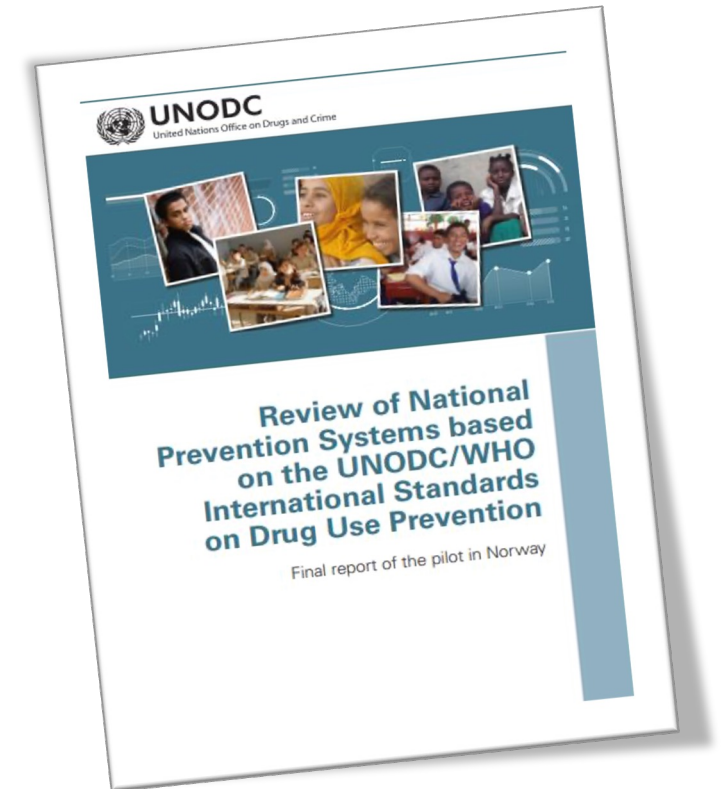
- Tool for assessing prevention initiatives' alignment with the UNODC/WHO International Standards of Drug Use Prevention.
  - At systemic and specific initiative levels.
- Aimed at enhancing international prevention efforts.
- Designed to promote evidence-based drug use prevention.





# Pilot in Norway 2022/2023

- Two main questions:
  - What's the situation in Norway?
  - Can you adequately assess a country's prevention efforts using this tool?
- Review committee from August 2022:
  - UNODC
  - Ministry of Health and Care Services
  - KORUS

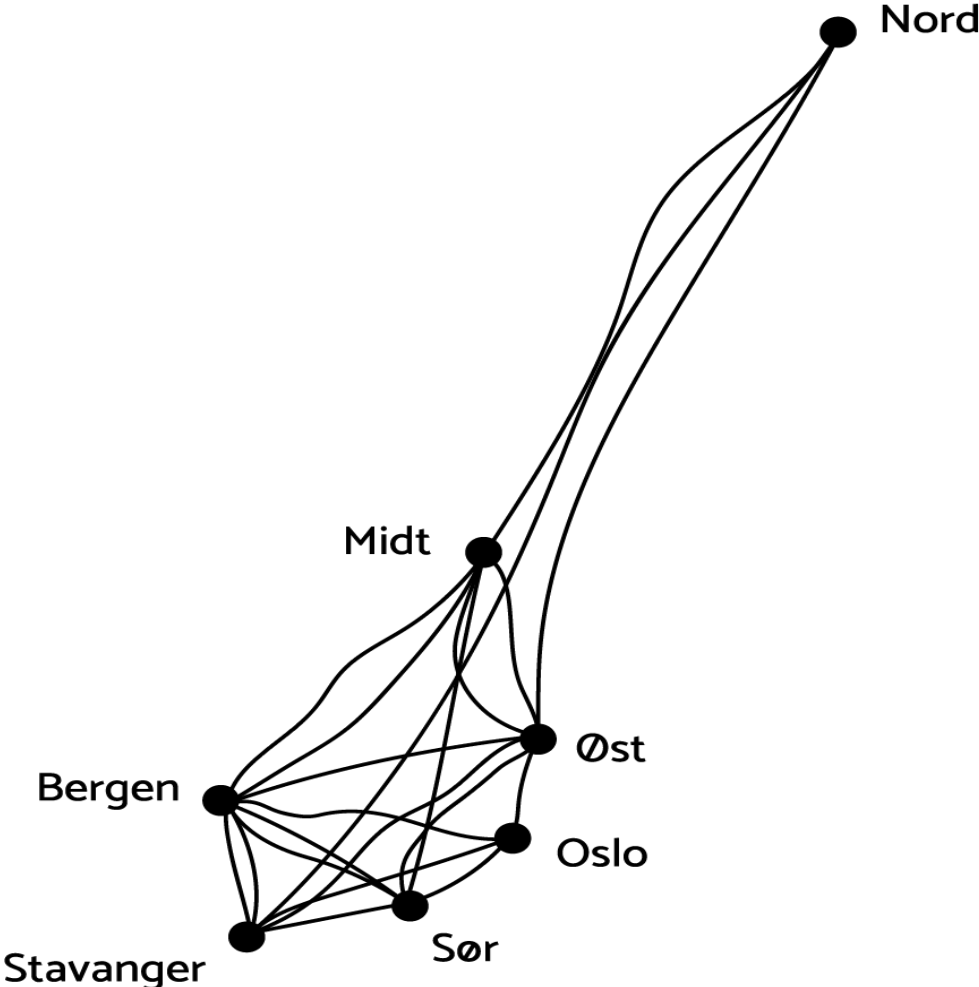




# The Process

- ✓ Official kick-off in Oslo **September 28<sup>th</sup>**, 2022, at the conference “Alcohol and drug prevention in the Nordic countries” arranged by the Nordic Council of Ministers
- ✓ Translation and digitalization of Annex 2 in October 2022.
- ✓ Testing of Annex 2 in November and December in Oslo
- ✓ Identification and on-boarding of regional operatives in January 2023
- ✓ Data collection from February - May
- ✓ June - September data analysis, translation, supplementary information and contextualization
- ✓ Report launch at the Ministry of Health and Care Services on **September 28<sup>th</sup>**, 2023

# Data collection





## Data collection – two components (questionnaires)

### **Strategies (Annex 2):**

Assessment of existing strategies' adherence to the standards.

*Are they evidence based?*

*Are their characteristics associated with effective prevention (the standards)?*

### **System (Annex 4)**

Assessment of the system.

*Does the system facilitate effective and evidence based prevention?*





## Annex 2

### Questionnaire:

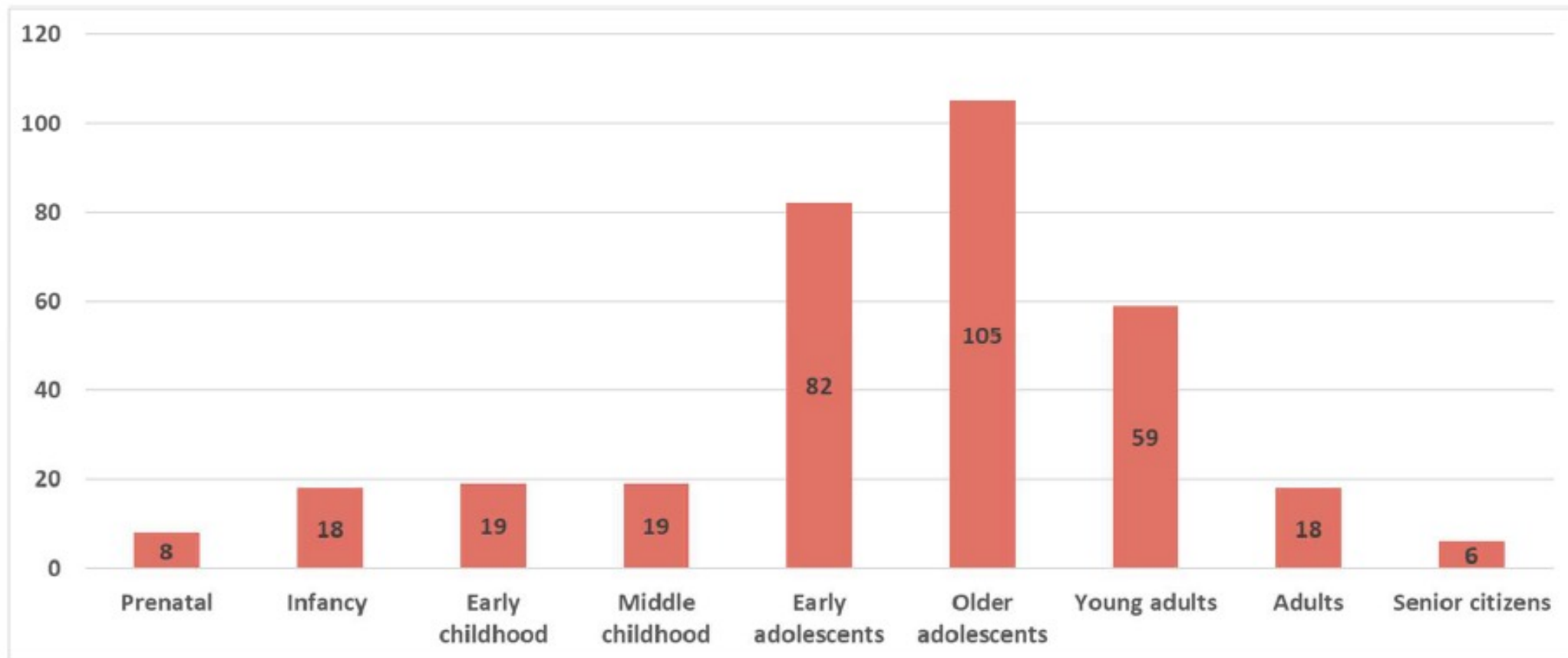
- Whats done?
- Who is the target group?
- Where is it done (setting & region)?
- Why is it done?
- Documentation regarding evaluation and implementation could be attached
- Distributed to key persons in the regions

### Data collection:

- 99 questionnaires distributed
  - **87** (81%) answered
- 187 unique reports
  - **130** (74%) after screening

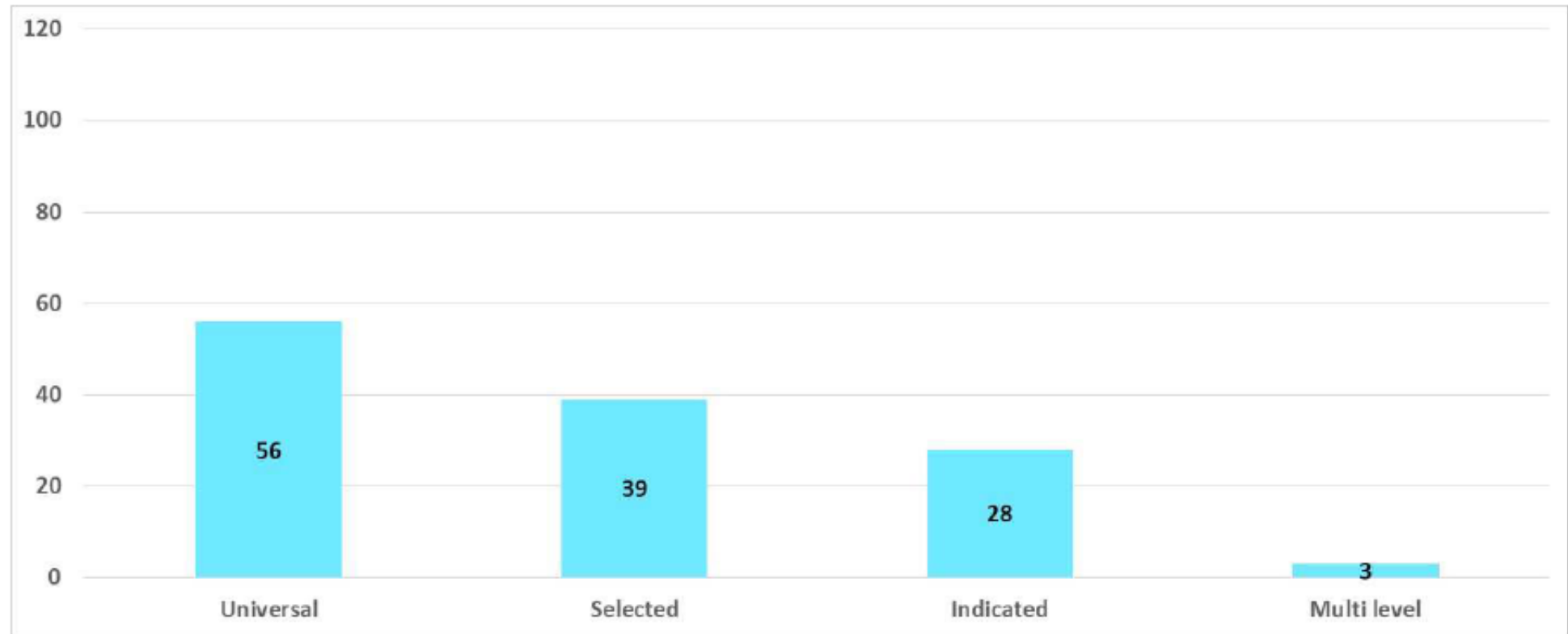


## Annex 2 – Strategies by target group age



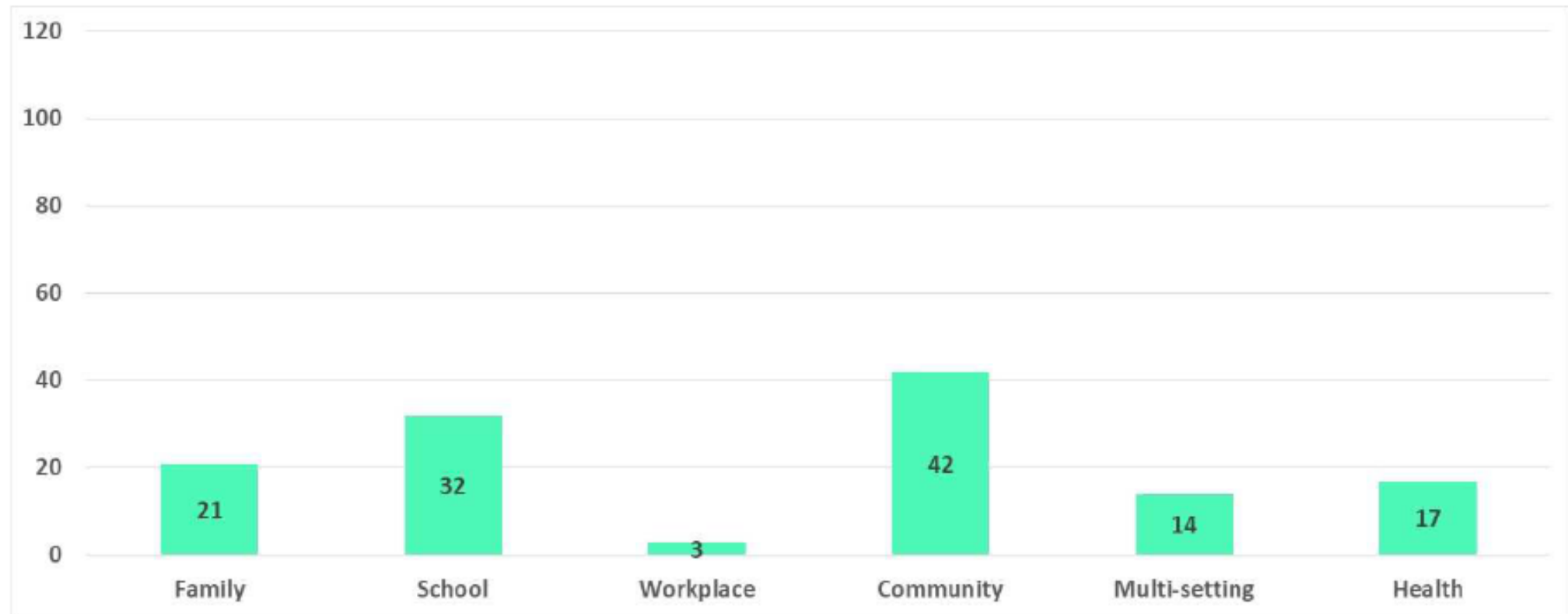


## Annex 2 – Strategies by prevention level





## Annex 2 – Strategies by setting





## Annex 2 – Strategies by quality





# Lessons learned

- KORUS-structure was vital
  - Relevant competence
  - Close to the service providers
  - Comprehensive knowledge of existing efforts at regional and national levels
- Bottom-up process
  - Representatives of respondents were involved in adaptation and testing of questionnaire
  - Dialogue with respondents before and during data collection and analysis
- Translation and digitalization of the questionnaire was a necessity
- Local representatives in the Review Committee was essential
  - Translating, supplementing, contextualizing and quality control during analysis



## What now?

- We have an overview of current prevention efforts – are we doing the right things?
- Educational and awareness-raising at local, regional and national levels
- Strategy providers are curious about their results and motivated to use effective strategies
- Adds momentum to the KORUSes efforts in promoting evidence based prevention
  - E.g.: National effort for EUPC integration
- Provides valuable information for the further development and implementation of RePS globally
- Translation of the pilot report and EUPC to Norwegian



Thank you!

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