Professional Qualification Standards for Providers of Primary Addictive Drug Use Prevention Programmes

Approved revision 2008

Czech Ministry of Education, Sport and Youth

Prague

2008

OBSAH

INTRODUCTION

The Ministry of Education, Youth and Sport (Ministry of Education) makes a significant and irreplaceable contribution in the field of the primary prevention of high-risk behaviour among children and youth in the Czech Republic. In the field of primary prevention, the ministry acts as a co-ordinator between individual ministries. It has assumed this task due to the size of the target group, which is the entire student population, and due to the length of time the school atmosphere acts as an influence, and also in terms of personality formation – which is at its most influenceable during one's student years.

The Ministry of Education performs several important tasks in the field of preventing high-risk behaviour: designating basic strategies in the given fields, including priorities; supporting the creation of a structure for primary prevention providers contributing towards the priorities that have been set; and, importantly, supporting the creation of the material, human resources and financial conditions necessary to implement prevention in the school system. The basic principle of the strategy for preventing high-risk behaviour in schools is to guide children and adolescents towards leading a healthy lifestyle, adopting positive social behaviour and maintaining their personal integrity.

Primary prevention requires that there are a number of co-operating branches. In addition to the generally well-known elements of the system, such as the family, school and educational facility, various interest groups, civic associations, local administrations, health care facilities, religious associations, the police, cultural centres, various businesses etc. are also very important. On the basis of implemented high-risk behaviour prevention policy, the government contributes a significant amount of funding to their activities. In light of the fact that the government has a fundamental responsibility for the meaningfulness, and therefore also the corresponding quality and focus of activities in the field of prevention, it is necessary that the government has also created mechanisms that keep the entire system sufficiently comprehensible in terms of professionalism.

For this reason, a document was created that should make a fundamental contribution towards evaluating the quality and the efficiency of the programmes. Besides monitoring the level of individual activities, we also expect the understanding of prevention among individual interested ministries – and, through them, other institutions – will coalesce to a marked extent. It would be unfortunate, however, to interpret this document as a sort of tool for the government to create problems. The purpose of the standards is to acquaint prevention activity providers with the criteria it must fulfil and which will be used as the benchmark for evaluating their activities. The consequence of this evaluative approach will be that funding designated for primary or secondary prevention will not be provided to activities that do not guarantee necessary standards of quality – and all the more will be able to be directed towards those who have certified their services and therefore meet expectations for a fully competent subject.

Directly related to the requirement that services provided be certified, evaluations within the provider's own structure will be carried out on an ongoing basis and pressure will be put on those implementing the programmes to continue to perfect their services. Under certain circumstances, some requirements can appear to be overly demanding. Our experience from past years, however, will clearly prove us right. We must put firmly behind us the period where the fundamental criteria for receiving government subsidies were enthusiasm and originality (though often irrational and without the presence of a supervisor who genuinely ensures high professional standards), with professional knowledge taking a mere secondary role.

All of the standards are gradually developing and react flexibly to new findings in the field and the course of the certification process. Since December 2006, the system for certifying the professional qualifications of primary prevention programmes has been implemented into practice. The Certification Agency set up under the Czech Institute for Educational and Psychological Counselling has been charged with this task. On the basis of an evaluation carried out by the Certification Agency, the original Standards from 2005 were reviewed and reworked. We are now providing you with the updated version.

Prague, 15 July 2008 Jiří Pilař

INITIAL STATUS – PRIMARY PREVENTION OF ADDICTIVE DRUG USE

Primary prevention of addictive drug use represents a very wide spectrum of programmes. Far from all of these programmes can be carried out universally and with all of the target groups, thus making it important the basic concept be formulated regarding what should be presented to whom in preventative activities so that these activities will truly be efficacious and, at the same time, affordable.

One of the most significant steps in the field of evaluating the quality and efficiency of primary prevention of addictive drug use was the clear classification and differentiation of primary preventive programmes. It was precisely here where many very deep misunderstandings once arose among professionals, the general public and the media. The current classification of primary preventative programmes resolves crucial professional as well as economic questions, as it designates clear criteria for proceedings on subsidies for various providers of primary prevention programmes. This classification makes it possible not just to establish transparent criteria, but also clearly establish the competences and responsibilities of individual interested authorities and institutions. Thanks to this, the authors anticipate that the possibilities for inspecting the entire preventative activity system will significantly improve and make it easier to draw conclusions from these inspections.

The cornerstone for the entire preventative activity system does continue to be non-specific primary prevention programmes closely bound to the main principle of the strategy for preventing high-risk behaviour – guiding children and adolescents towards health, adopting positive social behaviour and attempting to maintain personal integrity. Non-specific primary prevention, mainly carried out through a strong network of non-competitive / recreational sports and cultural free-time activities and programmes, must be considered the main support for the entire preventative activity system. One of the main tasks is to increase programme accessibility and variety and make them attractive for the widest possible spectrum of children and adolescents, yet at the same time it is necessary to recognise that there are and always will be children and young people who will not find these programmes are attractive or accessible for some reason. This does not need to be because there is low motivation and a poor nurturing environment in the family; these could be much deeper sources of problems, such as the family's very poor social situation (particularly among groups of compatriots at risk of social exclusion, immigrant families etc.), parents' psychological or other pathology (uncontrolled psychiatric illness in the family etc.) or children who do not have any family at all (children from orphanages, community homes etc.). This means that in society there are and will be children and young people who are handicapped to a certain extent as compared to their peers. It is not enough to just create a selection of free-time activities for these children. Many of them require specific support programs that allow them to come to terms with their handicap and that prevent them from becoming regular members of society. There is a relatively high number of children who require such a specific approach, and at the same time it must be stressed that these are not children who create a single homogenous group. There are various groups of children who are handicapped in various ways and who require various forms of assistance, yet these forms must correspond to their own real needs and problems. This means that assistance must be sufficiently specific and indicated in order to be truly efficacious. The term for this form of assistance and support is 'specific and indicated primary prevention programmes'. Just as there are specific primary prevention programmes e.g. in the fields of bullying and violence or the prevention of racism and xenophobia, there are also specific primary prevention programmes regarding the use of addictive drugs – and it is to these programmes that this text is devoted.

The authors' intention is to, on a general level, formulate the basic requirements for how, by whom and under what circumstances specific primary prevention of addictive drug use programmes should be implemented – establishing binding quality criteria for programme providers. These criteria, standards, are merely a means. We understand them as a tool that, within the system for certifying preventative programme providers, makes it possible to judge the level to which the defined requirements were met so that we can differentiate between good and poor programmes. This should i.a. help create continuous pressure on providers so they will monitor, evaluate and also increase the quality of their programmes. At the same time, the final and main goal is to reduce the level of risks associated with addictive drug use as much as possible. In the context of specific Primary prevention of addictive drug use, this main goal has several levels. In central task is to keep the greatest number of persons from every starting to use addictive drugs. As this task cannot be performed for all individuals, we are defining three further levels of general goals for specific prevention:

a) If the initiation of addictive drug use is not successfully prevented for some individuals, it is necessary to postpone this start to the highest possible age and attempt to minimise the risks associated with this behaviour – in terms of both the individual and society

b) If starting to use addictive drugs is not successfully prevented for some individuals, it is necessary to continue to work with them and motivate them to abandon this activity, and support them in returning to a lifestyle that is not connected with using these substances while minimising the risks they have connected with additive drug use

c) In case high-risk behaviour connected with addictive drug use develops, secure adequate means to protect against the consequences of this behaviour and motivate the individual to use the specialised assistance of counselling or therapy

The task of creating standards for specific primary prevention of addictive drug use stems from Government Resolution No. 1045 from 2000 (National Drug Policy Strategy for 2001 – 2004) and work on performing this task started in the course of the Phare Twinning project "Drug Policy" in co-operation with specialists from Belgium and Austria (for more information, see the document On the Outputs of the 2000 Phare Twinning Project "Strengthening National Drug Policy", Government Resolution No. 549 from 2003). Defining the quality criteria for preventative programmes closely proceeds from the tasks stemming from the Concept on Preventing Addictive Drug Abuse and Other Social Pathologies in Children and Adolescents for the 1998-2000 period and the Strategy to Prevent Social Pathologies in Children and Adolescents in the Competence of the Ministry of Education, Youth and Sport for the 2001–2004 and 2005–2009 periods.

The basic framework for standards of specific primary prevention of addictive drug use is in accordance with the National Drug Policy Strategy for the 2005-2009 period ("National Strategy") approved by the government in Resolution No. 1305/2004 on 22 December 2004 as the basic strategy document on the Czech Republic's drug policy. The standards for specific primary prevention of addictive drug use are also in accordance with the National Education Development Programme, also known as the White Book, in areas that are related to pupil-teacher relationships and creating key competences for young people's personal lives and future professions. Furthermore, they are in accordance with the European Action Plan on Drugs for the 2000–2004 and 2005–2009 periods, Czech Government Resolution No. 1265 on Crime Prevention Strategies for 2001–2003 and the WHO document European Health 21 – Target 12.

The system for certifying the professional qualification of primary prevention programmes has been implemented in practice since 2006. Primary prevention programme providers apply for certification of their programmes. The Certification Agency set up under the Czech Institute for Educational and Psychological Counselling has been charged with certifying programmes. The Certification Agency launched its activities in compliance with Order No. 14/2006 issued by the Minister of Education, Youth and Sport on 1 July 2006. The first programme was certified in December of that year. On the basis of a Certification Agency evaluation, the original standards from 2005 were reviewed and reworked in 2008. In particular, the point system was amended, duplicity in certain requirements was reduced and the contents of the standards were adjusted to the current situation in the field of primary prevention. In local investigations carried out by certification teams, the application of these standards in practice should now also be more transparent and clear.

SECTION I: PRIMARY PREVENTION OF ADDICTIVE DRUG USE

1.1. GENERAL FRAMEWORK AND GOALS FOR STANDARDS OF PRIMARY PREVENTION OF ADDICTIVE DRUG USE

We consider activities and programmes that are sharply focused on the field of addictive drug users, use and the risks connected with this to be specific primary prevention of addictive drug use (also referred to as "specific prevention" below). Three main characteristics distinguish specific primary prevention of addictive drug use programmes:

a) A direct and explicitly expressed relationship in the field of addictive drug use and users, and subjects connected with this

b) A clearly demarcated period and space for implementation (along the axis of: mapping needs, programme plan and plan preparation, implementing and evaluating the programme, follow ups)

c) Focusing in on a clearly demarcated and defined target group and the justification for matching (i.e. assigning certain groups or individuals to a given type of programme corresponding to the needs and problems of the target group) connected with this

In this context, the direct and explicitly expressed relationship with the issue of addictive drug use and users is understood as the goal, contents and method for implementing the preventive programme having a clearly direct connection to the problem of addictive drug use. For example, in training programmes which includes training the active reinforcement of rejecting addictive drug offers (rejecting an alcoholic drink or marihuana cigarette that is offered) – as in various peer programme models, teacher training courses etc. – the relationship to preventing the use of addictive drugs is clear and proven.

The clearly demarcated period and space for implementing the programmes is associated with the fact that, in the comprehensive system of preventative action, it is necessary to differentiate between individual programmes in terms of financing and evaluating quality and efficiency. Without this differentiation, it is not possible to efficaciously control the entire system, draw any conclusions from such a control or ensure effective dovetailing, i.e. ensuring individual programmed interconnect with one another - yet this is one of the most significant factors influencing the effectiveness of the entire system. The demarcated period and space pf the programme is understood to be that each programme has all sections necessary for successful information explained and described in writing: preparation and plan of the project (defined specific goals, timeline etc.), implementation (detailed description of how the programme is implemented, by whom, where and under which circumstances), evaluation (using which tools and how the programme will be evaluated), and follow up (what came before the programme, how the target group's needs and problems were ascertained, what will or should follow the programme and why).

Each programme has its own clearly defined target group that can be described using basic characteristics such as age, gender, education, belonging to a certain social group, manifestations of high-risk behaviour etc. At the same time, in addition to describing the target group. the programme implementer must also state the programme capacity (each programme can be carried out with a certain minimum and maximum number of people). A significant part of defining the target groups for individual programmes is also a justification as to why the given programme is (or is not) suitable for that particular target group and not some other group, what problems or special areas the defined target group is dealing with and how, etc.

Besides the three basic characteristics stated here, we are also generally placing several additional basic requirements on specific programmes which are made more specific and elaborated in more detail in the form of the general and specific standards:

a) The programme must respect the specific problems and needs of its target group, and must therefore also include the method of how the provider gets this information

b) The programme must be accessible and must respect the basic rights of its participants (clients)

c) The programme includes securing basic organisational, staffing and economic requirements the preventative programme provider must meet

d) It must be clearly stated what materials and technical aspects must be secured so that the programme can be implemented and the highest possible effectiveness can be achieved

e) The programme must be part of a wider system of preventative action (follow up secured) and included in the implementation is an evaluation of the programme's quality and, if applicable, effectiveness.

Occasionally, economic negative definitions are used to differentiate types of specific prevention. Economic negative definitions state that forms of specific primary prevention of addictive drug use are all those programmes which would not exist if problems connected with addictive drug use did not exist (e.g. addiction), i.e. it would not make sense to implement these types of programmes if the problems connected with addictive drug use did not exist.

Professional qualification **s**tandards (below also referred to as standards) are intended to evaluate and certify specific preventative programme providers, as there is a huge quantity of these programmes and it is neither economically nor technically feasible to evaluate and certify individual programmes. We consider the following to be the main tasks and goals of the standards:

(1) Stipulating the criteria for the quality of the specific primary prevention of addictive drug use programmes, which will become binding for all providers of these programmes.

(2) Setting quality indicators for the provided services, which will make it possible for providers to carry out comparable and repeatedly independent assessments of the quality of preventative care.

(3) As part of the process for certifying professional qualifications, the standards are a tool for carrying out a professional assessment of the provider who applies for certification. Certification is a mark of quality for persons interested in the programmes, clients, the public and administrative bodies.

(4) The standards and the system for controlling the performance of these standards provide state and public administration bodies and other funding institutions with a tool for supervising the professional level of the programmes provided.

(5) The creation of foundations for securing wider access to comprehensive and continual preventative action in the field of addictive drug use and the impacts associated with this use.

The professional qualification standards have two sections. The first of these is general and the performance of these standards is mandatory for all certification applicants. The specific standards are differentiated according to the programme in which a specific facility is applying to be certified. These are specific in-school primary prevention programmes, out-of-school programmes, early intervention programmes, education programmes in the field of specific primary prevention and publishing activities in the field of primary prevention. The certification applicant must always meet the particular requirements for the particular specific standards in which it is applying to be certified.

All requirements that are demanded in the Standards (particularly those where the source of information is the study of documentation) must be proven in written documents. The facility must have written information about the programme and must have created a detailed methodology and manual for the particular primary prevention programme. The methodology should contain the following: the name of the programme, a description, foundations, mission, goals, target group, restrictions, human resources needs, requirements for supervision or intervision (supervision between colleagues), time structure, recommendations for direct implementation, material needs and aids, needs regarding space, the methods used, processes and techniques, method of evaluation, opportunities for follow up, recommendations for further collaboration, forms of support and literature references.

1.2. DEFINITION OF BASIC TERMS

For the needs of professional qualification standards for providers of primary prevention programmes, basic terms are defined to make it possible to clearly and unambiguously interpret individual points of the standards in the general and special sections:

(1) "Standards" are understood to be the professionally accepted level for the preventative programmes that make it possible to achieve the maximum quality and effectiveness of these programmes.

(2) A "high-quality programme" is understood to be a programme that is effective, integrated into the wider system of preventative action and clearly serves the defined goal, uses standards to meet the criteria set in the standards and corresponds to the needs of parties interested in the programmes and clients.

(3) "Dependence on addictive drugs" is understood to be the state that fulfils the diagnostic criteria for "dependence syndrome" according to the tenth revision of the International Classification of Diseases (ICD).

(4) The overall term "client" is used for programme users. In various contexts as needed, the term "client" can be understood to be an individual or a certain defined group. The client can be referred to on three levels in the field of primary prevention: a client is understood to be a school (educational facility, facility), classroom (group) or particular individual. This issue must be sorted out for all these levels. If the purchaser of the service/programme is being discussed, this is understood to be any legal entity (particularly a school or educational facility).

(5) For the programme customer (school, pubic office, employer etc.) the overall term of "party interested in the service" or "purchaser" is used. The term "party interested in the service" or "purchaser" thus integrates both institutions (through their representatives) and any legal or physical entity that arranges (orders and, if applicable, pays for) the implementation of the programme.

(6) For the programme implementer, the overall term of "provider" is used. This is meant as any legal or physical entity implementing preventative programmes. In this context the Standards also use the term "facility", which is understood to be the provider's independent place of operation (or branch) whose responsibilities also include the provision of preventative programmes (particularly in case the provider has several places of operation or branches at various locations).

(7) We understand "healthy lifestyle" to be a way of life that includes activities that support "complete physical, mental and social well-being" (WHO's definition of health) and is an essential part of drug addiction prevention programmes and potential associated forms of high-risk behaviour.

(8) The term "associated high-risk behaviour" or "other forms of high-risk behaviour" is understood to be various forms of high-risk behaviour and actions that are directly or indirectly related to the use of addictive drugs (such as various forms of aggressive behaviour, the issue of safe sex, gambling etc.).

(9) "Guarantor" is the person who is responsible for the quality of the programme and the professional level of the persons who implement the programme. The statement of the specialist guarantor serves as the basis for providers of funding to decide in grant or subsidy proceedings. It is generally required that the specialist guarantor of preventative programmes be a person with a university degree (ideally in the fields of education, special education, psychology, psychiatry etc) who has at least five years experience with specific preventative programmes focused on the prevention of addictive drug use. The guarantor must be an employee of the provider. The guarantor must have an overview of and control over the method with which preventative programmes are implemented and how they are secured (organisationally, technically, financially etc). Controls carried out in the course of the programme are adequately documented (e.g. minutes from meetings etc.).

(10) "Supervision" is an inseparable part of each programme. The aim is to reflect on how to otherwise understand the processes and phenomena that occur during preventative programmes, how to assume a position and how to act in situations with clients and colleagues. The general aim is to increate the professional competence of the staff. The focal point of supervision is to mainly provide regular room to reflect on the content and process of one's own work, develop understanding and skills in work and gain information and a different perspective on one's own work. IN addition, it is to get feedback regarding the contents and the process of one's own work, receive recognition and support as a staff member and a person, and receive assurance that as a staff member and a person I will not be subjected to carrying an unnecessary burden from troubles, problems and projection all alone, and lastly but importantly, to have space to explore and express my own dissatisfaction, loss of interest, transference and counter-transference that my work can cause, better planning and using my own personal and professional resources, being more proactive than retroactive and performing work well.

(11) The "Supervisor" of the primary prevention programme is a qualified specialist who is not a part of the facility staff team, i.e. s/he does not have any other employment with the facility. A qualified specialist is considered to be a person who has a university degree (in the fields of education, special education, psychology, psychiatry etc.) and has at least five years experience and experience with specific preventative programmes focused on preventing drug use, or at least seven years experience in the treatment of dependency. The completion of at least 150 hours of self-experience psychotherapy training, or ideally specialised training in supervision is a must for meeting the qualification requirements for the supervisor.

(12) Additional terms are explained in the heading and the text of individual standards.

1.3. TARGET GROUP OF THE PRIMARY PREVENTATIVE PROGRAMMES

Various criteria can be used to describe the target group for primary preventative programmes. None of these criteria are exhaustive. It generally applied that the more precise the description of the target group and the more relevant criteria are used for this description, the better. Each programme must have their own clearly defined (delimited) target group. The basic criteria for describing the target group is the age that can be used to differentiate:

a) Preschool age (aged 3-6)

b) Younger pupil (aged 6-12)

c) Older pupil (aged 12-15)

d) Adolescent (aged 15-18)

e) Young adult (aged 18-26)

f) Adult population (over 26)

The age criteria (similarly as gender differentiation criteria) must always be combined with some other criteria, however, because alone it is insufficient. These criteria include e.g.: education, belonging to a certain social group, expressions of high-risk behaviour etc.

The education criteria is very significant in regards to the intellectual difficulty of the preventative programmes, particularly in education-focused programmes. In regards to the site where it will be carried out and partial methods, being part of a certain social group is a very significant criteria (which particularly applies for groups of people who are at risk of social exclusion etc.) Cultural and religious aspects can also certainly be used for selection, as these have a significant capability of differentiation that, from the perspective of preventative action, is very significant.

Among the adult population, the criteria of different professions can be used. Here the justification for targeting of a programme at a certain job group must be supported with specific data from various research and polls (e.g. high level of stress and easy access to addictive drugs in certain medical professions, high emotional burden among educational counsellors, extremely high level of risk connected with addictive drug use among public transportation drivers, police officers and military personnel etc.).

A significant differentiation criteria for target groups in out-of-school programmes is e.g. the location where preventative programme intervention can be carried out on the target group (dance clubs, discotheques etc.), or the style of music that members of the target group prefer (pop, rock, house, techno, hip-hop etc.).

To describe the target group we recommend selecting at least three to five criteria that are relevant for the implemented programme.

1.4. PRINCIPLES OF EFFECTIVE PRIMARY PREVENTION OF ADDICTIVE DRUG ABUSE

For the needs of the Professional Qualification Standards, several general principles have been formulated that the implemented preventative programmes should fulfil and that supplement the wording of the actual standards in terms of content:[1]

a) Comprehensiveness and the combination of multiple strategies that have an effect on a certain target group (school, family, peers, community, mass media). The biopsychosocial model and a list of risk factors clearly suggest that the causes for addictive drug abuse are truly varied. Preventative programmes must therefore be conceived comprehensively, as the sum of several factors and as coordinated cooperation between various institutions.

b) The continuity of impact and systematic planning. The programmes must follow up on each other and complement one another. This dovetailing must be transparent and must be considered in the method of implementation. Preventative action must be systematic and long-term. Single activities, regardless of the extent and cost – such as single lectures or national multimedia anti-drug campaigns, usually are not very effective. Once-sided (emphasising only the negative effects of drugs on an individual's physical, mental and social wellbeing) and oversimplified information can even be damaging to the client of the programme and the credibility of the programme itself among the target group.

c) Targeting and adequacy of information and forms of impact in regard to the target population and their demographic and socio-cultural characteristics. In each preventative programme it is necessary to define for which target group it is designated. The age, level of risk, level of knowledge, socio-cultural background, ethnicity, the opinions of the group on addictive drug abuse and the characteristics of the local society must be taken into account. The programme must be attractive for the given target group in order for it to not only get and keep the group's attention.

d) Connecting the prevention of illegal addictive drug and volatile addictive substance use with the prevention of problems caused by alcohol and cigarettes. Tobacco and alcohol are the most widely spread addictive drugs and cause the greatest human and material damage. These also are to a certain extent initiation addictive drugs – their use is usually accompanied by, and often precedes illegal addictive drug abuse. This connection is not always suitable, however, and we can formulate various programme "packages" in which an effective preventative message can be sent.[2]

e) Early start to preventative activities, ideally already in pre-school. The orientation of one's personality, opinions and views are formed already in the earliest years of childhood. It has been clearly shown that the earlier prevention starts, the more effective the result. Forms of impact must of course be adapted to the children's age and capacities.

f) Positive orientation on primary prevention and demonstration of specific alternatives. Support for a healthy lifestyle, the use of positive models and the range of positive alternatives that are attractive to the relevant target group should be a part of each preventative programme.

g) Use of the KAB model – orientation not just on the level of information, but mainly on the quality of attitudes and change of behaviour. The quality of attitudes and change of behaviour often do not have to be related to the extent and depth of knowledge. The aim of prevention is to influence behaviour: the programme should therefore include gaining relevant social skills and skills necessary in life, such as strengthening young people's ability to face pressure to use addictive drugs with increased self-confidence, trained assertiveness and the ability to say no, improved social communication and the ability to persevere in the community and resolve problems in a socially adequate manner.

---

[1] Created from the literature: Bém, P., Kalina, K.: Úvod do primární prevence - východiska, základní pojmy a přístupy. In: Kalina K. a kol.: Drogy a drogové závislosti – mezioborový přístup. Chapter 10/1. Office of the Government of the Czech Republic, Prague, 2003.
Kalina, K.: Kvalita a účinnost v prevenci a léčbě závislostí. SANANIM/Inverze, Prague, 2000.
Nešpor, K. a kol: Zásady efektivní primární prevence. Sportpropag, Prague, 1999.

[2] An effective message in primary prevention can connect various subjects: illegal addictive drugs, volatile substances, alcohol and tobacco, other health risks (particularly infectious disease - HIV/AIDS and hepatitis, injuries and suicide), and finally other special risks and problems such as crime and community safety, spending free time, the environment. To formulate an effective package of subjects in the primary prevention of addictive drug use, we have to connect these problem areas based on need, not dogmatically, but with regard to the actual health and social risks, the level of social tolerance of certain addictive drugs, the character of the target group of population, and the needs and problems of the given community.

h) Use of "peer" elements", emphasis on interaction and active involvement. For children and adolescents, peers are often an authority whose influence is greater than that of their parents and teachers. Peers have a significant influence on forming their opinions and attitudes, and can thus significantly contribute to reducing high-risk behaviour. The active participation of children, their initiative and the spontaneous exchange of opinions increases the likelihood that the preventative programme will be successful. The programme implementers should present themselves in the role of initiators and moderators instead of lecturers.

i) Denormalisation – primary prevention should contribute to creating a social climate that is not fertile for the spread of addictive drugs. The term "denormalisation" means that the norms and values of a certain society changes so that people would not view the use and spread of addictive drugs as something desirable or even as a neutral social norm, The goal of denormalisation is to mainly increase "drug awareness", morality and participation in resolving the problem in the given society.

j) Support for protective factors in society, creating a supporting and caring environment. Support and the creation of conditions for socially acceptable activities and creating a supporting environment that make it possible for children and young people to form satisfying relationships should be included in the preventative programmes. The range of specialised care if needed and contacts for any crisis situations also belong to primary prevention.

k) Not using ineffective means – merely providing health information about the effects of addictive drugs, scaring, banning, over-exaggerating the consequences pf use, moralising and, lastly but importantly, affective education based solely on emotions and feelings, have proven to be ineffective.

SECTION II: PROFESSIONAL QUALIFICATION STANDARDS: GENERAL SECTION

A) The following sources of information have been defined for the point system:

OWD: The organisation's written documents (statute, charter, guidelines, instructions, manuals, annual report, code of ethics etc.)

C/PDC: The client's personal documentation (e.g. personal record, record about the programme etc.)

PD: Programme documentation (e.g. records from the course of the programme, documentation of extraordinary incidents etc.)

HR: Human resources records, training, education plan etc.

IM: Interviews with managers

IE: Interviews with employees

IC/P: Interviews with clients or persons interested in the programme

OO: Own observations

OOV: Own observations as part of a hands-on visit to the primary prevention programme

B) Notes on the point system:

(1) The point system is based on accreditation point lists from the Czech Joint Commission on Accreditation of Healthcare Organisations.

Point scale:

A – Logical: Yes or no, without points assigned. The programme does or does not meet the criteria; the fulfilment of these standards is mandatory for certification.

B – Qualitative scale: Minimum and maximum requirements are applied to this category of the evaluation

Always, 91-100% (almost completely or completely) = 5

Most of the time, 75-90% (over three quarters) = 4

Sometimes, 66-74% (between two thirds and three quarters) = 3

Rarely, 50-65% (between half and two thirds) = 2

Less than half, under 50% = 1

(2) Maximum – in individual tables, the maximum achievable point value is given in all entries. If a certain entry cannot be objectively considered for a programme being evaluated, i.e. it is not evaluated, the full number of points are assigned to it in the proposal. This adjustment has been selected with regard to simplicity and comparability.

(3) Minimum – is usually proposed as approx 75% of the maximum.

(4) Number of A points – 100% of the A points must be achieved; fulfilment of these standards is mandatory for certification

1.	*1. MISSION OF PRIMARY PREVENTION PROGRAMMES* **The preventative programme provider declares its mission and goals of the professional primary prevention programmes it provides is in accordance with professional and humanistic principles, and defines the target group. Programmes are provided in accordance with these declarations.**	point scale	sources	max.	score
1.1.	The programmes are accessible (Note 1) regardless of the sex, age and race of the client, his/her political opinions, religion, legal or social status, psychological or physical condition (including being HIV positive) and socioeconomic opportunities.	**A**	OWD, IM	A/N	
1.2	The programmes are accessible without unnecessary delay (Note 2)	**B**	OWD,IM	5	
1.3	The mission and goals of the programmes are defined in writing and correspond to professional and humanistic principles.	**A**	OWD, IM	A/N	
1.4	A target group is defined for each programme.	**A**	OWD	A/N	
1.5	The programmes provided correspond to the declared goals and mission, and are provided to clients who correspond to the set target group. The programmes provided have a clearly defined foal, mission and purpose in the comprehensive preventative activity system on a local, regional or, if applicable, supra-regional level.	**A**	OWD, IC/P	A/N	
	Maximum	**5**			
	Minimum	**3**			
	Mandatory A	**4**			

NOTES:

1. Programmes financed from public funds should fulfil the following requirements: (a) "equal access" regardless of users' characteristics that are potentially subject to discrimination – which does not mean that professional criteria and indications are not taken into account; (b) financial accessibility – which does not necessarily mean zero co-payments or overhead fees; (c) regional accessibility. Certification applies to a specific provider (organisation), the standards do not address regional accessibility (c) which is a public policy task, not the task of individual organisations providing programmes. The term "accessibility" thus includes "equal access" and "financial accessibility". This, however, does not mean the extent to which the programme is indicated.

2. When making provisions for the indication criteria of the programmes and facility capacity.

2.	***2. CLIENT RIGHTS*** **The rights of the clients are respected when providing preventative programmes. The provider studies and defines in writing specific situations in which the clients' rights could be violated, and creates rules that would secure the clients' rights. A client is understood to be the one ordering the programme (a school), group (class) and an individual.**		point scale	resources	max.	score
2.1.	The programme provider upholds the relevant Client Rights Code and posts this for clients as well as parties interested in the service in an easy to understand form, if applicable written in a style that takes its focus into account (Note 1).		**A**	OWD, IM, IE, IC/P, OO, OOV	A/N	
2.2	Detailed information about the client is confidential and is not provided without his/her consent or without his/her knowledge if the organisation is required to provide this information (Note 2).		**A**	OWD, IM, IE, IC/P	A/N	
2.3	The client's right to become adequately acquainted with how documentation containing his/her personal data is managed, stored and secured, is respected (if the programme has a fundamental need for managing such information).		**A**	OWD, IM, IE, IC/P	A/N	
2.4	Parties interested in the client's service are informed about the form, contents, duration and rules of the programmes provided, including their expected benefits and possible risks, their obligations and behaviour that could contribute to achieving the programme goals. The conditions regarding the course of the programme and any restrictions are also applied on the basis of the client's (party placing the order) informed consent.		**A**	OWD, IM, IE, IC/P, OOV	A/N	
2.5	The client is not obstructed from deciding to no longer participate in the specialised programme.		**B**	IE, IC/P	5	
2.6	The process is precisely defined for receiving, settling and documenting complaints, cases of discrimination and physical, psychological, economic or sexual abuse of clients by the personnel.		**A**	OWD, IE, IC/P	A/N	
	A.	Parties interested in the service, the party ordering the service and the personnel are acquainted with the process	**B**	IE, IC/P	5	
	B.	On the basis of complaints and analyses of cases of discrimination or abuse, measures are adopted that aim to increase the professional and ethical level of the staff's work.	**B**	OWD, PD, PP, IM	5	
2.7	The provider examines and defines situations in which, in connection with providing the programmes, the clients' rights could be violated (conflict of interest, violation of human rights) and on the basis of this creates rules for providing these programmes that effectively prevent the abuse of power and the abuse of the organisation's and its staff's status in relation to the client. These situations and processes are defined in writing.		**A**	OWD, IM, IE	A/N	
	Maximum		**15**			
	Minimum		**10**			
	Mandatory A		**6**			

NOTES: 1. E.g. Convention on the Rights of the Child, A.N.O. - Association of Non-Governmental Organisations Code of Ethics for Primary Prevention etc.). It must have a code of rights, but if the quality or elaboration is questionable, this can be explained in the recommendations for the facility. The rights of the client – in primary care this should be defined in relation to the party ordering the service (school), group (class) and individual.

2. In compliance with Act No. 101/2000 Coll., on the Protection of Personal Data. This only refers to personal data for a clearly identifiable client – not, for example, statistics reports or providing general information to a director, teacher or school prevention methodologist about the course and outcome of implementing the programme.

	3. INITIAL EVALUATION OF THE ENVIRONMENT IN WHICH THE PREVENTATIVE PROGRAMME SHOULD BE CARRIED OUT AND EVALUATION OF THE NEEDS OF THE TARGET GROUP; SETTING A PLAN AND AGREEING ON PROVIDING PREVENTATIVE PROGRAMMES **The provider has a process, method and criteria in place for carrying out an initial evaluation of the environment in which the programme will be provided. In this evaluation, the provider informs the parties interested in the programme about the conditions and methods of providing the programme, ascertains the client's needs and carries out an evaluation of the client's needs which lead to establishing a plan for implementing the programme and signing an agreement on providing the programme.**		point scale	resources	max.	score
3.1.	The provider has a standard form and procedure for carrying out an initial evaluation of the environment for providing the programmes and evaluating the needs of parties interested in the programme and the needs of the client.		**A**	OWD, C/PDC, IE	A/N	
	A.	The provider has defined rules for informing parties interested in using the programme about the conditions, goals and methods of providing programmes and about the target group.	**B**	OWD, OOV	5	
	B.	Information about the programme is provided to interested parties in a comprehensible manner, with regard to the party's situation and means, and to such an extent that the interested party would be able to recognise whether this type of programme meets their demands, and would be able to make an informed decision on whether or not they will use the programme.	**B**	IC/P	5	
	C.	The provider ascertains the needs and interests of the party interested in the programme and the client in order to be able to judge whether the programme being offered can satisfy these needs.	**B**	IC/P, OOV	5	
3.2	The evaluation of the environment for providing the programme and the evaluation of the needs of the party interested in the programme and client aim to put in place an optimal plan for implementing the programme from short-term, mid-term and long-term perspectives. At the end of the initial evaluation of the environment for providing the programme and evaluating the needs of the party interested in the programme, a plan is put in place for implementing the programme.		**A**	IM, IE, PD	A/N	
	A.	The plan for implementing the programme reflects the needs and goals the party interested in the programme and the client want to achieve through the programme.	**B**	IM, IE, PD	5	
	B.	In terms of its extent, content and form, the plan for implementing the programme corresponds to the character of professional preventative intervention. The goals that should be reached, media, responsibilities of specific persons in performing the plan and deadlines for evaluating and reviewing the plan are included in the plan.	**B**	IM, IE, PD	5	
	C.	An adequate form of documentation is kept on the initial evaluation of the environment for providing the programme and the evaluation of the needs of the party interested in the programme and the client.	**B**	IM, IE, PD	5	
3.3	With regard to the character of the programme, the provider signs a comprehensible written agreement (contract) on implementing the programme with the party interested in the programme. This agreement establishes all the important aspects of implementation, including the conditions for ending the programme. (Note 1)		**A**	OWD, IM, IE	A/N	

3.4	If the provider / organisation cannot secure the necessary programmes, another provider is recommended to the interested party.	**B**	C/PDC, IM, IE	5	
	Maximum	**35**			
	Minimum	**26**			
	Mandatory A	**3**			

NOTES:

1. *The agreement explicitly defines the goal, contents, extent and conditions for implementing the programme, procedures in case the agreed conditions are not followed, the method and conditions for termination and the method for changing the agreement. The agreement makes it possible for the party interested in the service and the provider to terminate the implementation of the programme.*

4.	*4. PRINCIPLES FOR PROVIDING PREVENTATIVE PROGRAMMES* **The selected programme corresponds to the needs of the client and supports the client in achieving optimal physical, psychological and social health and quality of life.**	point scale	sources	max.	score
4.1.	On the basis of an evaluation of the environment in which the programme should be implemented, the needs of the party interested in the service and the needs of the client, the provider determines a suitable type and form of the preventative programme.	**A**	C/PDC, IE,	A/N	
4.2	The programme selected must be part of a wider system of primary preventive action and must be founded on the biopsychosocial nature of problems associated with the use and consequences of using addictive drugs (a multidisciplinary approach is applied).	**B**	C/PDC, IE,	5	
4.3	The programme selected corresponds to the needs of the set target group and supports this group in achieving optimal physical, psychological and social health and quality of life.	**B**	C/PDC, IE, OOV	5	
4.4	The selected programme is formulated, implemented, regularly evaluated and, if necessary, modified with the adequate involvement of the client and with the client's informed consent.	**B**	C/PDC, IE, IC/P, OOV	5	
4.5	In clients manifesting psychological, psychiatric or other complications that exceed the possibilities for being resolved in the programme being implemented, arrangements are made for special professional care (e.g. intervention programmes etc.)..	**B**	C/PDC, IE	5	
4.6.	Clients are supported in caring for their own health.	**B**	C/PDC, IC/P	5	
4.7.	Preventative programmes always aim to minimise the risks connected with drug use, regardless of whether the programme aims to strengthen or achieve abstinence from addictive drugs.	**A**	IE	A/N	
4.8	The facility documents the course of the programme adequately.	**A**	C/PDC	A/N	
4.9	The provider created the conditions for potentially involving family members or other persons who are close to the client, in accordance with individual conditions and needs.	**B**	IM, IE, IC/P	5	
4.10	To secure the comprehensive and continuous character of preventative action, the provider proactively creates and maintains relationships with other providers and institutions.	**B**	IM, IE	5	
4.11	The provider implements measures to increase access to preventative programmes (disseminating information about its facility, monitoring utilised capacity, providing information about other opportunities for professional care to clients and their families etc.).	**B**	OWD	5	
4.12	If the programme does not focus solely on addictive drug use but also on developing social skills (the ability to face peer pressure, communication skills, strengthening self esteem, effective problem solving options), health and lifestyle, the programme is comprehensive. It also includes areas that are closely associated with preventing addictive drug use (Note 1).	**A**	OWD, IM, OOV	A/N	
4.13	When implementing the programme, the principle of providing balanced information is respected (Note 2) with regard to the latest findings in the field.	**A**	OWD,IE, IC/P,PD,	A/N	

			OOV		
4.14	When implementing the programme, emphasis is places on maintaining internal continuity (individual subjects are dovetailed and complement one another) and external continuity (e.g. including the programme in the prevention system in a school or region).	**A**	OWD,IE, IC/P,PD, OOV	A/N	
4.15	The programme implementers respect the overall context of the primary prevention programmes provided, and base their work in their knowledge of the given environment (e.g. special features of a given region or location, the atmosphere and prevalent opinions).	**A**	OWD, IM, IE, OOV	A/N	
4.16	The effective preventative programme is focused on those protective and high-risk forces that the programme can truly influence (Note 3).	**B**	OWD, IM, PD, OOV	5	
4.17	The programme is flexible. It reacts to the current needs of the target group and adapts to new trends in the study of drug problems.	**B**	OWD, IM, PD, OOV	5	
4.18	Individual direct work activities are carried out with a group numbering no more than 30 participants, or in a school environment with one class at most.	**A**	OWD, PD, OOV	A/N	
4.19	If necessary, the programme implementers provide information on contacts and connected services in the regions psychological and social network (Note 4).	**A**	OWD, IM, IE, OOV	A/N	
	Maximum	**50**			
	Minimum	**37**			
	Mandatory A	**9**			

NOTES:

1. Areas closely associated with preventing addictive drug use are e.g. forms of high-risk behaviour such as gambling, various forms of aggressive behaviour, safe sex issues etc., subjects supporting personal development and effective forms of communication.

2. "Providing balanced information" is understood to be presenting information in such a way that is not unilateral (e.g. besides the negative impacts of addictive drug use, also informing about positive effects) includes and respects various points of view on the topic of addictive drugs, presents information that is not pregnant with any form of ideology, information strictly stems from an evidence-based approach (based on scientific research and proof from clinical experience) etc.

3. Protective forces that can be influenced are e.g. emotional bonds, capacities, resources. High-risk factors that can be influenced are e.g. stress, a level of adequacy, and the effect of addictive drugs.

4. Primary prevention staff have up-to-date information about the network of specialised facilities and services with various focuses (e.g. assisting victims of domestic abuse, abused and exploited children, opportunity for anonymous HIV/AIDS testing, sex counselling etc.) that can be recommended to clients if needed.

5.	***5. HUMAN RESOURCES*** **The provider sets and puts to practice a method for staff selection. Staff is hired in accordance with the relevant legal norms and in accordance with the needs of parties interested in the programmes and the clients, with respect to ensuring that the programmes are provided.**	point scale	source	max.	score
5.1.	The provider has a system laid out in writing that ensures that the method for selecting, hiring and training staff corresponds to valid legal norms (Note 1) and established internal rules (including staff who are not employees of the provider – e.g. securing adequate working conditions, liability insurance for volunteers etc.).	**A**	HR	A/N	
5.2	The provider / organisation has rules defined in writing that the staff follows in cases where valid legislation is too general.	**A**	HR	A/N	
5.3	The structure and management of the organisation is defined in writing, making competences for individual positions clear.	**A**	OWD	A/N	
5.4	The provider has specified in writing the structure and headcounts, job profiles, required qualifications and personal and moral bases. The structure and headcount takes into account the programmes' needs and current number of clients, the clients' needs and organisation operations. The composition and additions to the team correspond to these needs.	**B**	OWD, HR	5	
5.5	Each employee has a contract and salary in compliance with valid legal norms (Note 1), has been informed of workplace safety and has a clearly defined role.	**A**	HR	A/N	
5.6	The provider has clearly defined rules in writing for recruiting, selecting and compensating employees and for employing staff with previous or current drug or alcohol problems. The same applies for contracted staff and volunteer staff (Note 2).	**A**	OWD, HR	A/N	
5.7	Rules for interns and staff performing specialised practica at the facility are defined in writing and applied.	**A**	OWD, PP	A/N	
5.8	Prevention of work risks has been secured.	**A**	OWD, IE, OO	A/N	
5.9	Knowledge of and adherence to generally binding regulations and internal regulations has been secured.	**B**	OWD, IM, IE	5	
5.10	Knowledge of and adherence to a code of ethics has been secured (Note 3).	**B**	OWD, IE	5	
5.11	Cases where a client's rights have been violated by an employee and the measures that were taken are documented in personnel records.	**B**	OWD, HR, IE	5	
5.12	Specialised parts of the programme and/or connected care (medical, psychological, psychotherapeutic, social, educational etc.) are always carried out by personnel with corresponding qualifications and licences.	**A**	C/PDC, HR, IE	A/N	
5.13	The provider has in place a detailed procedure in writing for hiring and training new employees, including securing their training to the extent necessary to perform qualified work. In the training, particular attention is paid to the principles the organisation applies in the areas of protecting clients' rights, eliminating the negative	**A**	OWD, IE	A/N	

	impacts of the programmes provided on their lives and also the method for fulfilling the specific needs of individual clients with whom the employee should work.				
	Maximum	**20**			
	Minimum	**15**			
	Mandatory A	**9**			

NOTES:

1. Particularly Act No.262/2006 Coll. (Labour Code).

2. For employing persons who used to be dependent on drugs including alcohol, the following is recommended: (a) at least 21 years of age, (b) completed treatment, (c) abstinence at least two years following the end of treatment, (d) other employment or successful work experience during the two-year period of abstinence, (e) clearly defined position in the team and their clearly defined and reflected role in the PP programme.

3. Code of ethics (professional societies, chartered organisations). For staff with certain professions (physicians, psychologists, psychotherapists, social workers), their own professional organisations' codes of ethics are authoritative.

6.	*6. PROFESSIONALLY QUALIFIED LEADERSHIP AND PERSONNEL AND TEAM DEVELOPMENT* **The provider secures conditions for the staff and teams to perform work well, defines the rules for their work and makes these rules available. The provider has mechanisms in place to ensure the professional development of the working teams and individual staff members, and the capabilities they need to achieve the organisation's goals and missions and connect the staff's goals with the organisation's goals and tasks. The provider ensures that work procedures are respected and staff get involved in improving the quality of the programmes provided.**	point scale	sources	max.	Score
6.1	The employees and teams on all levels are led by qualified professionals. This also applies to volunteer staff, interns etc.	**A**	OWD, IE	A/N	
6.2	The working team is put together and led with regard to providing the given programme competently; the team's function, the responsibilities of individual members and mechanisms of communication are clearly defined.	**B**	OWD, HR	5	
6.3	The provider/organisation has a procedure in place and respected for regularly assessing staff members and teams. These assessments include setting, developing and meeting personal and team goals, tasks and needs for further specialised qualification.	**B**	OWD, HR, IE	5	
6.4	The staff members and teams have the opportunity of getting involved in developing and improving the quality of the programmes provided.	**B**	OWD, HR, IE	5	
6.5	There is a system of two-way communication between the leaders and the staff members and teams, and the staff members and teams are satisfied with this system.	**B**	OWD, HR, IE	5	
6.6	The provider/organisation has a developed and applied system for rewarding staff members – not just with financial remuneration, but also with other factors (opportunity to improve qualifications etc.).	**B**	OWD, HR, IE	5	
6.7	Employees have equal access to further education (Note 1).	**B**	OWD, HR, IE	5	
6.8	Employees are obligated to educate themselves in areas essential for effective job performance and the right specialised experience. At the same time, they respect ministerial and professional regulations and recommendations for the continued education of specialised staff (Note 2).	**A**	OWD, HR, IE	A/N	
6.9	A programme for individual staff members to continue their education is specified and followed, and each staff member is acquainted with this programme. The further education of staff members particularly develops out of the identified needs of clients and trends in the field of primary prevention programmes for the respective target group.	**B**	OWD, HR, IE	5	
6.10	Regular employee education is carried out on the basis of analyses of their knowledge, skills and capabilities, according to individual learning plans and the organisation's education programme. The same applies for volunteer staff.	**B**	HR, IE	5	
6.11	Employees are supported in further educational activities that are part of the biopsychosocial model of addiction disorders and professional approaches to this model.	**B**	OWD, HR, IE	5	

6.12	The employee has the opportunity to regularly discuss their professional career, including further education, with their employer or with the professionally qualified leader / manager.	**B**	IM, IE	5	
6.14	Employees have equal access to external supervision. External supervision is carried out on the basis of a written contract with the supervisor who is a qualified specialist working outside of the organisation (Note 3). External supervision aims to achieve the right specialised experience corresponding to standards, and is focused on the following areas: (a) knowledge, intervention methods, practical knowledge; (b) employee attitudes and understanding the employee's professional role; (c) the functioning of the team.	**A**	HR, IM, IE	A/N	
6.15	Supervision is carried out in regular intervals and focuses on issues regarding models, applications and the team:	**A**	OWD, IM, IE	A/N	
6.16	Internal supervision takes place regularly at the facility under the management of the qualified professional programme leader.	**A**	OWD, IM, IE	A/N	
6.17	External supervision takes place regularly under the management of an external supervisor with relevant qualifications.	**A**	OWD, IM, IE	A/N	
	Maximum	**50**			
	Minimum	**37**			
	Mandatory A	**6**			

NOTES:

1. As in the case of external supervision (section 6.13.), "equal access" here means equal opportunity for all staff members, without discrimination or preferential treatment towards certain categories or professions.

2. E.g. Ministry of Education regulations or ordinances on the continued education of staff etc.

3. *See the definition of a supervisor in the introductory chapters*

7.	***7. ACCESSIBILITY AND INFORMATION ABOUT THE PROGRAMME*** **The programmes provided are available at a time and place. Their place in the system of preventative action is clearly defined. The provider gives information about itself and its activities in a comprehensible and adequate form, particularly to potential clients, professional circles, the general public and public administration.**	point scale	sources	max.	score
7.1	The designated place and time of day when the programme is provided, correspond to the goals and character of the given programme and the needs of the target group.	**A**	OWD, OOV	A/N	
7.2	The provider/organisation fosters collaboration in the system of preventative action and external coordination, and cooperates with the public administration and local community.	**B**	OWD, IM	5	
7.3	The provider/organisation has created a set of comprehensible information about its programmes that is publicly accessible in an adequate form (in writing, audio or video recordings, website etc.).	**A**	OWD	A/N	
7.4	The publicly accessible set of information contains at least the following information: legal form, registration number, statutory representative and manager, address of the provider's/organisation's head office, mission, goals of the programmes and methods for achieving these goals, including its declared standpoints on the protection of client's rights, the programme target groups, the criteria for providing the programme and programme capacity, price of the programme.	**A**	OWD	A/N	
7.5	The provider/organiser publishes and posts an annual report about its activities (Note 1).	**B**	OWD	5	
7.6	Published information corresponds to reality and is updated.	**B**	OWD	5	
7.7	The organisation has created, written and applied an information strategy through which it is able to appeal to its target group.	**B**	OWD	5	
	Maximum	**20**			
	Minimum	**15**			
	Mandatory A	**3**			

NOTES:

1. In accordance with prevailing and generally accepted practice, we consider the annual report to be an indispensable part of an organisation's serious approach and proof of its public responsibility when it provides public services based on public funding. Annual reports should be published by 30 June of the following year. Also see the Finance standard and Note no. 3 under this.

8.	*8. ORGANISATIONAL ASPECTS* **The facility is competently managed and has the relevant mechanisms, tools and internal guidelines necessary for high-quality and efficient operations and development.**		point scale	sources	max.	score
8.1	The organisation or its constituent is managed by a specialist / manager with the necessary qualification who is responsible for the quality and efficacy of the programmes provided.		**A**	OWD, HR	A/N	
8.2	To secure the flexible development of the programmes provided, the facility has created relevant internal mechanisms and tools (such as meetings on operations, meetings and consultations with parties interested in the programme and clients, plans for developing and systematically increasing the quality and efficacy of the programmes, education plans etc.).		**B**	OWD, IM	5	
8.3	The facility has clearly defined internal rules on providing specialised programmes, including criteria for terminating the programme if the party interested in the programme or the client seriously breaches the rules that have been agreed to. Parties interested in the programme and clients must be informed of these rules in a comprehensible manner.		**A**	OWD, IM, IC/P	A/N	
8.4	The facility has created a model, organisational and operations code and manuals (procedures defined in writing) for the main specialised activity (Note 1).		**A**	OWD	A/N	
8.5	The facility has clearly defined procedures in writing in the following areas:			OWD, IM, IE, HR		
	a)	Supervision	**A**		A/N	
	b)	Confidentiality (Note 2)	**A**		A/N	
	c)	Alcohol and drugs prohibited from the workplace and the location where the preventative programme will take place	**A**		A/N	
	d)	Staff selection and compensation	**A**		A/N	
	e)	Access to documentation	**A**		A/N	
	f)	Code of ethics (Note 3)	**A**		A/N	
	g)	Cooperation with the police	**A**		A/N	
	h)	Resolving complaints, disciplinary measures	**A**		A/N	
	i)	“Minimum safety” of clients and personnel, management of high risk situations (Note 4)	**A**		A/N	
	j)	Ongoing monitoring of activities, supervision, functioning guarantors (Note 5)	**A**		A/N	
	k)	Staff training and further education	**B**		5	
	l)	Work for interns (or volunteers)	**B**		5	

	m)	Work with the media	**B**		5	
	n)	Legal responsibility	**B**		5	
	o)	Cooperation with school and educational facility personnel, social work case managers, probation officers etc.	**B**		5	
	p)	Recommending and transferring clients to other facilities	**B**		5	
	q)	Monitoring client satisfaction and their involvement in continuing to develop the programmes	**B**		5	
	r)	Cleaning, disinfection and prevention of infectious disease in compliance with health and sanitation department requirements	**B**		5	
8.6	A.	Rules are in place for collecting and securing personal data (what kind, for what purpose, to what extent, who has access to the data etc.). The collected data correspond to the specialised programmes provided.	**B**	OWD	5	
	B.	The process for collecting, evaluating and submitting statistical data is defined (Note 6).	**A**	OWD	A/N	
	Maximum		**50**			
	Minimum		**37**			
	Mandatory A		**14**			

NOTES:

1. In non-governmental organisations, the name "Operations Manual" is used for the set of these documents.

2. Staff confidentiality is in compliance with Act No. 101/2000 Coll., on the Protection of Personal Data. It is recommended to respect this law's system and also separately lay down the confidentiality obligation in the employment agreement as well.

3. The facility can create a code of ethics on the basis of general codes of ethics at professional societies, charter organisations etc.

4. The "minimum safety" requirements particularly include (besides essential demands on operations safety and fire prevention) a defined procedure in case of health emergencies, the emergence of infectious diseases, suicidal tendencies or suicide attempts, intoxication from an addictive drug, addictive drugs are brought into the facility or the place where the programme is taking place, violence against people and property, theft etc.

5. The preventative programme providers fill out statistics reports for donors and for the National Monitoring Centre for Drugs and Drug Addiction. The intention of the standards is not just to register the performance of these tasks in the public interest, but to motivate the facility to conduct their own data analyses as part of their evaluation of their own work.

6. Functioning specialist guarantors: this assurance of high professional standards is one of the standard requirements in submitting projects in the current subsidy system. It should help in securing professional standards at the facility, particularly in places where sufficient experience or qualification has been lacking.

9.	*9. FINANCE* **The organisation has a vision regarding the resources for covering anticipated costs for securing the programmes provided, and is able to provide proof of this. The organisation management creates the conditions so that the financial situation corresponds to valid standards.**	point scale	sources	max.	Score
9.1	Financial management is governed by generally binding regulations, including keeping clear and transparent accounting (Note 1). The organisation has a system in place that makes it possible to meet generally binding standards as well as internal guidelines.	**A**	OWD, IM	A/N	
9.2	The budget for the facility (as well as for individual programmes if applicable) for the relevant calendar year and responsibility for controlling the budget are set in place.	**A**	OWD, IM	A/N	
9.3	The budget particularly contains planned expenditures and income, is defined in compulsory entries and corresponds to the contents and extent of the services offered (Note 2). The vision regarding the budget is defined in writing.	**A**	OWD, IM	A/N	
9.4	An annual or final report is created regarding the economic management and results of the services offered (Note 3).	**A**	OWD	A/N	
9.5	The organisation sets and adheres to rules for accepting donations.	**B**	OWD	5	
	Maximum	**5**			
	Minimum	**3**			
	Mandatory A	**4**			

NOTES:

1. Act No. 563/1991 Coll., on Accounting, and Czech Finance Ministry measures published in the Czech legal code.

2. Certification is not identical to and cannot substitute financial control. In on-site inspections, auditing teams will not be authorised to open the accounting records. This and other points are judged according to the documents presented which include:

a) an employment agreement, similar agreement or work performance contract with an accountant
b) the latest tax return submitted and confirmation from the tax office that it does not have any financial claims against the organisation
c) a report by an auditing body or accounting audit
d) annual report or final report
e) the project budget in the subsidy request

3. In terms of economic management, the annual (final) report contains at least the following information: the annual accounting balance and an assessment of the basic information contained in it; an auditor's statement on the annual balance if it was verified by an auditor; an overview of monetary income and expenditures; an overview of the extent of income (revenues) divided up according to sources; the full volume of expenditures (costs), divided into services provided and the organisation's own activities (administration); the condition and movement of the organisation's property and obligations.

10.	***10. ENVIRONMENT AND MATERIAL AND TECHNICAL BASE*** **The environment and material and technical base correspond to the capacity and character of the specialised programmes provided and the clients' needs. At the same time, the organisation makes sure all valid generally binding regulations are met.**	point scale	sources	max.	score
10.1	The organisation has an overview of the generally binding norms it must meet and creates the conditions for satisfying these norms.	**B**	OWD, IM	5	
10.2	In cases where generally binding regulations are not sufficient, the organisation has written rules in place and applies these rules for securing and using the material and technical base. At the same time, the organisation ensures that parties interested in the programme, clients, personnel and, if necessary, the public are duly informed of these rules.	**B**	OWD	5	
10.3	The environment and material and technical base for providing services corresponds to the capacity and character of the programme and the needs of the target group.	**B**	OO, OOV	5	
10.4	The buildings or space where the programme is provided meet heath and sanitation requirements (Note 1).	**A**	OWD, OO, OOV	A/N	
10.5	The facility is sensitive to the environment and acts in accordance with the law on waste.	**B**	OWD, IE, IC/P, OO	5	
	Maximum	**20**			
	Minimum	**15**			
	Mandatory A	**1**			

NOTES

1. Health and sanitation requirements on cleaning, disinfecting and preventing infectious disease must be stipulated in the rules of operation.

2. Act No. 185/2001, on Waste and Decree No. 338/1997 Coll., on details of waste management

11.	***11. MINIMUM SAFETY*** **The facility has written detailed and applied processes and competences to ensure "minimum safety" (see Note 1), i.e. to deal with accidents, emergencies and extraordinary incidents. The staff and clients are acquainted with these processes and competencies.**	point scale	Sources	max.	score
11.1	Accidents, emergencies and extraordinary incidents, as with methods for dealing with such situations, are clearly defined in writing.	A	OWD, IM	A/N	
11.2	Staff is acquainted with how to proceed in case of accidents, emergencies and extraordinary incidents.	A	OWD, IE, RP	A/N	
11.3	The course of emergencies, accidents and extraordinary incidents and how these situations were resolved are documented (Note 2).	B	OWD, IM	5	
	Maximum	**5**			
	Minimum	**3**			
	Mandatory A	2			

NOTES

1. The requirements for "minimum safety" particularly include (in addition to mandatory requirements for operations safety and fire prevention) a defined procedure in case of health emergencies, an infections disease outbreak, suicidal tendencies or suicide attempts, intoxication from an addictive drug, addictive drugs are brought into the facility or the place where the programme is taking place, violence against people and property, theft etc.

2. Fire log book, accident record book, extraordinary incident book.

12.	***12. EVALUATION OF THE QUALITY AND EFFICIENCY OF THE PREVENTATIVE PROGRAMMES*** **The provider makes sure that the programmes it secures are provided efficiently and are of high quality, and move towards continuing to increase in quality. Parties interested in the programmes, clients and the provider's own staff get involved in evaluating and increasing programme quality.**	point scale	sources	max.	score
12.1	The facility checks and writes assessments on whether the performance and methods for achieving the mission and aims are in keeping with the declared plans for development. If these are not in accordance with each other or contradict each other, the facility takes the necessary measures.	**B**	OWD, IM	5	
12.2	The facility has a system in place for permanently monitoring, maintaining and developing the quality of the programmes (Continual Quality Management).	**B**	OWD, IM	5	
12.3	The facility has written rules in place to ensure the satisfaction of parties interested in programmes and clients.	**B**	OWD, IM	5	
12.4	Overall evaluations are carried out periodically, at least twice per year (Note 1).	**A**	OWD	A/N	
12.5	Staff at all levels get involved in the quality evaluation.	**B**	IE	5	
12.6	Adequate measures are taken based on the quality evaluations.	**B**	OWD, IM, IE	5	
	Maximum	**25**			
	Minimum	**18**			
	Mandatory A	**1**			

NOTES

1. This point refers to a summary of evaluations of the course and partial results from providing specialised programmes. The frequency of these evaluations depends on the type, duration and contents of the selected programme.

EVALUATION TABLE – GENERAL SECTION (A)

General section A						
	Name	**Mandatory A –** 100% of A points must be achieved; meeting these standards is mandatory for certification	**B points - maximum**	**Body B - minimum**	**Number received**	
					A	**B**
1.	Mission of primary prevention programmes	4	5	3		
2.	Client rights	6	15	10		
3.	Initial evaluation	3	35	26		
4.	Principles for providing specialised programmes	9	50	37		
5.	Human resources	9	20	15		
6.	Professionally qualified leadership and personnel and team development	6	50	37		
7.	Accessibility and information about the programme	3	20	15		
8.	Organisational aspects	14	50	37		
9.	Finance	4	5	3		
10.	Environment and material and technical base	1	20	15		
11.	Minimum safety	2	5	3		
12.	Evaluation of the quality and efficiency of the preventative programmes	1	25	18		
	Total for section A	**62**	**300**	**219**		

SECTION III: PROFESSIONAL QUALIFICATION STANDARDS: SPECIAL SECTION

A) The following sources of information have been defined for the point system:

OWD: The organisation's written documents (statute, charter, guidelines, instructions, manuals, annual report, code of ethics etc.)

C/PDC: The client's personal documentation (e.g. personal record, record about the programme etc.)

PD: Programme documentation (e.g. records from the course of the programme, documentation of extraordinary incidents etc.)

HR: Human resources records, training, education plan etc.

IM: Interviews with managers

IE: Interviews with employees

IC/P: Interviews with clients or persons interested in the programme

OO: Own observations

OOV: Own observations as part of a hands-on visit to the primary prevention programme

B) Notes on the point system:

(1) The point system is based on accreditation point lists from the Czech Joint Commission on Accreditation of Healthcare Organisations.

Point scale:

A – Logical: Yes or no, without points assigned. The programme does or does not meet the criteria; the fulfilment of these standards is mandatory for certification.

B – Qualitative scale: Minimum and maximum requirements are applied to this category of the evaluation

Always, 91-100% (almost completely or completely) = 5

Most of the time, 75-90% (over three quarters) = 4

Sometimes, 66-74% (between two thirds and three quarters) = 3

Rarely, 50-65% (between half and two thirds) = 2

Less than half, under 50% = 1

(2) Maximum – in individual tables, the maximum achievable point value is given in all entries. If a certain entry cannot be objectively considered for a programme being evaluated, i.e. it is not evaluated, the full number of points are assigned to it in the proposal. This adjustment has been selected with regard to simplicity and comparability.

(3) Minimum – is usually proposed as approx 75% of the maximum.

(4) Number of A points – 100% of the A points must be achieved; fulfilment of these standards is mandatory for certification

1.	*1. SPECIFIC IN-SCHOOL PRIMARY PREVENTION PROGRAMMES*		point scale	sources	max.	score
1.1	**Implementing the programme into the system of preventative activities**					
	A.	The primary prevention programme respects regular school and educational facility operations (henceforth referred to as schools) and is created based on knowledge of the school's specific characteristics.	**A**	OWD, IM, PD, OOV	A/N	
	B.	The programme particularly supplements and ties in with the minimum prevention programme and is part of the local and regional preventative action system (Note 1).	**A**	OWD, IM, PD, IC/P	A/N	
1.2	**Main goals of the programme**					
	The programme is subject to the basic principles and goals of in-school preventative action; the programme particularly ties in with the school education programme:		**A**	OWD, IM, PD, IC/P, OOV	A/N	
	a)	Integration of the primary prevention programme into regular classes	**B**		5	
	b)	Support and development of the school's own mechanisms for supporting a healthy lifestyle	**B**		5	
	c)	Creation of conditions for effective co-operation within the facility as well as with other entities	**B**		5	
1.3	**Contents of the services provided**					
	An effective primary prevention programme includes the following subjects:					
	a)	Addictive drug use issues	**A**	OWD, IM, PD, IE, OOV	A/N	
	b)	Other manifestations of high-risk behaviour (gambling, racism, xenophobia, bullying, child abuse and exploitation, various forms of aggressive behaviour etc) (Note 2)	**B**	OWD, IM, PD, IE, OOV	5	
	c)	Development of social skills and effective communication in a group, strengthening self-confidence, handling conflicts, working with emotions etc.	**B**	OWD, IM, PD, IE, OOV	5	
	d)	Support for a healthy lifestyle, including offering a range of positive free-time alternatives	**B**	OWD, IM, PD, IE, OOV	5	
1.4	**Connected programmes and services**					
	The programme has connected services in place that aim to secure the comprehensiveness and continuity of the programmes and services provided:					
	a)	Information service (overview of individual groups of addictive drugs, contacts to specialised facilities offering therapy, list of reading materials etc.)	**A**	OWD, IM, PD, IE, OOV	A/N	

	b)	Opportunity for contact and connected care at another specialised facility (Note 3)	**A**	OWD, IM, PD	A/N	
	c)	Various forms of free-time activities (Note 4).	**B**	OWD, IM, PD	5	
1.5	**Staffing**					
	A.	The programme leader has the necessary qualifications and experience in the field of primary prevention (Note 5). S/he can read and interpret data from the field of drug epidemiology and high-risk behaviour. Has knowledge of regional studies.	**A**	OWD, IM	A/N	
	B.	The staff team meets the following criteria:				
	a)	Formal education (at least A-Levels)	**A**	OWD, IM, IE	A/N	
	b)	Specialised preparation for work in the field of primary prevention (training for primary prevention instructors)	**A**	OWD, IM, IE	A/N	
	c)	Personal requisites for work in the field of primary prevention (Note 6)	**B**	OWD, IM, IE	5	
1.6	**Special knowledge and skills for primary prevention staff**					
	A.	Primary prevention staff is versed in addiction theory and practice	**A**	HR, IM, IE, OOV	A/N	
	B.	Primary prevention staff is versed in basic high-risk and protective factors in the emergence of addiction (at the individual, family, peer and society levels)	**B**	HR, IM, IE, OOV	5	
	C.	Primary prevention staff is versed in systemic theory and the implications of these theories for primary prevention (influence of socio-cultural, political, economic contexts etc.)	**B**	HR, IM, IE, OOV	5	
	D.	Primary prevention staff is versed in various preventative models and approaches	**B**	HR, IM, IE, OOV	5	
	E.	Primary prevention staff has the requisites to effectively work with the target population and utilise generally recognised techniques	**B**	OWD, IM, PD, IE, OOV	5	
	F.	Primary prevention staff has the requisites to effectively communicate in the field of primary prevention	**B**	OWD, IM, PD, IE, OOV	5	
	G.	Primary prevention staff has a clearly negative stance towards the use of addictive drugs, places emphasis on leading a healthy lifestyle	**A**	OWD, IM, IE, OOV	A/N	
	H.	Primary prevention staff is versed in the fields of secondary and tertiary prevention. Secondary prevention is understood to be treatment and follow-up care; tertiary prevention can be defined as programmes for minimising risks	**A**	HR, IM, IE, OOV	A/N	
	I.	Primary prevention staff has information about institutions involved with primary, secondary and tertiary prevention and can use this information in its preventative work	**A**	HR, IM, IE, OOV	A/N	

	J.	Primary prevention staff has basic knowledge and skills in the field of crisis intervention, and if a concrete problem is identified is able to refer to the relevant facility	**A**	HR, IM, IE, OOV	A/N	
1.7	The programme has a clear strategy detailed in writing and a plan for the duration of the programme.		**A**	OWD, IM, PD	A/N	
	Maximum		**65**			
	Minimum		**48**			
	Mandatory A		**15**			

NOTES:

1. Primary prevention in schools and educational facilities should be in accordance with "Methodology Instruction of the Minister of Education, Youth and Sport to Prevent Socially Pathological Manifestations in Children and Youths", issued under no. 20 006/2007 on 16 Oct 2007.

2. To prevent bullying in schools, the Ministry of Education issued "Instruction of the Minister of Education, Youth and Sport to Prevent and Resolve Bullying among Schoolchildren" under no. 28 275/2000-22, effective 1 Jan 2001.

3. In case the facility itself does not provide these connected services, it has contacts to other facilities that can be recommended. It has available a network of facilities in the region that provide services in the fields of care for drug addicts, victims of domestic abuse, persons in difficult crossroads in their lives etc. (such as contact centres, educational and psychological counselling centres, social counselling centres etc.)

4. If the facility itself does not provide any forms of free-time activities, it has contacts to organisations in the region that offer free-time activities

5. The necessary education for the primary prevention leader is understood to be a university education in the humanities and at least three years of experience

6. Staff do not have criminal records, a process has been created to hire staff for jobs that correspond to their personal requisites

2.	*2. SPECIFIC OUT-OF-SCHOOL PRIMARY PREVENTION PROGRAMMES*		point scale	sources	max.	Score
2.1	**Implementing the programme into the system of preventative activities**					
	A.	The programme is part of a wider system of preventative programmes implemented by the provider, or it is implemented as an independent programme. However, it must always be part of an overall local and regional preventative action system.	**A**	OWD, IM	A/N	
	B.	The programme is focussed on specific primary prevention of addictive drug use.	**A**	OWD, IM, PD, OOV	A/N	
2.2	**Main goals of the programme**					
	A.	The programme offers adequate information about addictive drug use.	**A**	OWD, IM, IE, PD, OOV	A/N	
	B.	The programme supports the formation of negative views of addictive drug use.	**A**	OWD, IM, IE, PD,OO, OOV	A/N	
	C.	The clients are actively involved in the programme.	**A**	OWD, IE, IC/P, PD, OOV	A/N	
	D	The programme supports and develops the target group's social and communication skills (ability to face peer pressure, form friendly relationships, improve healthy self-confidence, increase self-awareness, improve self-control, decision-making skills, handle conflicts, stress etc.)	**A**	OWD, IE, IC/P, PD, OOV	A/N	
2.3	**Target group**					
	A.	The programme precisely defines the target group and reflects the specific nature of the group for whom the programme is designated (Note 1).	**A**	OWD, IM, PD	A/N	
	B.	Appropriate programmes are provided for disadvantaged target groups (e.g. groups with various types of disabilities, asylum seekers, groups who have been ordered to institutional care or protective custody etc.).	**A**	OWD, IM, PD	A/N	
2.4	**An effective primary prevention programme includes the following subjects:**					
	a)	Addictive drug use issues	**A**	OWD, IM, PD, IE, OOV	A/N	
	b)	Other manifestations of high-risk behaviour (gambling, racism, xenophobia, bullying, child abuse and exploitation, various forms of aggressive behaviour etc) (Note 2)	**B**	OWD, IM, PD, IE, OOV	5	
	c)	Development of social skills and effective communication in a group, strengthening self-confidence, handling conflicts, working with emotions etc.	**B**	OWD, IM, PD, IE, OOV	5	

	d)	Support for a healthy lifestyle, including offering a range of positive free-time alternatives	**B**	OWD, IM, PD, IE, OOV	5	
2.5	**Connected programmes and services**					
	A.	The programme must provide at least one of the following connected activities: a) One-time event for a special occasion (end of the school year, holidays etc.) b) Field trips and overnight trips c) Operation of a website (database of activities offered in the region etc.) d) Lectures and educational activities, training if applicable e) Opportunity for contact and connected care at another specialised facility	**A**	OWD, IM, PD	A/N	
2.6		**Staffing**				
	A.	The programme leader has the necessary qualifications and experience in the field of primary prevention (Note 3). S/he can read and interpret data from the field of drug epidemiology and high-risk behaviour. Has knowledge of regional studies.	**A**	OWD, IM	A/N	
	B.	The staff team meets the following criteria:				
	a)	Formal education (at least A-Levels)	**A**	OWD, IM, IE	A/N	
	b)	Specialised preparation for work in the field of primary prevention (training for primary prevention instructors)	**A**	OWD, IM, IE	A/N	
	c)	Personal requisites for work in the field of primary prevention (Note 4)	**B**	OWD, IM, IE	5	
2.7	**Special knowledge and skills for primary prevention staff**					
A.	Primary prevention staff is versed in addiction theory and practice		**A**	HR, IM, IE, OOV	A/N	
B.	Primary prevention staff is versed in basic high-risk and protective factors in the emergence of addition (at the individual, family, peer and society levels)		**B**	HR, IM, IE, OOV	5	
C.	Primary prevention staff is versed in systemic theory and the implications of these theories for primary prevention (influence of socio-cultural, political, economic contexts etc.)		**B**	HR, IM, IE, OOV	5	
D.	Primary prevention staff is versed in various preventative models and approaches		**B**	HR, IM, IE, OOV	5	
E.	Primary prevention staff has the requisites to effectively work with the target population and utilise generally recognised techniques		**B**	OWD, IM, PD, IE, OOV	5	
F.	Primary prevention staff has the requisites to effectively communicate in the field of primary prevention		**B**	OWD, IM, PD, IE, OOV	5	

G.	Primary prevention staff has a clearly negative stance towards the use of addictive drugs, places emphasis on leading a healthy lifestyle	**A**	OWD, IM, IE, OOV	A/N	
H.	Primary prevention staff is versed in the fields of secondary and tertiary prevention.	**A**	HR, IM, IE, OOV	A/N	
I.	Primary prevention staff has information about institutions involved with primary, secondary and tertiary prevention and can use this information in its preventative work	**A**	HR, IM, IE, OOV	A/N	
J.	Primary prevention staff has basic knowledge and skills in the field of crisis intervention, and if a concrete problem is identified is able to refer to the relevant facility	**A**	HR, IM, IE, OOV	A/N	
	Maximum	**45**			
	Minimum	**33**			
	Mandatory A	**18**			

NOTES

1. The specific nature of the target group can be found in terms of age, social status, level of risk. See the definitions of terms - healthy lifestyle.

2. To prevent bullying in schools, the Ministry of Education issued "Instruction of the Minister of Education, Youth and Sport to Prevent and Resolve Bullying among Schoolchildren" under no. 28 275/2000-22, effective 1 Jan 2001. The subjects and methods of working with these are detailed in the programme methodology.

3. The necessary education for the primary prevention leader is understood to be a university education in the humanities and at least three years of experience

4. Staff do not have criminal records, a process has been created to hire staff for jobs that correspond to their personal requisites

3.	*3. EARLY INTERVENTION PROGRAMMES*		point scale	Sources	max.	score
3.1	**Implementing the programme into the system of services**					
	A.	The programme is part of a wider system of preventative programmes implemented by the provider, or it is implemented as an independent programme. However, it must always be part of an overall local and regional preventative action system.	**A**	OWD, IM, PD	A/N	
	B.	If needed, the programme makes use of working with the entire social system (involving family members, teachers or other important people and organisations)	**A**	OWD, IM, OOV	A/N	
	C.	The programme is a part of the psycho-social network of facilities on a regional or, if applicable, a multi-regional level.	**A**	OWD, IM	A/N	
	D.	The programme has clearly defined procedures in cooperation with other entities at various levels of the care system (police, social work case managers, probation officers, other governmental and non-governmental institutions etc.)	**A**	OWD, IM	A/N	
3.2	**Main goals of the services offered**					
	A.	The programme focuses on preventing and reducing the impacts of high-risk behaviour.	**A**	IM, IE, PD, OOV	A/N	
	B.	The programme offers positive alternatives for spending free time.	**B**	IM, IE, PD, OOV	5	
	C.	The programme supports the personal development of members of the target group.	**B**	IM, IE, PD, OOV	5	
	D.	The programme supports and develops the social skills of members of the target group.	**B**	IM, IE, PD, OOV	5	
3.3	**Contents of the programme**					
	The early intervention programme focuses at least on the following subjects (Note 1):					
	a)	Addictive drug use issues	**A**	OWD, IM, PD, IE, OOV	A/N	
	b)	Other manifestations of high-risk behaviour (gambling, racism, xenophobia, bullying, child abuse and exploitation, various forms of aggressive behaviour etc)	**B**	OWD, IM, PD, IE, OOV	5	
	c)	Support for a healthy lifestyle, including strengthening self-confidence, handling conflicts, working with emotions etc.	**A**	OWD, IM, PD, IE, OOV	A/N	
	d)	Basic areas of stress (important milestones, ongoing problems, daily problems, changes and development changes etc.)	**A**	OWD, IM, PD, IE, OOV	A/N	
	e)	Strategies for acquiring and developing social skills	**A**	OWD, IM, IC/P, PD, OOV	A/N	

	f)	Elements of self-experience and self-reflection	**B**	OWD, IM, IC/P, PD, OOV	5	
	g)	The programme supports and develops the target group's social and communication skills (ability to face peer pressure, form friendly relationships, improve healthy self-confidence, increase self-awareness, improve self-control, decision-making skills, handle conflicts, anxiety and stress etc.). The programme with these aspects is explained in writing in the programme's detailed methodology.	**B**	OWD, IM, IC/P, PD, OOV	5	
3.4	**Connected programmes and services**					
	The programme must provide the following connected activities (Note 2). The connected programmes and services stem from regional needs and the needs of the target group (including specific target groups) and aim to secure the comprehensiveness and continuity of services provided:					
	a)	Opportunity for contact (crisis intervention) and connected care at another specialised facility (Note 3)	**A**	OWD, IM, PD, OOV	A/N	
	b)	Information service (overview of individual groups of addictive drugs, contacts to specialised facilities offering counselling and therapy, list of reading materials etc.)	**A**	OWD, IM, PD	A/N	
3.5		**Staffing**				
	A.	The programme leader has the necessary qualifications and experience in the field of primary prevention (Note 4). S/he can read and interpret data from the field of drug epidemiology and high-risk behaviour. Has knowledge of regional studies. Also has completed a crisis intervention course and self-experience training.	**A**	OWD, IM	A/N	
	B.	The staff team meets the following basic criteria:				
	a)	Formal education (university degree – humanities)	**A**	OWD, IM, IE	A/N	
	b)	Specialised preparation for work in the field of primary prevention (training for primary prevention instructors)	**A**	OWD, IM, IE	A/N	
	c)	Personal requisites for work in the field of primary prevention (Note 5)	**B**	OWD, IM, IE, OOV	5	
	d)	The staff has completed a crisis intervention course and at least started psychosocial and/or self-experience training (Note 6).	**B**	OWD, IM, IE	5	
3.6	**Special knowledge and skills for early intervention programme staff**					
	A.	Primary prevention staff is versed in addiction theory and practice	**A**	HR, IM, IE, OOV	A/N	
	B.	Primary prevention staff is versed in basic high-risk and protective factors in the emergence of addiction (at the individual, family, peer and society levels)	**B**	HR, IM, IE, OOV	5	

	C.	Primary prevention staff is versed in systemic theory and the implications of these theories for primary prevention (influence of socio-cultural, political, economic contexts etc.)	**B**	HR, IM, IE, OOV	5	
	D.	Primary prevention staff is versed in various preventative models and approaches	**B**	OWD, IM, IE, OOV	5	
	E.	The staff is able to create and implement a comprehensive preventative programme	**B**	OWD, IM, IE, OOV	5	
	F.	Primary prevention staff is able to effectively work with various target populations and utilise generally recognised techniques	**B**	OWD, IM, IE, OOV	5	
	G.	The staff has mastered basic effective communication skills in the field of primary prevention	**B**	OWD, IM, IE, OOV	5	
	H.	The staff is accepted by the target group with whom the programme is implemented	**B**	IM, IE, IC/P, OOV	5	
	I.	The staff has a clearly negative stance towards the use of addictive drugs that comply with specialised and generally recognised processes, and places emphasis on leading a healthy lifestyle	**A**	HR, IM, IE, OOV	A/N	
	J.	The staff is versed in the fields of secondary and tertiary prevention	**B**	HR, IM, IE, OOV	5	
	K.	Primary prevention staff has information about institutions involved with primary, secondary and tertiary prevention and can use this information in its preventative work	**B**	HR, IM, IE, OOV	5	
	L.	Primary prevention staff has basic knowledge and skills in the field of crisis intervention, and if a concrete problem is identified is able to refer to the relevant facility	**A**	HR, IM, PD, OOV	A/N	
	Maximum		**85**			
	Minimum		**63**			
	Mandatory A		**17**			

NOTES:

1. The subjects and methods of working with these are detailed in the programme methodology.

2. Additional activities of connected programmes and services:

a) Overnight trips and programmes
b) Various forms of free-time activities
c) Lectures, educational seminars
d) Operation of a hotline, online Q&A

3. The facility has contacts to other facilities that can be recommended to the client. It has available a network of facilities in the region that provide services in the fields of care for drug addicts, victims of domestic abuse, persons in difficult crossroads in their lives etc. (such as contact centres, educational and psychological counselling centres, social counselling centres, school guidance centres, child and youth social workers etc.)

4. The necessary education for a primary prevention programme leader is understood to be a university degree in the humanities and at least three years of experience.

5. Staff do not have criminal records, a process has been created to hire staff for jobs that correspond to their personal requisites

6. At least 150 hours

4.	*4. EDUCATION PROGRAMMES IN THE FIELD OF SPECIFIC PRIMARY PREVENTION*		point scale	Sources	max.	score
4.1	**Implementing the programme into the system of preventative activities**					
	A.	The educational programme is part of a wider system of preventative programmes implemented by the provider, or it is implemented as an independent programme. However, it must always be part of an overall local and regional preventative action system.	**A**	OWD, IM, PD	A/N	
	B.	Those implementing the programme have information about programmes in the region and are thus able to react flexibly to the needs and orders submitted by the target population.	**A**	OWD, IM	A/N	
4.2	**Main goals of the educational programme**					
	A.	The programme develops and deepens theoretical knowledge in the area of addictive drug use and associated high-risk behaviour	**A**	IM, IE, PD	A/N	
	B.	The educational programme stipulates in writing the goal and contents of the programme and the conditions for receiving a certificate.	**A**	IM, IE, PD	A/N	
	C.	The programme develops and deepens practical skills in the area of primary prevention.	**A**	IM, IE, PD	A/N	
	D.	The programme informs the target group with the basic principles of reflecting on one's own work.	**A**	IM, IE, PD	A/N	
4.3	**Target group**					
	A.	The programme has a clearly defined target population.	**A**	OWD, IM	A/N	
	B.	The programme has clear criteria in place for selecting participants for the educational programme.	**A**	OWD, IM	A/N	
	C.	The number of participants in the educational programme is set based on an agreement between the facility and the recipient of the services, with consideration to maintaining programme effectiveness (Note 1)	**A**	OWD, IM	A/N	
4.4	**Contents of the educational programme**					
	A.	The provider has created a manual for the programme (see general section of standards) that lists the contents.	**A**	OWD, IM	A/N	
	B.	The programme description in the manual includes clearly defined contents, including a timeline.	**A**	OWD, IM	A/N	
	C.	The programme includes theoretical knowledge in the field of addictive drug use:				
	a)	Theoretical foundations and approaches in primary prevention of addictive drug use	**A**	OWD, IM, IE, PD	A/N	
	b)	High-risk and protective factors in the emergence of addiction	**A**	OWD, IM, IE, PD	A/N	

	c)	Overview of individual addictive drugs, their effects and risks	**A**	OWD, IM, IE, PD	A/N	
	d)	Czech anti-drug policy	**A**	OWD, IM, IE, PD	A/N	
	e)	System of services for addictive drug users in the Czech Republic, including basic information about how these services function at various levels of the system of care for addictive drug users	**A**	OWD, IM, IE, PD	A/N	
	D.	The programme includes basic theoretical knowledge from the field of potential associated high-risk forms of behaviour (Note 2).	**A**	OWD, IM, IE, PD	A/N	
	E.	The program includes training practical skills essential for working in the field of primary prevention:	**A**	OWD, IM, IE, PD	A/N	
	a)	Solving model situations	**B**	OWD, IM, IE, PD	5	
	b)	Utilising non-verbal techniques in working in the field of primary prevention	**B**	OWD, IM, IE, PD	5	
	c)	Utilising relaxation techniques in working in the field of primary prevention	**B**	OWD, IM, IE, PD	5	
	d)	Being able to recognise and diagnose a problem early, including basic counselling skills in resolving problems with addictive drugs	**B**	OWD, IM, IE, PD	5	
	e)	Working with the social network	**B**	OWD, IM, IE, PD	5	
	f)	Project theory and practice	**B**	OWD, IM, IE, PD	5	
4.5	**Connected programmes and services**					
	The programme is able to secure connected services with the aim of securing the comprehensiveness and continuity of the programmes provided:					
	a)	Information service (overview of individual groups of addictive drugs, contacts to specialised facilities offering therapy, list of reading materials etc.)	**A**	PD, IM, IE	A/N	
	b)	Connected educational activities that react to demand from educational programme participants	**B**	PD, IM, IE	5	
	c)	Distribution (production and printing if applicable) of methodology and information materials	**B**	PD, IM, IE	5	
4.6	**Education programme staffing** (Note 3)					
	A.	The programme is managed by a specialist/manager with the necessary qualifications who, together with the guarantor, is responsible for the quality and effectiveness of the services provided	**A**	OWD, IM, PD	A/N	
	B.	The programme has a clearly defined composition of the lecture team.	**A**	OWD, IM, PD	A/N	

	C.	The lecturers are employees or contracted specialists working with the facility that is implementing the educational programme. These lecturers lead individual lectures, seminars and workshops, and have at least three years of experience in the field.	**A**	HR, IM, PD	A/N	
4.7	By signing the finishing or course completion certificate (or other similar document), the guarantor of the educational programme confirms that the educational programme went as planned and the participants completed the programme in accordance with all of the requirements.		**A**	HR, IM, PD	A/N	
4.8	**Proof of completing the educational programme**					
	A.	The facility issues proof that the participant completed the educational programme (Note 4)	**A**	IM, PD	A/N	
	B.	The conditions for receiving the certificate of completing the educational programme are clearly defined in advance.	**A**	IM, PD	A/N	
4.9	**The course of all activities in the programme is adequately documented**		**B**	OWD, IM, PD	5	
4.10	**Clear financial conditions for participating in the educational programme are in place**		**A**	OWD, IM, PD	A/N	
4.11	**The system for evaluating the programme:**					
	A.	Evaluation of the quality of the programme is carried out in an ongoing manner for the duration of the educational programme	**A**	OWD, IM, PD	A/N	
	B.	A written final evaluation of the educational programme is a mandatory part of the programme	**A**	OWD, IM, PD	A/N	
	Maximum		**45**			
	Minimum		**33**			
	Mandatory A		**28**			

NOTES

1. In compliance with the principles of effective primary prevention, the maximum number of participants in the course (seminar) is 25.

2. Examples of areas of potential associated high-risk forms of behaviour:

a) Bullying
b) Racism, xenophobia
c) Domestic and other violence
d) Pathological gambling
e) Dependency on sects
f) Abused and exploited child syndrome
g) HIV/AIDS issues, as well as other infectious diseases associated with the use of addictive drugs
h) Sex business, commercial sexual exploitation of children and other phenomena.

3. Human resources, for more details see the general section of the standards.

4. In case of training pedagogical staff, the system of accreditation is addressed in Act No. 563/2004 Coll., on Pedagogical Staff and Changes to Certain Acts, as amended, and Ministry Directive No. 317/2005 Coll., on the further education of pedagogical staff, accreditation commissions and the career system of pedagogical staff.

5.	*5. PUBLISHING ACTIVITIES IN THE FIELD OF PRIMARY PREVENTION*		point scale	Sources	max.	score
5.1	**Implementing the services into the system of services**					
	A.	Publishing is part of a wider system of preventative programmes implemented by the provider, or it is implemented as an independent programme. However, it must always be part of an overall local and regional preventative action system.	**A**	OWD, IM, PD	A/N	
	B.	Those implementing the programme are in continuous contact with other entities in the field of primary, secondary and tertiary prevention with regard to keeping the services provided up-to-date and professional.	**B**	OWD, IM, PD	5	
5.2	**Main goals of the services offered**					
	Publishing activities mainly focus on:					
	a)	Preparing and distributing methodology materials, including work manuals for various types of specific primary prevention programmes	**B**	OWD, IM, PD	5	
	b)	Educational materials as part of primary prevention	**B**	OWD, IM, PD	5	
	c)	Preparing and distributing contact materials	**B**	OWD, IM, PD	5	
5.3	**Basic principles of the services provided**					
	Publishing activities respect the basic principles:					
	a)	The information provided is complete and up-to-date	**A**	OWD, IM, PD	A/N	
	b)	The processes and techniques described comply with the efficacious factors of primary prevention (Note 1)	**A**	OWD, IM, PD	A/N	
	c)	The contents and technical arrangement of the material corresponds to the funds invested into it	**A**	OWD, IM, PD	A/N	
	d)	It can be understood by the target group and respects the age structure and cultural and social aspects of the target group	**A**	OWD, IM, PD	A/N	
5.4	**Target group**					
	There is a clearly defined target group for the material (Note 2).		**A**	OWD, IM, PD	A/N	
5.5	**Contents of the services provided**					
	Information and educational materials in the field of primary prevention are mainly focused on:					

	a)	Specific method-based processes in implementing the primary prevention programmes (Note 3)	**B**	OWD, PD	5	
	b)	Theoretical information from the field of addictive drugs and the use of these drugs (Note 4)	**B**	OWD, PD	5	
	c)	Practical information from the field of addictive drugs and the use of these drugs (Note 5)	**B**	OWD, PD	5	
	d)	Information about the current situation in the field of addictive drugs and the use of these drugs in the Czech Republic and abroad	**B**	OWD, PD	5	
	e)	Legislative aspects in the field of addictive drugs and the use of these drugs	**B**	OWD, PD	5	
	f)	Contacts to specialised facilities in the care system, including descriptions of their services	**B**	OWD, PD	5	
5.6	**Staffing**					
	A.	The working team is led by a staff member with the necessary qualifications and experience in the field of preventing the use of addictive drugs	**A**	OWD, IM, PD	A/N	
	B.	The team leader, or if applicable the staff team, editorial board etc. meet the following basic criteria:				
	a)	Has basic knowledge of theory in the fields of primary, secondary and tertiary prevention	**A**	OWD, IM, IE, PD	A/N	
	b)	Knows various prevention models and approaches	**A**	OWD, IM, IE, PD	A/N	
	c)	Has a clearly negative stance towards the use of addictive drugs	**A**	IE, PD	A/N	
	d)	Continuously works with other professionals and specialised facilities with the aim of keeping the information (services) provided professional, complete and up-to-date	**B**	OWD, IM, IE, PD	5	
5.7	**Professionalism**					
	A.	The material is assessed and approved by two independent experts. The implementer covers the costs.	**A**	IM, PD	A/N	
	B.	The quality of the contents of the texts is guaranteed by an expert in the field of addictive drugs and the use of these drugs (Note 6)	**A**	IM, PD	A/N	
	C.	The name of the guarantor is listed in educational and methodology materials.	**A**	IM, PD	A/N	
5.8	**The publishing activities have clearly set financial conditions.**		**A**	OWD, IM, PD	A/N	
5.9	A mandatory part of publishing activities is a written final evaluation of distribution and the target group's reception of the product.		**A**	IM, PD, IC/P	A/N	
	Maximum		**55**			
	Minimum		**41**			
	Mandatory A		**15**			

NOTES

1. More details in the introductory section of the standards (Section I).

2. All of the services provided respect the specific features of the given age group and the composition of the target group. In publishing activities, it is not necessary to evaluate the section of general standards dedicated to client rights..

3. Methodology materials contain the main subjects and a description of the individual techniques and state the specific target group, general and partial goals, including the possibility for evaluating the efficacy of the programme.

4. E.g. information about individual addictive, including their effects and risks, historical aspects of addictive drug use, theoretical approaches to prevention and treatment of drug addition etc.

5. E.g. information for parents about possibilities of how to proceed in case a problem with an additive drug arises in the family, information on education opportunities in the field of addictive drugs and the use of these drugs etc.

6. The specialist guarantor and the author are both responsible for the professional level of the text.

EVALUATION TABLE – SPECIAL SECTION (B)

B. Special section						
	Name	**Mandatory A –** 100% of A points must be achieved; meeting these standards is mandatory for certification	**B points - maximum**	**B points - minimum**	**Number received**	
					A	**B**
1.	**PP provided in school**	15	65	48		
2.	**PP provided out of school**	18	45	33		
3.	**Early intervention programmes**	17	85	63		
4.	**Education programmes in the field of PP**	28	45	33		
5.	**Publishing activities in PP**	15	55	41		
	Total, section B	**93**	**295**	**218**		

CONCLUSION

With the formulation of "Professional Qualification Standards for Providers of Primary Addictive Drug Use Prevention Programmes", for the first time in ten years[3] the process for evaluating the quality and efficacy of services in addiction has been synchronised between treatment and primary prevention programmes. Although this fact is far from flattering and in the past primary prevention was at times played down and its boundaries eroded, these shortcomings are now gradually being corrected and primary prevention is again being given the significance it deserves. It is necessary to clearly indicate that this document should considerably contribute to this, that the primary prevention of addictive drug use is not a hobby or even something that can be carried out merely with enthusiasm and without the necessary theoretical and practical qualifications. It must be made absolutely clear and understandable that primary prevention is an equally valuable area of addiction services and implementing primary prevention is in the hands of professionals who have clearly defined goals and means for their work. Professionalism in all types of health, social and educational services is not a static condition. It is a process that is very difficult and that must be continuously fostered and developed. The definition and clearer outlining of primary addictive drug use prevention programmes should thus contribute not just towards the processes of making these programmes fully professional, but also towards continuing the deepen the integrity of the very field of addiction studies.

[3] In the field of low-threshold and treatment programmes, the process of systematic development and the verification of tools for evaluating the quality and effectiveness of the services was started as early as in 1995 with the establishment of the Joint Accreditation Commission (SAK). The process led to the establishment of Minimal Standards, yet these did not contain (nor did any of their subsequent versions) programmes on the primary prevention of addictive drug use.