



European Monitoring Centre
for Drugs and Drug Addiction



European
drug prevention
quality standards

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Implementation considerations

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Introduction

A major goal of the standards project was to ensure that the European drug prevention quality standards would be sensitive to differences in policy, professional culture, and the structure of prevention delivery within the EU. This was largely achieved through the consultations with drug professionals; and it is reflected in the practical considerations at the beginning of each component and the distinction between basic and expert level standards.

However, differences between Member States are not only relevant for the content of the standards. They become even more important when wishing to implement and adopt the standards in practice. On the following pages project partners summarise the most important considerations that need to be borne in mind when putting the standards into practice. Some of these country considerations relate to the governance and policy drivers of prevention, while others rely on a more subtle understanding of professional cultures and the acceptability of a more standardised, evidence-based approach to prevention and the professional assessments that this may bring. The considerations represent initial thoughts that are likely to develop further as the standards are introduced in the field.

This section also serves as a useful reminder of how, despite the existence of an EU Drugs Strategy and Action Plan, prevention practice still differs greatly across the EU. It consequently highlights that implementation of the quality standards can only be successful if it is mindful of the particular (e.g. cultural, local) circumstances of drug prevention practice.

Please note that this document has not been formally edited by the EMCDDA.

HUNGARY

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Experiences with standards and guidelines

- There is not much experience with standards development in Hungary. However, during the consultations it was clear that people had a positive attitude towards the standards, and they understood that introducing the standards could help improve their work. Under these conditions there is a good chance to disseminate the standards successfully and find ways to build them into the training system, and into the national grant application system, which supports prevention activities.
- Nevertheless, targeted communication would be required, informing target audiences about the need of introducing the standards at national, regional and local levels.
- It would also be beneficial to initiate high level meetings and discussions with key stakeholders (representatives of relevant ministries, prevention service providers, prevention workers, funding agencies, universities, etc.) on the possible benefits of the standards.

Sustainability and funding

- Professional and financial support from the national policy level dealing with drug issues is required to introduce the standards, for example, by acknowledging the standards development process and outputs, facilitating the integration of the standards into the national grant application system supporting drug prevention activities, and supporting communication and training activities.
- Predictable and stable financial support is required for the prevention service providers, which helps to improve the quality of work and personal professional development in regard to the use of standards.

National and regional structures and strategies

- Existence of a lead institute working at national level is a condition for implementation of the standards. This institute would provide scientific and practical know-how on drug prevention, in particular on standards development and their use in practice. This lead institute should coordinate the process of implementation of the standards and deal with communications issues.

Evaluation and evidence-based approaches

- Monitoring and evaluation are new fields of interest for many Hungarian practitioners, as education is lacking related to these fields. The question of programme effectiveness is also a newly emerging issue. The standards could help direct the attention to this key problem and at the same time can be an important tool to develop and implement higher quality work.

Professional development

- As in other EU countries, there is a lack of higher education training in prevention. A few universities offer courses in Addictive Behaviours which cover prevention as well. Most practitioners working in the field learn the necessary skills and knowledge 'on the job' or through in-service trainings. The development of the prevention standards offers an ideal opportunity to embed prevention into higher education, and to use them as a tool to teach effective principles, management, and delivery.

- It is not just education that is lacking in Hungary; there are also no national occupational standards that identify the tasks and activities for those working in the field of prevention. Subsequently, there is no accreditation of professionals. Under these circumstances, where professional development is not a legal requirement, learning about the standards and introducing them into practice will always be just occasional, depending on interests. There are requirements among professionals in terms of what level of education is needed to work in the field, what experience is acknowledged, but these are informal agreements.
- It is necessary to develop and offer a series of training courses for professionals on programme planning, project management, monitoring, evaluation, communication in general, and specifically on how to use the standards in practice.
- In the long term, regional centres (as satellite or collaborating organisations of the national centre) should be developed, dealing with training and methodological development.

ITALY – Lombardia region

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Experiences with standards and guidelines

- There is **no regulation of policy planning or implementation** of drug prevention programmes and activities: “minimum” quality criteria are neither specified nor referred to by organisations (that want to deliver drug prevention) or in prevention programmes. In some settings, the professional background seems ready to accept and implement quality standards, in others it is necessary to start from the beginning, trying to build a new concept of drug prevention.
- In Lombardia, work has begun in order to create a **regional “certificatory system”** aimed at linking public funding to the presence of quality criteria, but first of all to support organisations and professionals, belonging to different settings, towards a progressive improvement in quality of prevention planning and intervention. The standards can represent the technical basis to share and use along the development of this process.

The understanding of drug prevention

- **There is the need for a “common thought” about drug use** in order to better identify prevention goals; a multidisciplinary approach that goes beyond epidemiology while considering social, cultural, economic, political dimensions, and involving the entire community. The quality standards seem fundamental to promote a systemic view that can help to get over, at least in prevention, the traditional health care sectionalism.

Sustainability and funding

- Drug prevention is mostly **financed with public funds which appear insufficient**, although there are also special funds from projects, foundations, sponsors. This results in disjointed actions without coherence and no guarantee of continuity. The quality standards can be useful to overcome this fragmentation and “projects”-oriented logic towards strategic policy planning which assures the continuity of actions.

National and regional structures and strategies

- **Lombardia Region is preparing a strategic action plan** to improve the quality and efficacy of prevention policy and intervention systems, as a continuation of a long-term process that started with the project “Religo” (aimed at disseminating evidence-based practices and knowledge). The first results of this process include: creation of a Regional Prevention Network; publication of regional guidelines for drug prevention directed at the general population/pre-adolescent and adolescent population; establishment of a regional observatory on addiction. The quality standards can be a valid tool to support this effort in improving the intervention system’s quality.

The multi-service nature of drug prevention

- A shift from a top-down approach (typical of our health care services) to a **multilevel governance** of the system is needed. Participation in decision-making should be extended to target audiences, and the involvement and participation of all relevant community stakeholders should be promoted. In this sense, the standards emphasise the involvement of several stakeholders and levels so that they can support the real achievement of interdisciplinary programmes.
- In order to really improve prevention policy efficacy, it is necessary to think about different levels of action (international, national, regional, local, etc.) and resources. This, however, requires an **integrated approach and policy**, characterised by a medium- to long-term horizon. The quality

standards seem important in this context as they can apply to different fields/settings. Moreover, they represent a successful example of a sharing process (inter-regional and international) that could be extended to other fields in research or intervention.

Evaluation and evidence-based approaches

- Besides insufficient financial resources, there is a **lack of understanding about the purposes and importance of evaluation** – among policy makers and practitioners. Current practice is mostly based on process evaluations; there are not enough resources or expertise available to evaluate programmes outcomes as suggested in the (expert) standards. The standards could help to stimulate the development of an “evaluation culture” fitting different levels of planning.

Professional development

- **Special attention and care must be paid to human/professional resources.** Training and continuous refresher courses (also referring to the quality standards) must be carried out addressing different target audiences (students, practitioners, policy makers). The standards themselves, but also their process of development, could be presented either as content or as a case study within university courses targeting different professionals in prevention (health, social care, pedagogic, etc.).
- A **drug prevention educational curriculum is missing**, even though there is a great cooperation with schools and the academic world. Sharing the “philosophy” which informs the standards could allow the development of a specific cooperation among ASL/Lombardia Region and the education system.

ITALY – Liguria region

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The understanding of drug prevention

- There is no shared and defined idea about what prevention is. This topic is still fragmented and has very different meanings for the professionals: this affects the implementation of preventive programs.

National and regional structures and strategies

- The national health system is organised on a national and regional level. The coordination and definition of health policies pertain to the national level, but planning and organisation of health services, including drug addiction departments, are conducted on the regional level. For this reason the adoption of a national drug prevention strategy, absent at the moment, would involve a negotiation between the two levels. The result is that each region decides autonomously which drug interventions and policies to implement. A common and shared approach toward drug prevention projects is missing, and this might affect the translation of the standards into practice.

The multi-service nature of drug prevention

- Sometimes different agencies implement the same projects in the same environment or community with no knowledge of what others are doing: a lack of synergy is evident. This may make implementing the standards in practice difficult.

The organisation of drug prevention

- Most prevention projects are carried out by sanitary services that offer diagnosis, care, treatment, and prevention. In this way, the urgency of clinical work and the health culture which emphasises treatment often relegate the work of prevention to a residual role.
- Liguria Region has decided to incorporate drug addiction services in mental health departments, losing most of the specific aspects of drug-related issues and a dedicated attention to this topic. For this reason, at this moment there is less attention to, and interest in, developing innovation and research on addictions. This can minimise the impact of the findings and opportunities for dissemination of the standards.

Evaluation and evidence-based approaches

- Interventions tend to repeat standardised actions. The scientific evidence is often ignored, and practitioners are not prepared to design using guidelines. This is either because they do not have time to plan or because scientific evidence is perceived as too fragmentary. The standards document might help because it offers a detailed description of good practice methods based on scientific approaches.
- Drug interventions, both on a preventive and clinical basis, are related to a strong ideological issue that impacts on policies and legislation. Consequently, sometimes drug policies risk being mostly politically-oriented rather than evidence-based or directed at fulfilling community needs.

Professional development

- There is a lack of higher education training in prevention. Most practitioners build expertise only by doing, thus lacking a cultural and theoretical background in prevention. For this reason the

standards manual can be an important tool to use in training courses for university students and in refresher courses for practitioners.

- Not all professionals have experience in working on projects and planning strategically. In their daily work experience, very little time is dedicated to planning. The various phases of prevention work are carried out extemporaneously and from a self-referential point of view. Evaluation is also considered very important from a theoretical point of view, but is poorly implemented in practice. This leads to a gap between theory and practice.

POLAND

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Experiences with standards and guidelines

- In recent years, work has commenced on a system of recommended prevention programmes (not only in the field of addictions). The National Bureau for Drug Prevention is leading this work. At present, the system is in the pilot stage with the first programmes being evaluated. The European drug prevention quality standards will support individuals who wish to design or modify a prevention programme to obtain the recommendation.
- In Poland, there is no tradition of preparing guidelines and indications for activities in the field of drugs and drug addiction. For example, no official guidelines in drug treatment have been developed. Nonetheless, specialists expect guidelines concerning evidence-based programmes, e.g. in drug prevention. Local government officials feel the need to raise the quality of actions implemented under communal antidrug strategies; official guidelines could play a supportive role.

Sustainability and funding

- Drug prevention activities are financed by central institutions and with funds from alcohol licences. In recent years, spending on drug prevention has been on the rise, specially at the local level.
- In 2009, nearly PLN 165 million was spent on the implementation of the National Programme for Counteracting Drug Addiction (KPPN). Communal governments earmarked PLN 64 million for the programmes. Out of the 64 million, 55 million was spent on prevention. In 2009, 70% of the communes financed universal prevention, and 17% of communes supported indicated and selective prevention.

National and regional structures and strategies

- Local governments play an important role in the implementation of drug prevention. The National Programme for Counteracting Drug Addiction (KPPN) sets courses of action for local governments. Pursuant to the KPPN and the Act on counteracting drug addiction, communal governments develop communal antidrug strategies. The following courses of action were considered priorities for communes in 2006-2010: increasing involvement of local governments in counteracting drug addiction; raising the quality of communal programmes counteracting drug addiction, raising public awareness of the problems related to psychoactive substance use and the ways of preventing the phenomenon.

The multi-service nature of drug prevention

- Drug prevention activities in Poland are implemented by a number of agencies ranging from central institutions (Ministry of National Education, Ministry of Health) to local governments at provincial and communal level.
- In Poland, there is a huge market of prevention services. Due to the obligation imposed on communal governments to promote drug prevention, a number of entities design and implement prevention programmes. In 2009, local governments financed over 7 000 universal prevention programmes which included 2.2 million participants.

Evaluation and evidence-based approaches

- Commissioning institutions increasingly expect implementers to conduct evaluations which would prove the effectiveness of drug prevention programmes. However, impact and outcome evaluations are still a challenge for the implementers of drug prevention programmes.

Professional development

- Contrary to drug treatment, in Poland there is no system in place to verify the skills and qualifications of drug prevention practitioners. Drug prevention is often implemented by drug treatment professionals and sometimes also former drug users.

ROMANIA

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Sustainability and funding

- The first evaluation of the Romanian Drugs Action Plan 2005-2008 showed that it achieved real progress towards the goals of the National Drug Strategy. Action Plans are important as they assure the continuity at the policy level in the drug demand and supply reduction field.

National and regional structures and strategies

- In March 2009, following the endorsement of Urgent Ruling no. 20, the National Anti-Drug Agency (NAA), the main Romanian institution in national drug policies and the institutional framework for the government partners involved in the implementation of the National Drug Strategy, began a long reorganisation process which had a particular impact upon the strategic management and institutional components.
- Romanian considerations consequently concern the restructuring of prevention policy institutes at a national level. Only once this phase has been successfully completed can work be undertaken to support the introduction of the standards.

The multi-service nature of drug prevention

- According to expert opinion in the drug demand field, the reorganisation of the NAA had a negative impact not only on public activities but also on inter-sectoral coordination.

The organisation of drug prevention

- Despite these structural changes, NAA and its partners continued to implement drug use prevention and early intervention programmes, specially those providing integrated assistance services for drug users, including prison inmates with drug-related needs.
- Moreover, through the integrated assistance for drug users, in 2009 NAA continued to increase the accessibility of specialised drug services.

SPAIN – Galicia region

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Sustainability and funding

- As in other EU regions and countries, there exists a certain feeling of doubt and insecurity about the future of prevention among prevention professionals (even treatment professionals), experts, researchers, and other people around the drug use support system. The financial crisis is often used as a justification to erase prevention policies or to assign them a “low profile”.
- It is absolutely necessary to improve the support to research, not by increasing funds but by removing the grants to interventions that are not sustainable and/or not based on scientific evidence. We have available in Spain, and in Galicia in particular, an important number of high level researchers (from consultancies or university settings) that can and want to provide evidence and innovation to policy makers and local operators.

National and regional structures and strategies

- Galicia participated in this project through the Regional Health Department, which has the competences transferred from the National Government of Spain to design and implement drug policies in its territory. Since 1986, the Galician Plan on Drugs has been working toward an “evaluation and quality culture” of prevention programmes. The Prevention Standards project represented great added value to this policy.

The multi-service nature of drug prevention

- Models, tools, and service networks available in Spain and Galicia. It is necessary to share and expand, through marketing and media techniques, the results and achievements of prevention. Politicians, policy makers, and managers have the means to orientate action plans and to implement good prevention policies.
- The standards could be introduced in the regional prevention network and can contribute to clarify the prevention “playing field”. Although there is a variety of stakeholders involved (e.g. teachers, NGOs, health professionals), we also have the community prevention teams in place. These are clearly identified and motivated as the main actors to implement, follow up, and collaborate in the evaluation of the standards application in Galicia.

Evaluation and evidence-based approaches

- We are conscious that prevention has not had the impact and results which we hoped for (or more specifically, those which politicians and managers wanted). Over the last years, prevention could not be implemented in the evidence-based and scientific way which we demanded, due to: low interest in prevention science; limited resources; political pressure; urgencies to act; difficulties in coordinating different networks; no funding for research; low levels of training; implementation and funding of programmes with “bad practices”; one-time actions instead of continuous planning; and so on. We need a new framework which can strengthen and encourage evidence-based prevention; fortunately, we already have good foundations in place that we can build upon.

UNITED KINGDOM

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Experiences with standards and guidelines

- Practitioners may be reluctant to introduce the standards into their work based on previous experiences of tools that did not prove useful in their professional lives. Additionally, although not specific to drug prevention, there is already a large amount of standards and similar frameworks available. The standards might be perceived as “yet another tool”. Uptake of the standards will require a demonstration of how they can help practitioners in their day-to-day activities. It will also be important to show what is new and unique about the European drug prevention quality standards, and how they can complement other frameworks.

The understanding of drug prevention

- Prevention is perceived as comparatively less important than treatment, in part evidenced by the relatively low amount of funding that it receives in comparison. This perception is reinforced by the fact that there is a National Treatment Agency for Substance Misuse (NTA) but no single institution focussing on prevention. Adoption of the standards by the government will send the message that prevention is important.

Sustainability and funding

- There is a strong feeling of uncertainty around future funding and continuation of existing programmes following the recession and the recently announced spending review and cuts in public funding. This could present a challenge to implementation of the standards as professionals might struggle to achieve higher quality with fewer available resources.

The multi-service nature of drug prevention

- Prevention is not limited to one discipline but involves a wide range of fields (e.g. health, social care, education, criminal justice). Therefore, implementation of the standards will require buy-in from multiple stakeholders and fields.

The organisation of drug prevention

- The (expert) standards may be perceived as being orientated towards long-term structured, manualised programmes. However, a majority of prevention work delivered in the UK is client- and needs-led, which may be perceived as less suitable for planning and assessment using the standards. If the applicability of the standards to these projects can be demonstrated successfully, they will give direction on how to take a strategic approach even in more “unstructured” prevention work.

Evaluation and evidence-based approaches

- Although central to policy, there is great resistance to assessment culture in the UK among practitioners. “Monitoring” is regarded as a bureaucratic and time-consuming activity that is often perceived to be required by funders and commissioners to justify how resources are spent rather than to improve client outcomes. The benefits of monitoring for practitioners’ own work must be evident. Similarly, “evaluation” of prevention services often focuses on performance-based targets (e.g. defined number of participants, levels of engagement, retention rates) rather than the effectiveness of interventions. While practitioners are interested in understanding what is effective, they might not associate the term “evaluation” with effectiveness. Implementation of the standards will require a shift in professional attitudes on multiple levels and consequently broad workforce development.

- Uptake of the standards by practitioners will boost the robustness and validity of prevention, which will put it in a stronger position in comparison to the more established area of treatment.

Professional development

- National occupational standards identify the tasks and activities relevant to a particular area of work (e.g. Drug & Alcohol National Occupational Standards (DANOS), standards on Health & Social Care (HSC) and General Health (GEN)). Professionals working in the drugs field are expected to work toward these occupational standards; training and accreditation in the different units are available. It must be clarified how the European drug prevention quality standards will fit within these existing professional standards and training frameworks. Integrating the standards into existing training and continued professional development (CPD) activities may present a good opportunity for their uptake.
- There is a lack of higher education training in prevention in comparison to treatment. Although many universities offer undergraduate and postgraduate courses in Addictive Behaviours or specialised drug treatment skills, prevention usually only warrants a small focus. Prevention therefore has to be learned 'on the job' or through post qualification training. The development of the prevention standards offers an ideal opportunity to embed prevention into higher education, and to use them as a tool to teach effective principles, management, and delivery.