



European Monitoring Centre  
for Drugs and Drug Addiction



European  
drug prevention  
quality standards



Centre for  
Public Health

# European drug prevention quality standards: Developing a common framework for effective drug prevention in the European Union

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## Introduction

**Background:** At the start of the project, guidance on how to plan and deliver effective drug prevention was available only in some Member States of the European Union (EU). Available guidance varied in terms of its quality, content and applicability, and a common European framework for quality in drug prevention was missing. Thus, the quality of drug prevention services would often rely upon the discretion of individual service providers and local authorities.

**Aim:** The project aimed to improve European drug prevention policy and practice by developing a common reference framework for drug prevention activities.

## Conclusions and potential impact

1. The standards represent the first European quality framework on how to conduct high quality drug prevention.
2. Adoption of the standards by EU Member States is likely to:
  - support the fulfilment of local, regional, national and international drugs strategies;
  - improve efficiency and effectiveness of commissioning;
  - reduce the likelihood of implementation of interventions with no or iatrogenic effects;
  - increase relevance of interventions for target populations;
  - develop the scientific evidence base for prevention in the EU.
3. The standards have been published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in the Manual series. They form also part of the EQUS project which has sought to establish an EU consensus on minimum quality standards in prevention, treatment and rehabilitation, and harm reduction; these EQUS standards will provide the basis for a forthcoming recommendation by the European Commission to the European Council. An International Standards initiative based on the prevention standards work is also currently in the planning stage.
4. Further funding will support the Partnership to develop materials and training resources to allow policymakers and practitioners to implement the standards.

## Acknowledgements

The EU Prevention Standards Partnership is a collaboration of seven organisations across Europe, led by the Centre for Public Health at Liverpool John Moores University, UK. Further members include:

- ASL di Milano, Italy
- Consejería de Sanidad, Servicio Gallego de Salud (Xunta de Galicia), Spain
- Azienda Sanitaria Locale n. 2, Savonese, Italy
- Institute for Social Policy and Labour, National Institute for Drug Prevention, Hungary
- National Anti-Drug Agency, Romania
- National Bureau for Drug Prevention, Poland

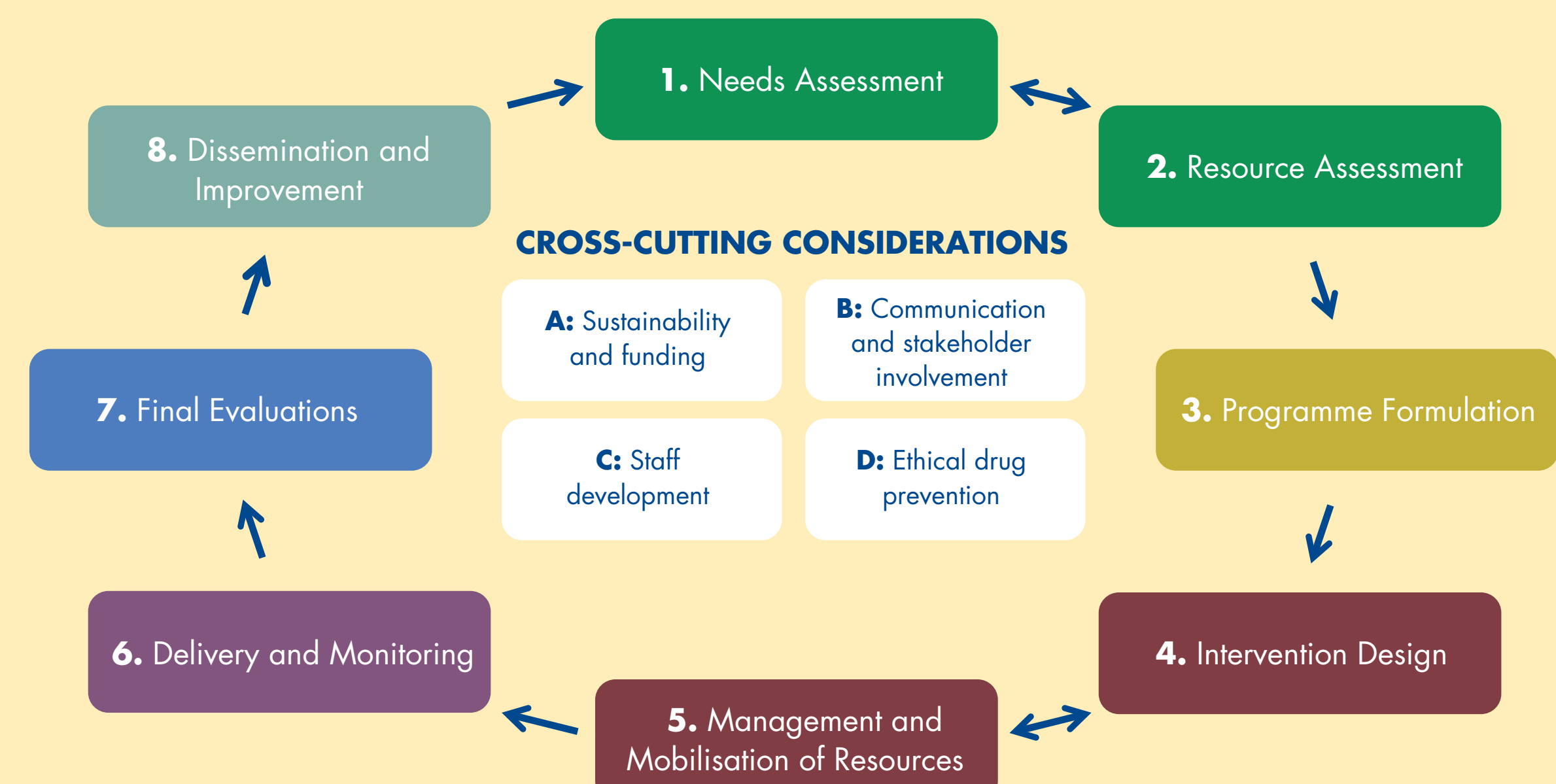
The Partnership is supported by the EMCDDA. The EMCDDA's role in this project consisted of facilitating collaboration of the Partnership, providing input at all stages of the development process, and publishing the final version of standards.

**Funding:** Co-funding (60 %) was received from the European Commission (EC) under the Programme of Community Action in the field of Public Health (2003–08). Project name: 'European standards in evidence for drug prevention', Project No. 2007304.

**Timeline:** 2009–10 (24 months)

## Key findings

Figure 1. The ideal drug prevention project cycle



The European drug prevention quality standards outline the necessary steps in planning, implementing, and evaluating drug prevention activities. The standards accommodate several important perspectives on prevention work: relevance to target populations and policies, ethical principles, evidence base and scientific soundness, project feasibility and sustainability.

### Structure of the standards

The standards are organised within three levels:

1. The project cycle was found to represent the best means of structuring the standards. Figure 1 shows the project stages that were developed through a review of existing standards and through consultation with stakeholders.
2. Components outline the actions to be taken within each project stage (Table 1).
3. Attributes provide detailed descriptions of how each component can be achieved and evidenced (not shown). At this level, basic and expert standards are distinguished to account for the variety of prevention work and the different capacities of organisations.

### Using the standards

The standards encourage users to think about how existing efforts can be improved in order to obtain (even) better and sustainable results.

Possible ways of using the standards include:

- checklist during service development or evaluation (e.g. programme developers, evaluators);
- facilitate funding decisions (e.g. commissioners);
- information, education, guidance (e.g. university teachers, supervision);
- developing or updating quality criteria (e.g. policymakers, funders);
- reflection in group settings or self-reflection (e.g. service managers, practitioners).

The standards help users to understand how people, interventions, organisations, and (governmental) strategies contribute to drug prevention.

Considerations regarding the standards' real-life implementation and a comprehensive glossary were developed to supplement the standards, acknowledging differences in professional culture, policy, and the structure of prevention delivery across Europe.

Table 1. Components within project stages

CROSS-CUTTING CONSIDERATIONS		
A: Sustainability and funding B: Communication and stakeholder involvement C: Staff development D: Ethical drug prevention		
<b>1. Needs assessment</b> 1.1 Knowing drug-related policy and legislation 1.2 Assessing drug use and community needs 1.3 Describing the need – Justifying the intervention 1.4 Understanding the target population	<b>4. Intervention design</b> 4.1 Designing for quality and effectiveness 4.2 If selecting an existing intervention 4.3 Tailoring the intervention to the target population 4.4 If planning final evaluation	<b>7. Final evaluations</b> 7.1 If conducting an outcome evaluation 7.2 If conducting a process evaluation
<b>2. Resource assessment</b> 2.1 Assessing target population and community resources 2.2 Assessing internal capacities	<b>5. Management and mobilisation of resources</b> 5.1 Planning the programme – Illustrating the project plan 5.2 Planning financial requirements 5.3 Setting up the team 5.4 Recruiting and retaining participants 5.5 Preparing programme materials 5.6 Providing a programme description	<b>8. Dissemination and improvement</b> 8.1 Determining whether the programme should be sustained 8.2 Disseminating information about the programme 8.3 If producing a final report
<b>3. Programme formulation</b> 3.1 Defining the target population 3.2 Using a theoretical model 3.3 Defining aims, goals, and objectives 3.4 Defining the setting 3.5 Referring to evidence of effectiveness 3.6 Determining the timeline	<b>6. Delivery and monitoring</b> 6.1 If conducting a pilot intervention 6.2 Implementing the intervention 6.3 Monitoring the implementation 6.4 Adjusting the implementation	