



IMPLEMENTATION OF QS ACROSS EUROPE AND ASSESSMENT OF (IMPLEMENTATION) NEEDS AND CHALLENGES

Quality standards (QS) and evidence-based interventions have been at the heart of EU drug strategies (2013-2020; 2021-2025) for years. A wide range of QS for drug demand reduction (DDR) have been developed and disseminated across EU countries, but the implementation of these standards in practice still varies widely from country to country (Country Drug Reports, EMCDDA). The FENIQS-EU project aims to improve the implementation of QS in all three areas of drug demand reduction (DDR) - prevention, treatment/social reintegration and harm reduction - across the EU, with more services, organizations and countries applying QS in daily practice.

The information provided in this newsletter is a summary of the work developed under **Work Package 2 – Assessment of Quality Standards Implementation in Europe – Needs and Challenges**, coordinated by the Laboratory for Prevention Research – PrevLab (University of Zagreb) and the Department of Special Needs Education – Addiction & Recovery Research Cluster (Ghent University).

Methodology

To assess the implementation of QS, a secondary analysis of relevant sources was undertaken as a starting point, and consultation with the EMCDDA national REITOX focal points and country representatives and partners networks established. In addition, an online survey (three versions: Prevention, Treatment/Social reintegration, Harm reduction) was developed and implemented focusing on QS extent of implementation, main reasons for implementation, challenges and barriers, support needs and examples of QS implementation practices; and online interviews were held to check compliance with the QS and to get additional information on specific implementation issues.

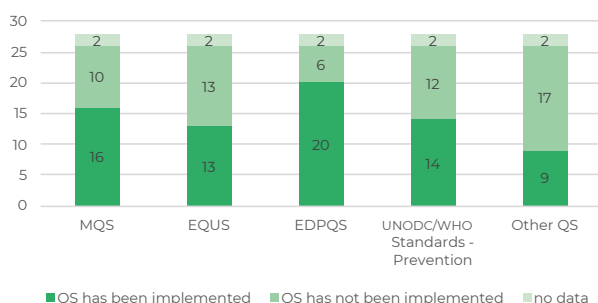


Application of quality standards across Europe

PREVENTION AREA

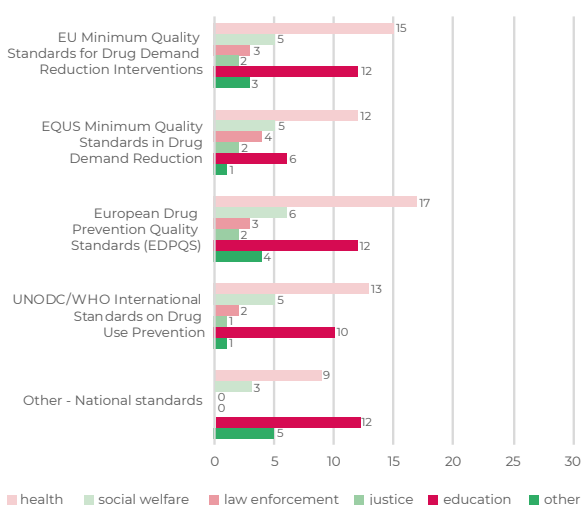
Thirty-five (35) surveys were collected in the prevention area from 26 countries. Regarding the implementation of QS, most countries have implemented the European Drug Prevention Quality Standards (EDPQS), followed by the Minimum Quality Standards for Drug Demand Reduction Interventions (MQS), the Minimum Quality Standards for Drug Demand Reduction (EQUS) and the International Standards for Drug Use Prevention. Nine (9) of the countries have adopted other standards, mostly national (Graph 1). Data are not available for two (2) countries – Denmark and Romania.

Graph 1 Number of countries implementing QS in the prevention area



The key informants also reported in which policy domains QS have been implemented in their country. Most QS are implemented in the domain of health, followed by education, social welfare, and low enforcement. Fewest QS are implemented in justice domain (Graph 2).

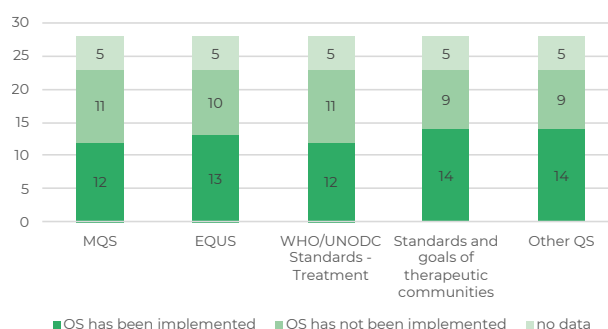
Graph 2 Policy domains QS have been implemented in prevention area



TREATMENT/SOCIAL REINTEGRATION AREA

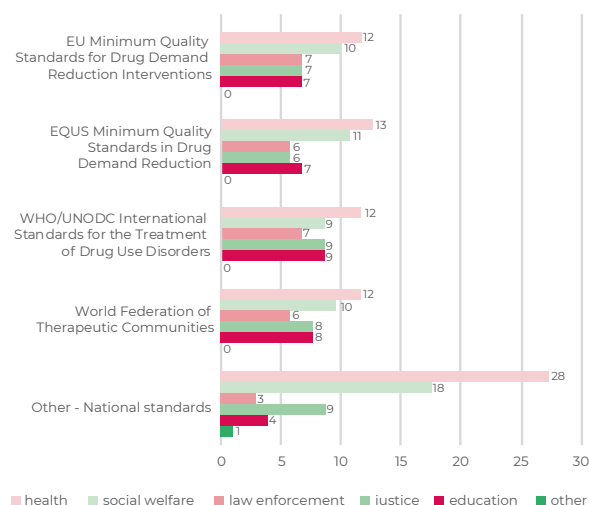
Twenty-five surveys (25) were collected in the treatment/social reintegration area from 23 countries. Regarding the implementation of QS, most countries have implemented the Standards and Goals for Therapeutic Communities and other QS (mostly national). Thirteen (13) countries have implemented the Minimum Quality Standards for Drug Demand Reduction (EQUS), and 12 of them have implemented the Minimum Quality Standards for Drug Demand Reduction Interventions (MQS) and the International Standards for the Treatment of Drug Use Disorders. Data are not available for five (5) countries – Estonia, Latvia, Malta, Slovenia, and Sweden.

Graph 3. Number of countries implementing QS in treatment/social reintegration area



Regarding the policy domains QS have been implemented in their country, most QS are implemented in the domain of health and social welfare domain followed by education, justice, and low enforcement domain (Graph 4.).

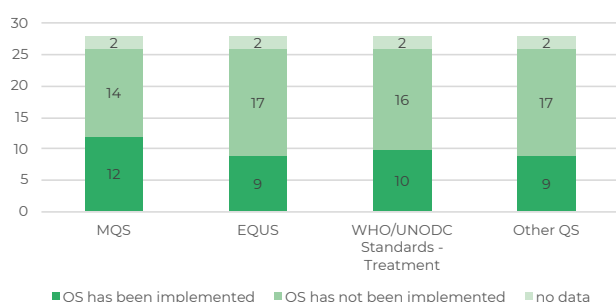
Graph 4 Policy domains QS have been implemented in treatment/social reintegration area



HARM REDUCTION AREA

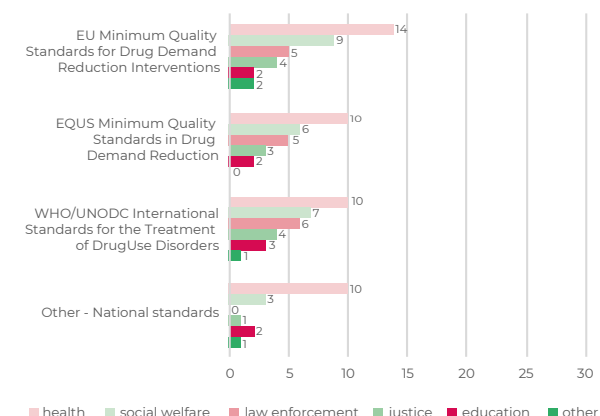
In harm reduction area, 31 surveys were collected from 26 countries. In the harm reduction area, most countries have implemented the Minimum Quality Standards for Drug Demand Reduction (EQUS) and other QS (mostly national) followed by the International Standards for the Treatment of Drug Use Disorders and the Minimum Quality Standards for Drug Demand Reduction Interventions (MQS). Data are not available for two (2) countries – Austria and Malta.

Graph 5 Number of countries implementing QS in harm reduction treatment/social reintegration area

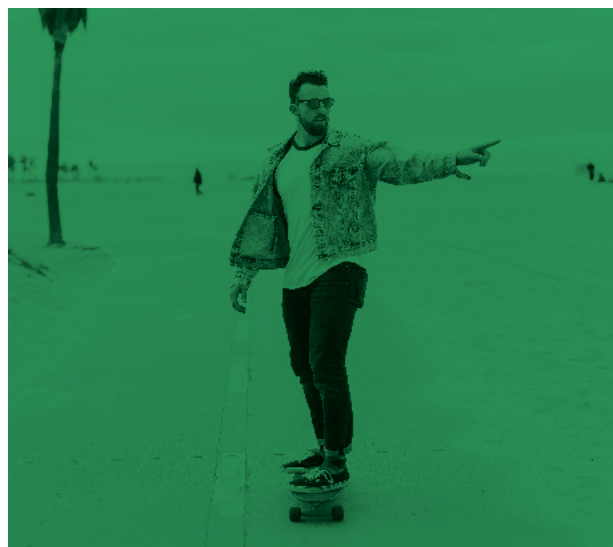


Regarding the policy domains where QS has been implemented in the area of harm reduction, most QS are implemented in the domains of health and social welfare followed by law enforcement and justice (Graph 6).

Graph 6 Policy domains QS have been implemented in harm reduction area



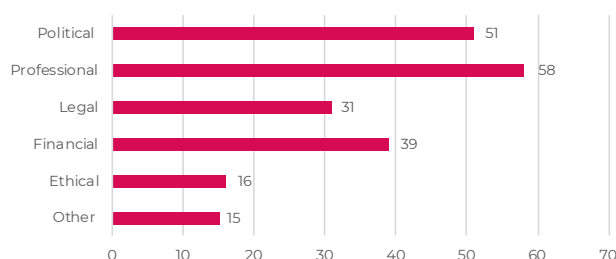
Implementation barriers, needs and challenges



In order to better understand the context of the implementation of QS in EU countries, 26 online interviews were conducted with key stakeholders that expressed their willingness to provide additional information. This also enabled getting information for countries for which data were not available during the online surveys.

Regarding **reasons for the actual degree of implementation of QS**, most key informants mentioned professional reasons (N=58), followed by political (N=51), financial reasons (N=39), legal reasons (N=31), ethical reasons (N=16) and other reasons (N=15). An overview of the reasons for the actual implementation level of QS can be found in Graph 7.

Graph 7 Reasons for the actual degree of implementation of QS



The following is a list of the most common **implementation needs, barriers, and challenges** cited by key informants (in online survey or during online interviews):

- Most key informants gave political and professional reasons for the actual degree of implementation of QS, mostly focused on challenges.
- The common challenges cited by many participants is that QS are not formally adopted at the national level, there is no legal framework, there is lack of political will and/or QS implementation is centralized and not evenly represented at national level.
- Although commitment, will and motivation of the professionals is clear, there is a need for a more systematic and structured use of the existing standards, provision of human and financial resources and infrastructure, and an effective evaluation system.
- Implementation of evidence-based practices and inclusion of evidence-based practice as a priority for funding.
- Collaboration among stakeholders and an established and scientific institution at the national level. For the use of QS in different areas (prevention, treatment/social reintegration, harm reduction), it is necessary to identify at national level the institution responsible for implementing and monitoring the implementation of QS.

CONFERENCE PRESENTATIONS FENIQS-EU PROJECT

- Belosevic, M., Feric, M., González-Roz, A., Jerkovic, D., Serdar, K., Vanderplasschen, W. *Further Enhancing the Implementation of Quality Standards across Europe (FENIQS-EU): a country-by-country overview*. 12th European Society for Prevention Research (EUSPR) Conference and Members' Meeting: Prevention in a COVID Recovery Society, September 29th-October 1st, 2021, online.
- Vanderplasschen, W. *Quality Standards in Harm Reduction – what are they and why they are necessary?* 5th European Harm Reduction Conference: Harm Reduction @ work – innovation, community & political leadership. November 10th-12th, 2021, Prague, Czech Republic.
- Jerkovic, D., Vanderplasschen, W. *Further Enhancing the Implementation of Quality Standards in drug demand reduction across Europe - FENIQS-EU project: educational insights*. International Society of Addiction Medicine (ISAM) 2021 Annual Congress, November 19th-21st, 2021, online.

In summary

Information on the implementation of QS in the area of prevention comes from 35 surveys, for the area of treatment/social reintegration from 25 surveys and from 31 surveys for the area of harm reduction, as well as from 23 follow-up interviews. Although several efforts were made, information could not be collected from all DDR areas in all countries. Therefore it is still difficult to draw conclusions about QS implementation across Europe. Furthermore, the sample of key informants is heterogeneous and they provided an overview on the different levels of implementation –national, regional and local level—providing in some cases opposite answers on implementation or reporting QS implementation just when it was formally adopted in their countries.

Taking into account all the limitations and caution in reading the data presented, it nevertheless provides a broad overview of the implementation of QS in EU countries, as well as an insight into the implementation processes of some countries. The fact that is consistently repeated in the results from all DDR areas is that QS, although not formally adopted in many countries, are informally widely used in practice. These data highlight the need to advocate at the EU level for the implementation of QS and to facilitate the adaptation of QS to the contexts of different countries in preparation for QS implementation in real life settings. In addition to training of the frontline practitioners on how to put QS into practice in all DDR areas, there is also a need to train decision and policy makers, as the implementation of standards can be seen as an innovation and all relevant institutions in the country need to be prepared for the implementation of QS. This often goes beyond the competencies of the individual practitioners and requires systemic change in the institutions providing drug demand reduction services.

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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