REACHING FOR THE QUALITY STAR

Quality criteria for substance abuse prevention

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1 WHAT IS THIS?

This brochure describes the quality criteria applied in substance abuse prevention. The model presented will provide help in assessing and targeting one's own actions and in linking them within the broader context of substance abuse work. Substance abuse work enables the reduction of substance-related harm burdening both individual citizens and our affluent society.

How can one judge whether substance abuse prevention is of high quality? Are my own actions useful and do they produce results? Do my actions provide support for a larger entity and common goals? How do I know whether I am on the right track? The purpose of the quality criteria is to answer these questions. Serving as a memory aid, the quality criteria are suitable for all actors carrying out substance abuse work in various communities and sectors, whether as officials or professionals or as voluntary workers in civic organisations.

The quality criteria have been drawn up by a broad-based working group of experts set up by STAKES, National Research and Development Centre for Welfare and Health in Finland. In the beginning of 2006, the working group published its comprehensive report, which forms the basis of the present brochure. Dedicated online material on the criteria will be published (at www.stakes.fi/neuvoa-antavat/) as well as a book with more insight on the theme.

These quality criteria are tools designed for your work and, hopefully, they will provide you with the required assistance.

2 QUALITY IN PREVENTION WORK

Why was it important to define quality criteria for substance abuse prevention? The underlying reasons were multiple.

Due to the diverse and multi-sectoral nature of prevention work, there is a risk of inconsistency in content, knowledge base and methods among various actors, which may negatively affect the overall quality of work.

Currently, the necessary preconditions for action are realised in an unequal manner, since municipalities, for instance, can largely decide upon their own functions. If insufficient attention is paid to the actions' quality, investments made in substance abuse prevention will prove unprofitable and desirable results will remain out of reach.

Using strategies, programmes, quality recommendations and criteria within the field of substance abuse work, we can create a common understanding and an integral whole from many actors and projects, with each part complementing and supporting the others. Quality criteria enable steering the financing and resources allocated to substance abuse prevention. With the help of such criteria, competition over scarce resources can be transformed into competition over quality, since it is imperative that efforts be focussed on action with the most probable and justified impact on substance-related harm.

However, while not all action defined as substance abuse work can be steered through the allocation of project funding or the creation of norms, the present quality criteria still prove useful in such cases by providing information and helping in the identification of best practices. While the actors involved represent many different professional cultures, with their own expressions, knowledge base and values, the only way to create a common understanding is to adopt, in parallel, the use of the knowledge base, values, language and terminology characteristic of substance abuse prevention. Indeed, the working group's mandate includes the clarification of the basic terminology and content of activities used in substance abuse prevention.

DEFINITION OF SUBSTANCE ABUSE PREVENTION

What is substance abuse prevention? The working group defines it as action aiming to promote health, safety and well-being:

- by encouraging a substance-free way of life
- by preventing and reducing substance-related harm, and
- by increasing understanding and control of the substance abuse phenomenon.

Substance abuse prevention also includes the promotion of fundamental, human rights with regard to substance-related issues.

The measures of substance abuse prevention aim to reduce:

- demand for,
- the availability and supply of, and
- the adverse effects of substances.

Substance abuse prevention has an influence on:

- substance-related knowledge, attitudes and rights
- protective factors against, and risk factors exposing the individual to, substance-related harm
- substance use and the patterns of use.

The substances addressed by substance abuse prevention include alcohol, illegal drugs and tobacco, but medicaments, solvents and other agents can also be classified as substances if used for the purpose of intoxication.

PREMISES FOR SUBSTANCE ABUSE PREVENTION

By including both the promotion of a substance-free way of life and the prevention and reduction of substance-related harm, the definition recognises the versatile nature of premises in substance abuse prevention.

Despite its diversity, all substance abuse prevention is concerned with the potential harm caused by substance usage both to the abuser and to his/her environments. Such harm, then, can be reduced both through abstinence from substances and the alleviation of their consequences.

In a nutshell, the action’s fundamental goal is to prevent and reduce substance-related harm. Since the common goal can be defined regardless of the variable premises and methods, it is possible to expect mutual loyalty and readiness for co-operation from all actors involved, in spite of some differences in their work. Aiming at the same goal, all substance abuse prevention is valuable. Since substance abuse is often concurrent with risks related to functional dependencies such as compulsive gambling or sexual addiction, these are included in the scope of substance abuse prevention.

Various expectations attend substance abuse prevention, and sometimes these can

conflict in some respects. Since prevention work can take many forms and occur in various contexts, its results may be visible only after a long time, or only indirectly. It is important to remember that the persons whom the action addresses must always be respected, while the people conducting the work need to accumulate successful experiences in order to acquire the strength to continue.

3 FROM NORM SETTING TO NETWORKING

Over time, substance abuse prevention has seen many transformations. While legislation has evolved from the alcohol prohibition act to the current tolerant approach, restrictions on the consumption of this ‘major substance’ are still employed using different methods to those concerning illegal drugs and tobacco. Attitudes towards substance abuser care have also changed. Currently, actors in the field include both organisations and authorities. Whereas substance abuse work was previously controlled tightly under norms and regulations, more responsibility has now been delegated to local actors whose independence and freedom has been correspondingly increased.

Today’s method of implementing substance abuse prevention is multi-sectoral and network-oriented. In order to attain high quality and effectiveness, expertise from various sectors is combined and strategic co-operation established.

Almost every municipality has appointed a contact person for substance abuse prevention, serving as a link between the various actors. More than half of Finnish municipalities have, or are about to establish, a multi-professional substance abuse prevention group, assembling key actors in the field and enabling broad-based co-operation.

The increasing adoption of a network-orientated and multi-sectoral working style is setting new requirements and necessitating additional information: the obligations on everyone involved must be understood, including with regard to non-disclosure.

LEGISLATIVE BASIS FOR PREVENTIVE WORK

Substance abuse prevention is statutory and the establishment of its general prerequisites is primarily the task of the state and municipalities. Moreover, practical execution falls under the responsibility of municipalities, organisations and other communities.

Preventive work is conducted by authorities representing various sectors of administration, multiple organisations and communities from village to national level. The characteristics of such work include multi-professional and multi-actor co-operation and the work’s inclusion within the basic duties of various professions, often resulting in a plethora of actors.

These activities are regulated under the basic rights provisions of the Constitution of Finland, by several acts and regulations including the Temperance Work Act, the Act on

Welfare for Substance Abusers, the Act on Measures to Restrict Tobacco Smoking, the Alcohol Act, the Narcotics Act, the Communicable Diseases Act, the Child Welfare Act, the Primary Health Care Act, the Occupational Health Care Act and the Mental Health Act. In addition, the Basic Education Act requires the provision of support so as to promote healthy growth in children. Although these acts concern a variety of aspects of life and many issues, all of them share the essential obligation to ensure citizens' well-being.

4 SUBSTANCE ABUSE PREVENTION'S WIDE SPHERE OF ACTION

Substance abuse work includes both preventive and corrective measures, which go hand in hand. Indeed, drawing a definitive line between them is impossible. Furthermore, substance abuse prevention encompasses universal prevention and risk prevention.

While substance abuse treatment always involves efficient prevention, it is excluded from the scope of these quality criteria, since it is already covered by the recommendations concerning the quality of services for substance abusers, drawn up in 2002.

The definitions of the above mentioned and more terms are provided in the glossary section of this brochure.

The sphere of prevention is examined from the viewpoint of target groups, implementation levels and the measures determined accordingly.

Substance abuse prevention is carried out by influencing:

- substance-related knowledge, attitudes and rights
- factors protecting people from substance use or the related harm, as well as risk factors predisposing people to substance abuse or the related harm
- substance use and the patterns of use.

Influencing substance abuse can occur at the level of an individual, his/her close relationships, local communities or municipalities, society or an international community. Such action may address substance demand, supply and/or adverse effects.

The graph below describes the system of substance abuse prevention. The three pillars represent influence targets, all three pillars being bisected by the horizontal implementation levels.

It is essential to recognise that substance abuse prevention has a wide sphere of action: one project may address one or several pillars and implementation levels. Action conducted on any implementation level has an effect on other levels, thereby supporting the entire system. While various levels exist, anyone can act within his/her natural environment to promote the same ultimate goals.

The working approach and methods are selected according to the target group. Many methods currently used in substance abuse work are thoroughly considered and targeted, and evidence often exists of their functioning effectively with regard to their intended

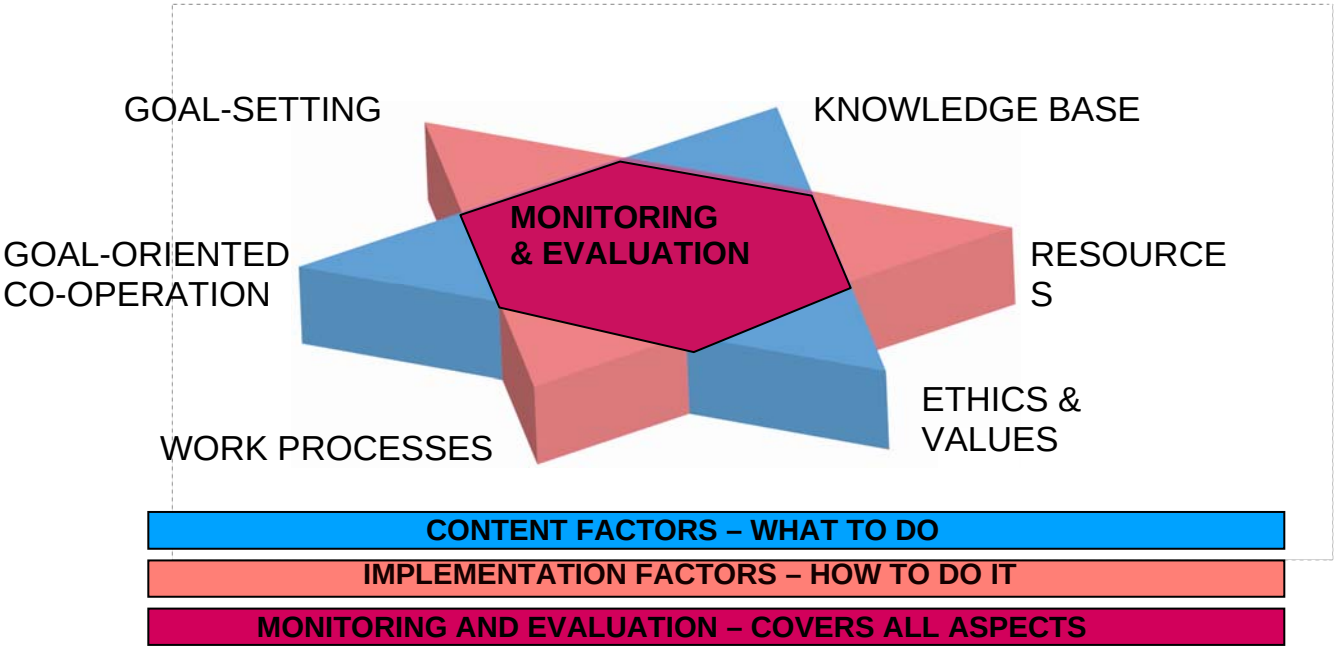
purpose – but not necessarily elsewhere.

Sometimes, measures can even militate against their goals. Preventive drug education can include contents which stigmatise and exclude those suffering from addiction and, thus, reduce their faith in, and motivation for, recovery. Another example would be harm reduction material destined for abusers which, if distributed outside the target group, might diminish the effectiveness of universal prevention.

5 COMPOSITION OF THE QUALITY STAR

The quality of substance abuse prevention consists of elements related to the action's content, implementation, monitoring and evaluation. These elements must be understood, mastered and made visible to others. A person truly understanding quality work sees substance abuse prevention as a process, often a long one, and not merely as a collection of individual measures.

THE QUALITY STAR IS A FIGURE COMPRISING ALL OF THESE COMPONENTS.



THE SIX POINTS OF THE STAR

The six points of the star represent two building blocks: content and implementation. The content points answer the question "What to do?", while the implementation points provide answers to "How to do it?"

Monitoring and evaluation represents the overlapping area within the two blocks, its purpose being to verify whether the various elements are balanced. Monitoring and evaluation should concern all of the quality star elements: not only the action's result but also the process which produced the result. In a successful action, all six points occur in reasonable proportion with regard to one another. The points can contain issues

contained both in a small village project and in a giant, multi-annual ministry project. When resources – large or small – have been properly used and the points are in balance, this means that the project has been of high quality.

A quality star can be prepared for any action, bearing in mind the scope of the goal. Do not burden your star with numerous and irrelevant elements from around the world. The basic question is, “What do I want to achieve and how do I intend to realise it?” First, identify the “What?” questions and then proceed to the “How?” part.

CONTENT ELEMENTS

The **knowledge base** lies at the core of the process. The more realistic the analysis of the situation, the determination of the problem, the definition of the goals, measures and working methods – the better the chances of success. Action based on erroneous basic knowledge is not worth beginning or continuing.

The importance of basic knowledge is particularly emphasised in substance abuse work, since the combination of factors regulating these measures’ impact is often difficult to discern. It is therefore necessary to search for the most reliable information possible, which can be either strong research evidence or expert knowledge based on solid practical experience. Effectiveness can be evaluated on an ethical basis, for instance, by considering how the underlying values and citizens’ rights are realised within the action.

The selection of the working method is an issue which must be considered in relation to the related knowledge base. Moreover, the selected method must be suitable within the substance abuse prevention system, both regarding the influence targets (pillars) concerned, based on which the prevention and reduction of substance-related harm is sought, and the implementation levels at which the work will be conducted. However, a method which functions well in one situation does not always function elsewhere.

In the context of substance abuse work, people believe in the power of education and the diffusion of information, which tends to favour extensive educational campaigns. However, the effectiveness of such campaigns is unlikely if their goals are not defined, if their impact is not pre-assessed based on research data or if their content is not adjusted to the related needs.

It is essential to be aware of one’s methodology and resources. Support information concerning methods of substance abuse prevention and their effectiveness will be made available in later stages of the present quality project, for instance at STAKES’

substance abuse website (www.stakes.fi/neuvoa-antavat).

With respect to all actions, values and ethics – one of the three content-related star points – must always be considered. Taking account of them entails commitment to the entire field of substance abuse work and target groups.

Values in substance abuse prevention work can relate to many elements: Are the human rights of the persons concerned being respected? Does the action promote social justice and equality? Do we remember solidarity and the inclusion of the target people? Does the education we provide respect the recipient's intelligence – or does it, rather, amount to manipulation?

Target-oriented co-operation means combining one's own actions within the broader scope of substance abuse work, with both local and national strategies and goals. This often involves networking in various forms and can constitute fairly loose or even completely separate co-operation, a closer mutual partnership or a very intensive and multi-stakeholder approach across organisational boundaries.

The building of such networking relationships is possible and beneficial only through voluntary agreements and negotiations, and requires awareness and understanding of one's own and other parties' work and premises. It is necessary to accept the various parties' own problem definitions and not to require one common definition.

Overcoming any differences in viewpoints, the actors must generate a common capacity for constructive co-operation, since goals can only be attained by unifying separate actors' resources.

IMPLEMENTATION ELEMENTS

The definition of the goal is ultimately related to the positive development of the target group's life situation. The goal must be set in practical terms which allow its realisation to be measured or the occurring change to be otherwise verified.
Importantly, the goal must be attainable using the available working methods and financial and human resources.

Resources must be considered when defining the goal and the related means of implementation. Resources include, for instance, employees, other key actors, their professional or peer support skills, time, operating facilities and tools and, inevitably, financing.

The working models and implementation processes are selected according to the desired impact, for the target group and the available resources. Working models and their implementation must be balanced with the knowledge base of substance abuse prevention, values, ethics and target-oriented co-operation.

Conducting and developing substance abuse prevention requires an action plan, risk identification and control, continuous monitoring and evaluation, dissemination of the action's results and their further development, and sometimes also research. Where results prove fruitful, establishing and integrating them into continuous work must be ensured.

MONITORING AND EVALUATION

Monitoring and evaluation is an integral part of the action, throughout the working process. At the implementation stage, their key purpose is to detect the need for any adjustments. In the conclusion and follow-up stage, the focus is on utilising the output and results, and on their establishment and dissemination, provided the obtained results were considered worthwhile.

First, monitoring and evaluation concern themselves with the operating structures, or with how the action is situated within the broader context of substance abuse prevention. Which influence targets (pillars) and implementation levels are concerned? How accurately is the goal defined? Are the probable risks under control? Are the resources being optimised? Further questions concern the action's underlying knowledge base, the acknowledgement of values and ethics, links to the broader context of substance abuse work, the functioning of monitoring and evaluation, and the balance between planning and implementation.

Secondly, the actor needs to consider, throughout the actual implementation phase, which items are functioning well, for whom and in which circumstances. Being able to make the necessary adjustments is important, as is the ability to update and redirect the action according to any changes which occur, for instance, in the target group or operating environment.

Thirdly, monitoring and evaluation examines the output and results. These can take the form of distinct material, service models or qualitative changes in risk factors or substance abuse.

6 THE TWELVE CRITERIA OF QUALITY

The quality criteria for substance abuse prevention consist of 12 mutually complementary criteria, each consisting of various components. In an action, a balance should be obtained between these criteria and their components by taking account of all of them – thus forming the basis of quality. All criteria do not, however, bear the same importance in each and every stage of an action or in all actions but must, rather, be applied in accordance with the situation.

Nevertheless, the knowledge base, values and ethics as well as target-oriented co-operation must be present in the action. As for practical implementation, the goal, resources and implementation processes must be proportional to each other.

A successful action progresses smoothly from one phase to another, forming a process. In the first phase, the need for action must be identified and, in the second phase, targeted. The third phase includes planning, while the fourth phase is the actual implementation. The fifth phase involves the results of the action. The sixth phase, the establishment and dissemination of results, takes place if the results are considered fruitful.

It is very important to remember that the action must be monitored and evaluated throughout the six stages. This allows re-targeting or redirecting the action even in the midst of implementation, if the situation so requires.

Methods and resources used in monitoring and evaluation depend on the action's nature and scope. An external evaluation applying methods based on scientific research is appropriate in large projects with ample resources, whereas a well-planned self-evaluation is adequate for small projects.

In the following sections, all of the quality criteria are presented under dedicated titles numbering from one to twelve. Detailed information is provided on each criterion.

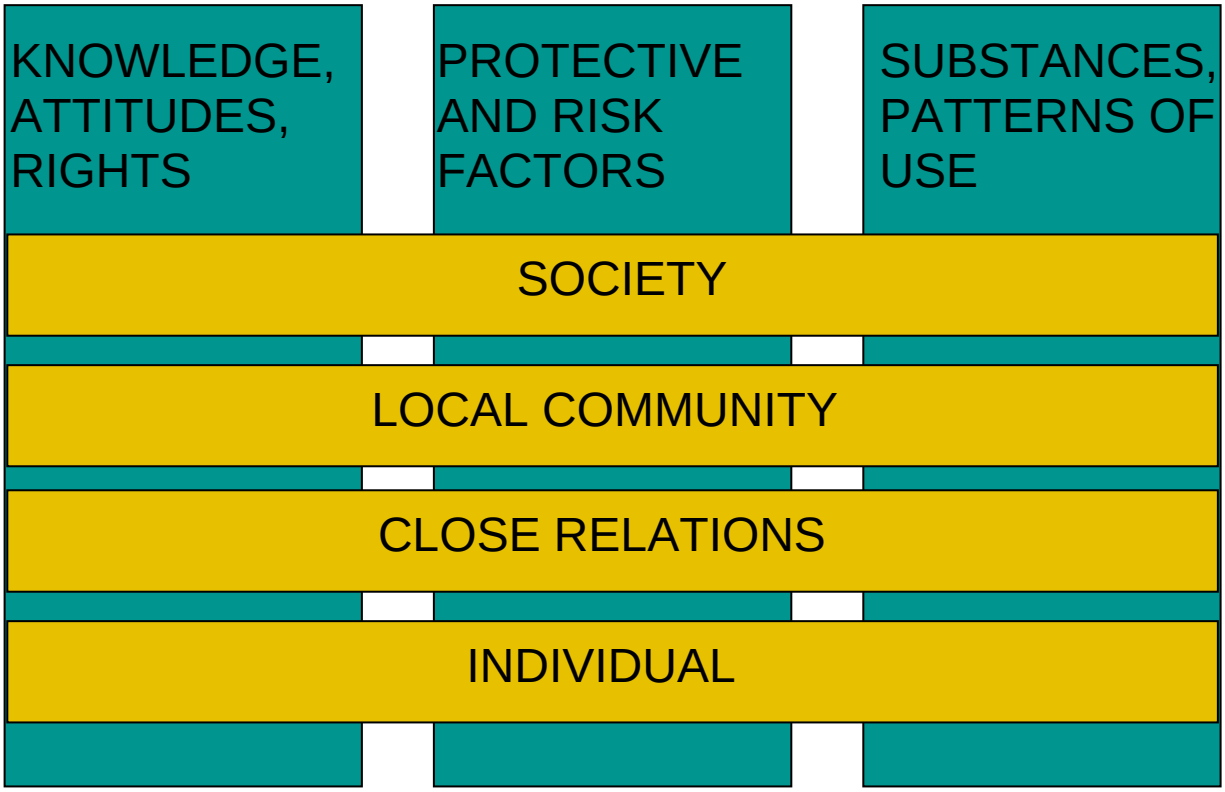
Additionally, the criteria are grouped in four categories indicated by the roman numerals I–IV. This division is based on the process nature of the quality criteria. These categories relate to the action's targeting, content, planning, implementation as well as monitoring and evaluation.

The text will also present real-life examples of using the criteria. Here, the criteria can be considered as a checklist supporting the action's planning, implementation and

evaluation.

It is worth noting that the results of substance abuse prevention are not always numerically measurable or clearly definable, particularly during the action or immediately following it. In such cases, you can achieve a good working result by adhering to the set quality criteria through whose fulfilment the action is considered to be of high quality, justified and aimed at the best possible end result.

As mentioned earlier, the field of substance abuse prevention concerns various influence targets and several implementation levels. Consider the figure presented previously when reading the following criteria.



I QUALITY CRITERIA FOR TARGETING THE ACTION

Substance abuse work includes both preventive and corrective work while substance abuse prevention encompasses primary prevention and risk prevention. In order to achieve high quality, all actions require targeting and specifications which define what is supposed to be done and what the action is aimed at.

CRITERION 1: THE ACTION IS TARGETED

- The action is classified under primary prevention, risk prevention or both.
- The action is targeted at, and specified within, one or several influence targets (pillars):
    (1) knowledge, attitudes and rights
    (2) strengthening protective factors and reducing risk factors
    (3) substance use and patterns of use.

PILLAR 1: Knowledge, attitudes and rights

Having a direct influence on people's choices and behaviour through education and diffusing information is challenging. In universal prevention, targeting direct behavioural changes through education is not, in fact, very realistic, since almost no evidence exists in support of the effectiveness of such a method. On the contrary, information campaigns may prove fruitful when linked to a broader system of actions.

It is important to remember that people have the right to obtain factually based, up-to-date and multifaceted information on substances. Consequently, substance-related education and information activities do not always require justification based on evidence of their effectiveness. The targeted level of substance abuse awareness requires that a person be aware of the available services, and his/her own abilities to control substance usage and reduce its adverse effects. Moreover, the effectiveness of providing such practical advice is backed by research-based evidence.

A constructive atmosphere is one which is interactive, allows diverging opinions and respects rational argumentation. Attempting to influence the general atmosphere of opinions often, in fact, proves more useful than addressing individual behaviour. Fruitful results can be obtained by initiating and maintaining a conversation which generates ideas and by introducing different viewpoints and topics. Meanwhile, education takes an interest in the prevailing discussion and processes, ways of understanding substance use

and the factors influencing it.

The best way of influencing people's knowledge and attitudes is through bi-directional and equal communication, taking account of the recipient's age and culture and respecting him/her as an interlocutor.

Such action can also aim at a better realisation of people's rights in substance-related issues, if related lacks or faults have been identified. Such rights include the right to obtain substance abuser services, as well as the human and basic rights of citizens, especially for those suffering from substance-related problems and for their close friends and relatives.

PILLAR 2: Protective factors and risk factors

As part of the knowledge base of substance abuse prevention, the theory on protective factors and risk factors is an established one, and a volume of research evidence exists on the effectiveness of methods based thereon.

Factors increasing the risk of beginning substance use or its becoming problematic have been found to exist at many levels: in an individual's personality, in his/her near and growth environment and within the structures and practices of communities and societies. The presence of risk factors does not, however, directly entail problems for everyone equally. Others cope better because they have positive, protective factors in their lives counterbalancing the risk factors.

In consequence, it is possible to either reduce the risk factors or reinforce the protective factors in the lives of target group members. These factors must be identified for each action according to the goal, level of influence (individual, close relationships, local community, society) and the characteristics of the target group (such as age, sex and culture). A review of these factors and methods, and experiences of influencing them, will be included in the forthcoming publications and online material of this quality criteria project. Information currently available on the issue can be found in the memorandum of the Working Group on Quality Criteria (available in Finnish at www.stakes.fi/neuvoa-antavat).

Easy access to substances is a major risk factor within several groups. An effective method of tackling this risk is the reduction of supply – in other words, the regulation of prices and the availability of tobacco and alcohol, and preventing the distribution of illegal drugs. These measures should be proactively promoted by those involved in

practical work and other experts since, though proven, they often remain politically unpopular.

In order to reduce the availability of alcohol and tobacco and increase compliance with restrictive norms, extensive local level co-operation is being carried out, particularly in the environments of young people. In this work, links with the related industries play an essential role.

PILLAR 3: Substance use and patterns of use

Strategies influencing substance use and patterns of use include the promotion of situational abstinence in traffic and workplaces, the reduction of binge drinking, supporting moderation and controlled use as well as the restriction of substance use in the presence of children.

Rendering substance abuse amongst various target groups less harmful and risky is possible, but requires a thorough understanding of users and patterns of use as well as the adverse effects and risks related to each substance.

Examples of harm and risk-oriented interventions influencing substance use and patterns of use include: information campaigns and education related to the self-evaluation and control of alcohol consumption, aimed at working-age people; teaching people how to care for a person suffering from alcohol intoxication or for someone who has ‘passed out’, aimed at young people; and targeted risk information campaigns aimed at the users of various drugs.

CRITERION 2: THE ACTION IS TARGETED AT THE IMPLEMENTATION LEVELS OF SUBSTANCE ABUSE PREVENTION

Implementation levels include the following: societies (municipalities, provinces, state, civil society, international communities), local communities (living-based communities, schools, workplaces, network communities), close relationships (couple and family relationships, intensive friendships) and individuals (individual citizens, humans as individuals). A combination of levels is also possible. These influence levels should serve as a basis for differentiating the actors’ roles.

> The actor has selected the prevention implementation level(s) at which the action is targeted. This selection is justified by the goal definition made by

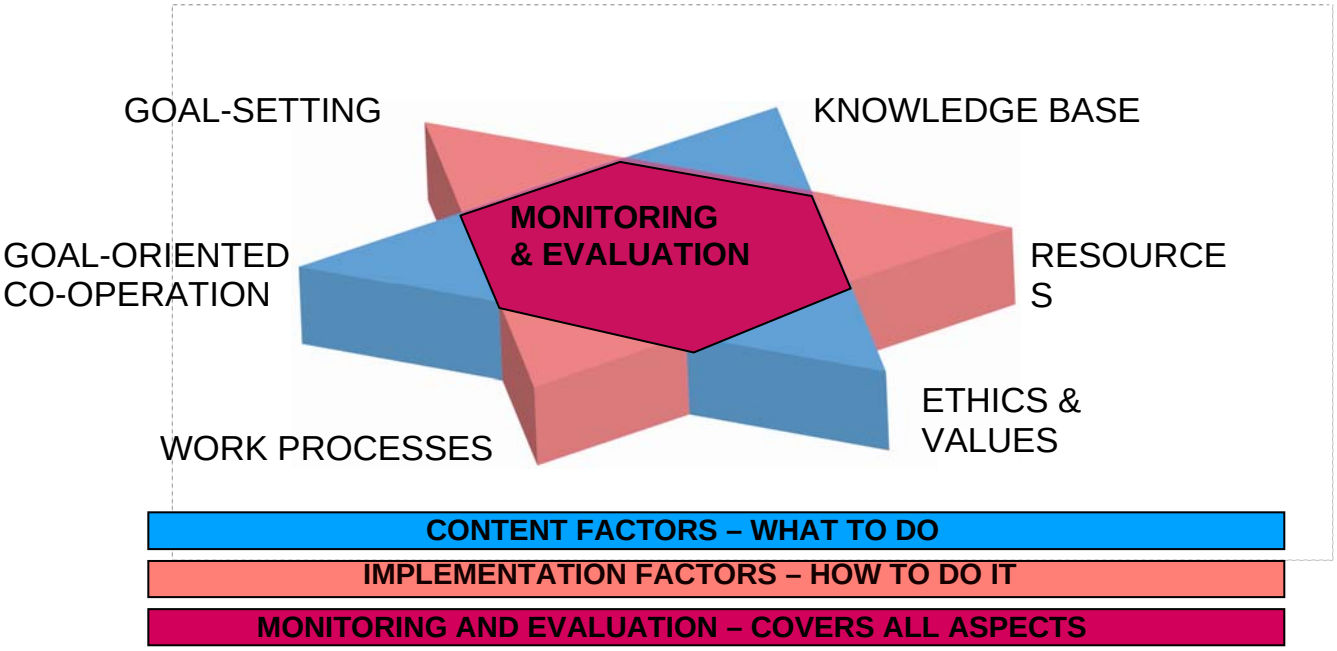
> the actor, other substance policy outlines or client needs.
> "In order to delay the age at which alcohol consumption begins, various channels are used for addressing the reduction of alcohol consumption among parents."

CRITERION 3: THE ACTION HAS BEEN TARGETED AT A DEFINED GROUP

The action can address a population which is not defined in terms of substance use, or to a targeted group or individuals based on a certain risk. Moreover, actions can also be aimed at substance abuse prevention implementers or the related decision-makers, parents or another group influencing the ultimate target group. The definition of the target group also depends on whether the desired reduction concerns demand or supply.

> The possibility to participate in a parental peer support group was offered to all families living in the municipality. The families themselves were considered best able to define their own interest in, and need for, participation in the group. Early support was already offered at a phase at which the family did not yet have problems originating in substance usage. This was viewed as promoting well-being in the families and preventing any forthcoming problems.

II QUALITY CRITERIA CONCERNING THE CONTENTS – THE "WHAT?" TRIANGLE



The quality criteria related to content concern the knowledge base, values and ethics as well as target-oriented co-operation. High requirements are set on the action's knowledge base, since it will serve as the foundation for the successful planning and implementation of the entire action. Hence, the knowledge base includes both research data and insights based on experience.

Values and ethics also establish the basis for the implementation of an action. It is important to be aware of the values guiding the professionals' own actions as well as the values and ethical issues related to the selected topic.

The third content criterion, target-oriented co-operation, combines the efforts made by various stakeholders into a single driving force. Moreover, the focus areas within each content-criterion depend on the targeting of action conducted prior to this phase (criteria 1–3).

CRITERION 4: THE ACTION'S KNOWLEDGE BASE IS ENSURED

* The actor knows the operating environment, its culture and the prevalent situation with respect to substance use. He/she has prepared a description of the situation based on various studies and observations.

The actor knows the key actors and stakeholders in substance abuse prevention, and the guidelines and other conditions governing them.

He/she is aware of the target group’s conceptions, knowledge, attitudes and expectations, and has requested suggestions and wishes from them.

He/she is familiar with interactive, inclusive and empowering co-operation with the actor groups (e.g. target groups) as well as other partnerships and the multi-actor nature of the actions.

He/she is capable of considering the available tacit knowledge, and has identified potential and available resources.

> Everyday life in the rural area is familiar to the actor, who has grown up in this environment and has moved back after completing his/her studies elsewhere. The actor has collected additional information on the popularity of party drugs among young people in the locality by interviewing young people and the organisers of various events.

* The actor is aware of the risks and adverse effects of the substances relating to the action. This includes understanding the common and divergent characteristics of substances, interconnections occurring in the use of certain substances and providing justifications for his/her decision to target the action either at one or several substances.

> The actor knows the risk factors associated with ageing, alcohol and medicaments: even a few drinks of alcohol increase the risk of falling and other accidents. With age, the human body reacts to medicaments and alcohol differently than previously. Alcohol is particularly unsuitable for older people and, with some medicaments, even completely unsuitable. The best expert is the person’s own doctor, who should be consulted on whether alcohol consumption is compatible with the medication followed. According to recommendations, people over 65 years of age should not regularly drink more than seven drinks of alcohol during one week, and not more than two per drinking event. In fact, alcohol consumption should often remain below

these recommended limits. Due to its adverse effect, alcohol consumption cannot be recommended for the purpose of maintaining one's health.

* The actor is capable of analysing and differentiating the adverse effects of the action's key substance, for example as follows:

- Grouping substance-related adverse effects according to the nature of the harm (social, health-related, financial)
- Differentiation of adverse effects on the basis of those affected (individual, close relationships, local community, society)
- Differentiation of adverse effects by cause (use, supply, control)
- Differentiation of adverse effects by case (age and sex as well as the pattern, situation and circumstances of use, individually or in combinations).

The actor's responsibilities include the formation of a broad-based, critical and up-to-date understanding of the substance addressed.

The results and experiences of any previous corresponding action conducted have been evaluated, and the impact of any changes in the operating environment or target group has been taken into account. In other words, previous studies have been examined in order to learn from good or bad experiences, and to understand the potential importance of differences in the ethnic background, culture, religion or service system.

The actor is familiar the basic legislation governing his/her work. This includes, for instance, the Constitution of Finland, the Temperance Work Act, the Act on Welfare for Substance Abusers, the Alcohol Act and the Primary Health Care Act.

The actor selects a customer-oriented working style, justifying it on the basis of the patient's and client's rights and civil rights built around the concept of equality.

* The working methods are based on existing knowledge on how effectively to influence the prevention and reduction of substance-related harm, substance use and patterns of use, protective and risk factors as well as knowledge, attitudes and rights.

The following have proven effective: interaction and inclusion; multi-sectoral interventions in local communities; targeted support and interventions; the reduction of the availability of substances; and control. With the help of experience-based insight and research data, finding an effective and cost-effective working method is possible and the risk of unexpected consequences can be forecast.

The actor has selected brief interventions as the approach for reaching heavy users, since strong evidence exists on the results and effectiveness of such interventions in these very types of situation.

The action's effectiveness is increased through the use of an egalitarian and motivational discussion method. Furthermore, from the target groups' perspective, the adopted working style is inclusive and empowering.

* The knowledge base is utilised for producing innovations and their further development. New combinations of the theoretical and research knowledge base and insights based on practical experiences are possible.

Deficiencies in working methods can be identified, approaches based on good experiences can be combined and models from outside the substance abuse field can be piloted. It must be ensured that knowledge and experience of innovative working methods be shared with other actors.

* The actor has sufficient knowledge and understanding of high-quality project work. For instance, he/she has consulted the project support guide published by the Finnish Centre for Health Promotion (available in Finnish at http://www.health.fi/content/files/toi_tem_hanketuki.pdf) and can apply this information to his/her own project.

The actors' roles have been agreed and recorded in an agreement. The responsibilities, obligations and goals of the project are defined in concrete terms, and are realistic and jointly agreed. A project is more likely to succeed if the project idea derives from practical needs. The actors will commit themselves to the project, if everyone will benefit from it. This also facilitates anchoring the results after the project's completion.

CRITERION 5: VALUES AND ETHICS OF THE ACTION HAVE BEEN DETERMINED

* The action promotes the human and basic rights of the substance abuser and his/her close friends and relatives as well as social justice, equality, solidarity and inclusion. Human and basic rights include social, cultural and economic rights and basic freedoms, equality and non-discrimination, participation rights, the right to benefit from scientific progress, the right to information useful to oneself, an equal right to substance abuser and other welfare services, and children's rights.

The action must be based on facts and information presented in a pertinent manner.

> The goals of health counselling for drug users have been clearly defined. Values underlying harm reduction work include the reduction of drug-related harm without aiming, as a primary goal, to cut down or stop use. Values and working methods have been examined in depth.
>
> The principles of client-oriented, low-threshold health counselling have been clearly defined, and are known and accepted by both the actors and the co-operation partners. Moreover, the action respects the human dignity of the client and his/her close environment and enhances his/her personal resources.
>
> The action aims at limiting blood-borne contagious diseases. In co-operation with other authorities, the action also targets improving the health and well-being of the clientele, who are disadvantaged in many respects.

* The actor recognises and openly expresses his/her value basis and takes account of the professional values and principles of others, in order to form a whole promoting common action, to which everyone can commit themselves.

* The action develops the citizens' knowledge and understanding of substances and the risks of their use. This is supported by promoting citizens' access to true and non-manipulated information and the realisation of free, open and versatile dialogue.

> Proactive discussion and the dissemination of information may increase citizens' knowledge concerning butane inhalation and the related risks. Facts are presented by the avoidance of scaremongering.
>
> The action supports the inclusion of the primary target group: adolescents in the upper level of comprehensive school. The action is more effective since the bi-directionality of communication is ensured through discussion in classes and parental meetings.
>
> The availability of butane can be influenced by informing local entrepreneurs of the phenomenon and by inviting them to meetings. A wider public can be reached in co-operation with local media.

* The action increases the general awareness of substance abuse work as well as

substance-related problems and ways of influencing them. This work includes proactive efforts to bring substance abuse work under public discussion and to the attention of decision-makers, and maintaining public interest in structural, political, cultural and other background factors.

> Information leaflets are distributed to the municipal executive board and the municipal council, while articles on the topic are published in the local media once a month. Additionally, seminars and public events dedicated to the substance abuse situation will be organised.
>
> Proactive lobbying will be continued until the autumn, enabling the local action to benefit from national support in the context of Substance Abuse Prevention Week. The goal is to convince the municipal council to take the necessary decisions.

CRITERION 6: THE ACTION IS TARGET-ORIENTED CO-OPERATION

* The action either follows the lines of national, international, local and regional strategies or challenges them in a justified manner. One's own activities are positioned in relation to larger strategies, such as national programmes, international outlines and various strategies concerning substances, well-being and safety.

> One of the goals of public health programme Health 2015 is to reduce young people's smoking to 15 per cent by 2015. The actor's participation includes monitoring the development of smoking figures, speaking out and providing interviews on the topic. Measures are planned in co-operation with various actors.

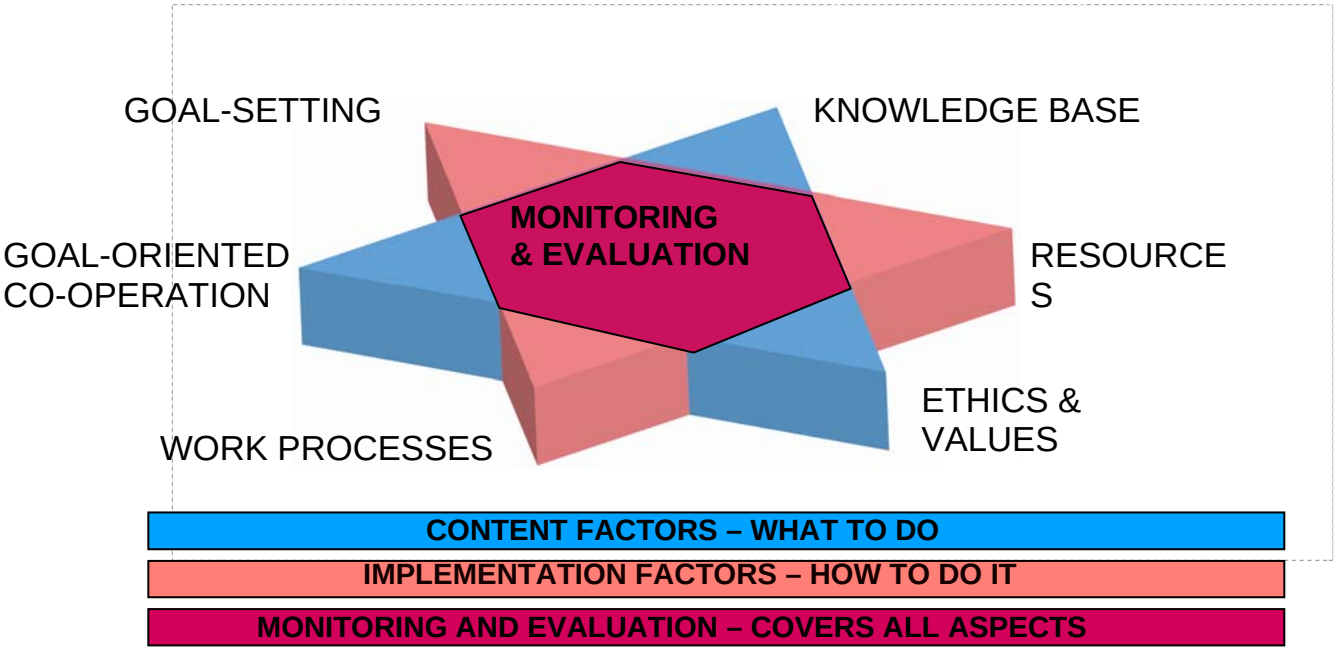
* The actors' co-operation sufficiently adheres and corresponds to a common strategy and goals. This is promoted by drawing up and determining the action strategy and goals together, combining the efforts of various actors into a whole with a concurrent impact and overcoming any hindrances to co-operation. Co-operation does not require a common problem definition.

> The co-operation group defines the goals and action model for caring for and supporting substance abuse families during pregnancy. Meanwhile, the working group forms the goals, working methods and task division. The main goal is to reduce risks and harm and to promote the family's well-being.

In addition to health care, the working group includes representatives of basic security provision, home and shelter for pregnant mothers and mothers with small babies, providers of substance abuser services and the family counselling centre, for instance. Any sector can act as the convenor. It is important that the realisation of the goals to be defined promote the same policy lines, both for the actors and the client.

* The actors utilise networks to avoid unnecessary overlapping within the action. This includes searching for information concerning the other actors' work and development projects, open mutual communication, dialogue, sharing expertise and defining the degree of networking.

III QUALITY CRITERIA CONCERNING THE IMPLEMENTATION – THE "HOW?" TRIANGLE



The quality and results of an action are based on a successful balance between planning and implementation. Thus, the action's goals are carefully defined and attainable with the available resources. Working models and their implementation processes are planned in accordance with resources.

The focus areas within each implementation criterion depend on the targeting of action conducted at the beginning (criteria 1–3).

In the definition of implementation elements, it is fruitful to use material published by the Finnish Centre for Health Promotion (http://www.health.fi/content/files/toi_tem_hanketuki.pdf, available in Finnish).

CRITERION 7: THE ACTION HAS A GOAL IN RELATION TO THE TARGETING OF SUBSTANCE ABUSE PREVENTION

* The goal is defined clearly and realistically in relation to substance abuse prevention, in terms of its
  - influence targets (pillars): (1) knowledge, attitudes and rights, (2) strengthening protective factors and reducing risk factors, and (3) substance use and patterns of use, and
  - implementation levels: society, local community, close relationships, individual.

* All participants can commit to the jointly defined goal. This is promoted by the inclusion of actors and the target group and discussion conducted on an equal basis. Commitment also requires a justified belief in the attainability of goals. It must therefore be ensured that the main goal comprises general goals and sub-goals; that the goal is attainable with the available working methods and resources; that the achievement of the goal can be evaluated and verified; and that a realistic schedule has been set for the goal.

CRITERION 8: THE RESOURCES REQUIRED BY THE ACTION HAVE BEEN DEFINED

* The resources correspond to the defined goals and the planned implementation. This is promoted by the balanced consideration of the goal, the implementation processes, resources, the knowledge base, values, ethics and target-oriented co-operation and the appropriate allocation of resources. Resources comprise actors (including the target group), their various skills, time, operating facilities and tools, and financing.

* The division of labour between the participants has been defined. This includes the specification of tasks in terms of planning, implementation, monitoring and the establishment of new innovations as well as determining the roles and tasks of partners and target groups.

CRITERION 9: THE ACTION'S IMPLEMENTATION PROCESSES HAVE BEEN SELECTED

* The suitability of the selected working method to the goals has been ensured. This takes account of the target groups and resources, and examines the action either as a longer term process or as a collection of individual measures. The action's risks are forecast and their reduction planned.

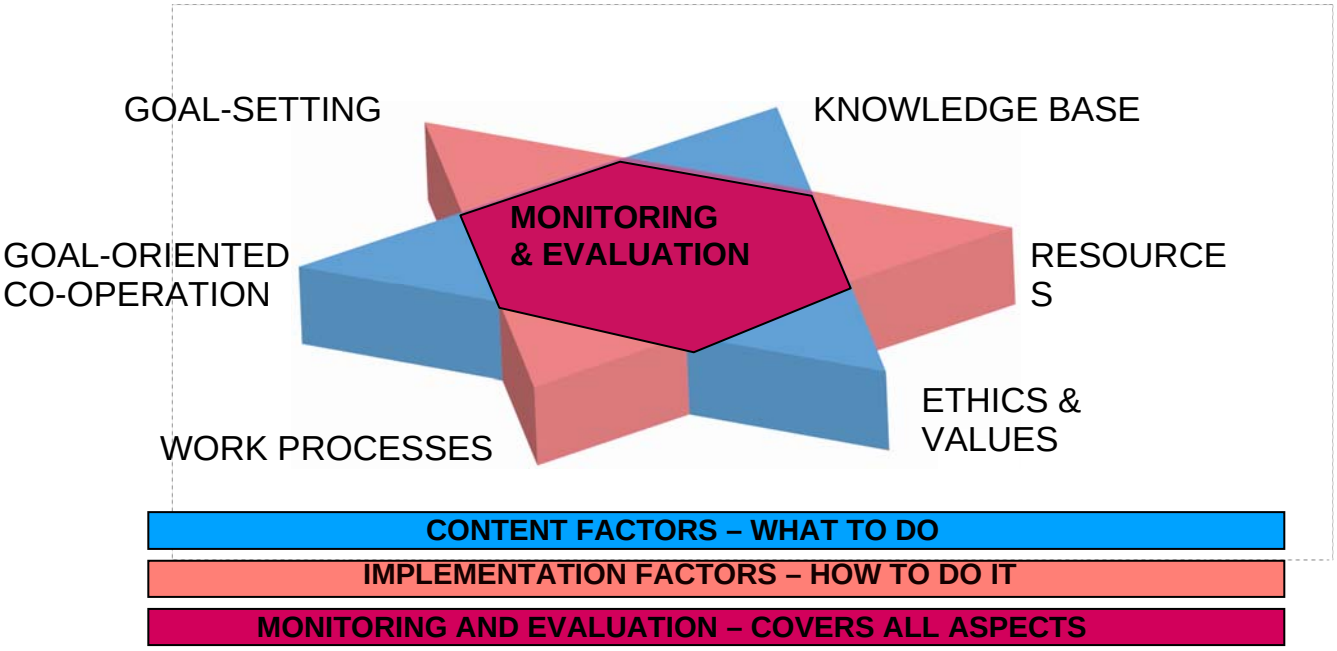
> Brief interventions can be implemented in basic health care, during normal patient visits. The use of alcohol is queried with respect to as many people as possible: for instance, all new patients and patients experiencing psychological symptoms, recurring accidents, high blood pressure or diabetes.
>
> This can be done, for example, with the AUDIT test. Detected risk drinkers will be provided with brief counselling and written material, such as a drink diary or a brochure on controlled drinking ('Hallittua juomista', available in Finnish). If necessary, one or more follow-up meetings are scheduled.

* The need for action and the available implementation processes have been justified and described. This means responding to the challenge in question and describing the mutual connections between sub-processes.

> Provision of support during pregnancy in a substance abuser family and defining the action's needs is client-oriented; the family itself always participates in the action. The definition includes agreeing on the actors who will be involved in the family's case and who are to meet regularly.
>
> The meetings will assess whether the situation requires a redefinition of needs or modification of the action, whether sub-targets have been attained and whether the support systems suffice for the promotion of the family's well-being.
>
> Goals, co-operation partners, the family's own resources and the close network's support, support forms and action processes will be recorded in the family's care plan. Everyone involved must be able to accept the plan and commit to it. It is important to consider continuity, since a greater need

for support will continue once the child is born.

IV QUALITY CRITERIA CONCERNING THE MONITORING AND EVALUATION OF SUBSTANCE ABUSE PREVENTION



In order to render evaluation an integral part of the action, monitoring and evaluation methods must be considered during the action's planning phase. Continuous monitoring and evaluation enable the redirection and development of the action.

CRITERION 10: MONITORING AND EVALUATION IS AN INTEGRAL PART OF THE ACTION

* The implementation, results and impacts of substance abuse prevention are evaluated. The actor has sufficient knowledge and understanding of monitoring and evaluation: he/she knows what is assessable in the action and is able to utilise the various viewpoints in the evaluation of its effectiveness (based on evidence, practical functioning or ethics).

Monitoring and evaluation focuses on the implementation of quality criteria, process follow-up and possibly also the effectiveness assessment, using the existing monitoring

and evaluation tools.

* The implementation, results and impacts of practices applied in substance abuse prevention are evaluated. To ensure the action's monitoring, the required evaluation methods and the evaluation's importance in improving the action's quality are understood.

The action is monitored and evaluated throughout the implementation process, the evaluation and data collection method are selected and described and any adjustments required in the evaluation are conducted.

> The goal of the municipal project is to generate service paths to drug abusers, in co-operation between authorities as well as using networking and service guidance. In benefiting from the services they need, the abusers may withdraw from drugs and the related crime and, ultimately, become tax payers.
>
> The only resource in the project is the co-ordinator. However, no-one has been found as the implementer of the impact assessment. After a self-critical evaluation of the project's starting points and an analysis of information on the life situations of drug users with multiple problems, the financers of the project understand that its impact is impossible to assess.
>
> The goals of the help are unrealistic, and the co-ordinator hired or any network of actors formed was unable to influence the availability of services. A new, assessable goal had therefore been defined for the project, promoting development work: the charting of the service situation and a more narrowly defined target group.

* A definition of the targeted change enables the change's realisation and includes the setting of benchmarks, a description, a justification of quantitative or qualitative evaluation indicators and the recognition of the time required by the change.

> In comprehensive school, drug education is conducted in co-operation with associations and various authorities. The goal is to enable pupils to develop a realistic and versatile understanding of illegal drugs, the factors regulating their use and supply as well as the risks of use.
>
> The school receives visitors from health care personnel (health impacts and risks), police officers (justice education, viewpoints on professional crime)

and associations (drugs as a global problem). All visitors have been warned against scare tactics or moralising.

The school has made an agreement with a student of a nearby polytechnic on the preparation of the campaign's evaluation as diploma work. After attending the related classes and school events, the student will conduct a qualitative evaluation of the information provided and will, on this basis, draw up a questionnaire to be distributed to the pupils involved. The purpose of the survey is to identify how the pupils understood the content and how they regarded it.

CRITERION 11: BALANCE BETWEEN THE QUALITY COMPONENTS IS ENSURED

Before the planned action can be implemented, it must be ensured that the quality components are in balance. Such a balance is achieved by examining each point on the quality star in relation to the others.

This process can be initiated by reviewing the relation of the knowledge base to values and ethics: What kinds of values and ethical principles does the applied knowledge base promote? What kinds of knowledge base do the values and ethics require from the actors? A similar, mutual review is then conducted for each point. Monitoring and evaluation is also recognised as part of balancing.

* The mutual balance between the quality components has been ensured. The contents of each component will then be in balance with respect to other components, and all components will be mutually compatible.

Health counselling for drug users is based on an extensive knowledge base and aims at the reduction of drug-related harm. The value conflicts related to the action are recognised and, in order to build a functioning co-operation model, they are discussed with the partners. Then, the action is implemented in a client-oriented manner and flexibly based on the needs of the clients, already taken into account during the action's resourcing. The action is monitored and evaluated from the client perspective and, on the other hand, based on the broader goals defined for the action.

CRITERION 12: THE ACTION'S RESULTS ARE PROPORTIONED TO THE STARTING SITUATION

During the concluding phase of a work process or project, and prior to the establishment and dissemination of results and output, an evaluation must be performed. To what extent does the attained and balanced result correspond to the action’s targeting, in terms of pillars, levels and target groups, the respective goals and the success of the selected action strategy?

In the evaluation, the results can be considered to have been attained maximally, minimally or not at all. In addition to balance, the degree of change achieved in the target is important.

* The goals have been attained when one or several pillars of substance abuse prevention have been influenced in the intended manner; when the intended changes have occurred at one or several influence levels; when target groups have been achieved in the intended manner or when their goals have been attained at least at minimal level, but preferably at maximal level.

* Information produced in the evaluation will be utilised in reforming working methods and quality assurance, in order to be able to anchor working methods which have proven valuable. The information will also be rendered accessible to other actors. It is also important to be open when describing any failures or unrealised goals, since such information is very useful.

HOW TO BUILD YOUR OWN QUALITY STAR

The quality criteria for substance abuse prevention consist of 12 actual criteria and their respective components. These criteria are fulfilled in phases, forming a process whose essence lies in striking a mutual balance between the quality elements and, ultimately, sufficient correspondence to the starting situation, particularly to its goals. The basic quality elements in substance abuse prevention include the following:

- The influence targets or pillars of substance abuse prevention: (a) knowledge of, and attitudes to, substances and the rights of substance abusers and their close friends and relatives, (b) factors offering protection from drug-related harm and factors creating exposure to them, and (c) substance use and patterns of use [criterion 1].
- The action's implementation level: society, local community, close relationships and individual [criteria 2 and 3]
- The action's content elements or (a) knowledge base, (b) values and ethics and (c) target-oriented co-operation [criteria 4–6]
- The action's implementation elements or (a) goal, (b) resources and (c) implementation processes [criteria 7–9]
- Monitoring and evaluation [criterion 10]
- Ensuring the mutual balance between components [criterion 11]
- Proportioning the process's end results to the premises, strategy and goals of the starting situation [criterion 12].

In practice, build your quality star by considering the items below.

PHASE 1: TARGETING THE ACTION [CRITERIA 1–3]: SPECIFICATION OF PILLARS, IMPLEMENTATION LEVELS AND TARGET GROUPS

- Which pillar of substance abuse prevention does the action target (knowledge, attitudes, rights – protective and risk factors – substances and use methods)?
- At which implementation level is it conducted (universal or risk prevention; at the level of society, local community, close relationships or the individual)?
- What is the target group?

The work can also be targeted solely at one pillar, implementation level and target group which, nevertheless, reflect each other. Moreover, the targeting of the action expresses the ultimate idea behind it.

PHASE 2: DEFINITION OF THE ACTION'S CONTENT ELEMENTS: KNOWLEDGE BASE, VALUES AND ETHICS AND TARGET-ORIENTED CO-OPERATION [CRITERIA 4–6]

- The actor familiarises him/herself with the available knowledge base concerning the topic and collects the data required by the selected activity.
- The actor considers the values and ethics related to the topic and defines the ethical starting points of the action.
- The actor learns about the current actions and plans in the project's field and the general programmes and strategies governing the related activities. The goal is to link one's own actions within the larger working entity through co-operation.

PHASE 3: SPECIFYING THE ACTION'S IMPLEMENTATION ELEMENTS [CRITERIA 7–9]

- The effectiveness of the work, i.e. attaining the desired change, must be ensured. The goals must therefore be defined clearly as qualitative and/or quantitative ones. Goals must take account of the action's benchmarks and conclusions, but must also be valid over the longer term (establishment and dissemination of the action). In defining the goals, it is recommended that you determine both the minimum level (what should be achieved at the least) and the maximum level (what would be the result if everything went perfectly well). These goals should describe the change in the pillars of substance abuse prevention and in the selected implementation levels.
- The implementation resources must be sufficient – the targeted impact cannot be attained with too little money or persons. In terms of human resources, both the key actors and their expertise must be considered as well as the partners and stakeholders. The division of labour between those participating in the action must be clearly defined.
- Since the actor has already familiarised him/herself with effective operating models in preparing the knowledge base, the main task here is to consider their implementation methods. For this purpose, shared best practices are available. The actor selects the models and their implementation methods and presents them.

PHASE 4: SELECTION OF MONITORING AND EVALUATION METHODS [CRITERION 10]

- The actor is sufficiently familiar with the methods and best practices used in the monitoring and evaluation of an action, and presents his/her choices.

PHASE 5: ENSURING THE MUTUAL BALANCE BETWEEN BASIC COMPONENTS [CRITERION 11]

- Balancing is carried out by examining each of the quality star's points in relation to the others. Remember to consider the balance (1) between content, i.e. the relationship of the knowledge base to values and ethics, and that of the knowledge base to target-oriented co-operation; (2) between planning and implementation,

i.e. mutual relationships between the goal, implementation processes and resources; (3) between content and planning; and (4) between monitoring and evaluation, and the action as a whole. During the action, the results about to be realised must be compared with their starting points. Necessary adjustments must be made whenever the basic components prove to be imbalanced with respect to each other.

PHASE 6: PROPORTIONING THE RESULTS TO THE PREMISES, STRATEGY AND GOALS OF THE STARTING SITUATION [CRITERION 12]

At the end of the process, a final evaluation is conducted of the extent to which:

- the quality star components were in balance,
- one or several pillars of substance abuse prevention were influenced,
- changes occurred at one or several implementation levels,
- the target groups were achieved, and
- the goals were attained.

Ultimately, if the action proved to be of high-quality, its continuity and the dissemination of the related information are ensured.

GLOSSARY

SUBSTANCE ABUSE TREATMENT

Services addressing substance abuse harm and/or the use causing such harm, treatment services for problem use and/or substance addiction, the prevention of substance abuse recurrence, the reduction of the adverse effects of problem use and/or substance addiction and avoiding their worsening.

CRITERION

Refers to a characteristic which enables the identification and distinction of one item from another. For example, an action's quality criteria are the characteristics of high-quality action. Therefore, to enable the control, improvement and verification of an action, the definition of quality criteria is required. Quality criteria characterise the targeted output of an action. These criteria can be either quantitative, i.e. accurately measurable, or qualitative, referring to clearly defined tools for evaluating the action.

EFFECTIVENESS

Refers to how well the results obtained from an action, whether conducted in the short or long term, respond to the needs which were the starting point for the action. Answers to the question, "To what extent was the measure's goal realised in practice?"

HARM REDUCTION

Measures for preventing and reducing social and health-related adverse effects caused by substance abuse to the abuser, his/her environments and society. Methods for reducing or alleviating harm, even though actual usage cannot be reduced in a particular situation or through a particular intervention.

INTERVENTION

A measure aiming to influence a community's, group's or individual's health, well-being or behaviour.

UNIVERSAL PREVENTION

Targets the entire population or a certain population group, but whose selection criterion is not substance Use. Universal prevention encompasses work conducted in preventing the initial use of all substances, as in ideological temperance work; the prevention of the initial use of some substances, e.g. anti-tobacco or anti-drug work; and for delaying the use of some or all substances.

PROJECT, DEVELOPMENT PROJECT

Projects refer to abuse prevention work with a fixed term, and the goals determined,

implemented and supported by the actors, e.g. at municipality, self-financing and/or independent financing level. Projects can be implemented by one actor or as collaboration projects by several actors.

PROTECTIVE FACTOR
A characteristic present in an individual, his/her close relationships, community or society, observed to have a protective influence with respect to the effects of a certain risk factor or factors. Protective factors inhibit the progress from the risk factor to the result it portends by providing a buffer against harmful consequences for the individual.

QUALITY
Consists of the characteristics determining the ability of an organisation, product or service to fulfil the requirements and expectations set for it.

RISK FACTOR
A characteristic, circumstance or event, relating to an individual or environment, which has been empirically observed to increase the probability of a certain disorder or problem in a certain group under certain conditions. Risk factors influencing substance problems can be determined at various levels, concerning the individual (e.g. commitment to school attendance), his/her close relationships (e.g. relationship to parents or persons of the same age), the surrounding community (e.g. possibility to influence decision-making in it) or the whole of society (e.g. the prevailing legislation and norms).

RISK PREVENTION
A target group is determined based on a risk whose realisation is probable. Risk prevention includes both intervening in substance use likely to lead to harm or problem use, and early intervention with respect to risk factors likely to lead to future problem use.

Examples of risk prevention are considering the children’s viewpoint and experiences in parents’ or other adults’ substance use, brief interventions concerning heavy drinkers of alcohol or needle exchange programmes for intravenous drug users.