



FURTHER ENHANCING THE IMPLEMENTATION OF QUALITY STANDARDS IN DRUG DEMAND REDUCTION ACROSS EUROPE

Project update

QUALITY CHAMPIONS EVENTS - PALMA DE MALLORCA, 5TH-6TH MAY, 2022

This event, offered in a hybrid format, was attended by 68 participants—53 in person and 15 online—who presented and discussed initiatives on prevention, treatment and social reintegration, and harm reduction; and participated in working group discussions on transferability of the inspiring practices presented and the needs for successful implementation. Presentations made are available at the [Quality Champions Event Section](#) of the project website.

A summary of the work undertaken on the development of the case studies and results on the first round of the Delphi study conducted during the meeting to assess needs and challenges for a successful implementation of QS are collated in this newsletter.



Case studies

The description of good practices is key to enhance their implementation. The case studies developed under the FENIQS-EU project focus on how implementation of quality standards QS is achieved in practice, according to the specificities of the setting (country, region...) and drug demand reduction area (prevention, treatment and social reintegration, harm reduction).

QS Implementation enables to bridge the gap between science and practice, improves quality of service delivery, enhances transparency, and facilitates evaluation and feedback. Even though QS implementation has many advantages, their implementation in practice still varies, and there are differences in the national and international initiatives, between and within country variations, as well as differences between and within DDR areas. Despite the number of activities, series of projects, and discussions on the topic of quality management (Ferri et al., 2018), we can still speak about a lack of real evaluation and comparative studies with a special focus on the daily practices of quality assurance.

The work developed under the FENIQS-EU project has focused on how implementation of the standards has been achieved in practice in several European countries and DDR areas. So that the description of these good practices could be an inspiration for countries and areas less developed.



Case studies

OBJECTIVE

The objective of the case studies review was to present a selection and choice of inspiring QS standard implementation cases in various European countries taking into account geographical and DDR variability and different levels of implementation (local, national, international).

METHODS

The previous work undertaken under WP2 (QS Implementation) allowed the identification of 18 examples of implementation in prevention, 11 examples in treatment and social reintegration, and 19 examples in harm reduction. Tools were created for further selection of the initiatives along with procedural documents to standardize data collection and a training conducted for members of the project team for support to the identified initiatives. A preliminary ranking of the top-ranked QS implementation examples has been produced based on partner's peer review. Following the internal evaluation, two focus groups were conducted, with project partners and members of the International Advisory Board, and 14 promising cases identified considering the overall quality of the implementation information as well as the geographical and DDR diversity.

RESULTS

Representatives of the selected interventions were invited to the [Quality Champions Event](#) where they presented their experiences in implementation of QS and quality assurance and control, and were able to discuss it among project partners and invited participants. Forms with the developed case studies will be available in the **Quality Standards case study report** that is being prepared.



BRIEF DESCRIPTION OF THE IDENTIFIED PROMISING/INSPIRING QS IMPLEMENTATION

PREVENTION	
Spain	Spanish government online hub to ensure minimum quality standards over a broad range of services in Spain.
United Kingdom	Description of stakeholder collaboration, including the Care Quality Commission, and the inspection system as a quality control tool.
Czech Republic	A systems approach for the development and construction of a quality assurance and quality control system on prevention programmes.
Croatia	A systematic approach to quality assurance of prevention programmes (monitoring, evaluation, database of prevention programmes, etc.).
Sweden	Criminal prevention strategy to identify packages containing drugs within the Swedish postal service.
France	The ASPIRE grid - a tool for selecting promising prevention programs provides a comprehensive and harmonised basis for quality assessment.
TREATMENT AND SOCIAL REINTEGRATION	
Ireland	Treatment-specific standards and cooperation between relevant bodies, system of audits and accreditation as quality assurance tools.
Lithuania	A licensing system for addiction treatment services with systemic continuous education of workers in the field.
Netherlands	Set of different approaches to standards. From government-verified standards to bottom-up established standards for most DSM disorders.
Belgium	Example of EQUS standards implementation. Standards have been translated and tested for application/feasibility in the COMIQS. BE-study.
Croatia	Comprehensive overview of the treatment system and national drug policy with emphasis on the development and implementation of guidelines and the processes that influence their introduction into practice.
HARM REDUCTION	
Cyprus	Model of a fairly comprehensive system leaning on European, British and Greek standards.
Slovenia	Example of a national quality assurance system for HR areas.
Switzerland	Report on the QuaTheDA (Quality Therapy Drugs Alcohol) reference system, its development and revisions.
Czech Republic	Example of a quality assurance and control system setup. Reflection on the development of standards implementation. A unique case where HR is placed on the same level as treatment and prevention and thus forms one of the pillars of national drug policy.



1st Round of the Delphi study

Good practices of QS implementation typically depend on contextual factors, making its generalization to other contexts somehow difficult or even unrealistic. For that reason, findings from WP2 (QS Implementation) and WP3 (Case studies) were explored and confronted with real-life experiences from the participants in the Quality Champions Event.

OBJECTIVE

To assess needs and challenges for a successful implementation of QS from practices and/or countries that are less advanced in QS implementation.

METHODS

First round of the Delphi study was organized as a live event in which participants' brainstormed factors that influence QS implementation. Participants were invited to discuss in the small groups divided by drug demand reduction area (prevention group, treatment group, and harm reduction group) the following questions:

1. What were the main facilitators for successful QS implementation?
2. What were the main barriers?
3. What tools can be used to overcome barriers?

Notes were taken in flipcharts. After a first discussion, participants rotated through the different flipcharts and ranked the five most relevant factors for QS implementation, based on the ideas left from the previous groups.

RESULTS

What were the main FACILITATORS for successful QS implementation?

COLLABORATION

- Meaningful involvement community, all actors involved in setting QS (emphasis on bottom-up)

EDUCATION

- Of staff and policy makers on QS; health care professionals, policymakers and others on harm reduction (reduce stigma)

COMMUNICATION

- Clear, simple, and collaborative; around QS goals, processes, indicators, evaluations

POLITICAL SUPPORT

SUPPORT STRUCTURES

- Implementation documents and guidelines, jointly produced and accepted; certification system and mark; non coercive incentives

FUNDING

- Sustained

What were the main BARRIERS?

(LACK OF) FUNDING

(LACK OF) SUPPORT STRUCTURES

- Non-existence of certification; lack of quality assurance culture, lack of transparency (how is money spent, what the results are)

(LACK OF) COLLABORATION

- Lack of meaningful involvement of peers & agreement among stakeholders

(LACK OF) EDUCATION

- Lack awareness of QS existence and implementation gains

(INADEQUATE) COMMUNICATION

- Between CSOs and policymakers, between all stakeholders, about the needs and priorities of the community and the results of existing programs

PEOPLE (POWERFUL NON-BELIEVER)

- Resistance to QS, fear of providers who would not comply to QS

What TOOLS can be used to overcome barriers?

SUPPORT STRUCTURES

- Regular supervision/review of QS, list of core indicators and monitoring, routine procedures to involve service users, decision tools, certification accreditations, link certification with financing

COMMUNICATION

- Continuous, about QS results; advocacy in different levels

COLLABORATION

- Involve community and their families in QS and guidelines development, improve communication between professionals and policymakers

EDUCATION

- Continuous evidence-based education on QS via different platforms (live, online, websites, seminars, conferences)

FUNDING

- Sustainable



1st Round of the Delphi study

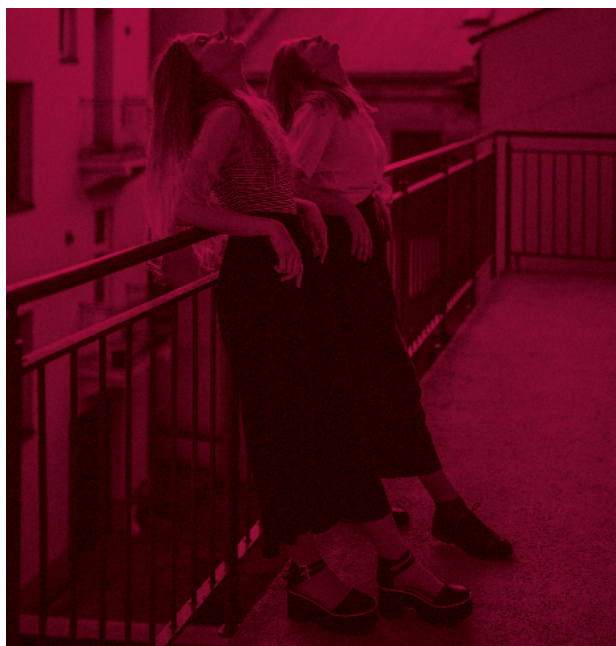
NEXT STEPS

Based on discussions and recommendations formulated during the QS event, participants will be invited to participate in two subsequent Delphi rounds:

SECOND ROUND – This round is currently being conducted online via SurveyMonkey tool. Based on the key informants' ratings and the factors identified in the literature review, around 50 statements were listed, and participants are asked to agree, partially agree or disagree and are be offered the opportunity to revise (rephrase) statements they do not fully agree with.

THIRD ROUND – Based on the choices and comments made by participants in the second round, the team will rephrase and adapt the statements. These will be then circulated once more among participants, whom will be asked rank the statements.

Based on the responses, a consensus document about the most important factors for successful QS implementation will be developed.



CONFERENCE PRESENTATIONS FENIQS-EU PROJECT

- Jerković, Vanderplasschen W. *Prevenција konzumiranja droga: standardi kvalitete kao mehanizam osiguravanja učinkovite provedbe* [Drug use prevention: Quality Standards as a tool to ensure effective implementation]. 23rd Psychology Days in Zadar, May 26 – 28, 2022, Zadar, Croatia

FOR FURTHER INFORMATION ON THE PROJECT AND ACCESS TO THE FULL REPORTS, PLEASE VISIT THE PROJECT WEBSITE: [HTTPS://FENIQS-EU.NET/](https://feniqs-eu.net/)



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