EUDA
EUROPEAN UNION
DRUGS AGENCY

EUDA Best Practice Portal: protocol for updating the Evidence database

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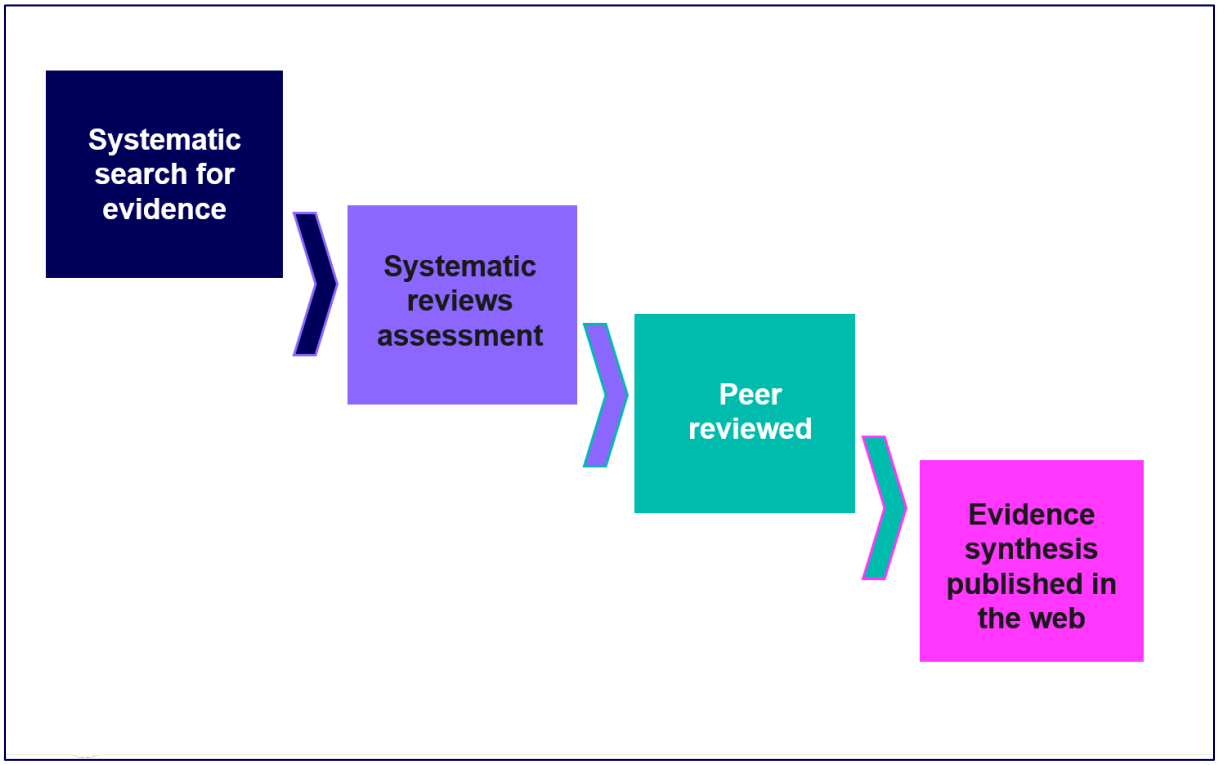
Introduction

The Evidence database is a core component of the Best Practice Portal, a key product of the EUDA's Health and Social Responses sector. The portal is a resource for professionals, policymakers and researchers in the drugs field and provides information on the available evidence on drug-related prevention, treatment and harm reduction, focusing on the European context. The evidence is compiled following an explicit methodological process, which is described in this document.

Methods

The protocol for updating the Evidence database of the Best Practice Portal consists of a process of information gathering, assessment and synthesis (see Fig.1).

Fig. 1 The protocol for updating the Evidence database of the Best Practice Portal



The Evidence database is constantly updated following a thorough workflow.

From 2025 onwards, the process for updating the Best Practice Portal's Evidence database follows a thematic rather than a general approach. Instead of collecting a broad range of available scientific evidence related to substance-related disorders, the focus is placed on selected priority areas.

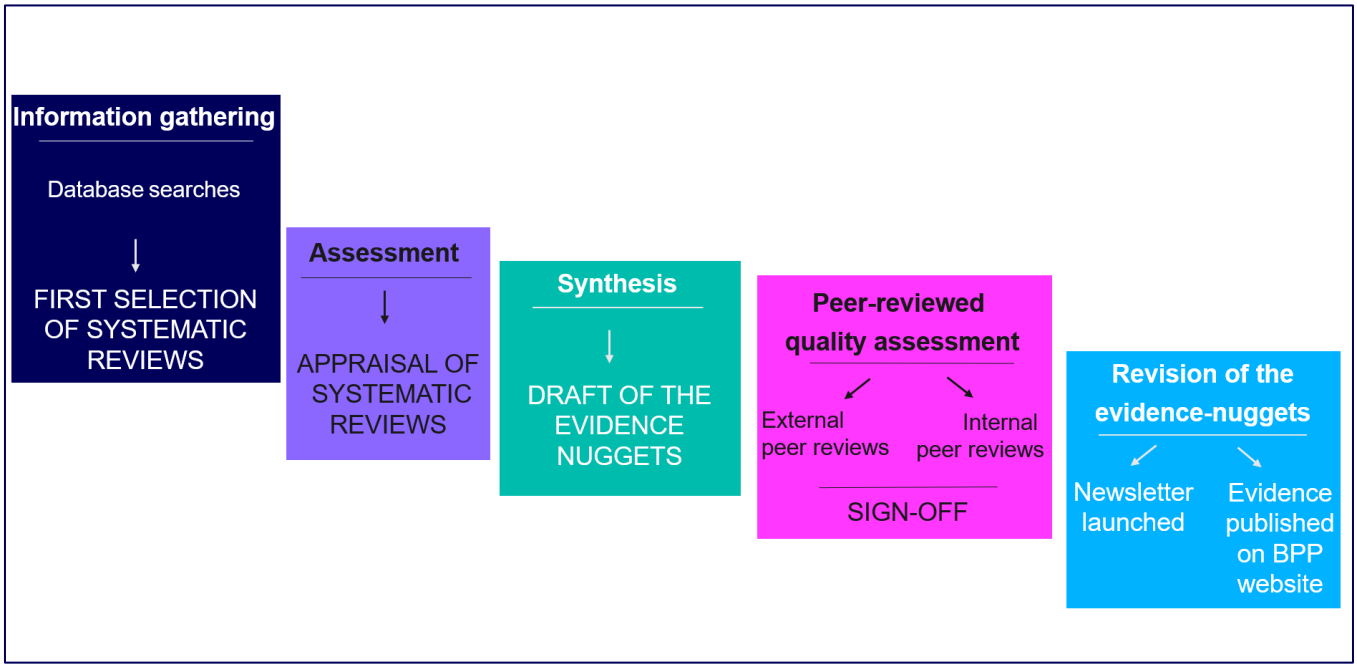
This change reflects the EUDA's new mandate, which strengthens the agency's capacity to:

- develop threat assessment capabilities (health and security), increasing EU preparedness to identify and react to emerging threats
- monitor and address polysubstance use, which is becoming increasingly common and may have detrimental health effects
- strengthen capacity development initiatives to improve policy- and decision-making and to enable professionals to deliver evidence-based and high-quality interventions.

As a result, the update protocol for the Evidence database is more specific and targeted (see Fig.2), while continuing to serve the overarching aim of developing and promoting evidence-based interventions and best practices.

The priorities chosen will be published in the HSR newsletter at the end of each year.

Fig. 2 The phases of the update protocol for the Evidence Database



Information gathering

The Evidence database of the EUDA's Best Practice Portal is based on results of systematic reviews (not primary studies).

The main sources of information are online scientific databases (Embase, PubMed and Cochrane Library) (see Appendix 1).

The specific search strings are set up with some filters (see the actual search string in Appendix 1).

- Type of articles: only systematic reviews with or without meta-analysis are included
- Time of publication: previous or current year
- Excluded terms: animal studies, alcohol and or tobacco only, pain management (polysubstance use is included as allowed under the new mandate[1]).

Assessment

The titles are screened by the EUDA's experts to apply inclusion and exclusion criteria. After the selection is completed, the quality of evidence is assessed against an EUDA checklist based on validated tools such as PRISMA, AMSTAR, CASP, JBI checklists and McMaster Health Evidence (Appendix 2).

The EUDA does not formally grade the quality of the review, but the results are used to attribute the rank of recommendations used in the portal (Beneficial, Likely to be beneficial, etc.)

The EUDA system is inspired by the GRADE methodology and definitions (see Table 1).

Table 1. GRADE certainty of evidence and definitions

Certainty rating	**Definition**
High	Further research is very unlikely to change our confidence in the estimate of effect
Moderate	Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate
Low	Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate
Very low	Any estimate of effect is very uncertain

[1] 'Polysubstance use' means the use of one or more psychoactive substances or types of psychoactive substance, whether illicit or licit, in particular medicinal products, alcohol and tobacco, at the same time as the use of drugs or sequentially within a short period of time of the use of drugs; Regulation (EU) 2023/1322 of the European Parliament and of the Council of 27 June 2023 on the European Union Drugs Agency (EUDA) and repealing Regulation (EC) No 1920/2006 https://eur-lex.europa.eu/eli/reg/2023/1322/oj.

Synthesis

The results of the included reviews are synthesised into **evidence nuggets**: brief summaries of the main intervention(s) tested, the comparison(s) (if any), and the outcome(s), including effect measures where available in the publication, following the PICO logic.

Each evidence nugget is ranked according to the rating system used in the portal, which **grades the evidence of the effects of an intervention**, that is, whether the intervention tested achieved (or did not achieve) the intended outcomes (Table 2).

Table 2. Classification of effects

Effects rating	Definition
Beneficial	Interventions for which precise measures (i.e. statistically significant results as indicated in the reviews) of the effects in favour of the treatment were found in the systematic reviews of experimental studies. An intervention ranked as 'beneficial' is suitable for most contexts and for most patients. Interventions recommended in guidelines with reliable methods for assessing evidence are also included.
Likely to be beneficial	Interventions that were shown to have limited measures of effect, that are likely to be effective but for which evidence is limited. An intervention ranked as 'likely to be beneficial' is suitable for most contexts and patients, with some discretion. Interventions that are recommended with some caution in guidelines with reliable methods for assessing evidence are also included.
Trade-off between benefits and harms	Interventions that obtained measures of effects in favour of treatment and are recommended in guidelines with reliable methods for assessing evidence, but that showed some limitations or adverse effects that need to be assessed before providing them.
Unknown effectiveness	Interventions for which the outcome measures were not statistically significant (not enough studies or where available studies are of low quality, e.g., with a small sample size or with uncertain methodological rigour), making it difficult to assess if they are effective or not. Interventions for which more research should be undertaken are also grouped in this category.
Evidence of ineffectiveness	Interventions that gave negative results if compared with a placebo, a standard intervention or no intervention, for example.

The categories of effectiveness were created following those adopted by BMJ Clinical Evidence, which were originally developed in the Cochrane Collaboration first editorial group for the publication 'A guide to effective care in pregnancy and childbirth'.

Peer refereeing and quality check

The quality mechanism that EUDA has set up includes different steps.

The first quality check is the review and approval of the results of the appraisal exercise as well as the evidence nuggets by the head of the Health and Social Responses sector, a senior expert in systematic review and evidence-based medicine.

The evidence nuggets are sent to a double peer review process.

Within the EUDA, they are sent to senior scientific staff with experience and formal education in epidemiology and Cochrane systematic reviews of evidence.

In parallel, the EUDA sends them to external peer reviewers selected from the Health and Social Responses Network and the EUDA Scientific Committee. A specific form has been developed to facilitate the process (see Appendix 3). The external reviewers are selected ad hoc according to the content and research field relevant to the topics addressed in the updating cycle. The people are contacted and emailed the form. They are requested to evaluate the synthesis of the evidence, the ranking and the references.

Dissemination

The EUDA has a diversified dissemination strategy for the Best Practice Portal evidence updates:

1. The evidence nuggets are uploaded and published in the Evidence database of the Best Practice Portal.
2. The HSR newsletter drafted in parallel with the development of the evidence nuggets and finalised after the peer review process, highlights key updates and includes links to the portal as well as to new publications — both from the EUDA and its partners
3. An EUDA news item is published on the agency's website when the newsletter is launched.
4. The updates contribute to the miniguides of European Responses Guide and other EUDA flagship publications.
5. The updates act as a basis for discussion in EUDA webinars and EUDA trainings.

Appendix 1: List of information sources for the Evidence database

Source	Action	Timing	Comments
Cochrane Library	Check for new/updated systematic reviews	According to publication schedule	https://www.cochranelibrary.com/search
Campbell Collaboration	Check for new/updated systematic reviews	According to publication schedule	https://www.campbellcollaboration.org/library.html
Pubmed	Perform search and save results with abstracts	Quarterly	(((((("Opioid-Related Disorders"[MeSH Terms] OR ("opioid-related"[All Fields] AND "disorders"[All Fields]) OR "opioid use disorder"[All Fields] OR ("opioid"[All Fields] AND "dependence"[All Fields]) OR "opioid dependence"[All Fields])) AND ("Buprenorphine, Naloxone Drug Combination"[MeSH Terms] OR "buprenorphine"[MeSH Terms] OR "buprenorphine"[All Fields] OR "naloxone"[All Fields])) AND ("methadone"[MeSH Terms] OR "methadone"[All Fields])) AND ("Treatment Adherence and Compliance"[MeSH Terms] OR "treatment adherence"[All Fields] OR "compliance"[All Fields] OR "Harm Reduction"[MeSH Terms] OR "harm reduction"[All Fields])) AND ("1990/01/01"[PDAT] : "2025/12/31"[PDAT]) AND ("humans"[MeSH Terms])) NOT ((("ethanol"[MeSH Terms] OR "ethanol"[All Fields] OR "alcohol"[All Fields] OR "alcohols"[MeSH Terms] OR "alcohols"[All Fields]) OR ("pain management"[MeSH Terms] OR ("pain"[All Fields] AND "management"[All Fields]) OR "pain management"[All Fields]) OR ("tobacco"[MeSH Terms] OR "tobacco"[All Fields] OR "tobacco products"[MeSH Terms] OR ("tobacco"[All Fields] AND "products"[All Fields]) OR "tobacco products"[All Fields]) OR ("neurosciences"[MeSH Terms] OR "neurosciences"[All Fields] OR "neuroscience"[All Fields]))))

Embase	Perform search and save results with abstracts	Quarterly	('synthetic opioid dependence' OR 'opioid use addiction'/exp OR 'opioid addiction') AND ('buprenorphine naloxone combination' OR 'buprenorphine'/exp OR 'buprenorphine' OR 'opioid receptor agonist'/exp OR 'opioid receptor agonist') AND ('methadone'/exp OR 'methadone') AND ('treatment retention'/exp OR 'treatment retention' OR 'patient compliance'/exp OR 'patient compliance' OR 'therapy adherence'/exp OR 'therapy adherence' OR 'substance use reduction' OR 'drug use reduction' OR 'harm reduction'/exp OR 'harm reduction') AND [1990-2025]/py AND [humans]/lim AND ([cochrane review]/lim OR [systematic review]/lim OR [meta analysis]/lim)
Effectiveness Bank alert	Weekly updates on recent evaluation studies and reviews	Continuous	http://findings.org.uk/ http://findings.org.uk/docs/dmatrix.php
Bilateral communication from EUDA colleagues	Emails/ documents/ references of potential interest	Continuous	

Appendix 2: EUDA appraisal checklist for systematic reviews and research syntheses

Reviewer 1:
Date:

(Optional) Reviewer 2:
Date:

Inclusion/exclusion criteria	☑
1. The review addresses a drug-related intervention relevant to the European context • Intervention and/or programme that are provided (or likely to be provided) in Europe, according to the EUDA key indicators and new methods • **Exclusion**: policy and drug strategies are currently not included as well as supply reduction interventions	
2. The review addresses an illicit drug problem relevant to the European context • The focus of the intervention is an illicit drug common to the European context according to the EUDA key indicators • **Exclusion**: only alcohol, only tobacco, only prescription medicines, drugs not widely available in Europe, other types of dependences such as gaming, gambling, eating disorders • Polysubstance use is generally included when at least one of substances is an illicit drug relevant to the European context	

3. The review addresses relevant drug-related outcomes
• Focus on broader drug-related outcomes, including both behavioural and social outcomes such as quality of life and social integration
• **Exclusion**: examples
  ○ intervention focusing on physical activities for drug users and outcomes measured are only fitness-related
  ○ review on peer support involvement and outcomes measured are only related to the 'peer' working conditions	

If the review meets all the three above criteria, continue with the quality appraisal.

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated? • explicit statement with reference to participants, interventions, comparisons, outcomes and study design (PICOS) • the rationale for the review is clearly described in relation to existing knowledge.				
1.a Is the review an opportunistic publication? • the reviewer is known in the field. • the information is credible and supported by other reliable and authoritative sources. • the publication is not a reconditioning of another one. • the study funding is clearly stated and transparent. • the publisher and journal are reputable.				
2. Were the inclusion criteria appropriate for the review question? • study characteristics (e.g. PICOS, length of follow-up) and report characteristics (e.g. years considered, language, publication status) used as criteria for eligibility • availability of (PRISMA) flow diagram of included studies				
3. Was the search strategy appropriate? • multiple database searches • evidence of logical and relevant keywords and limitations • full electronic search strategy a plus • no language restriction				
4. Was the quality of primary studies assessed appropriately? • each included study should be assessed for methodological quality using a standardised assessment tool/scale (e.g. GRADE, Cochrane RoB, EPOC QUADAS) • appraisal conducted by two or more reviewers independently • authors made sure they are distinguishing between studies and publications (e.g. not summing up denominators from multiple publications of the same study)				
5. Were the methods used to combine studies appropriate? • for all outcomes considered (benefits or harms): (i) simple summary data for each intervention group and (ii) effect estimates and confidence intervals, ideally with a forest plot, should be available				

• if a **meta-analysis** is conducted, a test for homogeneity or heterogeneity is the minimum requirement that should be assessed across studies prior to determining the overall effect size • if a **systematic review** or a **narrative review** is conducted for which statistical analysis is not appropriate, the results of each study should be depicted in graph/table format in order to assess similarity across the primary studies				
6. Were recommendations for policy and/or practice supported by the reported data? • the strength of the findings and the quality of the research should be considered in the formulation of review recommendations • limitations are discussed				

Overall appraisal (please highlight in bold):

Include Exclude Seek further info

Comments (including reason for exclusion)

Appendix 3: Peer review form

EVIDENCE DATABASE – Best Practice Portal Evidence Database: UPDATES

Peer review form

1. Do you agree with the synthesis of results?

   - Yes
   - No

2. Alternative suggestion(s)

3. Do you agree with the ranking of the evidence included?

   - Yes
   - No

4. Alternative suggestion(s)

5. Was the reference used appropriately?

   - Yes
   - No

6. Do you know reviews published in the previous three months that are eligible for inclusion? If yes, please include reference and link if available.