Executive Agency for Health and Consumers

European drug prevention quality standards

liverpool JMU Centre for Public Health

EUROPÄISCHE QUALITÄTSSTANDARDS ZUR DROGENPRÄVENTION

Hannover, 21 November 2012

Über mich

European drug prevention quality standards

- Ursprünglich Stadtsoziologie
- Seit 2009 wissenschaftliche Mitarbeit im Bereich Public Health an der Liverpool John Moores University, UK
- Unser Team führt EU-geförderte Forschungsprojekte zum Themenkreis Drogen/Sucht durch (derzeit "ALICE RAP"-Studie)
- Projektleitung bei der Entwicklung der europäischen Qualitätsstandards zur Drogenprävention
- http://www.cph.org.uk/angelinabrotherhood

Outline of the presentation

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

The prevention standards project

Background & Aims

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- **At the time of starting the project:**
  - No EU-level guidance on evidence-based drug prevention
  - National or regional guidance available in some countries – applicable to wider EU?
  - USA standards of evidence – applicable to European context?
  - Lack of guidance for policy makers and practitioners

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

Prevention Standards Partnership

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- Liverpool John Moores University (LJMU), United Kingdom (Project lead)
- Azienda Sanitaria Locale della Città di Milano (ASL), Italy
- Consejeria de Sanidad - Servicio Gallego de Salud (Xunta de Galicia) (CS-SERGAS), Spain
- Azienda Sanitaria Locale n. 2 - Savonese (ASL2), Italy
- Institute for Social Policy and Labour (SZMI-NDI), Hungary
- National Anti-Drug Agency (NAA), Romania
- National Bureau for Drug Prevention (NBDP), Poland
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

- Two-year project co-funded by European Commission

Methodology

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Method	Aims	Implementation	Timeline
Collation and review of existing guidance	To produce a long list of standards; to identify a common structure that will synthesise existing standards	77 documents retrieved, 19 documents selected	March-September 2009

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First draft of standards

- Fokus auf bestehende Standards, Richtlinien, Leitfäden, Empfehlungen, ...
- Fokus auf illegal Substanzen

Available guidance – EU countries (spring 2009)

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

Participants in consultations

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

Methodology

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First draft of standards

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

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Second draft of standards

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

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<u>Final standards</u>
EMCDDA publication (December 2011)

A brief checklist

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5 Management and mobilisation of resources

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

The Prevention Standards

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

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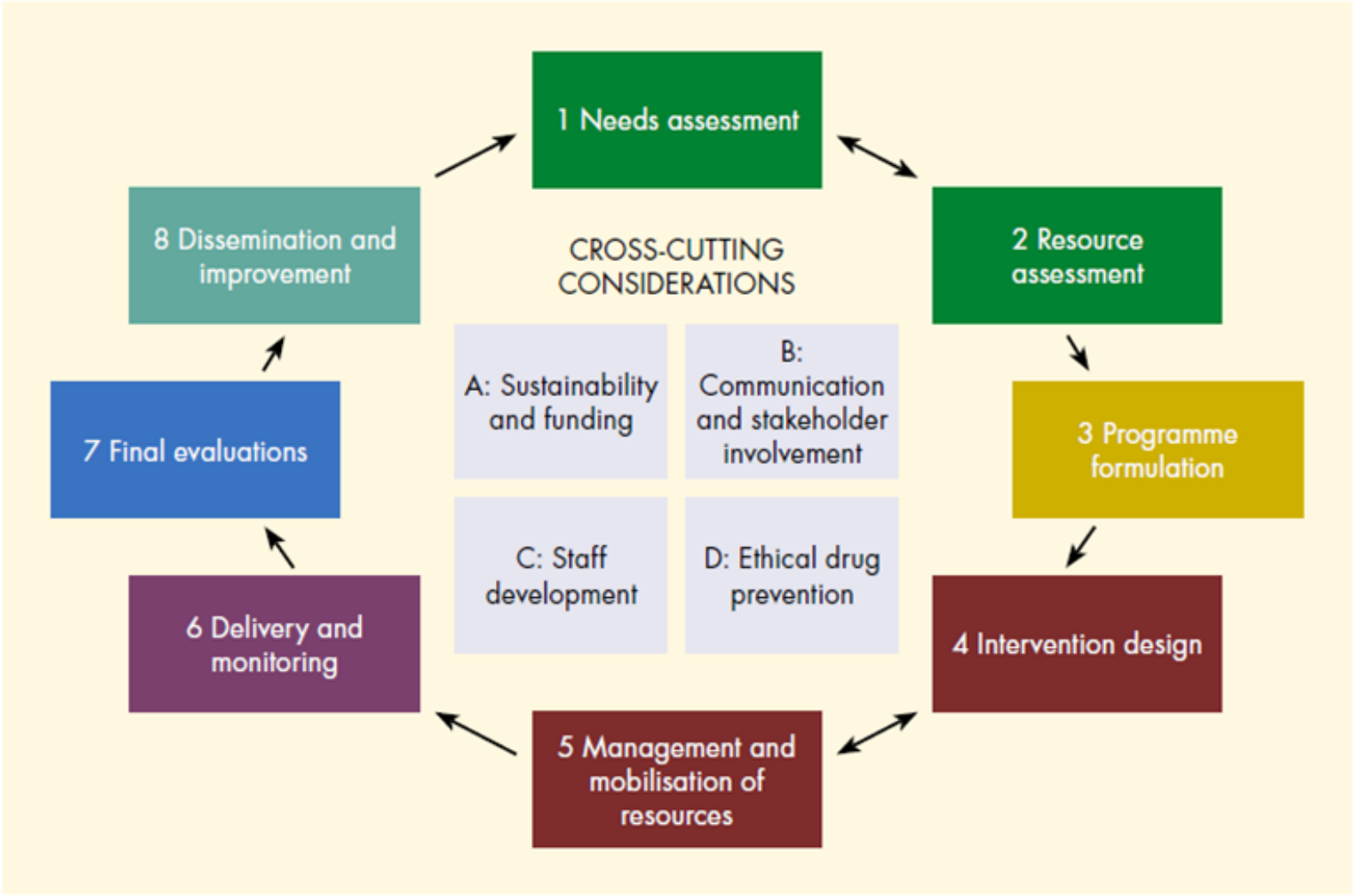

Bedarfs- und Ressourcenanalyse

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1 Bedarfsanalyse
1.1 Relevante Gesetzgebung und Politik kennen
1.2 Drogenkonsum und andere Bedürfnisse erfassen
1.3 Bedürfnisse beschreiben – Notwendigkeit für Maßnahmen begründen
1.4 Zielgruppe verstehen
2 Ressourcenanalyse
2.1 Ressourcen der Zielgruppe und der Gemeinde einschätzen
2.2 Eigene Ressourcen beurteilen

Praktische Überlegungen

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Warum

- Maßnahme wirklich nötig?
- Richtige Bedürfnisse
- Richtige Zielgruppe
- Redundanz vermeiden

Praktische Überlegungen

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“Problem”

- Verschiedene Bedürfnisse und Wahrnehmungen
- Nicht nur in Bezug auf Drogen
- Probleme abstreiten -> Bedürfnisse akzeptieren
- Vorwegnahme der Problemdefinition - kann Bedarfsanalyse nicht ersetzen

Praktische Überlegungen

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Daten

- Wer, wie oft?
- Keine "beste" Methode
- Synergien / Koordination
- Bestehende Daten vs eigene Datenerhebung
- Qualität, Angemessenheit, Ethik
- Verschiedene Quellen heranziehen

Praktische Überlegungen

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Zielgruppe

- Zielgruppe kennen
- Voraussetzung für das Anpassen von Maßnahmen
- Nicht nur als Empfängerin von Interventionen
- Bereitschaft zur Teilnahme
- **Platz #1 in der Delphi-Studie**

Was bedeutet Qualität im weiteren Sinne?

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- Bedarfsorientiert
- Ethisch
- Evidenzbasiert
- (Kosten)Effektiv
- Durchführbar
- Nachhaltig

Publication as EMCDDA Manual

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

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

Layout

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Level 2: Component title

1.1. Knowing drug-related policy and legislation

In order to have an impact, all drug prevention activities must strive toward the same end, albeit through different means. By defining the aims of drug prevention work, drug-related policy and legislation act as signposts guiding drug prevention activities on a local, regional, national and international level. It is therefore essential that all professionals — not only those working 'at the top' — are aware of relevant policy and legislation, as this enables everyone to contribute to these aims. Other guidance, such as binding standards and guidelines, should also be taken into consideration where appropriate.

It is equally important to stay up-to-date with changes in drug-related policy and legislation, as these may affect different aspects of the programme. For example, changed funding priorities may require a new strategy to ensure the programme's sustainability (see A: *Sustainability and funding*); or, where participants receive information about drugs as part of the intervention, changes in legislation may require an update of the intervention content (e.g. reflecting changes in the legal status of drugs such as 'legal highs').

Moreover, by showing awareness of, and correspondence with, drug-related policy and legislation, providers maximise their chances of obtaining necessary support from commissioners and funders. In some countries, demonstrating [illegible]aining government funding. However, t[illegible]n addressing needs that are not current policy [illegible]target population or community may n[illegible]ding (see Component 1.2: *Assessing drug*[illegible]mes should still support the wider drug prevention agenda as defined by national or international strategies and make a case for the response to other needs.

Implementation considerations

While it is ultimately up to funders and commissioners to ascertain that programmes are in line with policy and legislation, all professionals should have a general level of knowledge in this area. Practitioners who spend a large amount of time working in direct contact with the target population may feel that learning about drug-related policy and legislation, and staying up-to-date with new developments, is beyond the remit of their work. It is the responsibility of providers to support staff members in achieving these standards, for example by holding in-house training events (see C: *Staff development*).

It can be difficult to judge which policies and pieces of legislation are most relevant. Policy priorities can change frequently, coinciding with a new government, shifts in society's concerns, or an important new piece of research. The *Additional guidance* section contains a selection of important contemporary documents in relation to international and national drug policy and legislation. However, the relevance of documents can depend on the type of the programme. For example, a local programme would be expected to prioritise local or regional documents over national and international ones, as these would be less relevant to the local context.

Note: Component D: *Ethical drug prevention* contains standards on general policy and legislation.

Basic standards:

1.1.1 The knowledge of drug-rel[illegible] legislation is sufficie[illegible] the imp[illegible] programme.	[illegible]medicines, and volatile substances, health education policy.
1.1.2 The programme supports the objectives of local, regional, national, and/or international priorities, strategies, and policies.	Note: local/regional programmes should pay particular attention to local/regional policy documents. Example of evidence: the programme description provides clear r[illegible]nces to the most relevant

Level 3: Attributes (basic)

Examples to clarify meaning

Additional expert standards:

1.1.3 The programme complies with relevant regional, national, and/or international standards and guidelines.	**legislation.** Example of standards: existing standards on making services young-people friendly (e.g. Department of Health, 2007).

Level 3: Attributes (expert)

How to use the standards

Anwendungsmöglichkeiten

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„Habe ich an alles gedacht?“

Als Leitfaden beim Planen neuer Maßnahmen: Ein Drogenkoordinator auf regionaler Ebene bezieht sich auf die Standards beim Durchführen einer Bedarfsanalyse (Projektphase 1).

Beim Erstellen von Förderanträgen: Die Leiterin einer Suchtberatungsstelle nutzt die Checkliste, um sicher zu stellen, dass sie alle Projektphasen ausreichend im Förderantrag berücksichtigt hat.

Vergleich eigene Arbeitspraxis – Qualitätsstandards

Als Impuls für Gruppendiskussionen: Die Führungskräfte eines Präventionsanbieters nutzen die Standards bei ihrer monatlichen Besprechung, um Stärken und Schwächen der Einrichtung zu diskutieren.

Zur Fortbildung: Eine Sozialarbeiterin liest die Standards zur Information - Standard 3.2 (Theoretisches Modell anwenden) regt sie dazu an, mehr über theoretische Modelle zu erfahren und in der Folge ihre eigene Arbeitsweise zu überdenken und zu verbessern.

Was die Standards sind und nicht sind

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- Definieren, was Qualität in der Prävention bedeuten kann - Standardisierung der Qualität, nicht der Präventionsarbeit
- Bestehendes nicht unbedingt ersetzen, sondern es verbessern
- Besser von den PraktikerInnen ausgehend als von der Politik
- Förderentscheidungen und Zertifizierung - Vorsicht!
- Zum Umdenken anregen (Menschen, Programme, Organisationen, Politik)
- Selbstverständliches explizit machen

"Ein gutes Programm wird die Standards sowieso erfüllen!"

Next steps

Prevention standards “Phase II”

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Die Veröffentlichung der Standards als Handbuch kann die tatsächliche Umsetzung der Standards noch nicht garantieren!

- **Herausforderungen:**
  - Präventionsfachkräfte sind mit Standards nicht vertraut und/oder wissen nicht, wie sie die Standards für sich nützen können
  - Vielfältigkeit der Präventionsarbeit
  - Skepsis (Entwertung der eigenen Expertise, Kontrolle, Bürokratie, ...?)

- **Weiterführendes Projekt "Phase II":**
  - Standards in der Praxis testen - in unterschiedlichen Ländern und Settings (**einschließlich Deutschland** - REBOUND-Projekt)
  - Benutzerfreundliche "implementation toolkits" für unterschiedliche Berufsgruppen und Zwecke

Vielen Dank für Ihre Aufmerksamkeit!

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