



EXCHANGING  
PREVENTION PRACTICES  
ON POLYDRUG USE  
AMONG YOUTH  
IN CRIMINAL JUSTICE  
SYSTEMS

***Knowledge exchange & transferring evidence based models***

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# *Background and aims*

## Work Package 7:

- ❖ Investigate the extent to which policy approaches & interventions identified in partner countries are seen to be transferable/translatable between different policy systems, different cultures, & different (national, local) contexts
- ❖ Identify factors facilitating or impeding transfer/translation of best practice

Policy transfer and policy translation literature provides the theoretical framework



## *Key terms used in the literature*

*Diffusion*: ‘the process by which an innovation is communicated through certain channels over time among members of a social system’ (Berry and Berry, 1999, p. 171).

*Transfer*: ‘knowledge about how policies, administrative arrangements, institutions and ideas in one political setting (past or present) is used in the development of policies, administrative arrangements, institutions and ideas in another political setting’ (Dolowitz & Marsh, 2000, p.5).

*Policy borrowing & selective borrowing*: Steiner-Khamsi (2016, p. 383) uses metaphor: “Local actors reach out & grab the arm of the octopus that is closest to their particular policy agenda, and thereby attach (local) meaning to a (global) policy....Policy borrowing is never wholesale, but always selective.”

*Translation*: “policy translation can be understood as multiple and variable processes incorporating (i) diffusion/transfer; (ii) assemblage/bricolage; (iii) mobilities/mutation; (iv) interpretation/localisation; and (v) trial and error” Stone (2017, p.56).



## *Current knowledge: literature*

- Move away from policy (& knowledge) transfer or diffusion being viewed as straightforward & technical/mechanistic
- Emphasis on ‘translation’ (Prince, 2009, p.173) & ‘variation, difference and distinction’ (Newburn, 2010, p.346)
- Notion of ‘selective borrowing’ (Stone, 2012, p.486) – leads to hybrids & adaptive innovation to make the intervention better fit local conditions (divergence, hybridisation, mutation, adaptation)
- 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).



# *Principles of transferability*

**Setting**

**Target group**

**Who delivers the intervention/ways of working**

**Geography**

**Systems (health, legal, welfare, education)**

**Policy framework**

**Cultural context**

**Language, terminology and translation**

**Underpinning principles/ideology/philosophy**

**User involvement in design**

**Resources required**

**Ethical considerations**

# *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, 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 and evaluated (Wieczorek, Dabrowska & Sieroslawki, 2018).
- 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.

# *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 were 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

## *Transfer/translation: factors to consider*



- Setting intervention delivered in
- Language used in materials (terminology & translation)
- Content and visual presentation of materials (up to date, relevant)
- Cultural context (appropriateness & adaptation)
- Compatibility of policy frameworks
- Compatibility of systems (health, legal, welfare, education)
- Geography e.g. transport links, urban area, rural area
- Strength of evidence base
- Resources required (staff, space, funding)
- Underpinning principles e.g. harm reduction, strengths based, abstinence
- Who delivers the intervention (e.g. professionals, volunteers, peers, specialist or generic workers)
- Ethical considerations
- User involvement in design and or/delivery
- Target group for the intervention

# *Challenges of ranking*

‘Mission impossible’?

‘Hand in hand’

‘Deal breakers’





## *Priorities: some observations*

- *Shared priorities:* Target group for the intervention; Strength of the evidence base; Cultural context; Resources required
- Underpinning principles – UK, Denmark, Italy & Poland (but not in German top 5)
- Compatibility of systems and compatibility of policy frameworks: key for Italy, Poland & Austria but not Denmark, UK & Germany
- Ethical considerations and who delivers the intervention were key in Denmark
- User involvement flagged up, greater priority given by UK & Danish respondents
- Content & visual presentation of materials – important for UK
- Geography not a priority but issues around access/cost of transport were raised in work shops/interviews.

**Differences may reflect different professional backgrounds, disciplines, cultural context, experience, and systems e.g. legislation, policy framework**

# *Real world examples: considering transferability*



Innovative interventions identified as part of EPPIC project:

- ❖ POM Project over Muren (Project over the Wall): Danish (discussed in Italy, Poland and Germany)
- ❖ Spazio Blu (Blue Space) Italy (discussed in Italy)
- ❖ Project B (peer support): UK (discussed in UK; Poland; Austria)
- ❖ Fundamentet (The Foundation): Danish (discussed in UK)

## *Transfer & translation: challenges and opportunities*

*Respondents were doubtful that any of the interventions discussed could be transferred from one partner country to another due to:*

- Incompatibility of legal and regulatory frameworks
- Systems and structural differences
- Organisational factors
- Within country transfer of the interventions whilst more straightforward could still face challenges (e.g. lack of resources, policy direction)
- There was an expectation that interventions would require 'translation' (i.e. adaptation to varying degrees) to respond to local needs.

# *Knowledge exchange & best practice*



- *Value of learning what was being done elsewhere:* Inspiration; innovation; avoid duplication & benefit from prior learning ('what to do', 'what not to do' and 'how to do it').
- *Mechanisms:* Informal and formal networks; 'expert' knowledge (experiential, research, policy); trusted sources (documents, people, organisations); conversations/visits.
- Underpinned by commitment to best practice and need to keep abreast of developments

*Those developing & delivering drug interventions to young people in contact with CJS need accessible up-to-date resources to aid their decision making & opportunities to share learning virtually or in person*

# Translating interventions for young people: key issues

CREDIBILITY. ENGAGEMENT. TRANSFORMATIVE .



- ❖ Young person centred: strengths based, agency, holistic (complexity).
- ❖ Age appropriate: taking into account developmental age, literacy levels & educational attainment
- ❖ Culturally nuanced: language (e.g. colloquialisms, slang terms for drugs), images used in materials
- ❖ Localisation: specificities of local socio-economic and cultural context
- ❖ Flexibility: able to respond to changes e.g. drugs consumed, method of consumption, drug markets etc
- ❖ Involvement of young people with lived and living experience (e.g. design, delivery , translation)
- ❖ Interface: with other interventions, programmes, systems



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