EUROPEAN DRUG PREVENTION QUALITY STANDARDS

Angelina Kurtev - Prague, 31st March 2010

Project beneficiaries

Project partners:

- 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

Collaborating partners:

- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
- Institute for Alcohol and Drug Research (SIRUS), Norway
- Federal Centre for Health Education (BZgA), Germany
- Institute for Drugs and Drug Addictions (IDT), Portugal
- Studio Consulenza e Valutazione nel Sociale (CEVAS), Italy

- **Background:**
  - Currently no EU guidance on evidence-based drug prevention
  - USA standards of evidence – applicable to European context?
  - National or regional guidance available in some countries – applicable to wider EU?
  - 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

- **Timeline:** 2009-2010 (24 months)

Methodology

Method	Level of standards	Aims	Timeline
Collation and review of existing guidance	All levels; Level 1 (“Project cycle”)	To produce a long list of standards; to identify a common structure that will synthesise existing standards	March-September 2009
Delphi survey	Level 2 (“Components”)	To validate the structure; to identify priority components	January-February 2010
Focus groups	**Level 3 (“Attributes”)**	**To identify the most important attributes within each component**	**March-April 2010**
Field testing	All levels	To test if standards are useful and feasible in practice	June-July 2010

Available guidance – EU countries

Drug prevention standards or guidance 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

* Cyprus: standards completed in late 200

Defining different types of guidance

	Quality Standards (S)	Guidelines (G)	Recommendations (R)
Aim	• Quality evaluation/ assessment • Compare projects	• Decide on correct intervention and design	• Introduction to drug prevention • General advice
Content	• Technical/ formal aspects	• Instructions on choice of intervention and quantitative details	• Ideas, suggestions • Theoretical background
Based on	• Expert consensus • Review of standards	• Systematic reviews • Literature review	• “Best practice” • Literature review
Status	• Required, e.g. for funding or a certificate	• Recommended as best option	• Recommended • Optional
Example	*"The definition of the target group is clear and explicit."*	*"Offer motivational interviews. Each session should last about an hour."*	*“Drug prevention programs can intervene as early as preschool to address risk factors.”*

Included documents

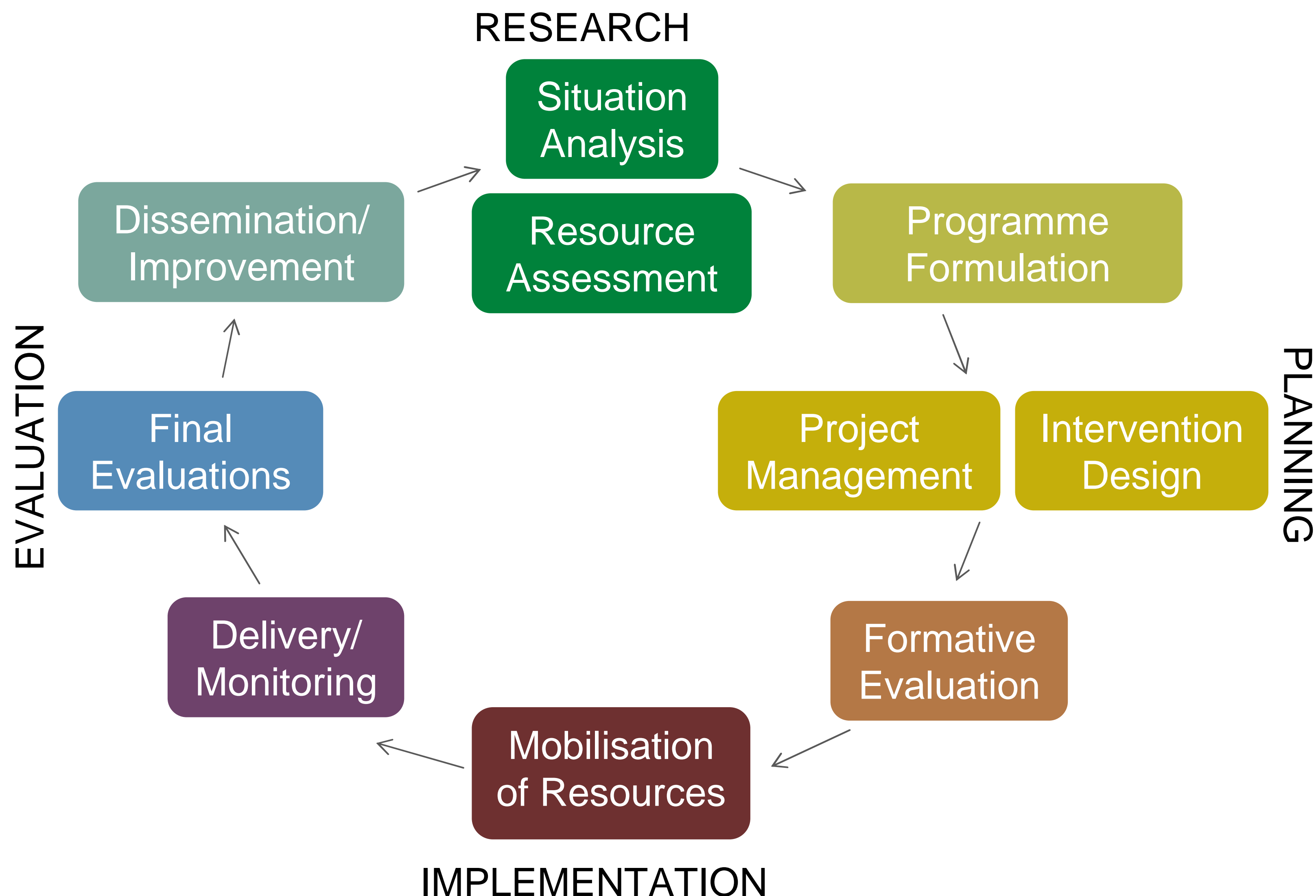
- **20 documents included in the review**
  - represent 13 countries and 2 international organisations

- Translation:
  - Materials from Czech Republic, Italy, Lithuania, Poland, Portugal, and Romania translated for this project
  - Foreign-language materials from Finland, Germany, and Galicia (Spain) were already available in English

Source	Region	No. of retrieved documents	No. of included documents	
			S	G
EU contacts on request	EU	17	10	1
Other organisations on request	International	3	2*	1*
Other sources (internet search etc.)	EU	11	2	0
	International	46	5	0
Total		**77**	**19***	**2***

* One document contained standards and guidelines

Level 1: The ‘total’ project cycle



Levels 1&2: Components in the project cycle

Level 1: Project cycle steps	Level 2: Components
1. Situation Analysis	1. Assessing drug use and community needs 2. Defining the problem - Justifying the intervention 3. Understanding the target population – Analysing risk and protective factors
2. Resource Assessment	1. Knowing policies and legislation 2. Identifying funding opportunities 3. Mapping existing stakeholders and services 4. Assessing target population and community resources 5. Assessing internal capacities
3. Programme Formulation	**1. Defining the target population** **2. Defining goals and objectives** **3. Defining the setting** **4. Summarising the evidence base** **5. Illustrating the theoretical framework** **6. Developing or selecting an effective intervention** 7. Determining the timeline 8. Ensuring an ethical intervention

Levels 1&2: Components in the project cycle

Level 1: Project cycle steps	Level 2: Components
4. Intervention Design	**1. Designing for quality and effectiveness** **2. Adapting the intervention to the target population** **3. Describing the intervention** **4. Planning final evaluations – Defining indicators** **5. Planning data collection for monitoring and evaluations**
5. Project Management	1. Planning the programme strategically 2. Involving relevant stakeholders in the planning 3. Planning budget and costs 4. Setting up a competent team 5. Determining material resources 6. Promoting communication 7. Preventing risks - Ensuring health 8. Illustrating the project plan
6. Formative Evaluation	**1. Checking the programme's coherence and feasibility** 2. Enabling programme sustainability **3. Conducting a pilot intervention**

Levels 1&2: Components in the project cycle

Level 1: Project cycle steps	Level 2: Components
7. Mobilisation of Resources	1. Training staff before implementation 2. Collaborating with stakeholders 3. Fundraising 4. Recruiting participants 5. Preparing programme materials
8. Delivery and Monitoring	1. Implementing the programme strategically and flexibly **2. Monitoring and adjusting the implementation** 3. Retaining participants 4. Supporting staff during implementation
9. Final Evaluations	**1. Conducting an outcome evaluation** **2. Conducting a process evaluation**
10. Dissemination and Improvement	1. Ensuring sustainability **2. Reporting on the programme** **3. Making the intervention available for future use**

Levels 1-3: Project cycle, components, attributes

References to other sections;
Examples to clarify meaning

Level 1: Project cycle steps

Level 2: Components

Level 3: Attributes

1 Situation Analysis	
1.1 Assessing drug use and community needs	*(SEE: "1.3 Understanding the target population – Analysing risk and protective factors", "2.4 Assessing target population and community resources", "4.4 Planning final evaluations – Defining indicators", "4.5 Planning data collection for monitoring and evaluations")*
1.1.1 A study of the initial situation is conducted. It:	
- assesses the needs of the community or environment in which the programme will be delivered	*e.g. problems, wishes, (historical) prevalence of problematic behaviour, deprivation and inequalities*
- enables knowledge of the operating environment and its culture ('climate' of the environment)	*e.g. norms, goals, values, relationships, practices, organisational structures, awareness of value systems that operate within the local community*
- is done in a systematic and rigorous manner	*i.e. uses recognised needs assessment methodology*
- utilises existing epidemiological knowledge	*e.g. local, regional, national datasets*
- is done by spending time in the community	*e.g. field research, discussions with community stakeholders*
- is ethically sound	*e.g. ensures confidentiality and anonymity of participants, will not stigmatise or disadvantage participants (SEE: "3.8 Ensuring an ethical intervention", "7.4 Recruiting participants")*
- seeks expert guidance on methodology, if needed	*e.g. academics, local intelligence manager*
1.1.2 A standard methodology to conduct needs analysis is in place, and a standard reporting mechanism is established.	
1.1.3 The instruments and tools used to assess community needs are described.	*(SEE: "4.5 Planning data collection for monitoring and evaluations")*
1.1.4 The needs assessment is used to establish baseline data:	*(SEE: "4.4 Planning final evaluations – Defining indicators", "4.5 Planning data collection for monitoring and evaluations", "9.1 Conducting an*

Online Delphi survey

- **Aim:**
  - to validate draft structure and to identify priority items
  - **Two rounds**, with 2-3 weeks per round (January and February 2010)
- **First round:**
  - Participants rated the priority of each component from "High Priority" to "Not a priority at all"
  - Additionally, possibility to choose whether standards should be made "mandatory" or not
  - Text comments possible
- **Second round:**
  - Same as above, but –
  - Also information on how all participants had rated the components in the first round, and examples of text comments from the first round
- Only results from Round 2 are shown in this presentation

- 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

Response rates

	EU	ES	HU	IT	PL	RO	UK
Recruitment: Persons contacted	987	56	114	210	319	82	206
Round 1: complete and valid responses	487	53	91	118	95	53	77
% of contacted	49%	95%	80%	56%	30%	65%	37%
Round 2: complete valid responses	**423**	**53**	**83**	**94**	**84**	**46**	**63**
% of Round 1 responses	87%	100%	91%	80%	88%	87%	82%

- Definition of Priority*:*
  - The average value (arithmetic mean) of all participants' answers for this component.
- The possible responses were coded as:
  - High priority – 3
  - Somewhat a priority – 2
  - Low priority – 1
  - Not a priority at all – 0
- "Traffic lights"*:*
  - Components that scored a mean priority of **less than 2** ("Somewhat a priority") are highlighted in red.

Consensus

- Definition of Consensus:
  - Consensus was defined as “**60% or more of participants voted for the same category**”.
- Example:

High priority	Somewhat a priority	Low priority	Not a priority at all
74.6 %	23.6 %	1.8 %	0.0 %

→ *consensus achieved*

- “Traffic lights”:
  - Components where **less than 60** % of participants voted for one category are highlighted in red.

EU findings

	Priority	Consensus	High priority	Mandatory yes	Priority Rank
1. Situation Analysis					
1.1. Assessing drug use and community needs	2.73	✓	74.6 %	87.7 %	12
1.2. Defining the problem - Justifying the intervention	2.63	✓	66.4 %	87.3 %	16
1.3. Understanding the target population	2.88	✓	88.7 %	92.9 %	1
2. Resource Assessment					
2.1. Knowing policies and legislation	2.36		42.3 %	80.9 %	36
2.2. Identifying funding opportunities	2.35	< 50 %	43.4 %	72.1 %	37
2.3. Mapping existing stakeholders and services	2.48		53.7 %	83.4 %	30
2.4. Assessing target population and community resources	2.74	✓	76.1 %	84.9 %	10
2.5. Assessing internal capacities	2.54		55.5 %	81.3 %	24
3. Programme Formulation					
3.1. Defining the target population	2.88	✓	88.8 %	94.5 %	2
3.2. Defining goals and objectives	2.83	✓	83.5 %	90.0 %	4
3.3. Defining the setting	2.32		40.8 %	78.4 %	38
3.4. Summarising the evidence base	2.10		26.9 %	57.5 %	44
3.5. Illustrating the theoretical framework	1.97		20.1 %	60.0 %	46
3.6. Developing or selecting an effective intervention	2.75	✓	78.6 %	89.5 %	8
3.7. Determining the timeline	2.28	< 50 %	40.4 %	76.3 %	42
3.8. Ensuring an ethical intervention	2.61	✓	69.0 %	85.5 %	20

Note: Some UK results not included under "Mandatory", as missing values > 50%.

EU findings

	Priority	Consensus	High priority	Mandatory yes	Priority Rank
4. Intervention Design					
4.1. Designing for quality and effectiveness	2.72	✓	73.3 %	88.7 %	13
4.2. Adapting the intervention to the target population	2.86	✓	87.9 %	89.7 %	3
4.3. Describing the intervention	2.42	< 50 %	47.6 %	79.5 %	32
4.4. Planning final evaluations - Defining indicators	2.60	✓	63.9 %	85.9 %	21
4.5. Planning data collection f. monitoring/evaluations	2.41	< 50 %	48.9 %	79.6 %	33
5. Project Management					
5.1. Planning the programme strategically	2.62	✓	64.1 %	81.2 %	19
5.2. Involving relevant stakeholders in the planning	2.53		58.1 %	71.1 %	26
5.3. Planning budget and costs	2.68	✓	72.3 %	89.7 %	15
5.4. Setting up a competent team	2.82	✓	84.9 %	92.7 %	5
5.5. Determining material resources	2.29	< 50 %	39.9 %	72.3 %	40
5.6. Promoting communication	2.39	< 50 %	47.8 %	65.8 %	34
5.7. Preventing risks - Ensuring health	2.48		55.2 %	76.2 %	29
5.8. Illustrating the project plan	2.30	< 50 %	42.3 %	77.5 %	39
6. Formative Evaluation					
6.1. Checking the programme's coherence & feasibility	2.69	✓	70.5 %	82.8 %	14
6.2. Enabling programme sustainability	2.52		57.7 %	71.8 %	27
6.3. Conducting a pilot intervention	2.05	< 50 %	30.1 %	42.4 %	45

Note: Some UK results not included under "Mandatory", as missing values > 50%.

EU findings

	Priority	Consensus	High priority	Mandatory yes	Priority Rank
7. Mobilisation of Resources					
7.1. Training staff before implementation	2.81	✓	82.9 %	86.8 %	6
7.2. Collaborating with stakeholders	2.53		56.4 %	74.4 %	25
7.3. Fundraising	2.27	< 50 %	41.8 %	58.5 %	43
7.4. Recruiting participants	2.63	✓	67.7 %	77.7 %	18
7.5. Preparing programme materials	2.43	< 50 %	49.6 %	74.7 %	31
8. Delivery and Monitoring					
8.1. Implementing the programme strategically and flexibly	2.73	✓	75.3 %	81.9 %	11
8.2. Monitoring and adjusting the implementation	2.63	✓	66.9 %	80.2 %	17
8.3. Retaining participants	2.28	< 50 %	42.5 %	51.6 %	41
8.4. Supporting staff during implementation	2.59	✓	63.6 %	74.4 %	22
9. Final Evaluations					
9.1. Conducting an outcome evaluation	2.80	✓	82.2 %	89.8 %	7
9.2. Conducting a process evaluation	2.74	✓	75.5 %	86.0 %	9
10. Dissemination and Improvement					
10.1. Ensuring sustainability	2.57	✓	62.1 %	71.2 %	23
10.2. Reporting on the programme	2.49		53.0 %	83.5 %	28
10.3. Making intervention available for future use	2.38	< 50 %	46.9 %	62.2 %	35

Note: Some UK results not included under "Mandatory", as missing values > 50%.

EU findings - summary

- Across all partner countries, **23 components** obtained consensus and a higher priority rating
- Components with highest / lowest priority ratings:

Components	Priority	Consensus	High priority	Mandatory yes	Priority Rank
1.3. Understanding the target population	2.88	✓	88.7 %	92.9 %	1
3.1. Defining the target population	2.88	✓	88.8 %	94.5 %	2
4.2. Adapting the intervention to the target population	2.86	✓	87.9 %	89.7 %	3
3.4. Summarising the evidence base	2.10		26.9 %	57.5 %	44
6.3. Conducting a pilot intervention	2.05	< 50 %	30.1 %	42.4 %	45
3.5. Illustrating the theoretical framework	1.97		20.1 %	60.0 %	46

Comparison between countries

Consensus	Priority	ES	HUN	IT	PL	RO	UK
>= 60 %	>= 2.00	23	29	26	24	32	31
	< 2.00	0	0	**0**	**1***	**1***	**1***
Total >= 60 %		**23**	**29**	**26**	**25**	**33**	**32**
< 60 %	>= 2.00	19	17	18	20	13	13
	< 2.00	4	0	2	1	0	1
Total < 60 %		**23**	**17**	**20**	**21**	**13**	**14**

* PL: 3.4 Summarising the evidence base
RO: 3.5 Illustrating the theoretical framework
UK: 7.3. Fundraising

Next steps

- Currently **focus groups** in all participating countries to understand better how the draft standards can be improved and made more relevant, useful, and feasible.
- In June 2010 the project partnership will discuss the findings from the focus groups and modify the draft standards accordingly.
- **Fieldtesting sessions** to discuss the final set of standards in its entirety in June and July 2010.
- The **final standards** are expected to be published in winter 2010 with endorsement by EMCDDA.
- **Dissemination of standards:** It is hoped that follow-on funding will be obtained so that we can continue this work and help introduce the standards into drug prevention policy and practice across Europe.

Expected outcomes

  - European minimum standards in drug prevention for adoption by member states (published by EMCDDA)
  - Scoring sheets for policy makers and practitioners
  - Follow-up project – EU Prevention Academy: training for practitioners/ researchers
- **Impact on policy and practice:**
  - Improve drug prevention practice; reduce likelihood of implementation of ineffective/ iatrogenic interventions
  - Improve efficiency of funding
- **Impact on research and evidence base:**
  - Promote evidence-based interventions
  - Promote research methodology; improve scientific soundness of interventions
  - Facilitate evaluation of effectiveness of interventions
  - European Society for Prevention Research

Thank you!

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