



European Monitoring Centre
for Drugs and Drug Addiction

Quality standards in drugs demand reduction in Europe – Prevention kicked if off

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Drug demand reduction in Europe

DDR evolution over the last 40 years

Examples:

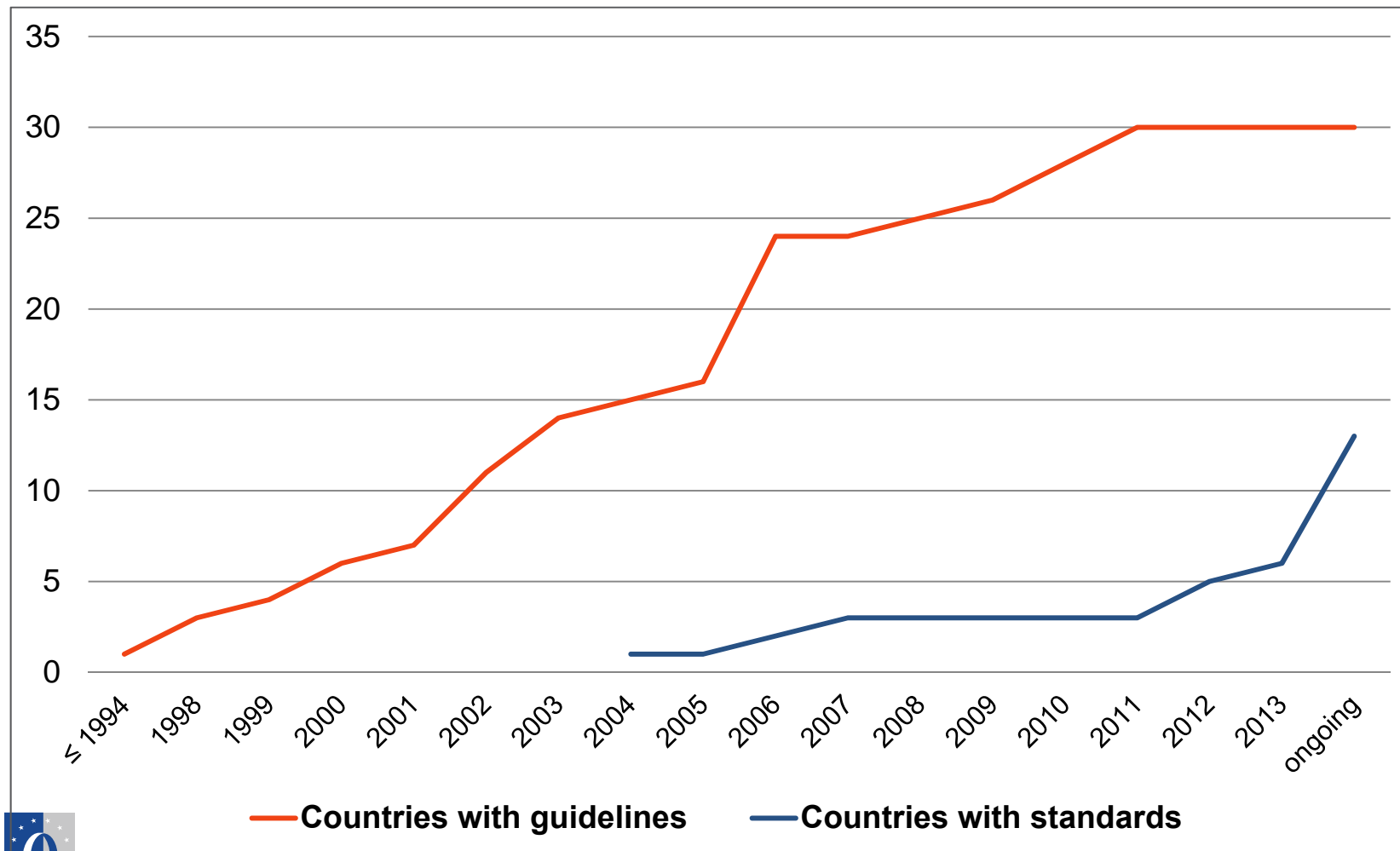
- Prevention

- Treatment



Evidence-informed policies and responses

Increasing adoption of guidelines and quality standards - treatment



Progression in EU policies

EU Action Plans	From best practice to standards
1995-1999	Identification, development, testing and use of best practice
2000-2004	MS promote the exchange of best practice
2005-2008	Improve coverage, access to, quality and evaluation of DDR programs (Evaluation) development & implementation of quality guidelines
2009-2012	To develop an EU consensus on minimum quality standards – by 2012
2013-2016	Agree and commence the implementation of EU minimum quality standards ...



Political mandate

Objective 3 Action 9 of the EU Drugs Action Plan 2013-2016

Objective	Action	Timetable	Responsible party	Indicator(s)	Data collection assessment mechanisms
Embed coordinated, best practice and quality approaches in drug demand reduction	9. Agree and commence the implementation of EU minimum quality standards, that help bridge the gap between science and practice, for: <ul style="list-style-type: none"> (a) environmental, universal, selective and indicated prevention measures; (b) Early detection and intervention measures; (b) Risk and harm reduction measures; and (c) Treatment, rehabilitation, social integration and recovery measures 	2014 2016	Council HDG MS COM EMCDDA	Consensus achieved by MS on minimum quality standards building on previous EU preparatory studies	EMCDDA Best practice portal COM biennial progress report

Progression towards standardisation of quality internationally

UN System

2008 - UNODC-WHO principles of drug dependence treatment

2009 - Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence

2012 - Treatnet Quality Standards

2013 - International Standards on Drug Use Prevention



Organisation of American States

Services for drug-dependent persons are evidence based and follow internationally accepted quality standards

African Union Action Plan

Develop and implement minimum quality standards for drug use prevention and treatment and the





emcdda

Minimum Quality Standards



Is it feasible to agree on a set of minimum quality standards in drug demand reduction in the EU ?

Definition

Quality standards are principles and sets of rules based on evidence, which are used to help implement the interventions recommended in guidelines

Brunsson and Jacobsson, 2000

The screenshot shows the website for the European Monitoring Centre for Drugs and Drug Addiction. The header includes the organization's logo and name, a search bar, and a navigation menu with links for Data, Countries, Topics (A-Z), Our activities, Best practice (highlighted), Publications, News and events, and About. Below the navigation is a breadcrumb trail: Home / Best practice. The main heading is "Best practice portal". Underneath, there are tabs for Overview, Evidence, Guidelines, Examples, Tools, News, and Collaborations. The "About the portal" section describes it as a resource for professionals, policymakers, and researchers in drug-related prevention, treatment, harm reduction, and social reintegration, with a clear European focus. It is continuously updated with information and research on interventions. A "More information »" link is provided. The "Evidence" section states: "Peruse the latest evidence to find out what works (and what doesn't) in the areas of drug prevention, treatment, harm reduction and social reintegration." The "Guidelines" section states: "Many countries have guidelines and standards for drug-related interventions, aimed at improving their quality and effectiveness. View them here." The "Examples" section states: "A searchable database of real-life implementations of drug-related interventions in Europe, designed to help professionals and policy-makers." The "Tools" section states: "An online archive of freely available instruments (e.g. questionnaires) for evaluating prevention, treatment and harm reduction interventions." Below the main content, there is a section titled "Collaborations and partnerships in best-practice" featuring logos for The Cochrane Collaboration, GRADE, DECIDE (Developing and Evaluating Communication strategies to support Informed Decisions and practice based on Evidence), and the World Health Organization Regional Office for Europe.





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European Standards for Drug Demand Reduction

F	Few	Few, simple, top-down, agreeable
A	Aspirational	Aspirational statement (informed by the most recent experiences in Europe and beyond) aligned to the EU Drug Strategy
C	Complementary	Bring added value, understand the principle of subsidiarity and proportionality and the differences in local contexts
E	Evidence	Supported by evidence and measures of achievement (set at individual Country level)
M	Measurable	Validated by a common and neutral source of data, and regularly reviewed

EU Minimum Standards - Definitions

Prevalence of drug use, its escalation and/or its negative consequences in the general population and/or subpopulations with a prevalence of drug use, its escalation and/or its negative consequences in the general population and/or subpopulations. They are based on an assessment of the prevalence of drug use, its escalation and/or its negative consequences in the general population and/or subpopulations and are based on an assessment of the prevalence of drug use, its escalation and/or its negative consequences in the general population and/or subpopulations → e.g. no mass media campaigns, no iatrogenic intervention



EU Minimum Standards – improve workforce

*have competencies and expertise on prevention principles, theories and practice, and are **trained** and/or **specialised** professionals who have the support of public institutions → training, accreditation, less children exposed to self-trained prevention providers*

work for accredited or recognised institutions or NGOs → competition



EU Minimum Standards – evidence-based interventions

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levels;

*... have access to and rely on
available evidence-based
programmes:*

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ce-

National (Germany, Spain, Italy, UK) and European (EDDRA) online registries of evidence-based programmes ... and more.



EU Minimum Standards – Overall Strategy

Prevention interventions form part of a **coherent long-term prevention plan**, are appropriately **monitored** on an ongoing basis allowing for necessary adjustments, are **evaluated and the results disseminated** so as to learn from new experiences.

Political promise
Civil Society as a watchdog to monitor
its implementation
Is there really a prevention plan?



Example of EU standards

Example Standard no.1 - Evidence Based Drug Use Prevention

Statement (the standard)	Prevention (environmental, universal, selective and indicative) interventions are targeted at the general population, at populations at risk of developing a substance use problem or at populations/individuals with an identified problem. They can be aimed at preventing, delaying or reducing drug use, its escalation and/or its negative consequences in the general population and/or subpopulations; and are based on an assessment of and tailored to the needs of the target population ;
Rationale	It has been proven that prevention interventions can have iatrogenic effects, or no effects. For this reason it is important to make sure that programs are designed to address the needs of the target and are safe and tested.
Measure of EU achievement	The majority of programme (adopted after the adoption of standards) are based on evidence, manualised programmes.
Source of data	EMCDDA, Reitox reporting

Example of EU standards

Example Standard no.2 – Aim in Drug Use Prevention

Statement (the standard)	Those developing prevention interventions have competencies and expertise on prevention principles, theories and practice, and are trained and/or specialised professionals who have the support of public institutions (education, health and social services) or work for accredited or recognised institutions or NGOs;
Rationale	Exposure of especially children to self-trained prevention providers is reduced
Measure of EU achievement	Number of, scope, and trends in programmes that provide social and copying skills promotion
Source of data	EMCDDA, Reitox reporting



Example of EU standards

Example Standard no. 3 – Drug treatment services

Statement (the standard)	Those implementing prevention interventions have access to and rely on available evidence-based programmes and/or quality criteria available at local, national and international levels;
Rationale	A number of scientifically-based exist and those willing to implement effective programs have the right to access and adapt them rather than having to reinvent the wheel
Measure of EU achievement	Number of, scope, and trends in programmes that are a) based on scientific evidence; b) offered in respect of human rights, confidentiality and patients informed consensus; c) are available and accessible for implementation.
Source of data	EMCDDA, Reitox reporting



Standards and professional training

Then why do we accept that untrained prevention professionals might raise our kids' interest for substance use?

Accreditation of interventions and professionals
Czech Republic

1st time: quality standards being approved at the highest political level

It means that governments are politically bound to respect them:
in the attribution of funds for example; in their national policies, legislations and programmes



Civil society and professionals must remind them their commitments

Be the watchdog of quality!



INVITES THE EMCDDA:

- to continue **gathering evidence** on effective interventions and services in drug demand reduction and **provide Member States with technical support and expertise in the implementation of these standards**, in line with available resources and information available from Member States;
- to **include information on** EU minimum quality standards in its annual reporting, using existing tools.

REQUESTS that the **progress made at EU level in this area is assessed** on the basis of the Commission reviews and in time for the final assessment of the EU Drugs Strategy 2013-2020;

REFLECTS on the need of **further refinement** of the EU minimum quality standards following that assessment.



Conclusion

After 20 years of progression from intuitive interventions to scientific evidence

The European standards can

1. Add value to what exist at MS level;
2. Discourage the use of ineffective interventions;
3. Be the 'ambassadors' of the European approach to drugs






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It is up to those working in the field to make the best use of the standards:

Quality is never an accident. It is always the result of intelligent effort.

John Ruskin

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