



European drug prevention quality standards

www.prevention-standards.eu

Angelina Brotherhood
Liverpool John Moores University, UK

Examples of Quality Standards

- European Drug Prevention Quality Standards
- EQUS [European minimum quality standards for prevention, treatment and harm reduction]
- SPR Standards for the Evidence of Effectiveness of Interventions
- Canadian Standards for Youth Substance Abuse Prevention - School, Community, & Guidelines for Family based Prevention
- UNODC International Standards on Drug Use Prevention
- Czech Republic Certification for Prevention Providers and Practitioners

Three reasons for Quality Standards

1) Why do we need Quality Standards?

In Europe, most drug prevention is:

- Not based upon structured 'manualised' programmes
- Not based on theory - based on 'intuition'
- Rarely evaluated
- Viewed as the poor relation of treatment
- Believed to be 'ineffective'

Good prevention work shouldn't occur 'by chance'.

What are Quality Standards?

- Define what 'high quality' drug prevention is > provide benchmarks to help us judge whether a prevention activity or organisation represents high quality
- Focus on implementation - structural and procedural aspects such as staff composition, recruitment of target population, evaluation
- Less about 'what intervention' to implement - more about the context within which interventions take place
- Based upon scientific evidence (where possible) and professional consensus

2) Why do we need Quality Standards?

- 'Infrastructure interventions, i.e. those that provide the foundations (or could or should provide the foundations) for many of the other interventions' (Ritter and McDonald, 2008)
- The understanding and development of implementation factors such as policy, structure, organisation, workforce, prevention ethos and culture etc may be more important than identifying effective interventions.

3) Why do we need "European" Quality Standards?

A common reference framework for:

- Workforce development
- Commissioning and funding
- Project development
- Organisational development
- Higher Education
- Evaluation
- Describing and comparing projects
- Advocating for prevention
- ...

Prevention Standards Project

Phase I (2008-2011):

- Development of the Standards through review of existing standards and bespoke fieldwork
- Publication of the Standards as a Manual by European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) in 2011

Phase II (2013-2015):

- Application of the Standards using real examples of prevention work
- Adaptation of Phase 1 manual
- Development of guidance and tools which will support prevention professionals across Europe in applying the Standards in their work



DG Justice



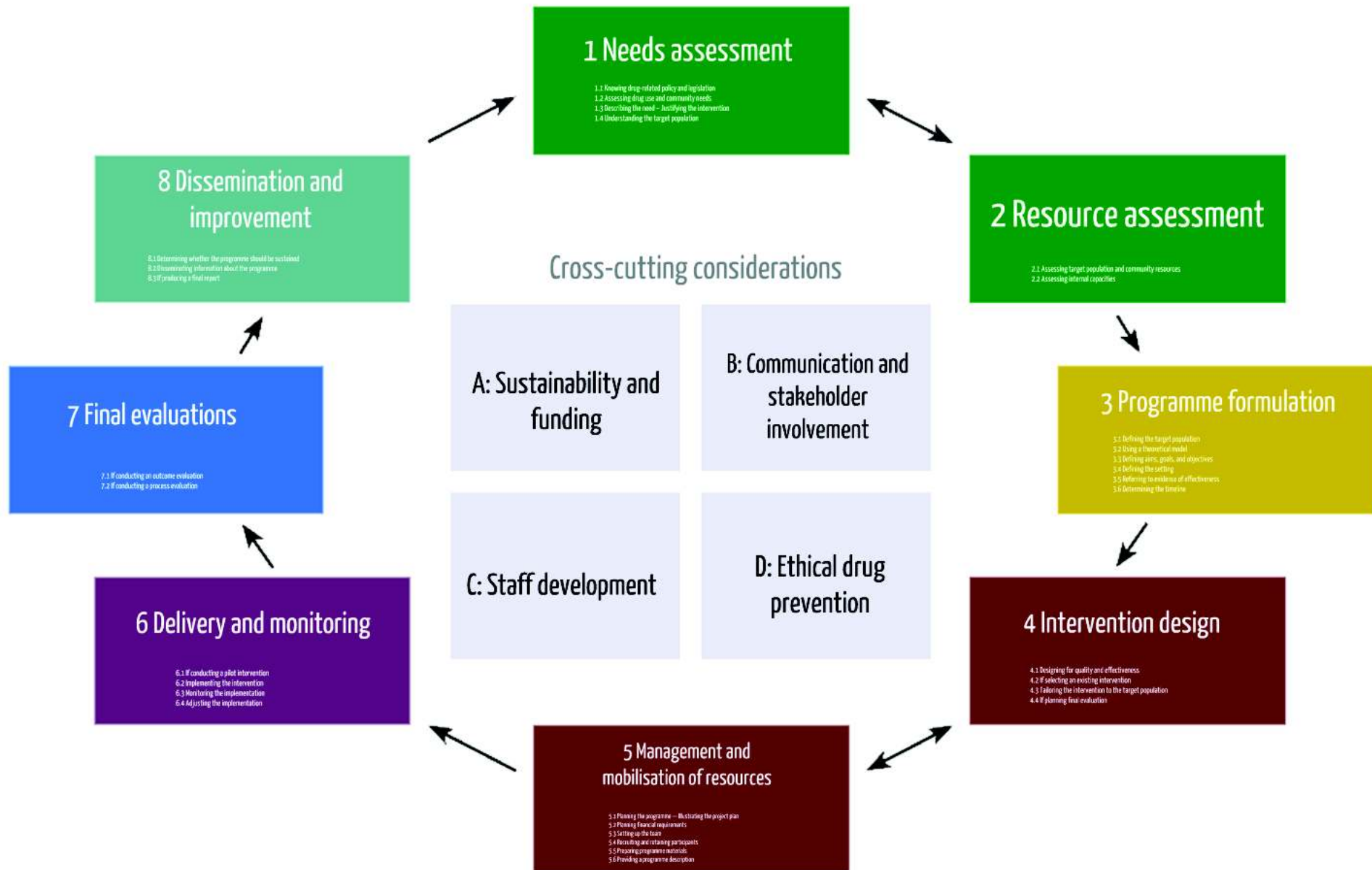
European Monitoring Centre
for Drugs and Drug Addiction

Prevention Standards Partnership

Phase I + II

- Liverpool John Moores University (LJMU), United Kingdom
- Institut Suchtprävention, pro mente Oberösterreich, Austria
- Gesundheit Österreich GmbH, Austria
- Charles University Prague (CUNI), Czech Republic
- Observatoire français des drogues et des toxicomanies (OFDT), France
- University Hospital Heidelberg (REBOUND), Germany
- University Mental Health Research Institute (UMHRI), Greece
- Eötvös Loránd University, Hungary
- Azienda Sanitaria Locale Milano (ASL Milano), Italy
- Azienda Sanitaria Locale 2 – Savonese (ASL 2 Savonese), Italy
- Mazowieckie Centrum Polityki Społecznej (MCPS), Poland
- National Bureau for Drug Prevention (NBDP), Poland
- National Anti-Drug Agency (NAA), Romania
- Delegacion del Gobierno para el Plan Nacional sobre Drogas, Spain
- Prevention Center, Social Development Unit, Sweden
- United Nations Office on Drugs and Crime (UNODC)
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

The European Drug Prevention Quality Standards



Cross-cutting considerations

A: Sustainability and funding

B: Communication and stakeholder involvement

C: Staff development

D: Ethical drug prevention

1 Needs assessment

- 1.1 Knowing drug-related policy and legislation
- 1.2 Assessing drug use and community needs
- 1.3 Describing the need – Justifying the intervention
- 1.4 Understanding the target population

2 Resource assessment

2.1 Assessing target population and community resources

2.2 Assessing internal capacities





3 Programme formulation

- 3.1 Defining the target population
- 3.2 Using a theoretical model
- 3.3 Defining aims, goals, and objectives
- 3.4 Defining the setting
- 3.5 Referring to evidence of effectiveness
- 3.6 Determining the timeline





4 Intervention design

- 4.1 Designing for quality and effectiveness
- 4.2 If selecting an existing intervention
- 4.3 Tailoring the intervention to the target population
- 4.4 If planning final evaluation

5 Management and mobilisation of resources

- 5.1 Planning the programme — Illustrating the project plan
- 5.2 Planning financial requirements
- 5.3 Setting up the team
- 5.4 Recruiting and retaining participants
- 5.5 Preparing programme materials
- 5.6 Providing a programme description





6 Delivery and monitoring

- 6.1 If conducting a pilot intervention
- 6.2 Implementing the intervention
- 6.3 Monitoring the implementation
- 6.4 Adjusting the implementation



7 Final evaluations

7.1 If conducting an outcome evaluation

7.2 If conducting a process evaluation



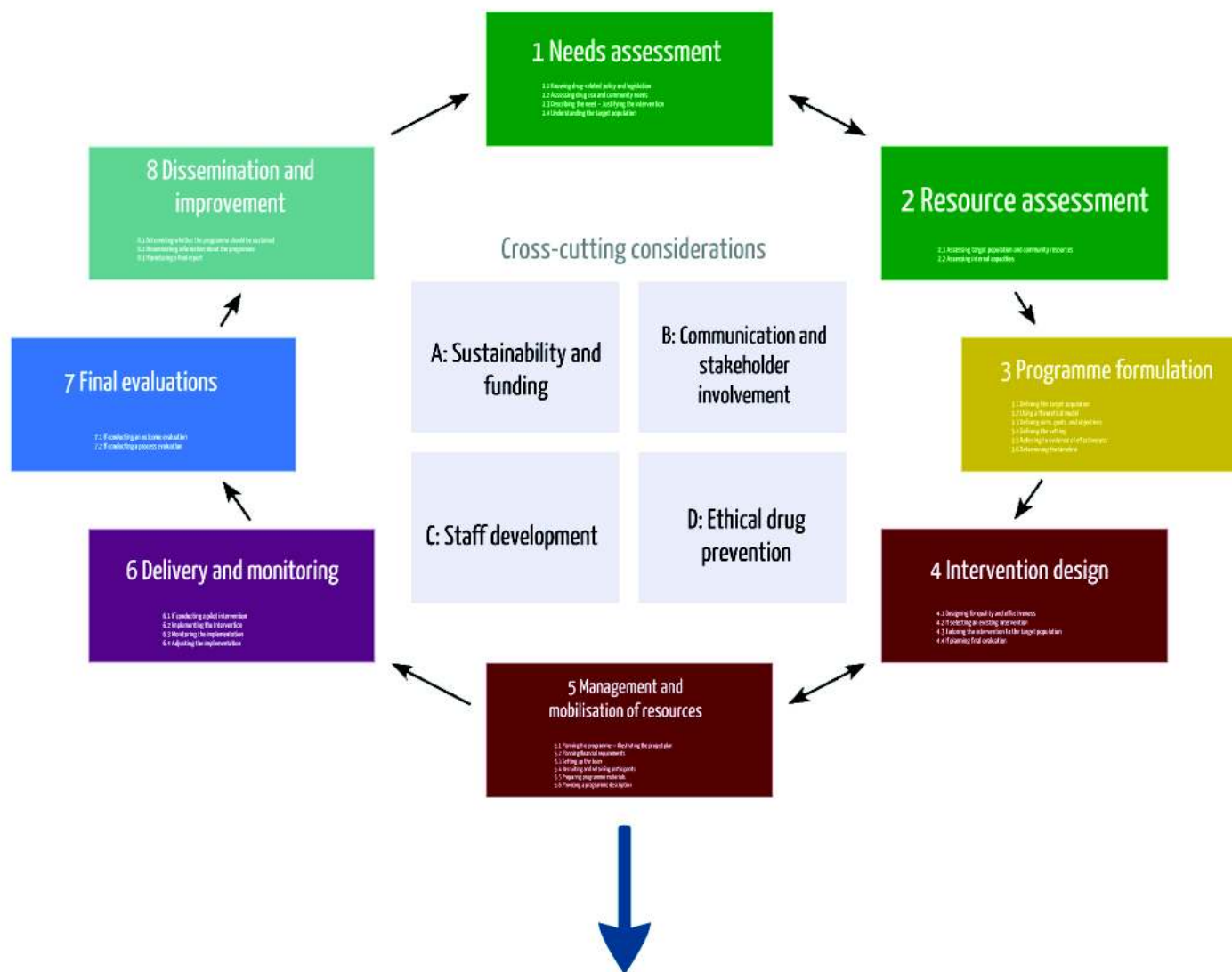
8 Dissemination and improvement

- 8.1 Determining whether the programme should be sustained
- 8.2 Disseminating information about the programme
- 8.3 If producing a final report

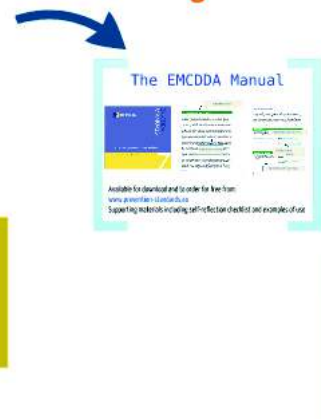


The European Drug Prevention Quality Standards

the project



Accessing the stand



Drug prevention activities that are more likely to be:
relevant, ethical, evidence-based, (cost)effective, feasible and sustainable

The EMCDDA Manual



Name of the standard

Project stage 1: Needs assessment

1.1. Knowing drug-related policy and legislation

In order to have an impact, all drug prevention activities must strive toward the same end, albeit through different means. By defining the aims of drug prevention work, drug-related policy and legislation act as signposts guiding drug prevention activities on a local, regional, national and international level. It is therefore essential that all professionals — not only those working 'at the top' — are aware of relevant policy and legislation, as this enables everyone to contribute to these aims. Other guidance, such as binding standards and guidelines, should also be taken into consideration where appropriate.

It is equally important to stay up-to-date with changes in drug-related policy and legislation, as these may affect different aspects of the programme. For example, changed funding priorities may require a new strategy to ensure the programme's sustainability (see A. Sustainability and funding); or, where participants receive information about drugs as part of the intervention, changes in legislation may require an update of the intervention content (e.g. reflecting changes in the legal status of drugs such as 'legal highs').

Moreover, by showing awareness of, and correspondence with, drug-related policy and legislation, providers maximise their chances of obtaining necessary support from commissioners and funders. In some countries, demonstrating awareness of drug-related policy and legislation is a condition for obtaining government funding. However, it is also important to be aware of local, regional, national and international policy and legislation that are not current policy or legislation in your country or community (see Component 1.2: Assessing drug-related policy and legislation). Providers should still support the wider drug prevention objectives of their programme by demonstrating strategies and make a case for the response to other needs.

While it is ultimately up to funders and commissioners to ascertain that programmes are in line with policy and legislation, all professionals should have a general level of knowledge in this area. Practitioners who spend a large amount of time working in direct contact with the target population may feel that learning about drug-related policy and legislation, and staying up-to-date with new developments, is beyond the remit of their work. It is the responsibility of providers to support staff members in achieving these standards, for example by holding in-house training events (see C. Staff development).

Implementation considerations

European drug prevention quality standards

It can be difficult to judge which policies and pieces of legislation are most relevant. Policy priorities can change frequently, coinciding with a new government shifts in society's concerns, or an important new piece of research. The Additional guidance section contains a selection of important contemporary documents in relation to international and national drug policy and legislation. However, the relevance of documents can depend on the type of the programme. For example, a local programme would be expected to prioritise local or regional documents over national and international ones, as these would be less relevant to the local context.

Note: Component D: Ethical drug prevention contains standards on general policy and legislation.

Basic standards:

1.1.1 The knowledge of drug-related policy and legislation is sufficient to inform the programme.

1.1.2 The programme supports the objectives of local, regional, national, and/or international priorities, strategies, and policies.

Additional expert standards:

1.1.3 The programme complies with relevant regional, national, and/or international standards and guidelines.

Detailed standards (basic level)

Note: Local/regional programmes should pay particular attention to local/regional policy documents.

Example of evidence: the programme description provides clear references to the most relevant policy documents.

Examples to clarify meaning

Detailed standards (expert level)

legislation.

Example of standards: existing standards on making services young-people friendly (e.g. Department of Health, 2007).

Available for download and to order for free from:

www.prevention-standards.eu

Supporting materials including self-reflection checklist and examples of use

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Note: Component D: Ethical drug prevention contains standards on general policy and legislation.

Basic standards:

1.1.1 The knowledge of drug-related legislation is sufficient for the programme.

Detailed standards (basic level)

medicines, and volatile substances; health education policy.

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Note: local/regional programmes should pay particular attention to local/regional policy documents.

Example of evidence: the programme description provides clear references to the most relevant

Examples to clarify meaning

Additional expert standards:

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Detailed standards (expert level)

The Standards in Croatia



- Recent publication of a 'quick guide' to the Standards in Croatian by the EMCDDA - available at: www.emcdda.europa.eu/publications/adhoc/prevention-standard
- Application of the Standards in joint project between Faculty of Education and Rehabilitation Sciences, University of Zagreb, and Office for Combating Drug Abuse to improve quality of prevention work in Croatia

Europski standardi za kvalitetnu prevenciju zlorabporabe droga: brzi vodič



Unakrsna razmatranja	
A: Održivost i financiranje	B: Komunikacija i uključenost dionika
C: Osposobljavanje osoblja	D: Etička prevencija ovisnosti o drogama

1. Procjena potreba		Procjena potreba	Procjena sredstava	Kvalitetna prevencija	Kvalitetna provedba
Opis standarda (podaci)	Indikator				
1.1 Procjena potreba: Procjena potreba za prevencijom zlorabporabe droga i utvrđivanje ciljeva, opsega, prioritetne potrebe, dostupnosti sredstava i osoblja, potrebe za osposobljavanjem osoblja i potrebama dionika, uključujući...	1.1.1 Procjena potreba za prevencijom zlorabporabe droga i utvrđivanje ciljeva, opsega, prioritetne potrebe, dostupnosti sredstava i osoblja, potrebe za osposobljavanjem osoblja i potrebama dionika, uključujući...				
1.2 Procjena sredstava: Procjena sredstava za prevenciju zlorabporabe droga i utvrđivanje ciljeva, opsega, prioritetne potrebe, dostupnosti sredstava i osoblja, potrebe za osposobljavanjem osoblja i potrebama dionika, uključujući...	1.2.1 Procjena sredstava za prevenciju zlorabporabe droga i utvrđivanje ciljeva, opsega, prioritetne potrebe, dostupnosti sredstava i osoblja, potrebe za osposobljavanjem osoblja i potrebama dionika, uključujući...				



Unakrsna razmatranja
A: Održivost i financiranje
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C: Osposobljavanje osoblja
D: Etička prevencija ovisnosti o drogama
1. Procjena potreba
1.1 Poznavanje zakona vezanih uz zlouporabu droga i zakonodavstvo
1.2 Procjena zlouporabe droga i potreba zajednice
1.3 Opis potreba - opravdavanje intervencije
1.4 Razumijevanje ciljane populacije
2. Procjena sredstava
2.1 Procjena ciljane populacije i sredstava zajednice
2.2 Procjena unutarnjih kapaciteta
3. Formulacija programa
3.1 Definiranje ciljane populacije
3.2 Korištenje teorijskog modela
3.3 Definiranje ciljeva, namjena i svrhe
3.4 Definiranje okoline
3.5 Upućivanje na dokaze o učinkovitosti
3.6 Određivanje vremenskog okvira
4. Dizajn intervencije
4.1 Planiranje kvalitete i učinkovitosti
4.2 U slučaju odabira postojeće intervencije
4.3 Prilagodba intervencije ciljanoj populaciji
4.4 Planiranje konačne evaluacije
5. Upravljanje i mobilizacija sredstava
5.1 Planiranje programa- ilustracija plana projekta
5.2 Planiranje financijskih potreba
5.3 Sastavljanje tima
5.4 Novačenje i zadržavanje sudionika
5.5 Priprema materijala programa
5.6 Opis programa
6. Provedba i promatranje
6.1 U slučaju provedbe pilot intervencije
6.2 Provedba intervencije
6.3 Praćenje implementacije
6.4 Prilagodba provedbe
7. Konačne evaluacije
7.1 U slučaju provedbe evaluacije ishoda
7.2 U slučaju provedbe evaluacije postupka
8. Širenje i unapređenje
8.1 Određivanje da li je program održiv
8.2 Širenje informacija o programu
8.3 Izrada završnog izvješće

1. Procjena potreba

Osnovni standardi (sažetak)	Neispunjeno Djelomično ispunjeno	Ispunjeno	Ne primjenjivo	Bilješke o trenutnom položaju	Akcije koje treba poduzeti
<p>1.1 Poznavanje zakona vezanih uz droge i zakonodavstvo: Poznavanje zakona vezanih uz droge i zakonodavstvo dovoljni su za provedbu programa. Program podržava ciljeve lokalnih, regionalnih, nacionalnih i / ili međunarodnih prioriteta, strategija i politika.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>1.2 Procjena zlouporabe droga i društvene potrebe: Procjenjuju se potrebe zajednice (ili okruženja u kojem će se program provoditi). Prikupljaju se detaljne i raznolike informacije o zlouporabi droga. Istraživanje koristi postojeće epidemiološke spoznaje, a pridržava se načela etičkog istraživanja.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Thank you for your attention!

- Angelina Brotherhood
- a.brotherhood@ljmu.ac.uk
- <http://www.prevention-standards.eu>

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PUBLIC HEALTH
LIVERPOOL JOHN MOORES UNIVERSITY