



European Monitoring Centre
for Drugs and Drug Addiction

The EMCDDA inventory of Guidelines in the Best Practice Portal

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Standards and Guidelines to improve treatment quality

Contents

- Definitions
- Diffusion/availability
- The impact of guidelines what is the evidence?
- Remarks and open questions
- The present workshop





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Drugs in focus

Briefing of the European Monitoring Centre for Drugs and Drug Addiction

Drug demand reduction: global evidence for local actions

The development of evidence-based demand reduction interventions is a primary drug policy objective at national, European Union (EU) and global level. A particular discourse, with its own set of concepts, is used to discuss implementation of this

objective, including terms such as: best practice, quality standards, guidelines, protocols, accreditation systems and benchmarking. This paper provides readers with straightforward definitions of the terms used, whilst highlighting

achievements and current challenges in transferring scientific knowledge into practice in the drug demand reduction arena. A special focus is given to 'best practice' because of this concept's increasing popularity and importance in Europe.

www.emcdda.europa.eu/publications/drugs-in-focus/best-practice



THE ISSUES

GUIDELINES FOR THE TREATMENT OF DRUG DEPENDENCE:
A EUROPEAN PERSPECTIVE

www.emcdda.europa.eu/publications/selected-issues/treatment-guidelines



Best practice portal

Prevention

Evidence base

- Families
- School students
- Community members
- General population
- Methodology

Prevention standards and guidelines

Prevention projects in Europe (EDDRA)

Treatment

Evidence base

- Amphetamines users
- Cannabis users
- Cocaine users
- Opioid users
- Methodology

Treatment standards and guidelines

Treatment projects in Europe (EDDRA)

Harm reduction

Evidence base

- Opioid injectors
- Stimulant injectors
- Non-injecting drug users



Standards and guidelines for practices

Introduction

Prevention

Treatment

Harm reduction

What are quality standards and guidelines for practices?

This section compiles quality standards and guidelines for the implementation of practices. The aim is to provide an overview on available standards and guidelines in EU Member States.

Quality standards and guidelines aim at improvement of quality and effectiveness of interventions.

Guidelines

Guidelines are "statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options" (Institute of Medicine, 2011). They are aimed designed to assist carers' and clients' decisions about appropriate interventions in specific circumstances.

Quality standards

Standards and quality standards are principles and sets of rules based on evidence used to implement the interventions recommended in guidelines. They can refer to content issues, processes, or to structural (formal) aspects of quality assurance, such as environment and staffing composition.

Other terms

Protocols are documents that specify the procedures to follow to perform some tasks, typically those used to conduct a study.

Clinical pathways are structured, multidisciplinary plans of care designed to support the implementation of clinical guidelines and protocols.

Guidance is a general term that covers documents such as guidelines and

Study on the Development of an EU Framework for minimum quality standards and benchmarks in drug demand reduction (EQUUS)

The EU drugs action plan 2009–12 tasks the European Commission — with the support of the EMCDDA — to develop a European consensus on minimum quality standards and benchmarks in the field of drug demand reduction. The final report for the EQUUS study has been presented to the European Council's Horizontal Drugs Group on February 2012 and it is now available from the website of the leading research institution, Research Institute for Public Health and Addiction at www.isgf.ch.

Different lists of standards for Treatment and Rehabilitation, Prevention and Harm reduction are included in the report and they are presented in three different levels: 1- the intervention level (mainly of interest for professionals working in prevention, treatment and harm reduction services); 2 - the service level (mainly of interest for service directors); 3 - the system level (mainly of interest for policy planners and managers).

The final list of proposed minimum standards contains 33 standards for prevention, 22 standards for treatment/rehabilitation and 16 standards for harm reduction.

Background information

The guidelines were collected in three phases in 2008, 2009, and 2010.

2008: A **structured questionnaire** filled in by the Reitox national focal points, was used to identify 72 treatment guidelines which had been developed in the 27 reporting countries.

2009: A **consultant study** (Executive summary) involving 29 European countries (27 European Member States, Norway and Turkey) obtained a further 17 guidelines which were then checked for double counting:

2010: A further 10 guidelines were obtained during a '**Reitox academy meeting**' organised to draft a selected issue on national treatment guidelines, during which 28 Countries participated (including, for the first time, Bosnia Herzegovina, Albania, Montenegro).

2011: The National Reports 2010 of the **30 European countries** contained a devoted chapter on the description of National Treatment Guidelines and a compilation of these chapters is available here.

Furthermore, in November 2011 the EMCDDA Selected Issue "Guidelines for the treatment of drug dependence: a European perspective" has been



Standards and Guidelines to improve treatment quality.

Definitions

Guidelines

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Standards and Guidelines to improve treatment quality.

Definitions

Quality standards

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Standards and Guidelines to improve treatment quality.

Definitions

Consensus conferences

- Adopted when the evidence is scarce or contradictory and the clinical questions relatively focused and urgent (Fink et al., 1984).
- During a consensus conference, a group of experts debate a series of presentations on available evidence and possible gaps.
- A jury composed of only some of the members of the group then vote on the final recommendations.

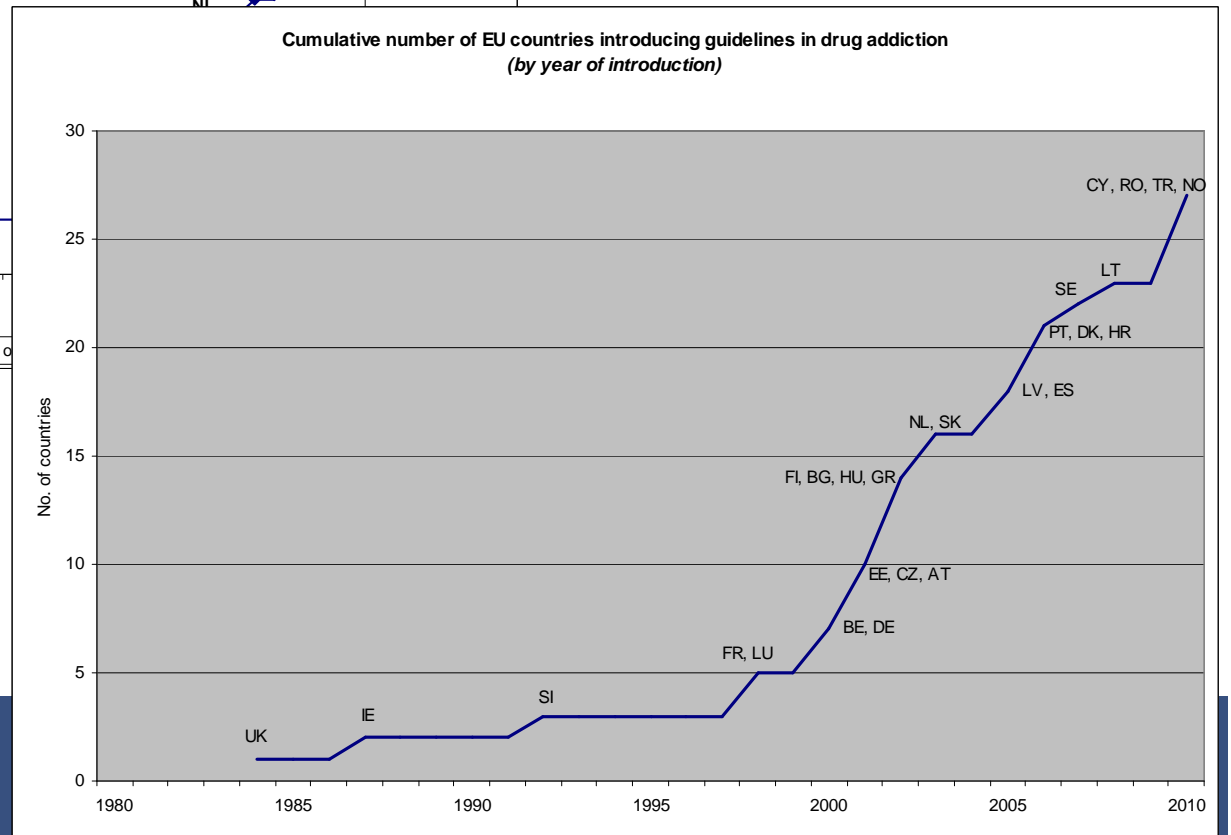
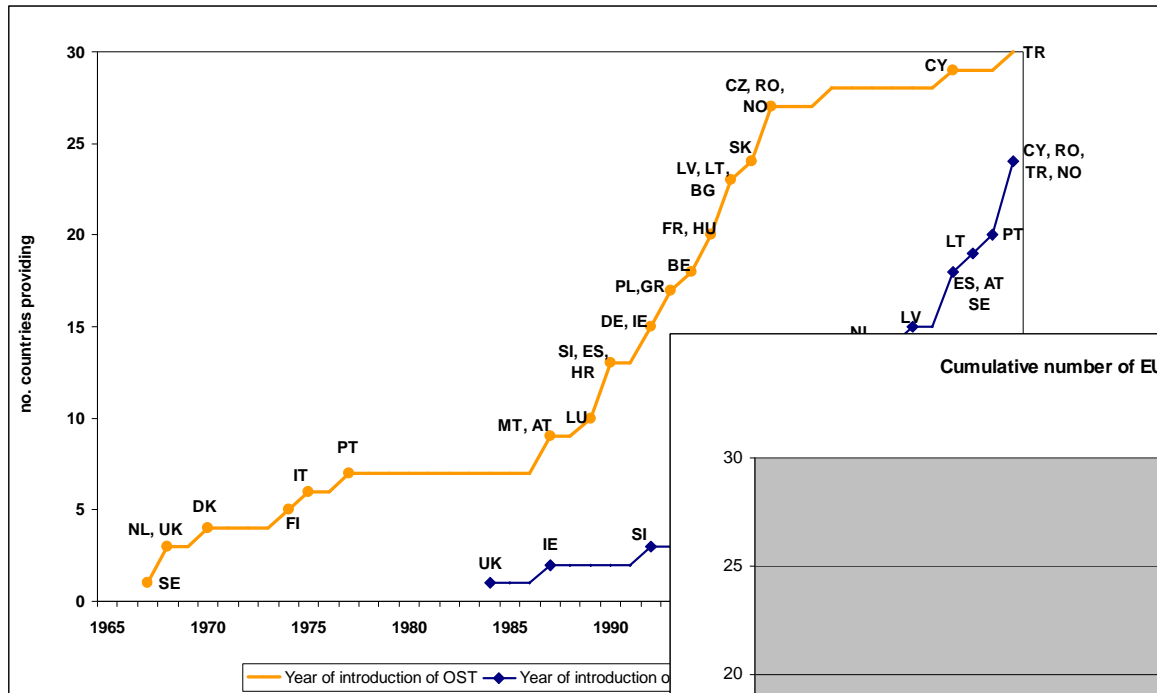


Guidelines to improve treatment quality. Diffusion and Availability

- The last **two decades** have witnessed an increase in the development of treatment guidelines in the European drugs field.
- This has largely built on a body of evidence on the treatment of drug dependence that has developed since the 1980s, alongside a growing interest in, and understanding of, the effectiveness of interventions.
- A range of tools became available to translate evidence into satisfactory and sustainable results, among them: guidelines and standards, education and training, implementation and assessment, monitoring, and accreditation systems based on quality standards.

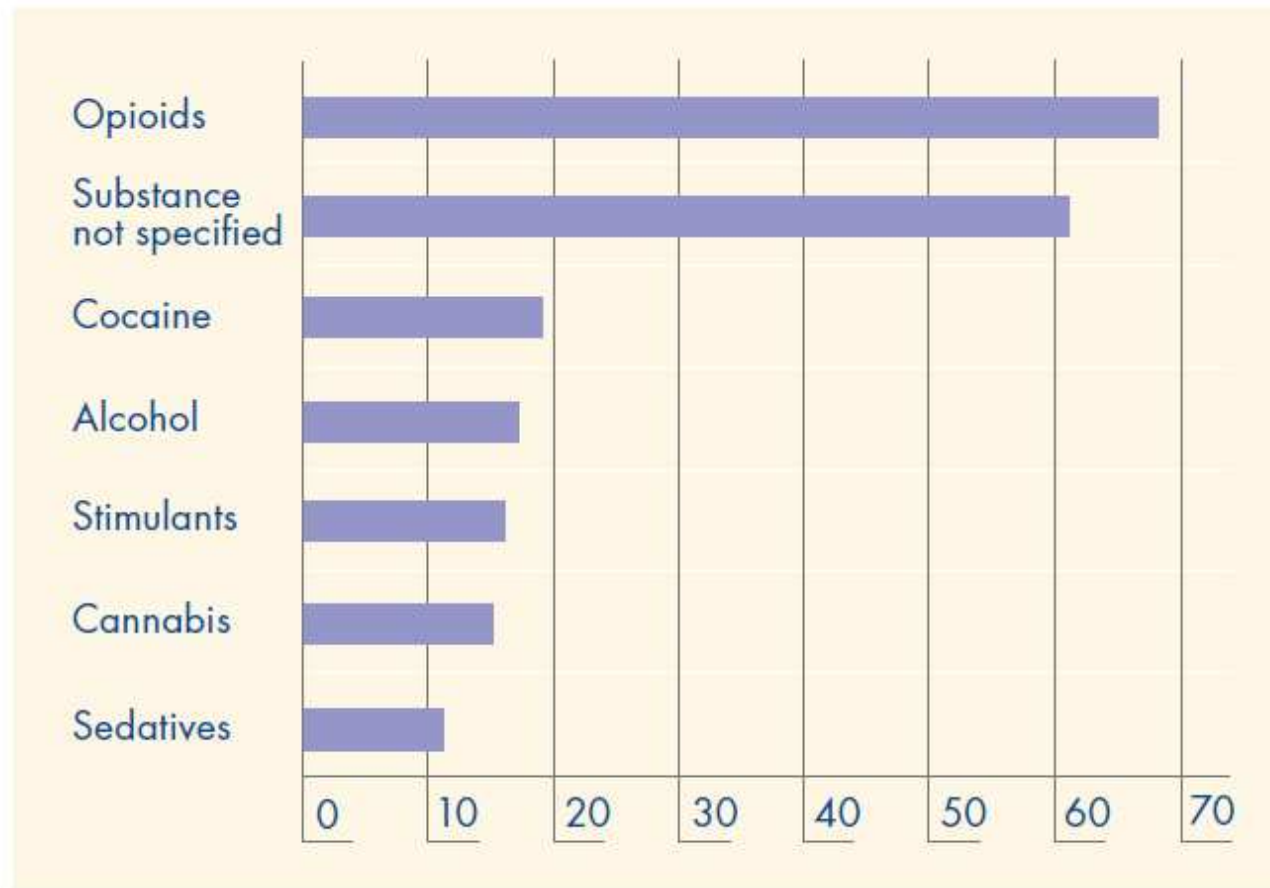


Guidelines to improve treatment quality. Diffusion and Availability



Guidelines to improve treatment quality. Diffusion and Availability

Figure 3: Number of guidelines by type of substance



Guidelines to improve treatment quality. Diffusion and Availability

- First guidelines in the USA 1930s
- N= 25 guidelines published between 1945 and 1959
- N= 35 between 1960 and 1974.

The majority of these were from the USA, with a small number from the United Kingdom (Weisz et al., 2007)



Guidelines to improve treatment quality. Diffusion and Availability

The main reason for investment in the development of drug addiction treatment guidelines in Europe **was the link between injecting drug (mainly heroin) use and the associated risk of HIV and AIDS**

- **UK and Ireland** developed Guidelines during the 80s;
- **Southern European countries** such as (Spain, France, Italy and Portugal) answered to HIV/AIDS emergency by rapidly adopting interventions proved effective elsewhere, and only afterwards took time to develop guidelines;



Standards and Guidelines to improve treatment quality.

Diffusion and Availability

- Italy, Austria, Poland and Greece reported not to have national guidelines. Greece has nevertheless guidelines for substitution treatment developed by OKANA, a national agency for the implementation of the national program, which could therefore be considered to some extent, national guidelines.
- For Italy and Austria this can be explained by the organization of the National Health Services.



Standards and Guidelines to improve treatment quality.

Diffusion and Availability

- A number of countries saw guideline development as part of a broader quality assurance strategy that includes the provision of education for healthcare workers, implementation of standards and certification of quality (NL; DE; CZ; BE; LU);
- Government bodies stimulated the production of national guidelines as a means to reduce variations in treatment provision and clarify criteria for treatment access in the northern European countries.



Standards to improve treatment quality. Diffusion and Availability

- As part of a recent European project on building consensus on minimal quality standards (**EQUS**) a number of stakeholders based in N=Countries were consulted over the existence of Standards in their countries
- The standards most frequently reported as already implemented were in the areas of client data confidentiality and assessment of clients' drug use history;
- Standards concerned with **routine cooperation with other services**, and those focusing on continuous staff training, were less often implemented;



Standards to improve treatment quality. Diffusion and Availability

- Treatment outcomes, the two types of standard most frequently reported as implemented were those with goals linked to health improvement and reduced substance use.
- Among the standards less likely to be applied were those focusing on external evaluation and monitoring client discharge; problems related to the implementation of these standards were reported.



Standards and Guidelines to improve treatment quality.

The impact: what is the evidence?

- The impact of guidelines on the improvement of the prognosis at patient level is not yet clear.
- According to surveys, guidelines are applied to clinical practice in only 50–70% of day-to-day decisions, and the main reason given for not applying them is that they are of limited relevance to patients and healthcare staff (Parchman et al., 2011).
- To ensure guidelines have an impact on actual practice, activities beyond the mere production and dissemination of guidelines should be instigated.



Standards and Guidelines to improve treatment quality.

Strategies for effective guideline implementation

1. Innovation: a proposed innovation has to be attractive, feasible and likely to improve practice.
2. Individual professionals: awareness and motivation to change should be promoted.
3. Patient level: compliance should be promoted.
4. Social context: the culture of the professional network and the opinions of colleagues and leadership have to be changed.
5. Organisational context: organisational processes to ensure the necessary capacity, resources and staff must be in place.
6. Economic and political context: financial arrangements, regulations and policies need to be created.



Standards and Guidelines to improve treatment quality.

The way forward in European guidelines

The European countries appear to follow a common pathway when developing guidelines:

- Starting with the medical treatment of opioid dependence.
- Once guidelines for this treatment provision are produced,
- Focus on more detailed issues that the guidelines should address (such as subgroup populations),
- Sophisticated analysis of impact and hypotheses for further development.



Standards and Guidelines to improve treatment quality.

The way forward: adaptation

- Locally developed guidelines are not always needed and that **adaptation** of pre-existing evidence-based guidelines may be a feasible alternative;
- High quality evidence is by definition valid and **exportable to any context**, but adaptation at each level is nonetheless essential for successful implementation.
- The adaptation process at local level, for example, needs to take into account the specific environment, **local organisations**, culture, resources and clients' preferences

(Graham et al., 2002).



Standards and Guidelines to improve treatment quality.

Remarks and open questions

- Methodological quality of guidelines assessment based on process?
- Standards for developing standards?
- Implementation quality and quality of implementation
- The role of individual expertise and common sense



Standards and Guidelines to improve treatment quality.

Further reading

Guidelines International Network

G-I-N mission...

... to lead, strengthen and support collaboration and work within the guideline development, adaptation and implementation community.

<http://www.g-i-n.net/about-g-i-n>





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Welcome

Dear fellow G-I-N members;

We are all back to work after celebrating the 10th anniversary of Guidelines International Network (G-I-N) and attending a very successful 9th annual meeting in Berlin. I was truly impressed by the high quality of the scientific content as well as lively and active participation from the floor. I would like to congratulate and thank the attendees and presenters for making it such a great educational experience for all of us. I believe that the annual meeting provides us a wonderful opportunity to exchange ideas, learn from each other's experiences, and apply the lessons in our respective countries.



G-I-N Congress Follow up!

The G-I-N 2012 Conference was a full success which has broken all records: Almost 600 delegates across 45 countries attended the event. The conference programme included 5 stimulating plenary sessions and 19 interactive workshops and panel sessions, 80 short oral presentations and almost 200 posters.

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- [Access the German language satellite symposium](#)
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2013 G-I-N Conference

San Francisco, 2013:
"Integrating Evidence into Practice - Strategies for the future". [More...](#)



Table. Key Components of High-Quality and Trustworthy Guidelines

Component	Description
Composition of guideline development group	A guideline development panel should include diverse and relevant stakeholders, such as health professionals, methodologists, experts on a topic, and patients.
Decision-making process	A guideline should describe the process used to reach consensus among the panel members and, if applicable, approval by the sponsoring organization. This process should be established before the start of guideline development.
Conflicts of interest	A guideline should include disclosure of the financial and nonfinancial conflicts of interest for members of the guideline development group. The guideline should also describe how any identified conflicts were recorded and resolved.
Scope of a guideline	A guideline should specify its objective(s) and scope.
Methods	A guideline should clearly describe the methods used for the guideline development in detail.
Evidence reviews	Guideline developers should use systematic evidence review methods to identify and evaluate evidence related to the guideline topic.
Guideline recommendations	A guideline recommendation should be clearly stated and based on scientific evidence of benefits; harms; and, if possible, costs.
Rating of evidence and recommendations	A guideline should use a rating system to communicate the quality and reliability of both the evidence and the strength of its recommendations.
Peer review and stakeholder consultations	Review by external stakeholders should be conducted before guideline publication.
Guideline expiration and updating	A guideline should include an expiration date and/or describe the process that the guideline groups will use to update recommendations.
Financial support and sponsoring organization	A guideline should disclose financial support for the development of both the evidence review as well as the guideline recommendations.

A framework and toolkit
for implementing NICE-
recommended treatment
interventions

**ROUTES TO RECOVERY:
PSYCHOSOCIAL
INTERVENTION
FOR DRUG MIS**

Guías Clínicas SOCIDROGALCOHOL
basadas en la EVIDENCIA CIENTÍFICA

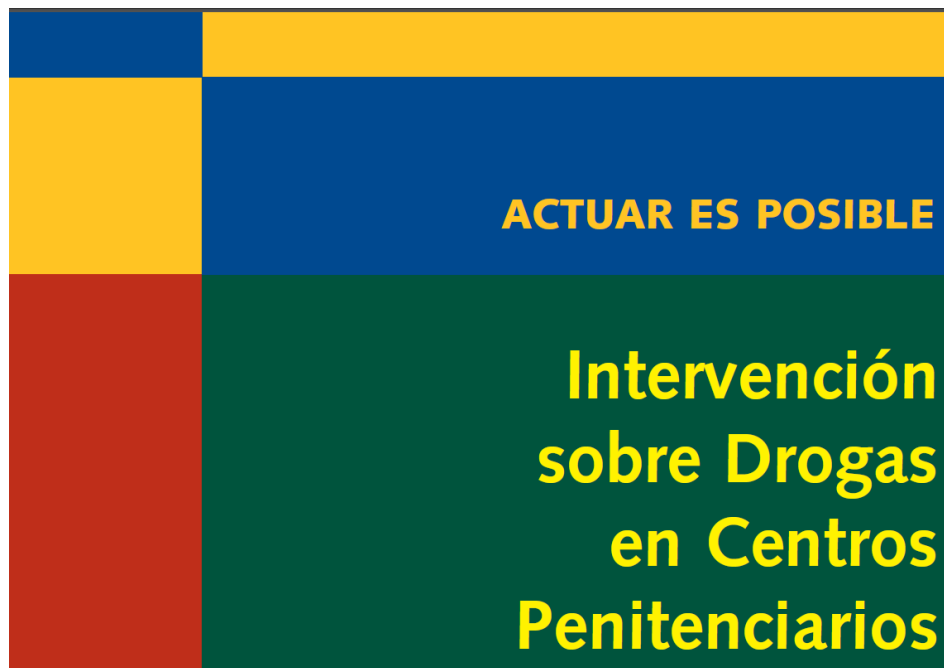
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PRISONS INTEGRATED DRUG TREATMENT SYSTEM

CONTINUITY OF CARE GUIDANCE



Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence



World Health
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- News and events
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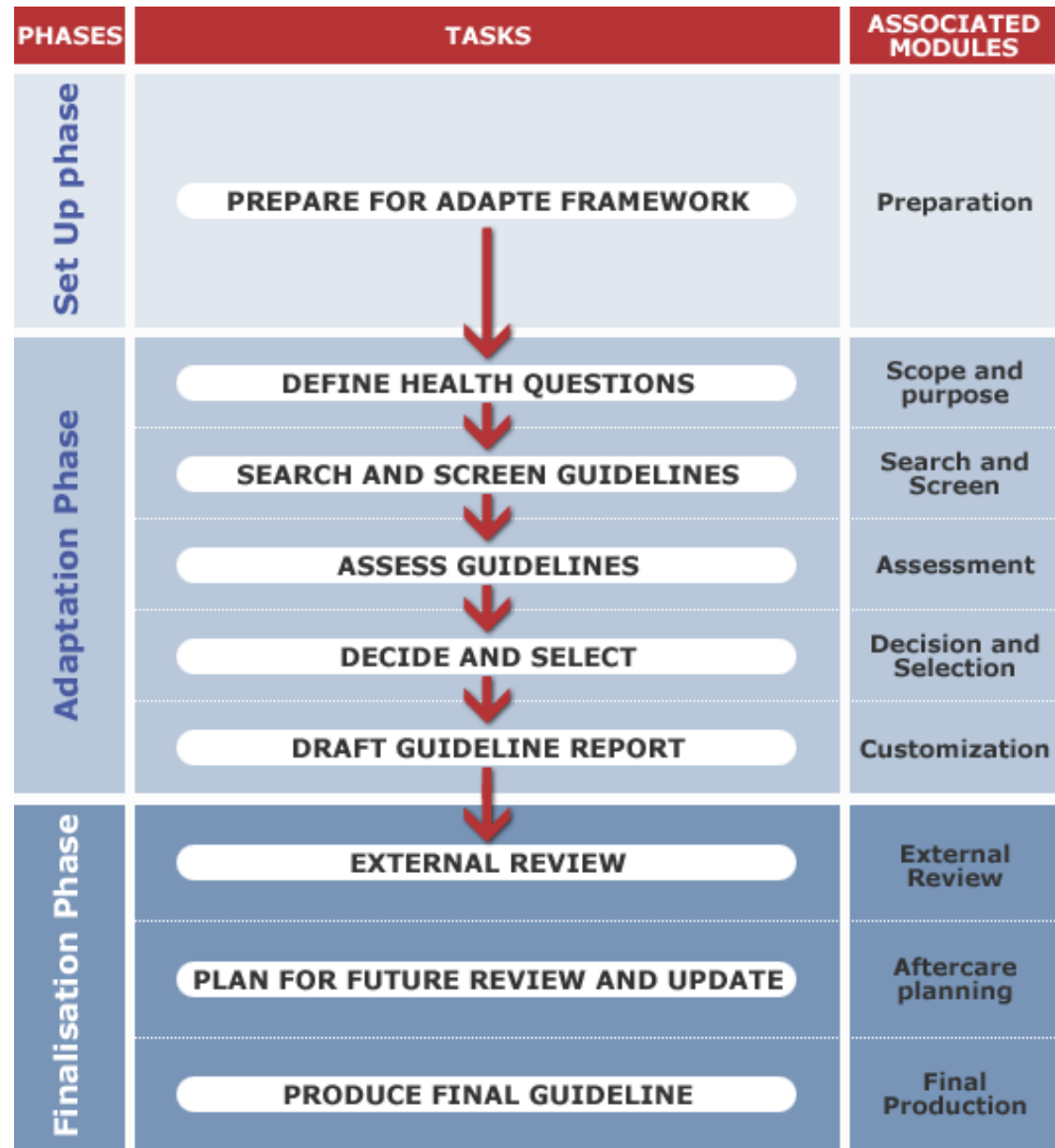
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Guideline Adaptation

Guideline adaptation is the systematic approach to the endorsement and/or modification of a guideline(s) produced in one cultural and organizational setting for application in a different context. Adaptation may be used as an alternative to de novo guideline development, e.g., for customizing (an) existing guideline(s) to suit the local context.

Rationale

The development and updating of high-quality clinical practice guidelines require substantial time, expertise and resources. Health organisations are increasingly confronted by the need to standardize health policies and practises to better manage finite resources and to promote optimal, evidence-based as well as equitable patient care. There is pressure for organisations to produce guidelines rapidly, to ensure that medical practice is consistent with current, emerging medical knowledge and with increasingly limited resources. Less formal guideline development groups, such as hospitals or group practices, can be overwhelmed by expectations and the requirements for creating these tools. Guideline adaptation recognises and responds to legitimate differences in organisational, regional or cultural circumstances that could lead to variations in recommendations supported by the same evidence. We postulate that existing high quality guidelines as a resource may be an alternative to de novo development to reduce duplication of effort, enhance efficiency, and promote local uptake of quality guideline recommendations.



Good work in bridging the gap between knowledge and practice

