



European Monitoring Centre
for Drugs and Drug Addiction

Discussing Monitoring of quality standards

TDI parallel session

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Objectives of the workshop

- Knowing the European minimum quality standards in DDR;
- Discuss options for monitoring QS implementation.



Methods of the workshop

- Brief introduction
- Guided reading
- Discussion in groups
- Reporting



Council conclusions

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



Ongoing Collaboration (RTX)

Implementation of standards		Options for monitoring
Data collection	Support to practice	Sharing of the internal option papers
Workbooks Best Practices	Exchange project	Sharing of publication on options
Collection of Standards and Guidelines (BPP)	Ad hoc training and consultation	Discussion at Lisbonaddictions17
		Sharing of minutes and discussion points



European Standards for Drug Demand Reduction

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



Treatment, social integration and rehabilitation

- a. Appropriate **evidence-based treatment** is **tailored to the characteristics and needs** of service users and is respectful of the individual's dignity, responsibility and preparedness to change;
- b. **Access to treatment is available to all in need** upon request, and not restricted by personal or social characteristics and circumstances or the lack of financial resources of service users. Treatment is provided in a reasonable time and in the context of continuity of care;
- c. In treatment and social integration interventions, **goals are set on a step-by-step basis** and periodically reviewed, and **possible relapses are appropriately managed**;
- d. Treatment and social integration interventions and services are based on **informed consent, are patient-oriented**, and support patients' empowerment;
- e. Treatment is provided by **qualified specialists and trained staff** who engage in continuing professional development;
- f. Treatment interventions and services are integrated within a **continuum of care** to include, where appropriate, social support services (education, housing, vocational training, welfare) aimed at the social integration of the person;
- g. Treatment services provide **voluntary testing for blood-borne infectious diseases, counselling against risky behaviours** and assistance to manage illness;
- h. **Treatment services are monitored and activities and outcomes are subject to regular internal and/or external evaluation**



Points for discussion

According to your experiences **how do you monitor standards** on Treatment and Social Integration/rehabilitation?

What are the **indicators** used to monitor Treatment standards in your country?



Points for discussion

Monitoring treatment standards	
Standard	
Area/service to monitor	
Indicator	
Source of data	

