EUROPEAN DRUG PREVENTION QUALITY STANDARDS

Drogfokus conference, Norrköping, 24 October 2012

About me

- Academic background in urban sociology
- Since 2009 Public Health Researcher at Liverpool John Moores University, UK
- Our team conducts international research to inform European drugs policy and practice (currently ALICE RAP project)
- Project lead on European drug prevention quality standards project
- http://www.cph.org.uk/angelinabrotherhood

Outline of the presentation

1. The prevention standards project
2. Structure/content of the prevention standards
3. How to use the standards
4. Next steps

The prevention standards project

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

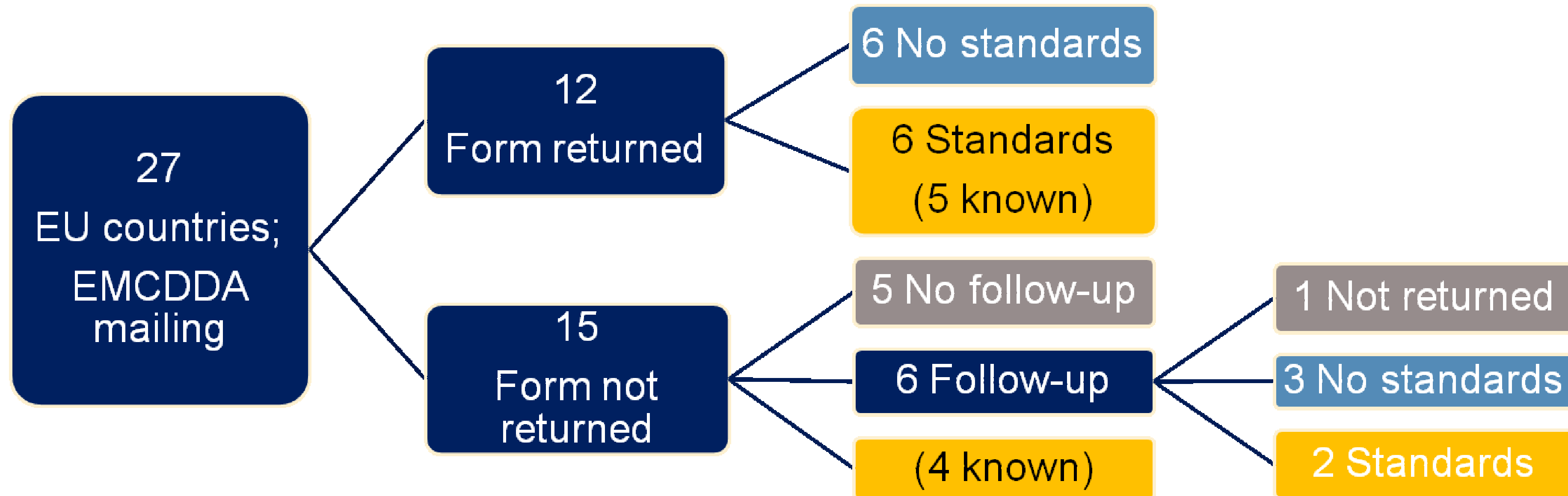
- **Aims:**
  - To bridge the gaps between science, policy and practice
  - To produce a set of evidence-based drug prevention standards for use in the EU
  - To provide a checklist for policy makers and practitioners

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)

- Two-year project co-funded by European Commission

Collecting information about available drug prevention guidance



- 12 EU countries with drug prevention standards or guidance (9 already on EMCDDA website, 3 new)
- 9 EU countries: no standards (yet)
- 6 EU countries: no information received

Available guidance – EU countries (spring 2009)

Drug prevention standards and/or guidelines available	No standards	No information received
Czech Republic Denmark Finland Germany Ireland Italy (regionally) Lithuania Poland Portugal Romania Spain (Galicia) United Kingdom	Austria Cyprus (in progress) France Greece Hungary (in progress) Latvia Netherlands (in progress) Slovenia Sweden	Belgium Bulgaria Estonia Luxembourg Malta Slovakia

Methodology

Method	Aims	Implementation	Timeline
Collation and review of existing guidance	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

Participants in consultations

- In six countries:
  - Galicia (Spain), Hungary, Italy, Poland, Romania, UK
- Sampling frame covered ten professional backgrounds:
  - Regional drug teams or networks
  - Education
  - Health
  - Mental Health
  - Social services/ Children, young people, families
  - Criminal Justice
  - Voluntary/ Community sector
  - Government representatives
  - Prevention consultants
  - Media

Methodology

First draft of standards

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

Second draft of standards

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

Final standards
EMCDDA publication (December 2011)

A brief checklist

5 Management and mobilisation of resources

Basic standards (summary):	Not met	Partially met	Fully met	Not applicable	Notes on current position	Actions to take
5.1 Planning the programme - Illustrating the project plan: Time is set aside for systematic programme planning. A written project plan outlines the main programme elements and procedures. Contingency plans are developed.	☐	☐	☐	☐		
5.2 Planning financial requirements: A clear and realistic cost estimate for the programme is given. The available budget is specified and adequate for the programme. Costs and available budget are linked. Financial management corresponds to legal requirements.	☐	☐	☐	☐		
5.3 Setting up the team: The staff required for successful implementation is defined and (likely to be) available (e.g. type of roles, number of staff). The set-up of the team is appropriate for the programme. Staff selection and management procedures are defined.	☐	☐	☐	☐		

The Prevention Standards

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

1 Needs assessment

2 Resource assessment

3 Programme formulation

4 Intervention design

5 Management and mobilisation of resources

6 Delivery and monitoring

7 Final evaluations

8 Dissemination and improvement

CROSS-CUTTING CONSIDERATIONS

A: Sustainability and funding

B: Communication and stakeholder involvement

C: Staff development

D: Ethical drug prevention

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

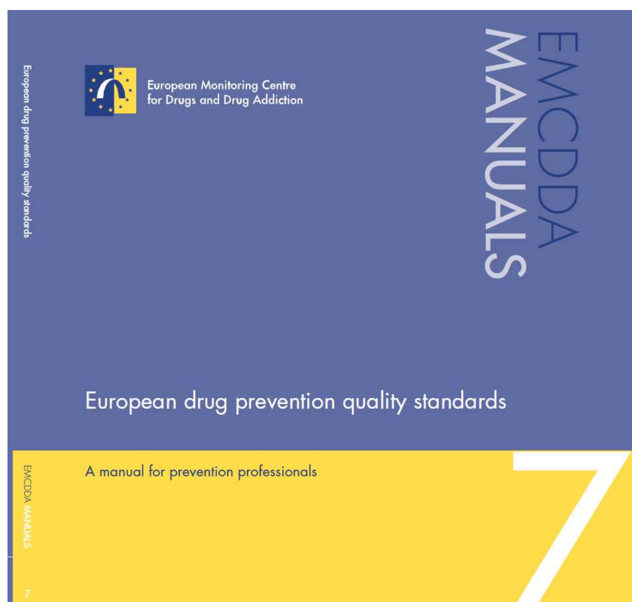
Components within project stages

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

Characteristics of high quality drug prevention work

- Relevant
- Ethical
- Evidence-based
- (Cost)effective
- Feasible
- Sustainable

Publication as EMCDDA Manual



- Publication by European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) – leading EU drugs agency

- **http://www.emcdda.europa.eu.publications/manuals/prevention-standards** - supporting materials available including self-reflection checklist

Layout

European
drug prevention
quality standards

Level 2: Component title

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 ... aining government funding. However, ... n addressing needs that are not current policy ... target population or community may n... ding (see Component 1.2: *Assessing drug*... mes should still support the wider drug prevention agenda as defined by national or international strategies and make a case for the response to other needs.

Implementation considerations

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*).

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:

Level 3: Attributes (basic)

1.1.1 The knowledge of drug-rel... legislation is suffici... the im... programme.	... 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 e...: the programme description provides clear r...ces 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)

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

How to use the standards

Applicability of the standards

The standards are applicable to a wide range of **drug prevention activities**, for example:

- universal, selective, indicated or environmental prevention;
- preventing initiation of drug use, reducing the frequency of use and/or reducing drug-related harms;
- targeting legal and/or illegal drugs;
- structured manualised programmes or ongoing participant- and needs-led services;
- short- or long-term projects;
- different methods, target populations, settings …

Standards contain advice on how to **plan, implement, and evaluate** interventions ⇨ reflect on **new, ongoing, or completed** activities.

Applicability of the standards

Although the standards refer to programmes, they can be used to reflect on prevention work at several levels of delivery, including:

- **People:** individual staff members or teams.
- **Activities:** singular interventions or wider programmes comprising several interventions.
- **Organisations:** organisations involved in drug prevention, such as service providers or schools.
- **Strategies**: priorities, action plans and tenders set out by government or funding bodies.

Recommended uses of Standards

- Examples of how the standards can be used:

Purpose	Context (examples)
Information, education and guidance	University courses, staff training
Developing or updating quality criteria	Policy making, funding
Self-reflection checklist	Commissioning, programme development
Discussion in group settings	Service management and front-line work
Performance appraisals	Assessing staff training needs

Example scenarios

- **Guidance in planning new activities:** A commissioner refers to the standards to conduct a local needs assessment using Project stage 1 (Needs assessment).
- **Preparing funding applications:** A prevention provider is preparing a project proposal to a funding body. The lead applicant uses the self-reflection checklist accompanying the standards to ensure that all project stages have been considered sufficiently.
- **Discussing ongoing activities in a group setting:** The senior management team of a large prevention provider uses the standards in a monthly meeting to discuss strengths and weaknesses of the organisation.
- **Professional development:** A practitioner working for a charity reads the standards for general information. Standard 3.2 (Using a theoretical model) encourages him to find out more about prevention theories and to identify theoretical models that might lead to improvements in his own working approach.

The Standards in Sweden

- **The "Three City Project"**

- Collaboration of Stockholm, Göteborg and Malmö in the area of drug prevention
- Prevention Standards inform the work of the network

- Further information: Anders Eriksson, Development Manager, Social Development Unit, Social Affairs Administration, City of Stockholm

Next steps

Challenges to implementation

- Publication of the standards as a manual is **not** sufficient to ensure their implementation in the field

- For example:
  - Lack of knowledge on how to use standards, and what for ⇨ Promote the use of quality standards
  - Diversity of prevention work ⇨ Consider differences in prevention practice
  - Perceived cost of evidence-based working ⇨ Improve understanding of what evidence-based working means
  - Scepticism among professional groups ⇨ Develop professional attitudes and skills

Prevention standards “Phase II”

- Follow-on project:
  - Prevention Standards Partnership extended with new partners to represent a variety of settings
  - Trial usefulness and applicability of standards under ‘real’ circumstances and in a wide range of settings ⇨ development of real life indicators and case studies to demonstrate generalisability of standards
  - Produce user-friendly implementation toolkits for different audiences and purposes
    (e.g. funders/commissioners, service managers/ programme developers, practitioners, accreditation, evaluation)
  - Establish prevention standards further as a ‘brand’

Tack så mycket!

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