



# EUROPEAN DRUG PREVENTION QUALITY STANDARDS

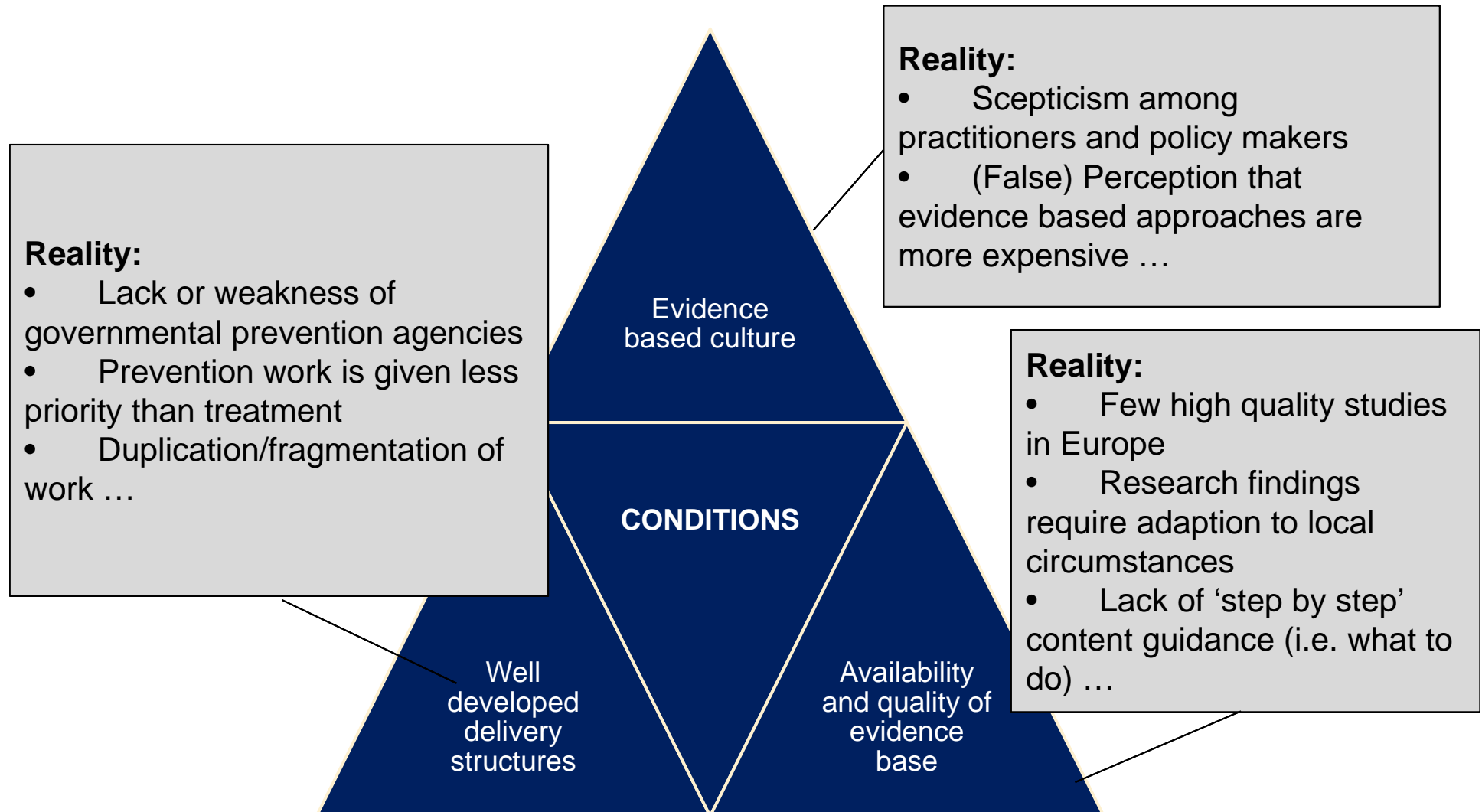
Lisbon, 9<sup>th</sup> December 2011

# 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



# 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
- Consejería 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



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



**First draft of standards**



# Methodology



## First draft of standards



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



## Second draft of standards



<b>Field testing</b>	Usability and feasibility of standards	72 professionals took part	August-September 2010
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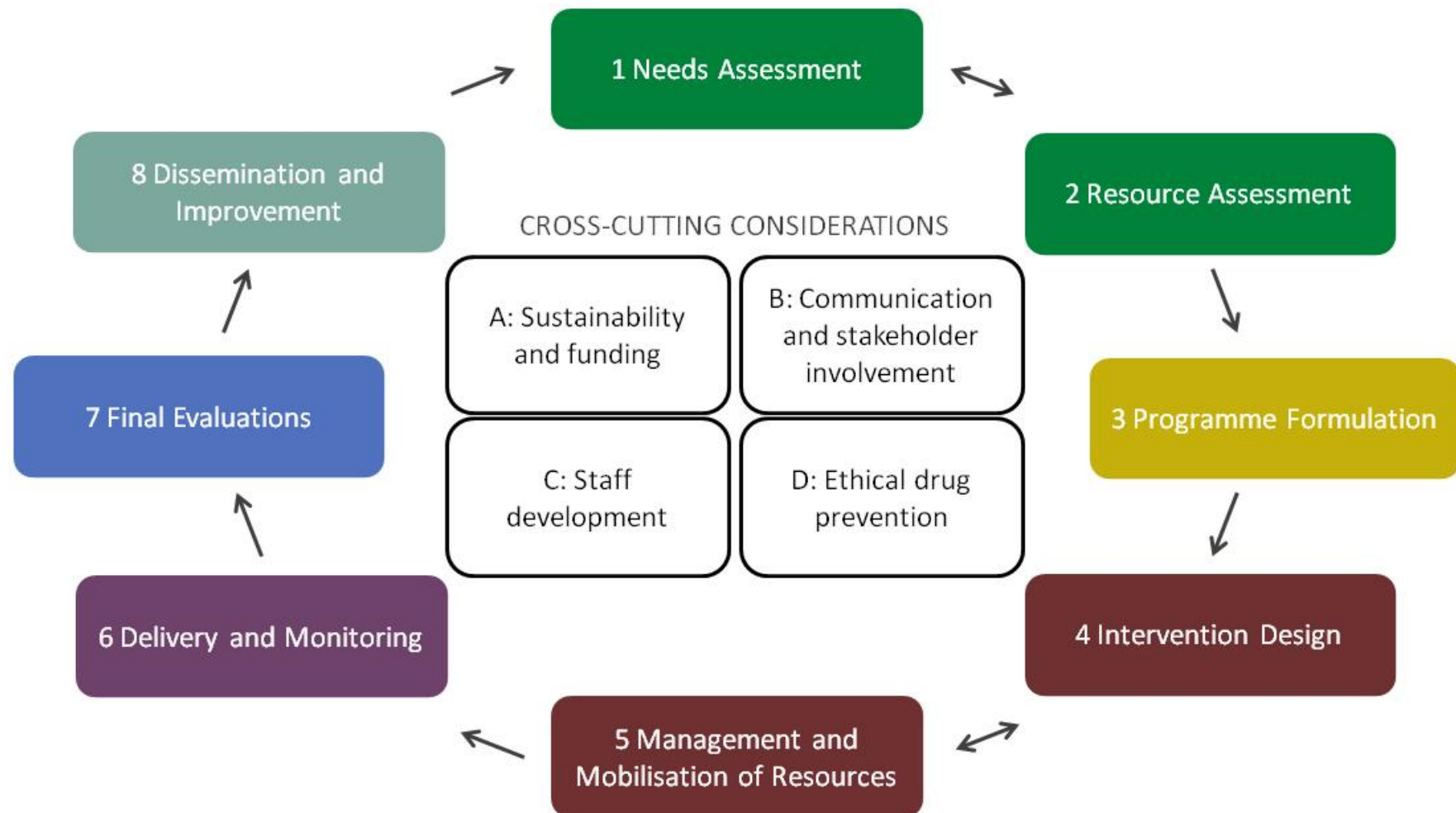


## Final standards



# The Prevention Standards

# The drug prevention project cycle - a model to be adopted and adapted



# Components within project stages



## **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

# Components within project stages



## 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 evaluations

# Components within project stages



## 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

# Components within project stages



## 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

# Layout

## Level 2: Component title

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 government funding. However, needs that are not current policy population or community may n  
Component 1.2: *Assessing drug*  
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support the wider drug prevention agenda as defined by 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*).

## 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 legislation is sufficient to inform the implementation of the programme.

## Level 3: Attributes (basic)

medicines, and volatile substances; health education policy.

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

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:

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

legislation.

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

## Level 3: Attributes (expert)



# Recommended uses of Standards



- 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.

Purpose	Recommended
Information, education and guidance (e.g. university courses, staff training)	✓
Developing or updating quality criteria (e.g. policy makers, funders)	✓
Self-reflection checklist (e.g. commissioners, programme developers)	✓
Discussion in group settings (e.g. service managers and front-line workers)	✓
Performance appraisals (e.g. assessing staff training needs)	✓



# 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 of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) leading EU drug prevention quality standards

- Officially launched on 9th Dec 2011 at the 2nd conference on Prevention of Drug Abuse

- <http://www.emcdda.europa.eu/publications/manuals/prevention-standards> - supporting materials available

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# 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 EQUUS project



- EU consensus on minimum quality standards and benchmarks for prevention, treatment/rehabilitation, and harm reduction (EQUUS)
- Led by University of Zurich with LJMU as project partner
- EQUUS prevention standards are a summary of the basic standards included in EMCDDA publication, modified through review and additional consultations
- EQUUS 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



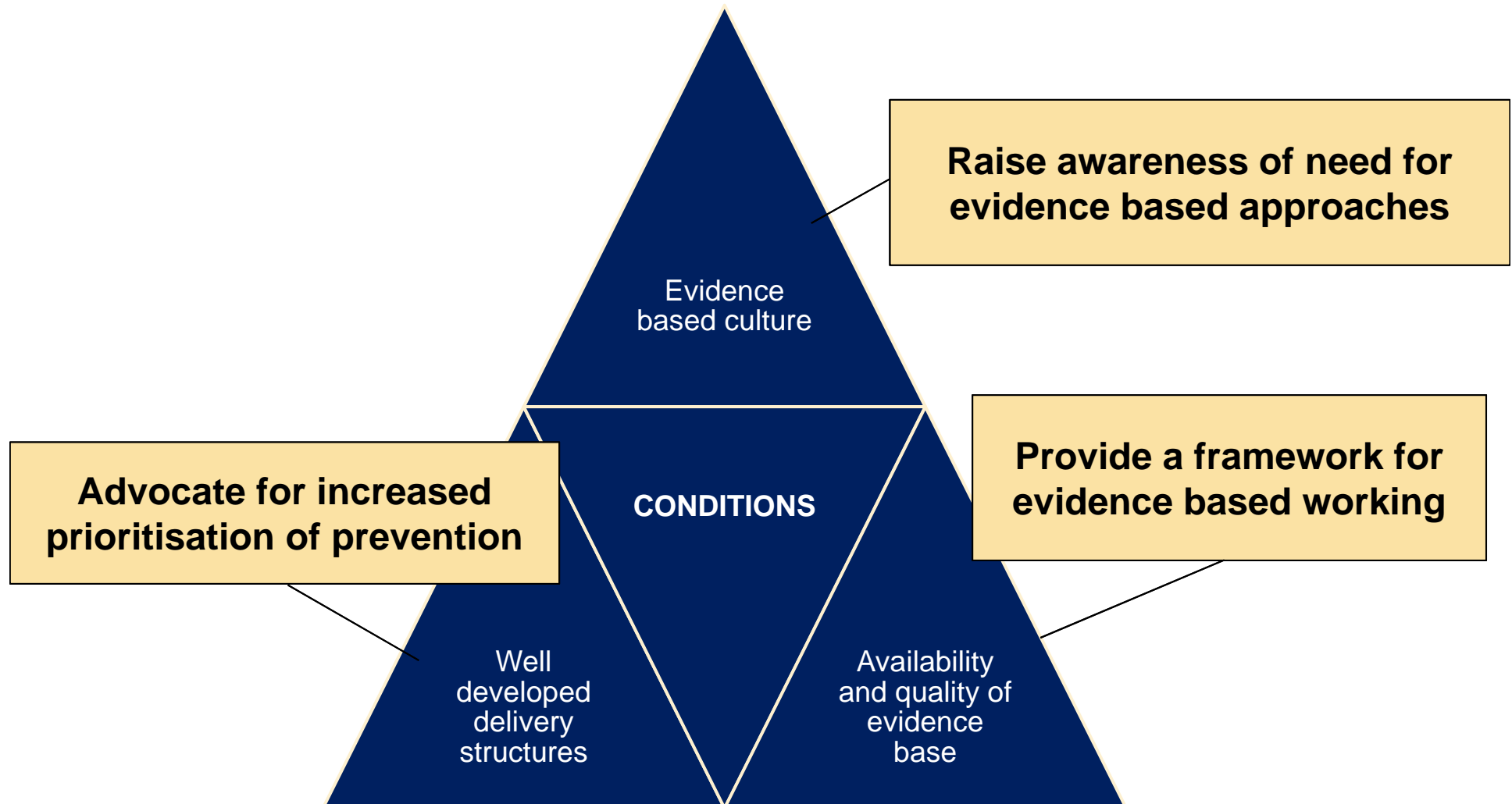
- Collaboration between:
  - Liverpool John Moores University (LJMU)
  - Canadian Centre for Substance Abuse (CCSA)
  - United Nations Office on Drugs and Crime (UNODC)
  - Organization of American States (OAS)
  - World Health Organization (WHO)
  - European Monitoring Centre for Drugs and Drug Addiction (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



## 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

<b>Purpose</b>	<b>Recommended</b>
Formal self-assessment	Future versions
Funding decisions	Future versions
External accreditation	Future versions

# Contacts



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