European Monitoring Centre
for Drugs and Drug Addiction

Processes of introducing and rating new entries for Xchange

1. The rationale for a formal rating process and rating criteria is for the process of consideration, inclusion and exclusion in the Xchange database to be explicit and traceable for the programme implementer / evaluator / purveyor.

2. Rating is conducted by means of a 3-step process:

    - **Step 1** consists of the consideration of the programme for further analysis based on the Xchange Proposal for Inclusion Form and the TIDieR questionnaire, sent out by an EMCDDA staff member and filled out by the programme implementer / evaluator / purveyor. Additionally, during **Step 1a**, an EMCDDA staff member lists non-mandatory evaluation criteria (dissemination and implementation) and gathers the related materials.

    - **Step 2** is only applied to those studies that were found eligible during Step 1 and consists of a detailed evaluation review (conducted by a EUSPR delegate in the Xchange board) by means of a standardised rating table.

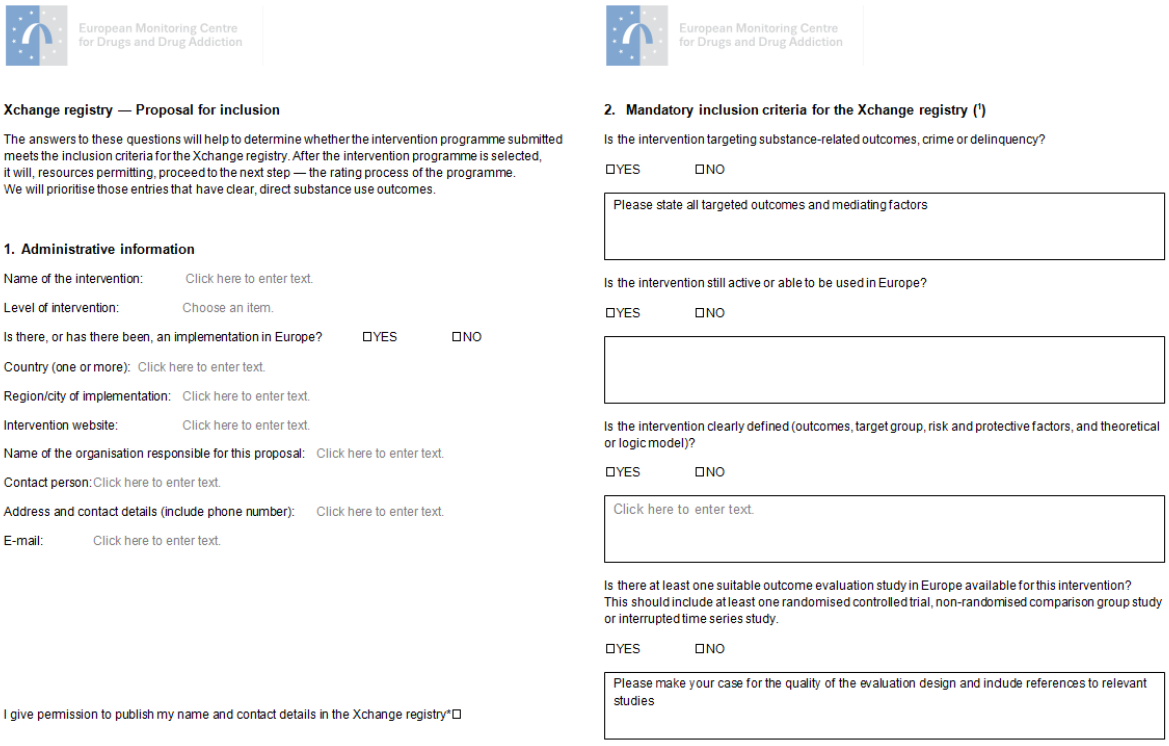
    - **Step 3** consists of the additional review by an Xchange board member and a subsequent final rating decision by all Xchange board members unanimously.

These steps are explained below.

Step 1

EMCDDA only accepts studies / programmes for consideration, which fulfil the minimum inclusion / entry criteria, included in the **Xchange Proposal for Inclusion Form**:

1. Focus of the intervention: Does the intervention target substance-related/crime/delinquency outcomes?
2. Is the intervention still active or able to be used in Europe?
3. Is the intervention clearly defined (outcomes, target group, risk and protective factors, logic model or theoretical rationale)?
4. Is there at least one suitable evaluation study in Europe (RCT, Quasi-experimental design or interrupted time series) for this intervention?
5. Are the expected outcomes measured?



European Monitoring Centre for Drugs and Drug Addiction

Xchange registry — Proposal for inclusion

The answers to these questions will help to determine whether the intervention programme submitted meets the inclusion criteria for the Xchange registry. After the intervention programme is selected, it will, resources permitting, proceed to the next step — the rating process of the programme. We will prioritise those entries that have clear, direct substance use outcomes.

1. Administrative information

Name of the intervention: Click here to enter text.

Level of intervention: Choose an item.

Is there, or has there been, an implementation in Europe? ☐YES ☐NO

Country (one or more): Click here to enter text.

Region/city of implementation: Click here to enter text.

Intervention website: Click here to enter text.

Name of the organisation responsible for this proposal: Click here to enter text.

Contact person: Click here to enter text.

Address and contact details (include phone number): Click here to enter text.

E-mail: Click here to enter text.

I give permission to publish my name and contact details in the Xchange registry* ☐

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2. Mandatory inclusion criteria for the Xchange registry (1)

Is the intervention targeting substance-related outcomes, crime or delinquency?

☐YES ☐NO

Please state all targeted outcomes and mediating factors

Is the intervention still active or able to be used in Europe?

☐YES ☐NO

Is the intervention clearly defined (outcomes, target group, risk and protective factors, and theoretical or logic model)?

☐YES ☐NO

Click here to enter text.

Is there at least one suitable outcome evaluation study in Europe available for this intervention? This should include at least one randomised controlled trial, non-randomised comparison group study or interrupted time series study.

☐YES ☐NO

Please make your case for the quality of the evaluation design and include references to relevant studies

EMCDDA assesses eligibility by assembling a preliminary programme folder containing the results of:

1. Purposively sending out the Xchange Proposal for Inclusion Form after a programme implementer / evaluator / purveyor has demonstrated interest for inclusion in the Xchange registry;
2. Sending out the TIDieR checklist to be filled out by the programme implementer / evaluator / purveyor;
3. Purposively searching for additional studies about candidate programmes / entries (by (1) searching for the literature and (2) consulting the programme developer/purveyor directly)
4. Prioritising eligible studies / programmes to be rated;
5. Listing those programmes / studies that were found ineligible based on Step 1.

If the programme meets the criteria of the Proposal for Inclusion Form and once the TIDieR checklist is completed by the implementer / evaluator / purveyor, EMCDDA initiates and prepares for **Step 2 (Rating)**.

Step 2 is conducted based on the prioritisation of studies by EMCDDA and makes use of the EMCDDA programme folder containing the Proposal for Inclusion Form, the TIDieR checklist and the studies that are eligible for rating. If one or more of these requirements are not met, the study / programme will not be considered for Step 2.

Interventions for which there are no evaluation studies of acceptable quality in Europe, notwithstanding ratings of their effectiveness in other continents, are **not** included in Xchange.

Step 1a

Step 1a is conducted by the EMCDDA and consists of listing non-mandatory inclusion criteria per study or programme (information on implementation and dissemination) and gathering these materials

Name of the programme	
Existing manuals (replicability):	
Training and instruction	
Protocols for evaluation (per study): **1. Process evaluation** **2. Outcomes evaluation**	
Dissemination readiness (per programme): **1. necessary [technical] support** **2. financial resources** **3. human resources (trainers)**	
European implementability	
Summarising: implementation readiness/accessibility (facilitating documents)	

Step 2

Step 2 is conducted by a EUSPR delegate, supervised by the Xchange Review Board members. The aim of step 2 is a description of the intervention (2a in Tab 1 of the Xchange Rating Sheet) and the evaluation study methods (2b Tab 2 of the Xchange Rating Sheet) and study outcomes (2c in Tab 2 of the Xchange Rating Sheet).

Step 2a

Step 2a consists of summarising standardised categories based on the Proposal for Inclusion Form and TIDieR Questionnaire. These categories are summarised **once per programme** (Focus, target group, etc.) but can be supplemented by means of additional studies, all found eligible during Step 1.

Tab 1 — Step 2a — Xchange rating sheet

Name of the programme	
Intervention Criteria: what is the intervention?	
Goal definition	General objective of the intervention, such as the first introductory sentence in a good abstract.
Outcomes targeted	Specific, measurable outcomes targeted (primary and secondary)
Target group	Socio-demographic factors, and whether it is universal or targeted (if targeted, the rationale)
Risk and protective factors (mediators) targeted	From the Xchange list or additional factors
Theoretical rationale	[= theory of change / logic model] on which the intervention is based, distinguishing between 'not stated', 'unclearly stated', 'clearly stated'.
Intervention description	i.e. a simple description of what the intervention is, including its components and delivery.

Step 2b

Step 2b consists of a description and appraisal of the study method of those studies that have been found eligible during Step 1.

a. Categories are summarised and analysed **once per study in the Xchange Rating Table.**
b. In case the standards for one or more categories are not met the reason(s) are listed in the Tab 2 of the Xchange Rating Sheet (see below).
c. Excluded studies are listed and implementers / evaluators / purveyors are informed about this decision by EMCDDA after the Xchange Review Board meeting (see Step 3).

Tab 2 — Step 2b — Xchange rating sheet

Name of the Study		
Mandatory evaluation criteria		
Study design	**RCT, QED, TS, other?**	
	Number of control and intervention groups	
	Data collection points	[i.e. exact moment of pre-, post- and follow-up test in relation to the beginning and ending of the intervention]
Method for allocating individuals or clusters in groups		[i.e. random or convenience allocation, and unit of allocation]
Sample description		[i.e. gender, age, ethnicity, SES]
What the intervention group received		[i.e. fidelity of intervention delivery and receipt, but also other services received]
What the control group received		[i.e. whether the control group(s) received nothing or an alternative intervention]
Attrition	**Extent**	[overall amount of attrition]
	Whether it was differential	[i.e. differential drop-out in control group as compared to the intervention group, whether in terms of amount or type]
Outcome measures	**Appropriateness**	[i.e. for outcome and population]
	Validity and reliability	[i.e. outcome measures must be validated to measure the intended outcome]
	Independence from implementer	[i.e. whether measures are administered by person or people who deliver the intervention]
	Measures not used in intervention	[i.e. questionnaires used for outcome measure should not be used as components of the intervention]
	Measurement blind to group assignment	[i.e. whether person administering the measures knows allocation status of trial participant]
Baseline equivalence / comparability	**Socio-demographics**	[i.e. age, gender, ethnicity, SES]
	Baseline outcomes	[i.e. differential educational levels or other significant differences at baseline]
	Controlled for in analysis	[i.e. whether any differences at baseline are accounted for in analysis, and if so how]
Method(s) of analysis	**Type (ANCOVA, ...)**	
	Appropriateness	[e.g. whether it takes into account clustering effects through the use of multilevel or hierarchical modelling]
	ITT - Intention to treat analysis	[i.e. whether this was conducted and whether the analysis is appropriate[1]]
Follow-up 12+ months		Whether there is follow-up at least 12 months after the end of the intervention
Implementation		[Fidelity and type of measurement]

[1] e.g. took account of cluster effects through the use of multilevel or hierarchical modelling.

Step 2c

Step 2c is aimed at describing the study results of those studies that have been found eligible during Step 1.

Tab 2 — Step 2c — Xchange rating sheet

Mandatory impact criteria	
Effect on outcomes	[description of main results, distinguishing between primary and secondary outcomes and indicating the time point at which outcomes were measured]
Effect sizes	[if given]
Unexpected effects	[yes or no and on which outcomes; significant in the opposite direction to expected, with a particular focus on behavioural outcomes (substance use, crime, delinquency etc.) not mediators]
Implementation	[i.e. extent of fidelity, any fidelity x outcomes analyses]

Step 3 — Final rating, at the Xchange meeting

The last step is to decide on the rating of the programme / study (Appendix 1) and consistently justify the decisions for each programme. The procedure is fourfold and takes place during the annual Xchange Review Board meeting:

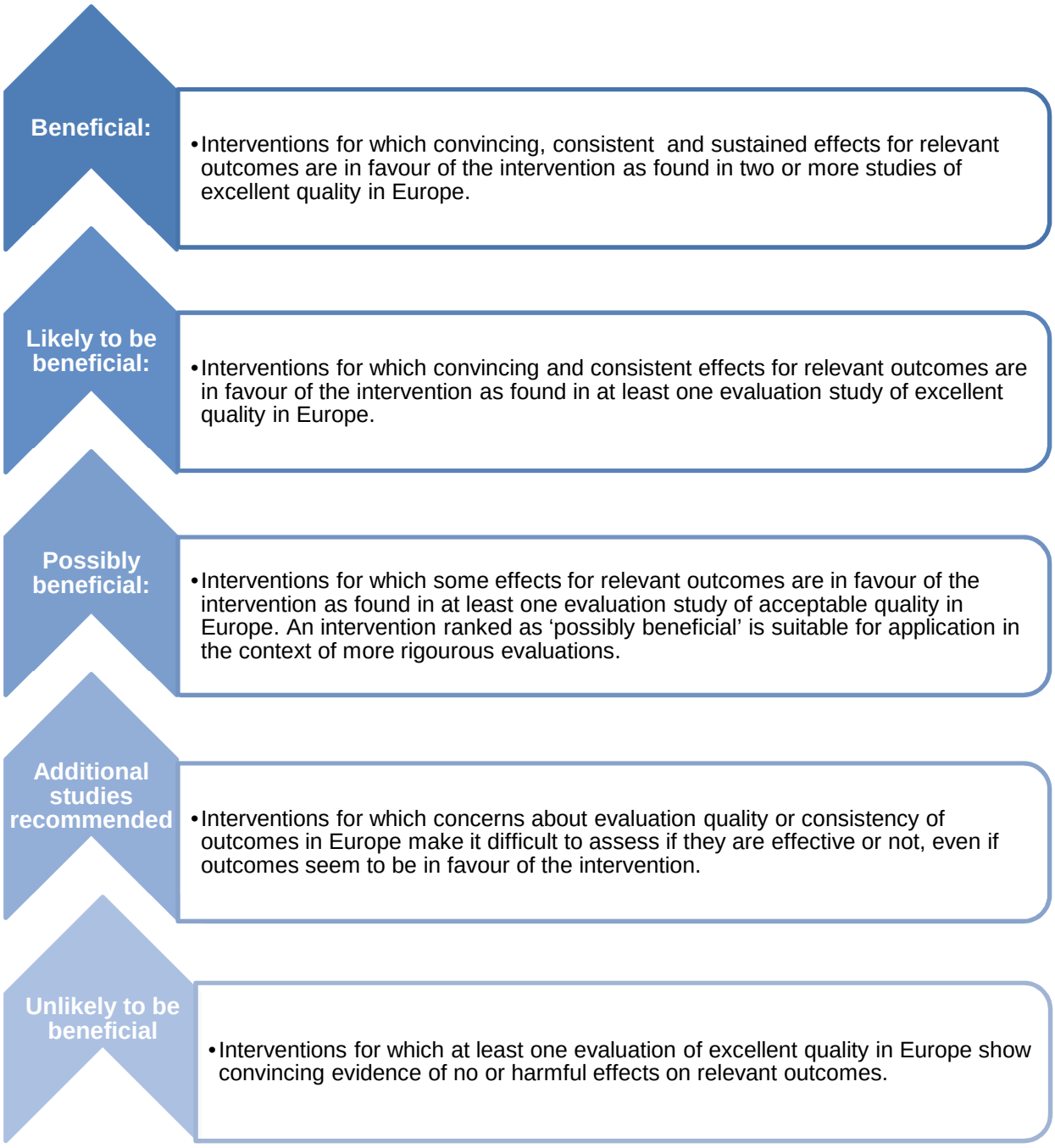
1. EMCDDA staff provides the study / programme folder containing the Proposal for Inclusion Form [see appendix 2], the TIDieR checklist and the studies that were found eligible for rating (step 1), plus additional documentation on implementation (step 1a).
2. A first reviewer (EUSPR delegate in Xchange Review Board) presents a gateway review and rating proposal to the Xchange Review Board members. The aim is to propose a provisional programme rating and justification that draws on the overall appreciation per subcategory.
3. A second Xchange Review Board member (evaluation expert) provides a second rating proposal to the Xchange Review Board.
4. The final decision on programme rating is made unanimous by all Xchange Review Board members.

Tab 3 — Step 3 — Xchange rating sheet

• Convincing[2] effects for relevant[3] outcomes are in favour of the intervention in Europe • Consistent[4] effects for relevant outcomes are in favour of the intervention in Europe • Sustained[5] effects for relevant outcomes are in favour of the intervention in Europe • Two or more studies of excellent quality in Europe	**Beneficial** *An intervention ranked as 'beneficial' is recommendable for application in Europe*
• Convincing effects are in favour of the intervention in Europe • Consistent effects for relevant outcomes are in favour of the intervention in Europe • At least one evaluation study is in favour of the intervention • Evaluation study of excellent quality in Europe	**Likely to be beneficial** *An intervention ranked as 'likely to be beneficial' is suitable for application and more evaluations are recommended*
• Some positive effects[6] are in favour of the intervention in Europe • Relevant outcomes are in favour of the intervention in Europe • At least one evaluation study of acceptable quality[7] in Europe.	**Possibly beneficial** *An intervention ranked as 'possibly beneficial' is suitable for application in the context of more rigorous evaluations*
• Concerns are raised about the evaluation quality; but effects are in favour of the intervention in Europe • Concerns are raised about the consistency of outcomes, which are in favour of the intervention in Europe • Difficult to assess whether the intervention is effective or not in Europe	**Additional studies recommended** *An intervention ranked as 'Additional studies recommended' should be further and rigorously evaluated **before** larger implementations*
• Convincing effects for relevant outcomes demonstrate ineffectiveness of the intervention in Europe • Consistent effects for relevant outcomes demonstrate ineffectiveness of the intervention in Europe • Sustained effects for relevant outcomes demonstrate ineffectiveness of the intervention in Europe • Two or more studies of excellent quality in Europe demonstrate ineffectiveness of the intervention	**Unlikely to be beneficial** *An intervention ranked as 'Unlikely to be beneficial' should be handled with care and caution, weighing in additional factors for decision*

[2] Effects are convincing if varying outcomes point to the effectiveness of the intervention as related to its logical model. At least two board members evaluate whether effects are convincing (i.e. in case some effects are not significant while others are, it is necessary to evaluate whether all measured outcomes convincingly point at the effectiveness of the logic model).
[3] Outcomes are relevant if they are directly related to the logic model.
[4] Effects are consistent if all measured outcomes point at the same effect through the operationalisation of the logic model in the intervention. If different studies exist they should point at the same consistent outcomes (i.e. inconsistency may appear when overlapping or related outcome measures result in both significant and insignificant outcomes for one expected outcome or when one crucial effects was significant at post-test but not at follow-up or in one study but not in a second study).
[5] Sustained effects are effects that persist after at least twelve months
[6] For example there is an effect only on parent outcomes or only about 30% of outcomes
[7] A study of acceptable quality has identified minor bias.

Appendix 1: Xchange rating scheme of the programmes



Appendix 2: Study checklist

.. for second rater (EMCDDA). Additionally, each board member looks at a small share of the entries in detail, recommending a final rating score.

Programme or intervention Name:
Author(s):
Primary Criteria
Yes ? No
☐ ☐ ☐ *1. High-Quality Design:*
☐ ☐ ☐ *2. Sample Ns Tracked:*
☐ ☐ ☐ *3. Measures Independent:*
☐ ☐ ☐ *4. Measures Valid/Reliable:*
☐ ☐ ☐ *5. Measures General:*
☐ ☐ ☐ *6. Intent-to-Treat:*
☐ ☐ ☐ *7. Proper Level:*
☐ ☐ ☐ *8. Baseline Outcome Controls:*
☐ ☐ ☐ *9. Baseline Equivalence:*

☐ ☐ ☐ *10. Differential Attrition Minimal:*
☐ ☐ ☐ *11. Post-test Effects:*
☐ ☐ ☐ *12.* ***Iatrogenic Free:***

Secondary Criteria
☐ ☐ ☐ *13. Effects on R&P Factors:*
☐ ☐ ☐ *14. Sample General:*
☐ ☐ ☐ *15. Fidelity of Implementation:*
☐ ☐ ☐ *16. Effect Sizes:*
☐ ☐ ☐ *17. Mediation Analysis:*

Model Criteria
☐ ☐ ☐ *18. Long-Term Effects:*
☐ ☐ ☐ *19. High-Quality Replication:*

Summary
☐ ☐ ☐ *20. Recommended for BP Board:*