

# EDPQS Toolkit 4: Promoting quality standards in different contexts (Adaptation & Dissemination Toolkit)

## Example Projects

## Authors

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Acknowledgements of further contributors can be found in a separate document of this toolkit.

## Suggested citation

Brotherhood A, Sumnall HR & the European Prevention Standards Partnership (2015) EDPQS Toolkit 4: Promoting quality standards in different contexts ("Adaptation and Dissemination Toolkit"). Example Projects. Liverpool: Centre for Public Health.

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## Funding statement

This publication has been produced with the financial support of the Drug Prevention and Information Programme of the European Union (Project name: "Promoting Excellence in Drug Prevention in the EU - Phase II of the European Drug Prevention Quality Standards Project"). The contents of this publication are the sole responsibility of the authors stated above and can in no way be taken to reflect the views of the European Commission.



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# About this document

Until now, people using the EDPQS to promote quality in prevention have typically done so in relative isolation, or in sole contact with the European Prevention Standards Partnership. There has only been limited opportunity for people using the EDPQS in different contexts to exchange experiences and to support *each other*. This document is intended to help change this. In addition to presenting real-life examples of how the EDPQS have been used, its aim is also to **encourage shared learning and dialogue among people promoting quality in prevention**. You will therefore find not only web links to access more information about each example project, but also the e-mail addresses of the people behind these projects in case you'd like to contact them (email addresses active at time of writing in March 2015).

The document presents eight example projects which are also referred to in the other documents within this toolkit. For each project, we introduce the person behind the project (the 'EDPQS champion'), provide some background to the project, and describe the role of the EDPQS within the project. EDPQS champions were interviewed in August and September 2014 to find out more about their work as well as their experiences with quality standards. We hope the descriptions will give you a better idea about how the EDPQS can be adapted and disseminated, and what needs to be considered when doing so.

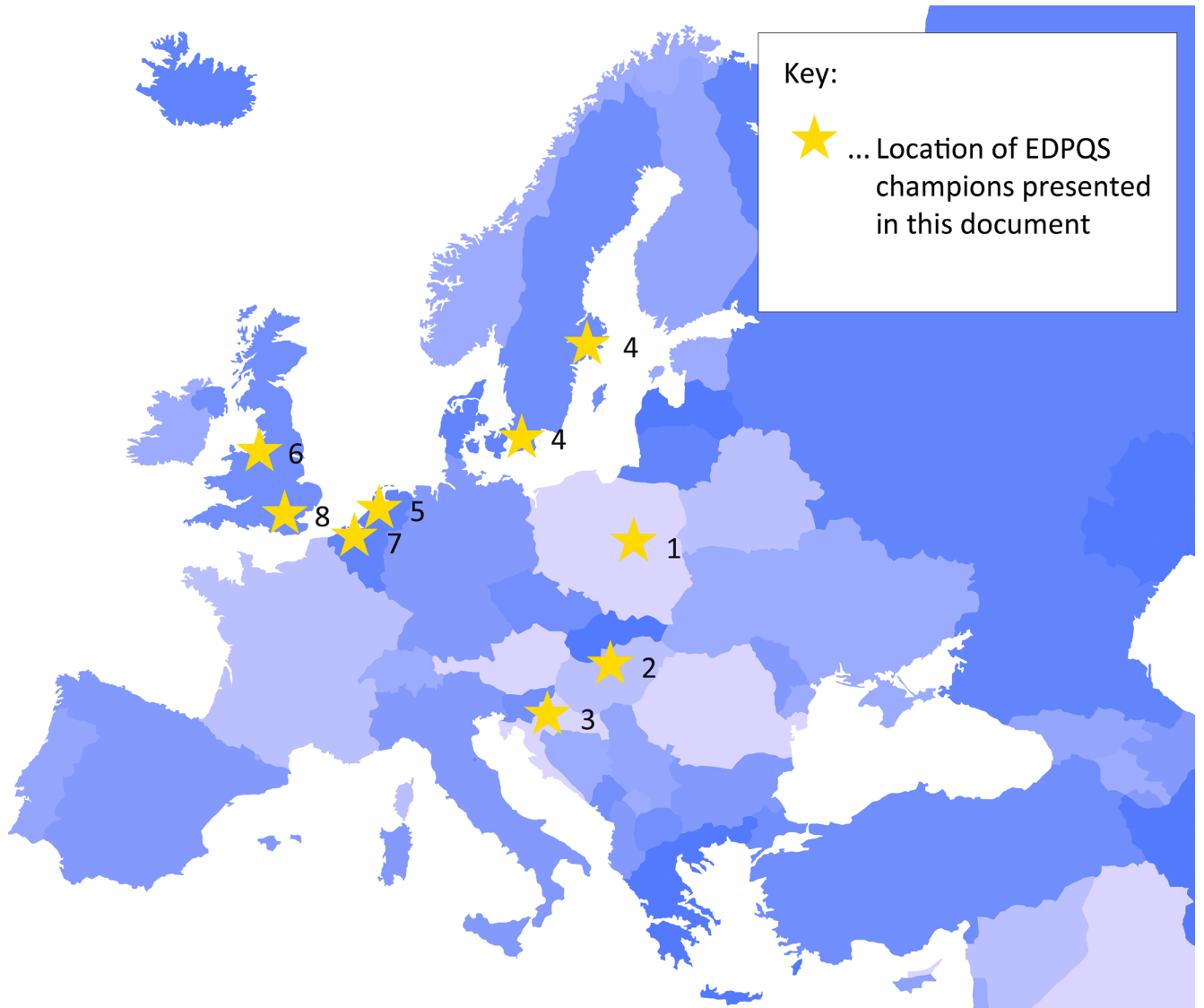
The examples are arranged along a continuum from minimal to major adaptations. There are three projects where existing EDPQS documents were translated and disseminated (*Examples 1-3*). Three projects developed the EDPQS further to make them more suitable for a particular context or purpose (*Examples 4-6*). Finally, we have included two examples where the EDPQS were used as a reference work when developing new standards (*Examples 7-8*). As nearly all projects included dissemination activities, a dissemination-only example is not featured.

The categorisation of projects is in line with the three types of adaptation presented in Step 1 of this toolkit. However, the categorisation was undertaken retrospectively. In addition, since this toolkit did not yet exist at the beginning of the projects, the examples are not always in line with what is recommended in the toolkit. This is not surprising, as it was the challenges and 'lessons learnt' from these activities which actually prompted the development of this toolkit. It is expected that any future adaptations would adhere to the recommendations.

Finally, we must mention that these are not the only projects that have used the EDPQS to promote quality in prevention. The EDPQS have been translated into more than ten languages, and dissemination activities have been undertaken in many European countries as well as countries outside of Europe. Details of these activities can be found on our project website [www.prevention-standards.eu](http://www.prevention-standards.eu). As we could not feature all existing projects, we limited ourselves to those which we are most familiar with. Colleagues from the Examples 1, 2 and 6 are formal members of the Prevention Standards Partnership. Those working on Example 4 were not involved in the first phase of the EDPQS project, but became formally affiliated in the second phase. Colleagues from Examples 3 and 8 have informally collaborated with the Prevention Standards Partnership for a number of years. We included two examples (5, 7) which we have no formal links with, but we thought would be of interest to potential EDPQS champions. Overall, the examples reflect a variety of circumstances.

**The examples were included to illustrate how people have gone about introducing quality standards using the EDPQS. Inclusion of the projects in this document should not be interpreted as official endorsement or promotion of the projects by the Prevention Standards Partnership.**

The map overleaf indicates where the example projects are located in Europe. Example project 8 has a regional scope; example projects 1, 2, 3, 4 and 7 have a national scope; and example projects 5 and 6 are European-wide projects.



# Examples of translation

## Example 1: Europejskie standardy jakości w profilaktyce uzależnień od narkotyków, Poland



*Artur Malczewski, Head, Reitox National Focal Point, National Bureau for Drug Prevention*

*Artur works at the Reitox National Focal Point of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Poland, where he is responsible for monitoring drug prevention activities at a national level. He also participates in EU co-funded research projects on drugs.*

The National Bureau for Drug Prevention was a project partner in the first phase of the EDPQS project (2008-2010), and continued to contribute to the project as an associate partner in the second phase (2013-2015). The EDPQS were developed by the Prevention Standards Partnership based on 19 existing sets of standards, which included the Polish standards for the national recommendation system for prevention and mental health promotion programmes. Artur saw the EDPQS as offering a complementary, more in-depth resource that could support the uptake of the national standards, and therefore decided to publish a Polish translation of the EDPQS Manual.

The Manual was translated by a professional translator who had already been cooperating with Artur's organisation for several years and who was therefore familiar with the technical terminology regarding drug prevention. Still, the specific terms used in the standards posed a challenge for the translation, as there was not always a straightforward equivalent available in Polish. This was resolved by undertaking the translation as a collaborative effort, involving prevention experts. The editor-in-chief of "Remedium" (a drug prevention magazine) was commissioned to formally edit and provide feedback on the translation on a continuous basis, while colleagues at the Institute of Psychiatry and Neurology were consulted to ensure accurate use of terminology. The translator also contacted the Prevention Standards Partnership on several occasions to discuss the meaning of standards and specific terms. The translation and editing of the text was financed by the Focal Point.

As the purpose, scope and target audiences of the translated manual were similar to those of the original EDPQS publication, and as it complemented the already-existing Polish standards, a content adaptation was not undertaken. Although the editors considered removing some of the duplication in the Manual (included by the Prevention Standards Partnership to allow independent reading of individual sections in the Manual), they decided to retain the original format. Only the order of glossary terms was changed, to ensure alphabetical order of terms in Polish. The original English glossary terms were included in brackets to allow greater transparency for the readers.

The Polish translation of the Manual was published in 2011 under the title "Europejskie standardy jakości w profilaktyce uzależnień od narkotyków". The EDPQS have been promoted by sending copies to leading institutions in the field, through national and local conferences devoted to quality standards, and through several articles in professional magazines. At the time of writing this document, a translation of the EDPQS Quick Guide was being prepared in collaboration with the Masovian Centre for Social Policy (MCPS), with expected publication in 2015.

**Web link:** [www.cinn.gov.pl/portal?id=15&res\\_id=454227](http://www.cinn.gov.pl/portal?id=15&res_id=454227)

**Artur can be contacted about his work to promote quality standards in Poland at**  
[artur.malczewski@kbpn.gov.pl](mailto:artur.malczewski@kbpn.gov.pl)

## Example 2: Európai drogprevenciósi minőségi standardok, Hungary



*Katalin Felvinczi, Associate Professor, and Edit Sebestyén, External expert, both at Eötvös Lóránd University (ELTE)*



*Adrienn Nyírády, Anna Péterfi, Ágnes Port, and Anna Tarján, all at the Hungarian Reitox National Focal Point (HNFP) for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)*

*Katalin and Edit conduct national and international research in various areas of public health, and also work on bringing together research, practice and policy in the drugs field. The Hungarian Reitox National Focal Point (HNFP) runs a best practice portal and translates and disseminates the latest European materials available in the prevention field. It also collects data and information on national prevention programmes and reports this to the EMCDDA.*

Katalin and Edit participated in the first phase of the EDPQS project (2008-2010), and continued work on the project in its second phase (2013-2015). They participated in the project specifically to raise awareness of the need for quality criteria in Hungary. This was achieved during the first phase of the project by involving Hungarian stakeholders in the development of the EDPQS. Offering a Hungarian translation of the Manual and the Quick Guide was seen as a natural continuation of these efforts. Translating the EDPQS was considered essential, as language barriers would prevent most of the Hungarian workforce using the English version of the EDPQS. The Hungarian translation and publication of the EDPQS materials were commissioned and financed by the Hungarian National Focal Point (HNFP).

The translation was undertaken by Katalin and Edit themselves. They opted for this approach as they felt it would allow a higher quality product in a shorter time-frame, knowing through previous experience that editing translations can be an arduous task. The text was then proof-read and edited by the colleagues at the HNFP. The good working relationship between the colleagues at ELTE and the HNFP was crucial for the successful publication of the translated EDPQS materials.

Since the EDPQS were developed through consultations with Hungarian stakeholders, a content adaptation was not deemed necessary. Like the Polish colleagues (see Example 1), they considered removing repetitive text which was perceived to reflect an 'American' textbook tradition. Ultimately, the original format was retained to allow independent reading of individual sections. However, the order of glossary terms was changed to preserve their alphabetic order in Hungarian, with the original English glossary terms included in brackets to allow greater transparency for the readers.

The standards were published in Hungarian under the title "Európai drogprevenciósi minőségi standardok" (Manual in 2012, followed by Quick Guide in 2014). Dissemination efforts have included national conferences focussing on quality standards in 2010 and 2013, as well as presenting the EDPQS at other conferences, training workshops and info-days aimed at practitioners, researchers and policy makers. The EDPQS have also been incorporated in the University teaching at ELTE. Finally, the EDPQS have been promoted as a way to meet the statutory national criteria required for prevention activities in school settings.

### **Web links:**

[http://drogfokuszpont.hu/wp-content/uploads/prevenacios\\_minosegi\\_standardok\\_HU.pdf](http://drogfokuszpont.hu/wp-content/uploads/prevenacios_minosegi_standardok_HU.pdf)  
(Manual)

[http://drogfokuszpont.hu/wp-content/uploads/standardok\\_rovid.pdf](http://drogfokuszpont.hu/wp-content/uploads/standardok_rovid.pdf) (Quick Guide)

**Katalin can be contacted about her work to promote quality standards in Hungary at [felvinczi.katalin@ppk.elte.hu](mailto:felvinczi.katalin@ppk.elte.hu)**



## Example 3: Improvement of prevention programs in Croatia according to European quality standards



*Dijana Jerković, Senior Expert Advisor, Office for Combating Drug Abuse, Government of the Republic Croatia, and Valentina Kranželić, Assistant Professor, Head of Department of Behavioural Disorders, Faculty of Education and Rehabilitation Sciences, University of Zagreb*

*As a policy maker and governmental funder, Dijana helps to set the priorities in national drug prevention policy and allocate government funding for prevention activities. Valentina is a researcher and university lecturer specialising in prevention. She also evaluates and assesses prevention programmes and delivers training for practitioners.*

In 2010, the Croatian Office for Combating Drug Abuse started a project to improve the quality of preventive activities. The project included developing a national database of prevention activities and offering training to prevention providers. Training was offered with support from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and TAIEX (the European Commission's Technical Assistance and Information Exchange instrument for accession countries). The EDPQS were also presented at a TAIEX event by the Prevention Standards Partnership. Independently of these national efforts, in 2013 the EMCDDA commissioned a translation of the EDPQS Quick Guide into several languages, and Dijana was asked to proof-read the Croatian translation as a topic expert.

The project also linked receipt of government funding to the fulfilment of minimum quality criteria. In 2013, the Office tried to fund only projects fulfilling minimum quality criteria (based on level I EDDRA criteria, see <http://www.emcdda.europa.eu/themes/best-practice/examples>), but this was not possible as too few projects met all criteria. The Office found an innovative solution to embed quality assurance in the commissioning process by funding also programmes not currently meeting the criteria, under the condition that programme providers would attend training on quality and improve their programmes. Valentina delivered the training over two days with representatives of all funded projects. The EDPQS Quick Guide was used to facilitate discussions on quality standards, to stimulate self-reflection and the identification of strong and weak aspects of the programmes. The EDPQS Manual was used to prepare and support the training as a reference document. The group workshop was followed-up with an individual feedback report on each programme, including recommendations for the improvement of programmes according to the EDPQS, as well as a one-on-one session with each programme provider. Although the EDPQS standards were not modified, they were summarised under five headings to make the feedback more manageable and accessible for practitioners. A summary report reflecting on all funded programmes was also produced (see link below, in Croatian only).

The work on improving the quality of preventive programmes in Croatia was expected to continue, inter alia, by setting up a formal expert committee for the assessment of projects according to minimum quality criteria and by introducing quality certificates for the best programmes.

### Web link:

<https://drogeiovisnosti.gov.hr/izvjesce-o-provedbi-projekta-unaprjedjenje-kvalitete-programa-prevenicije-smanjenja-stete-rehabilitacije-i-resocijalizacije-u-podrucju-ovisnosti-u-skladu-sa-standardima-kvalitete-edpqs/638>

**Dijana and Valentina can be contacted about their work to improve prevention activities in Croatia at [dijana.jerkovic@uredzadroge.hr](mailto:dijana.jerkovic@uredzadroge.hr) and [valentina.kranzelic@erf.hr](mailto:valentina.kranzelic@erf.hr)**

# Examples of formal content adaptation

## Example 4: Trestad2 “Kvalitetsstandarder för förebyggande arbete”, Sweden



*Anders Eriksson (middle), Development Manager, Social Development Unit, Social Services Administration, City of Stockholm*

*Mats Glans (left) and Ulf Ljungberg (right), City of Malmö*

*Anders, Mats and Ulf are responsible for the coordination and development of drug prevention activities in the cities and districts of Stockholm and Malmö, respectively.*

The Three Cities project (Swedish title: Trestad2) is a collaboration between the three largest cities in Sweden (Stockholm, Malmö and Gothenburg). The present project (2012-2014) sought to improve the policies and interventions addressing cannabis use by young people aged under 25 years in the three cities. A broader aim of the project was to promote quality and workforce competencies in prevention across the whole country. The project received financial support from the Ministry of Health and Social Affairs under the national ANDT (Alcohol, Narcotic drugs, Doping and Tobacco) Strategy as well as from the city government.

The project consisted of 14 sub-projects, covering prevention, early intervention and treatment. The EDPQS were used in the project to describe each of the 14 sub-projects in a consistent manner for planning and evaluation purposes. In addition, one sub-project (entitled “Quality Standards for Prevention Work”) focussed on promoting drug prevention quality standards in Sweden. This sub-project was led by the Three Cities Project managers in Stockholm and Malmö. The group’s objective was to familiarise Swedish target audiences, in particular prevention coordinators at local and regional levels, with what was considered to be best practice in prevention at the European level. The group used the existing EDPQS because they were specifically European, recently published and thus up-to-date, and developed using a structured approach and summarising a range of national and international documents. In 2013, the Social Services Administration, City of Stockholm, joined the Prevention Standards Partnership as an Associate Partner to allow a closer collaboration.

Activities included translation and adaptation of the EDPQS Manual, development of practical support materials, and provision of training to practitioners. Adaptation was a step-wise process which included a series of working group meetings with different stakeholders and piloting the materials with intended target audiences. Meetings explored the language as well as the contents of the standards (i.e. whether the standards were easy to understand and relevant for Swedish target audiences). A challenge in the adaptation process was the lack of a shared prevention terminology across stakeholders. The adaptation process thus helped to develop a common understanding of prevention concepts. Additional examples and explanations were added to the standards as deemed necessary. The feedback also indicated that certain contents of the EDPQS were too basic for the intended target audience who was assumed to have at least a moderate level of expertise. The Prevention Standards Partnership supported the adaptation by presenting and discussing the EDPQS at reference group meetings, and by answering questions from the project team and members of the reference group.

The Swedish adaptation of the EDPQS had not yet been published at the time of preparing this toolkit. The first material to be published in Swedish was expected to be an adaptation of the Quick Guide, allowing the group to show the material to a broader audience and obtain feedback before publishing the complete EDPQS standards. The project was expected to continue in 2015 with a focus on disseminating the adapted materials in close collaboration with the Swedish National Institute of Public Health.

**Anders and Mats can be contacted about their work on Swedish quality standards at [anders.l.eriksson@stockholm.se](mailto:anders.l.eriksson@stockholm.se) and [mats.glans@malmo.se](mailto:mats.glans@malmo.se)**

## Example 5: Nightlife Empowerment & Well-being Implementation Project (NEWIP) “Good Practice Standards”



*Judith Noijen, Project Manager & Quality Consultant, Jellinek Prevention, Netherlands*

*Jellinek Prevention provides mental health and addiction care in Amsterdam, including prevention, care, in- and out-patient treatment and rehabilitation for people with psychiatric or addiction problems. 'Unity' is Jellinek's peer education program, offered in nightlife settings in six regions of the Netherlands since 1996.*

Within the “Nightlife Empowerment & Well-being Implementation Project” (NEWIP), one work package sought to help improve the quality of nightlife interventions by developing “Good Practice Standards”. Project partners from six different European countries collaborated between 2011 and 2013 to develop standards for four types of intervention: Peer Education interventions in Nightlife Settings; Drug Checking Services; Safer Nightlife Labels and Charters; and Serious Games in Nightlife Settings. The standards were targeted primarily at practitioners offering interventions in nightlife settings. Funding was received from the European Union through the EU Health Programme 2008-2013.

To avoid duplication of efforts, the group decided to make use of the recently published EDPQS instead of developing completely new standards. The challenge was how to adapt the EDPQS to the specific context of safer nightlife interventions. The group consulted with a range of stakeholders, including practitioners and academic experts, to discuss the meaning and feasibility of the EDPQS in this particular setting. The active involvement of stakeholders was crucial to overcome initial reservations concerning the introduction of quality standards. Finally, the group used the original EDPQS project stages and components, as well as the summaries of the basic standards from the Quick Guide, and added information that was specific to the nightlife setting.

The order or contents of standards were not modified. Instead, each EDPQS component was supplemented with notes and materials specific to the four nightlife interventions. The notes offered additional information that the group felt would support practitioners to achieve the EDPQS when developing or implementing a nightlife intervention. The notes presented challenges, lessons learned, issues to consider and examples of how various European programmes have addressed these issues. The group also added references to other manuals, guidelines and checklists that could support practitioners in meeting the standards. Finally, the group wrote new introductions to accompany the standards, tailored to each of the four nightlife interventions. The Prevention Standards Partnership was not involved in the adaptation. However, before publishing the standards, Judith sent a copy of the standards to the Prevention Standards Partnership for review. This led to minor modifications before the final publication (e.g., how the EDPQS were described in the documents).

The four sets of standards were published at the end of 2013. To sustain the work, the “Nightlife Empowerment & Well-being Network” (NEW Net) was formed as a European network of community-based NGOs operating in the fields of health promotion and nightlife, as well as other relevant stakeholders from practice, government and academia. It was expected that NEW Net would undertake specific activities to promote the NEWIP Good Practice Standards in 2015.

### **Web link:**

<http://www.safernightlife.org/standards>

**Judith can be contacted about NEWIP and NEW Net at [Judith.Noijen@jellinek.nl](mailto:Judith.Noijen@jellinek.nl)**

## Example 6: Minimum Quality Standards in Drug Demand Reduction (EQUS)



*Harry Sumnall, Professor in Substance Use, and Angelina Brotherhood, Public Health Researcher, both at the Centre for Public Health, Liverpool John Moores University, UK*

*Harry and Angelina work on international research projects to inform European drugs policy and practice, with a focus on the scientific evidence base for drug prevention as well as the mechanisms for implementing evidence-based policy and practice.*

In May 2010, the European Commission (Directorate General for Justice) launched a study to develop an EU consensus of minimum quality standards in the field of drug demand reduction (covering prevention, treatment and rehabilitation, and harm reduction). This study was led by Ambros Uchtenhagen and Michael Schaub of the Swiss Research Institute for Public Health and Addiction (ISGF), a WHO Collaborating Centre affiliated with Zurich University. Co-funding was provided by the European Union. To avoid duplication with previous work, the prevention component was based upon the European Drug Prevention Quality Standards (EDPQS). Harry and Angelina led this part of the work on behalf of the Prevention Standards Partnership. A common structure was used across EQUS, and standards were organised between Structural, Process and Outcome themes, with standardised sub-headings for prevention, treatment and rehabilitation, and harm reduction.

Changes during the adaptation focussed on the structure rather than the contents of the EDPQS. To ensure a consistent presentation across the EQUS standards, the EDPQS standards were adapted to the EQUS structure. Only basic-level standards of the EDPQS were extracted, as the EQUS project sought to identify minimum standards. These were allocated to the new categories and consolidated to produce a concise list of statements. Consequently, the proposed list of minimal quality standards for prevention represents a summary of the basic-level EDPQS standards. The terminology and style of the standards were also adapted to correspond to those used for the treatment and harm reduction standards. The draft list of EQUS prevention standards was peer-reviewed during a bespoke stakeholder workshop, and finalised based upon the comments received. The challenge during the adaptation was to preserve the meaning of the EDPQS in a shortened format that could be read independently of the original EDPQS Manual.

The final list of proposed minimum standards contains 33 standards for prevention, 22 standards for treatment/rehabilitation and 16 standards for harm reduction. The EQUS standards were published online in December 2011 as part of the project report. In the report, Annex 10.7 "Correspondence of EQUS prevention standards and European drug prevention quality standards" shows how the two sets of standards are linked to each other. At the time of preparing this document, efforts were underway to develop EQUS further and to obtain official support from national policy makers across EU Member States for the promotion of quality standards.

### **Web link:**

[http://ec.europa.eu/justice/anti-drugs/files/equs\\_main\\_report\\_en.pdf](http://ec.europa.eu/justice/anti-drugs/files/equs_main_report_en.pdf)  
(main report including EQUS standards)

[http://ec.europa.eu/justice/anti-drugs/files/equs\\_annexes\\_\\_1-13\\_en.pdf](http://ec.europa.eu/justice/anti-drugs/files/equs_annexes__1-13_en.pdf)  
(annex)

**Harry can be contacted about his work with EQUS and the EDPQS at [h.sumnall@ljmu.ac.uk](mailto:h.sumnall@ljmu.ac.uk)**

# Examples of flexible content adaptation

## Example 7: Consensus building on minimal quality standards for drug demand reduction in Belgium (COMIQS.BE)



*Wouter Vanderplasschen, Assistant Professor, Department of Orthopedagogics, Ghent University. Wouter's research interests concern addiction recovery and various interventions to support recovery. He considers consensus building on quality standards a prerequisite for promoting effective prevention, treatment and harm reduction strategies.*

The "Consensus building on minimal quality standards for drug demand reduction in Belgium" (COMIQS.BE) study was commissioned by the Belgian Science Policy Office and the Federal Public Service Health, Food Chain Safety and Environment, building upon the European EQUUS project (see Example 6 in this document). Given the diversity and overall lack of quality standards in a federalised country like Belgium, Kurt Doms, Head of the Substance Use unit at the Federal Public Service Health, Food Chain Safety and Environment, and his colleagues were interested in how well the EQUUS-standards applied to the Belgian situation. They therefore commissioned the COMIQS.BE project to examine the applicability and feasibility of the EQUUS standards in the Belgian context, and to propose a list of minimum quality standards for drug demand reduction in Belgium. The project was led by Wouter and proceeded as a collaborative effort between three research groups: Department of Special Education/Orthopedagogics, Ghent University; Faculty of Education, Health and Social Work, University College Ghent; and Department of Psychiatry and Psychological Medicine, University of Liège. As the EQUUS prevention standards were adapted from the EDPQS, the COMIQS.BE project is included here as an example of flexible content adaptation.

After a review of existing quality standards, the project started in April 2014 with an inception meeting to agree the project methodology involving international experts on quality standards. A representative of the Prevention Standards Partnership was invited to present the EDPQS project and to provide feedback on the proposed plans for COMIQS.BE. In the following months, all EQUUS standards (covering prevention, treatment and harm reduction) were translated into Dutch and French. The translations were conducted by research staff working on the project, with back translations conducted by English native speakers. This was followed by consultations with various stakeholders, including policy makers, researchers, service users and staff working in drug demand reduction. An online survey assessed the acceptability of quality standards as well as the existing level of implementation. Two rounds of focus groups were then conducted to adapt the EQUUS standards to the Belgian context, and to discuss their adoption in policy and practice. To ensure a close collaboration with end-users of the standards, the researchers sub-contracted the umbrella organisations of service providers to help recruit practitioners from each of Belgium's three regions.

The group made minor changes to the EQUUS standards during the translation to ensure that the translated statements would be correctly understood by service providers. Changes mostly concerned grammatical and linguistic issues. Where terminology equivalents did not exist in Dutch or French, the group did not translate the terms directly but used a longer description to convey the same meaning. During the stakeholder consultations, 60% of the translated EQUUS-standards were accepted without changes, 35% were adapted with minor changes, and 5% of the standards were rejected as not applicable to the Belgian context. The EDPQS were used as a supplementary document to facilitate the discussions on prevention in the focus groups.

The COMIQS.BE standards had not yet been finalised at the time of preparing this document, and dissemination activities were still in the planning stage. Publication was expected for summer 2015.

### **Web link:**

<http://www.belspo.be/belspo/fedra/proj.asp?l=en&COD=DR%2F66>

**Wouter can be contacted about COMIQS.BE at [Wouter.Vanderplasschen@UGent.be](mailto:Wouter.Vanderplasschen@UGent.be)**

## Example 8: Mentor ADEPIS “Quality standards for effective alcohol and drug education”, UK



*Andrew Brown, formerly Director of Programmes at Mentor UK, and formerly Director of Policy, Influence and Engagement at DrugScope, and Simon Claridge, formerly Director of Programmes at Mentor UK*

*Mentor UK is part of the group of charities affiliated with the Mentor International Foundation, a partnership that shares knowledge and best practice across the globe. Mentor’s Mission is to prevent alcohol and drug misuse and promote the health and well-being of children and*

*young people. To this end, Mentor delivers projects in direct contact with target populations as well as supporting those working with young people.*

The Mentor Alcohol and Drug Education and Prevention Information Service (Mentor ADEPIS) provides information and advice to schools and practitioners in England about good practice in drug education and prevention. The project is funded by the UK Department for Education and run by the drug prevention charity Mentor UK, in partnership with charities DrugScope and Adfam.

The team sought to develop quality standards that could help schools as well as external providers of drug education to assess their own practice, and support effective collaboration between schools and external providers. The challenge was how to summarise existing guidance whilst producing a concise tool that would be used in the school context. The group started by identifying available national and international guidance. Then, teachers were consulted to explore what support is available to them and how they choose and use resources. In total, 288 primary and secondary school teachers responded to an online survey, and 20 of these were followed up with telephone interviews. The working group used the feedback to identify priority topics, and existing guidance was summarised on these. The draft standards were piloted with target audiences before publishing a final version. An advisory group comprising academic experts, including a representative from the Prevention Standards Partnership, provided guidance and feedback throughout this process.

The Mentor ADEPIS standards do not represent a formal content adaptation of the EDPQS because they also draw extensively upon other materials, including the United Nations Office on Drugs and Crime (UNODC) International Standards on Drug Use Prevention, earlier standards published by DrugScope, and government guidance. A flexible approach to working with the EDPQS was chosen to produce a resource that would be practically relevant in the English school context. Besides informing the content of the Mentor ADEPIS standards, the EDPQS were used in decisions on how to develop, formulate and present quality standards. Andrew knew the EDPQS well through his involvement as a stakeholder in the first phase of the EDPQS project.

At the time of preparing this document, Simon and his colleague Jamila Boughelaf were working to promote use of the quality standards. An impact survey was being undertaken to understand how Mentor ADEPIS resources were being used by target audiences. Potential future activities included developing a quality mark based on the standards.

### **Web link:**

<http://mentor-adepis.org/quality-standards-effective-alcohol-drug-education/>

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