Outline of the presentation

1. Conditions for disseminating scientific evidence into policy and practice
2. The prevention standards project
3. Structure/content of the prevention standards
4. Project impact on EU policy and practice (and beyond)
5. Next steps
Conditions for implementation of evidence based approaches

Reality:
- Lack or weakness of governmental prevention agencies
- Prevention work is given less priority than treatment
- Duplication/fragmentation of work …

Reality:
- Few high quality studies in Europe
- Research findings require adaption to local circumstances
- Lack of ‘step by step’ content guidance (i.e. what to do) …

Reality:
- Scepticism among practitioners and policy makers
- (False) Perception that evidence based approaches are more expensive …
How to address these challenges?

- Different approaches possible

- One possibility is to develop and introduce formal/technical quality standards
  - To provide formal guidance on how to improve existing services in the absence of more specific content guidance
  - To ensure a minimum level of quality of existing structures and services
  - To support the promotion of prevention priorities among policy makers
  - To raise awareness for the need for evidence based approaches and quality assurance systems
The prevention standards project
Prevention Standards Partnership

- Liverpool John Moores University (LJMU), United Kingdom (Project lead)
- Azienda Sanitaria Locale della Città di Milano (ASL), Italy
- Consejeria de Sanidad - Servicio Gallego de Salud (Xunta de Galicia) (CS-SERGAS), Spain
- Azienda Sanitaria Locale n. 2 - Savonese (ASL2), Italy
- Institute for Social Policy and Labour (SZMI-NDI), Hungary
- National Anti-Drug Agency (NAA), Romania
- National Bureau for Drug Prevention (NBDP), Poland
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
Background & Aims

- **At the time of starting the project:**
  - No EU-level guidance on evidence-based drug prevention
  - National or regional guidance available in some countries – applicable to wider EU?
  - USA standards of evidence – applicable to European context?
  - Lack of guidance for policy makers and practitioners

- **Aims:**
  - To bridge the gaps between science, policy and practice
  - To produce a set of evidence-based drug prevention standards for use in the EU
  - To provide a checklist for policy makers and practitioners

- Two-year project co-funded by European Commission
### Methodology

<table>
<thead>
<tr>
<th>Method</th>
<th>Aims</th>
<th>Implementation</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collation and review of existing guidance</td>
<td>To produce a long list of standards; to identify a common structure that will synthesise existing standards</td>
<td>77 documents retrieved, 19 documents selected</td>
<td>March-September 2009</td>
</tr>
</tbody>
</table>

First draft of standards
# Methodology

## First draft of standards

<table>
<thead>
<tr>
<th>Method</th>
<th>Aims</th>
<th>Implementation</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delphi survey</td>
<td>Perceived priority of standards</td>
<td>423 professionals completed both rounds</td>
<td>January-February 2010</td>
</tr>
<tr>
<td>Focus groups</td>
<td>(Cultural) relevance of standards</td>
<td>14 focus groups held</td>
<td>March-April 2010</td>
</tr>
</tbody>
</table>

## Second draft of standards

| Field testing   | Usability and feasibility of standards | 72 professionals took part | August-September 2010 |

## Final standards

![European drug prevention quality standards logo]
The Prevention Standards
The drug prevention project cycle - a model to be adopted and adapted
Components within project stages

Cross-cutting Considerations

<table>
<thead>
<tr>
<th>A: Sustainability and funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>B: Communication and stakeholder involvement</td>
</tr>
<tr>
<td>C: Staff development</td>
</tr>
<tr>
<td>D: Ethical drug prevention</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>3.1 Defining the target population</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2 Using a theoretical model</td>
</tr>
<tr>
<td>3.3 Defining aims, goals, and objectives</td>
</tr>
<tr>
<td>3.4 Defining the setting</td>
</tr>
<tr>
<td>3.5 Referring to evidence of effectiveness</td>
</tr>
<tr>
<td>3.6 Determining the timeline</td>
</tr>
</tbody>
</table>

### 4 Intervention Design

<table>
<thead>
<tr>
<th>4.1 Designing for quality and effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2 If selecting an existing intervention</td>
</tr>
<tr>
<td>4.3 Tailoring the intervention to the target population</td>
</tr>
<tr>
<td>4.4 If planning final evaluations</td>
</tr>
</tbody>
</table>
## Components within project stages

<table>
<thead>
<tr>
<th>5 Management and Mobilisation of Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Planning the programme - Illustrating the project plan</td>
</tr>
<tr>
<td>5.2 Planning financial requirements</td>
</tr>
<tr>
<td>5.3 Setting up the team</td>
</tr>
<tr>
<td>5.4 Recruiting and retaining participants</td>
</tr>
<tr>
<td>5.5 Preparing programme materials</td>
</tr>
<tr>
<td>5.6 Providing a programme description</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6 Delivery and Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 If conducting a pilot intervention</td>
</tr>
<tr>
<td>6.2 Implementing the intervention</td>
</tr>
<tr>
<td>6.3 Monitoring the implementation</td>
</tr>
<tr>
<td>6.4 Adjusting the implementation</td>
</tr>
</tbody>
</table>
Components within project stages

<table>
<thead>
<tr>
<th>7 Final Evaluations</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 If conducting an outcome evaluation</td>
</tr>
<tr>
<td>7.2 If conducting a process evaluation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8 Dissemination and Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1 Determining whether the programme should be sustained</td>
</tr>
<tr>
<td>8.2 Disseminating information about the programme</td>
</tr>
<tr>
<td>8.3 If producing a final report</td>
</tr>
</tbody>
</table>
1.1. Knowing drug-related policy and legislation

In order to have an impact, all drug prevention activities must align with the aims of drug prevention work, drug-related policy and legislation, and respect national and international levels. It is therefore essential that all professionals — not only those working at the top — are aware of relevant policy and legislation. 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, changes in 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 government funding: However, needs that are not current policy priorities or community may be satisfied by addressing target population needs through funding in other ways. For example, the programme should still support the wider drug prevention agenda or examine national or international 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).
The standards give advice on how to **plan, implement, and evaluate** interventions.

They can be used to reflect on **new, ongoing, or completed activities**, and to think about how **people, organisations, and strategies** contribute to drug prevention.

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information, education and guidance (e.g. university courses, staff training)</td>
<td>✓</td>
</tr>
<tr>
<td>Developing or updating quality criteria (e.g. policy makers, funders)</td>
<td>✓</td>
</tr>
<tr>
<td>Self-reflection checklist (e.g. commissioners, programme developers)</td>
<td>✓</td>
</tr>
<tr>
<td>Discussion in group settings (e.g. service managers and front-line workers)</td>
<td>✓</td>
</tr>
<tr>
<td>Performance appraisals (e.g. assessing staff training needs)</td>
<td>✓</td>
</tr>
</tbody>
</table>
Project impact on EU policy and practice

(and beyond)
Potential Impact of Standards

- **Policy and practice:**
  - Improve drug prevention practice (e.g. increase sustainability of interventions)
  - Improve efficiency of funding (better outcomes)
  - Ensure availability and quality of delivery structures required for implementation of evidence based approaches

- **Target populations:**
  - Reduce likelihood of implementation of ineffective or iatrogenic interventions
  - Increase relevance and acceptability of interventions for target populations

- **Research and evidence base:**
  - More evidence-based and scientifically sound interventions
  - Improve European evidence base for prevention by promoting research methodology
Publication as EMCDDA Manual

- Publication by European Monitoring Centre for Drugs and Drug Addiction – leading EU drugs agency
- Official launch on 9th December in Lisbon, Portugal
- 2nd conference of the European Society for Prevention Research


Get your hard copy today!
Translation and implementation in EU countries

Out of the six project partner countries...

- **Italy**
  - Translation of standards in progress
  - University module in prevention standards at University of Bergamo

- **Hungary**
  - Translation of standards completed
  - To be published as official document by EMCDDA Hungarian National Focal Point and National Office for Drug Prevention

- **Romania**
  - Translation of the manual in progress
  - Application to make standards statutory by 2012
Adaptation of the standards for EQUS project

- EU consensus on minimum quality standards and benchmarks for prevention, treatment/rehabilitation, and harm reduction (EQUS)
- Led by University of Zurich with LJMU as project partner
- EQUS prevention standards are a summary of the basic standards included in EMCDDA publication, modified through review and additional consultations
- EQUS standards (including prevention) will form basis for a policy recommendation by the European Commission to the European Council in 2012 – introducing the standards to senior policy makers
International Standards initiative (early planning stage)

- European drug prevention quality standards
- Canadian Standards Portfolio
- US Society for Prevention Research Standards of Evidence

Basis for development of International Prevention Standards?
International Standards Working Group

- Collaboration between:
  - Liverpool John Moores University (LJMU)
  - Canadian Centre for Substance Abuse (CCSA)
  - United Nations Office on Drugs and Crime (UNODC)
  - Organization of American States (OAS)
  - World Health Organization (WHO)
  - European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
  - US Government National Institutes of Health
  - US Society for Prevention Research
  - South Africa Medical Research Council

- First meeting took place in May 2011 in Washington, DC, USA during SPR conference
- Second meeting at EUSPR conference in December 2011
Next steps
Revisiting the conditions for implementation of evidence based approaches

- Evidence based culture
  - Well developed delivery structures
  - Availability and quality of evidence base
- Advocate for increased prioritisation of prevention
- Raise awareness of need for evidence based approaches
- Provide a framework for evidence based working

European drug prevention quality standards
But other challenges remain…

For example:
- Lack of knowledge on how to use standards, and what for
  - Promote the use of quality standards
- Scepticism among professional groups - Develop professional attitudes and skills
- Diversity of prevention work - Consider differences in prevention practice
- Duplication of work - Create synergies
Prevention standards “Phase II”

Follow-on projects:
- Establish prevention standards further as a ‘brand’
- Produce user-friendly implementation tools/manuals
- Provide training/education to relevant target audiences
- Trial standards with real programmes
- Develop accreditation system for model programmes

<table>
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<tbody>
<tr>
<td>Formal self-assessment</td>
<td>Future versions</td>
</tr>
<tr>
<td>Funding decisions</td>
<td>Future versions</td>
</tr>
<tr>
<td>External accreditation</td>
<td>Future versions</td>
</tr>
</tbody>
</table>
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