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

Step 1: Deciding what to do

European
drug prevention
quality standards

Authors

This toolkit was produced by the European Prevention Standards Partnership. The primary authors were Angelina Brotherhood and Harry Sumnall of the Centre for Public Health, Liverpool John Moores University, UK.

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

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About this toolkit

This document is part of the EDPQS Toolkit 4 on Adaptation and Dissemination. This toolkit consists of the following documents:

- **Introduction & Key messages** – helps to understand what the toolkit is about. Introduces the overall toolkit and highlights key aspects concerning each step of the process.
- **Step 1: Deciding what to do** – helps to decide what type of adaptation or dissemination to undertake. Describes what an 'EDPQS Champion' is, introduces the adaptation process and distinguishes three types of adaptation (translation, formal content adaptation, flexible content adaptation). Includes Exercises A and B as well as Figures 1 and 2.
- **Step 2: Identifying potential barriers and facilitators** – helps to estimate the required resources, and to anticipate potential problems as well as sources of support. Highlights the role of written materials, supportive people, sufficient time and money, as well as prevention systems and professional cultures. Includes Exercises C-F as well as Figure 3.
- **Step 3: Undertaking the adaptation** – helps to think through the actual adaptation process from setting up a working group to publishing the project outputs. Explains how to achieve a good translation of the EDPQS, and what changes to avoid when adapting the layout or contents of the EDPQS. Includes Exercise G and Table 1.
- **Step 4: Promoting quality standards** – helps to plan follow-up activities that will ensure uptake of the standards by end-users. Includes an evidence review of dissemination strategies, distinguishes 'dissemination' and 'implementation' and suggests evaluation indicators that can help assess the impact of activities to promote quality standards. Includes Exercises H-J.
- **Example projects** – helps to understand how EDPQS have been adapted and disseminated in practice. Describes eight example projects from across Europe, including contact details of the persons responsible for these projects.
- **Acknowledgements** – list of people who contributed to the development of this toolkit.
- **Translation and adaptation checklist** – a checklist of the most important points to consider when translating or adapting any EDPQS materials.

Throughout the toolkit, the following two symbols are used to indicate:

'Lessons learnt' from the example projects

Practical exercises

Please note: This toolkit refers to "Example Projects" throughout. Full details regarding the example projects, including links to reports and project web pages, are provided only in the Example Projects document. The examples are included to illustrate how people have gone about introducing quality standards using the EDPQS. Inclusion of the projects should not be interpreted as official endorsement or promotion of the projects by the Prevention Standards Partnership. More examples of projects that have used the EDPQS to promote quality in prevention can be found on **www.prevention-standards.eu**

This toolkit may be used, in whole or in part, to guide the development/revision of quality standards and other quality assurance tools. Endorsement by the Prevention Standards Partnership of such derived products may not be stated or implied by toolkit users unless explicitly agreed with the Partnership.

Feel free to share your own experiences of using the EDPQS by contacting the European Prevention Standards Partnership at **http://prevention-standards.eu/contact/**

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Step 1: Deciding what to do

Top tips for deciding what to do

- There is no need to 'reinvent the wheel'. When developing or updating quality criteria, refer to already existing quality standards and learn from similar projects.
- Do contact and **learn from those who undertook the process before you**, including developers of quality standards or others who have experience of using/promoting quality standards.
- Contact the Prevention Standards Partnership (**info@prevention-standards.eu**) to let us know that you are considering an adaptation or formal dissemination of the EDPQS, and to discuss the process as required.

1.1. Could you become an EDPQS Champion?

This toolkit is for people who would like to raise the quality of drug preventive work by **strategically promoting the use of quality standards** in their own country (or region, municipality) or professional context (e.g. a particular setting)[1].

This toolkit will help with the following activities:

- Strategically promoting quality standards
- Translating existing quality standards and related materials
- Adapting existing quality standards for a new purpose
- Developing new quality standards
- Revising existing quality standards

The European Drug Prevention Quality Standards (EDPQS) can support such activities **directly** (if used in their original, a translated or a formally adapted version) as well as **indirectly** (if used to develop new or update existing standards based on the EDPQS). As both approaches involve endorsing the EDPQS and championing their use, in this toolkit we call these people 'EDPQS champions'.

- You can 'meet' existing EDPQS champions in the *Example Projects* document in this toolkit. The EDPQS champions featured there include representatives from national and local government, universities, charities and drugs services. Although the featured EDPQS champions are individuals, their organisations could also be considered EDPQS champions by officially endorsing and promoting the EDPQS.

'EDPQS champions' endorse and promote the European Drug Prevention Quality Standards (EDPQS) to encourage and support other members of the prevention community in achieving high quality in drug prevention.

EDPQS champions can be found in different professional spheres (e.g. government, NGOs). It is likely that they are strongly committed to 'best practice' approaches and evidence-based working, and that they agree with the overall aims and contents of the EDPQS (although not necessarily every detail). It is likely that champions were already promoting quality in prevention before hearing about the EDPQS (e.g. as part of their job role). For these people, the EDPQS offer a useful resource, published by an internationally respected organisation (the European Monitoring Centre for Drugs and Drug Addiction [EMCDDA]), and which supports them in their work.

As EDPQS champions want to change the status quo, they must have the necessary skills and resources to do so. For example, available literature suggests that champions should be credible and well-respected among target audiences[2], and have the skills and resources necessary to influence other people's professional behaviour (Grimshaw et al. 2012). In Exercise A, you can find out how easy it would be for you to become a successful 'EDPQS champion'.

Exercise A: How easily could you become a successful EDPQS champion?

What was it that allowed the EDPQS champions featured in the Example Projects to successfully develop/adapt and promote quality standards? Considering what they had in common, it is **essential** that you:

- ☐ Are highly motivated to improve the quality of preventive activities in your country or professional context
- ☐ Believe in the value of quality standards and guidelines in general, and particularly the EDPQS
- ☐ Know about best practice and evidence-based approaches to addressing substance use
- ☐ Have good language skills (especially if intending to translate the standards[3])

The *Example Projects* also show that appropriate institutional support is needed to successfully champion the EDPQS. Therefore, it's **helpful** if you:

- ☐ Are aware of the practical conditions for prevention 'on the ground' (including policy drivers, commissioning structures, professional cultures, and other drivers of prevention activity)
- ☐ Have well-developed interpersonal skills and are able to effectively network and collaborate with others
- ☐ Can count on the support of your organisation, especially your managers and colleagues
- ☐ Are already well-known and respected among potential stakeholders and target audiences (or work for a well-known and respected organisation)
- ☐ Are in a position of influence (e.g. working for a central government agency at local, regional or national level, a leading non-governmental organisation [NGO], etc.), or commissioned by such an organisation to adapt/promote the EDPQS
- ☐ Have time and funding available to adapt/disseminate the EDPQS
- ☐ Have links with the Prevention Standards Partnership or other people who have used the EDPQS

Tick the boxes above that apply to you in order to get a better understanding of your own readiness to undertake an adaption or dissemination of the EDPQS.

Don't panic if you don't meet all the boxes in the second list – these are **not** requirements for becoming an EDPQS champion! The list merely helps you to identify areas which you may need to work on in order to successfully promote quality standards in prevention (e.g. by undertaking advocacy work, setting up collaborations, fundraising – further discussed in Step 2). In other words: the more criteria you meet from the second list, the easier it should be for you to successfully promote quality standards.

1.2. Benefits of using the EDPQS to promote quality

Why promote quality standards?

This toolkit assumes that you have already decided that you would like to promote quality standards in drug prevention, and you would like some guidance on how to do this. This section therefore explains the benefits of using EDPQS in this process. If, however, you would like to read more about potential benefits and uses of quality standards in general, please check the other EDPQS materials (see **www.prevention-standards.eu**). We'll also explore this issue in Exercise B as well as Step 4, when we consider potential gains resulting from the EDPQS from the target audience's point of view.

There are many benefits to using existing EDPQS materials (such as the Manual, Brotherhood & Sumnall 2011, or the Quick Guide, Brotherhood & Sumnall 2013) rather than developing new materials from scratch. The EDPQS can help to fill a gap where official standards are not yet available or where prevention guidance more generally is scarce.

★ In the project on European Quality Standards in drug demand reduction (EQUS) (*Example 6*), which developed minimum standards for prevention, treatment and harm reduction, the advantage of being able to use existing materials was especially evident. Whilst colleagues working on the treatment and harm reduction strands of the standards had to start from scratch by searching for and reviewing available standards, the prevention group was able to draw upon the already existing EDPQS standards. Development of the prevention strand of the EQUS standards therefore cost far less time and money than development of the treatment and harm reduction strands. Other EDPQS champions also noted the value of building upon existing work, rather than 'reinventing the wheel'.

Moreover, by using the EDPQS, you will have access to a range of support materials, you can connect and exchange experiences with other EDPQS champions, and your efforts can also be acknowledged on the EDPQS website.

In relation to prevention interventions generally, Burkhart (2013: 26f) highlights **three advantages** of importing existing interventions:

- *No duplicated efforts*: there is no need to repeat the research and development work already undertaken by the programme developers
- *Quality*: existing interventions are usually selected because they are based on sound theory and have been trialled in practice (ideally their effectiveness has been proven in various contexts)
- *Innovation*: interventions developed elsewhere can offer "new ideas, aspects and proposals that an insider or local expert may not have considered" (2013: 26)

The reasons can be similar for using existing documents to introduce quality standards.

The EDPQS were developed through a structured process drawing upon existing literature as well as professional expertise (see box, overleaf). The value of this process was reflected in the interviews with EDPQS champions:

★ EDPQS champions from the "Three Cities" project in Sweden (*Example 4*), the "Nightlife Empowerment & Well-being Implementation Project" (NEWIP; *Example 5*), and the "Consensus building on minimal quality standards for drug demand reduction in Belgium" project (COMIQS.BE; *Example 7*) specifically chose the EDPQS because of how they had been developed. What convinced them was **the structured and inclusive approach used to develop the EDPQS** from existing national and international documents, with contributions from a large number of stakeholders across Europe ("European consensus").

- In Poland (*Example 1*), Croatia (Example 3), and the UK (*Example 8*), EDPQS champions chose the EDPQS because they perceived the materials themselves to be of a high quality. They found that the Manual was **clearly structured, well written, and more comprehensive** than other available prevention resources. The project cycle was seen as something that prevention workers can easily relate to, hence facilitating the acceptance of the EDPQS. The Quick Guide was perceived as a user-friendly document for training purposes. The EDPQS were also considered to be one of the key standards available internationally.

- In Poland (*Example 1*), national quality standards were already in place before the publication of the EDPQS (they were used to develop the EDPQS). The Polish EDPQS champion decided to translate the entire Manual as an additional document. In this case, the EDPQS functioned as a more comprehensive and detailed resource to support prevention workers in Poland to achieve the national standards. Similarly, in Hungary, the Manual was translated and the EDPQS have been suggested as **a resource that can help providers meet the national criteria** for delivering prevention in schools.

How were the EDPQS developed?

The EDPQS were developed over two years in several stages, with co-funding from the European Union. They are based on i) a review and systematic synthesis of 19 existing sets of standards[4], which in turn were based on expert consensus and literature reviews; as well as ii) a series of consultations, comprising an online survey and two rounds of focus groups, involving a total of over 400 members of the prevention community (Brotherhood & Sumnall 2010). The standards underwent several revisions to ensure that target audiences would find them relevant, useful and feasible. Prior to publication, they were also peer-reviewed by the EMCDDA. As part of a follow-up project, the EDPQS were applied in practice using six existing prevention activities (Brotherhood et al. 2014). This work confirmed the EDPQS' practical value for conceptualising prevention, for planning high quality prevention in a structured and coherent manner, and for reviewing strengths and weaknesses of activities.

Because the EDPQS draw upon a range of existing national and international standards and recommendations, they can also promote innovation in the sense described earlier. While developing the EDPQS, we found that most existing documents included criteria relating to topics such as goal definition and outcome evaluation. However, relatively few documents included criteria relating to topics such as staff support or the financial sustainability of interventions (Brotherhood & Sumnall 2010). This is likely because it is difficult to address these issues at the level of individual activities, but they must be addressed at an organisational or even political level. During the development of the EDPQS, our stakeholders agreed upon the importance of including these less frequently encountered items, as prevention activities cannot be of a high quality unless the necessary support structures are also in place. **The EDPQS can therefore also be used to review and update, or supplement, existing quality standards.**

1.3. A step-by-step approach to adapting and disseminating the EDPQS

It is important to develop a clear understanding of the process involved in successfully promoting quality standards. Achieving high quality in prevention is a long-term process which must involve stakeholders at the top, and those working at grassroots level. It is therefore not sufficient to, for example, have existing EDPQS materials translated by a professional company and circulate copies of this document among prevention providers.

To help with your planning, this toolkit offers **a structured step-by-step approach** to adapting and disseminating the EDPQS (see Figure 1)[5]. The four steps may seem self-evident; however, this toolkit provides useful advice to help put each step into practice. In this toolkit, a separate document is available for each step. At the end of each 'step', you will find a short checklist based on Figure 1 to help you track your progress once your project is underway.

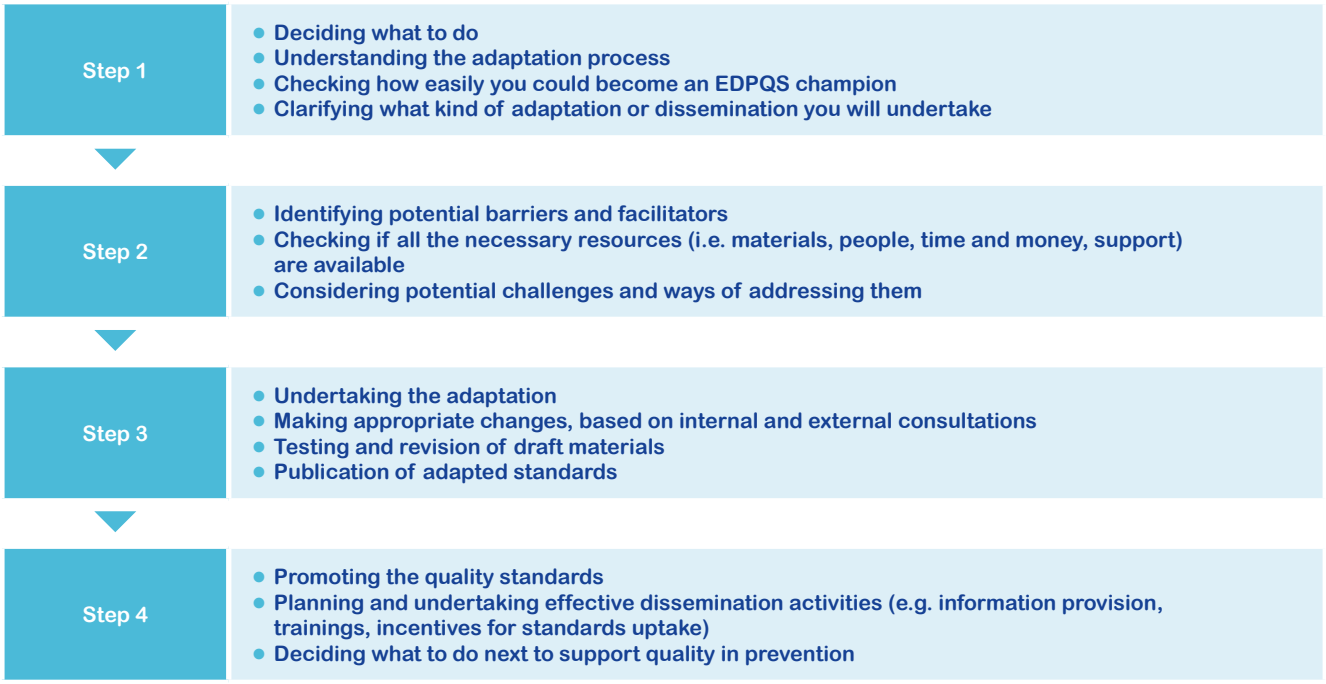

Figure 1: Four steps to adapt and disseminate the EDPQS

It is important to plan all four steps from the beginning, especially dissemination and implementation[6]. Too often, projects end with the publication of materials, without any follow-up activities to ensure that the materials are actually used. Because the purpose of the quality standards is to improve prevention practice, development and translation/adaptation of standards are **worthless if they are not supported by activities to help put the standards into practice**. So, even though dissemination is formally addressed only in Step 4, planning for dissemination must occur already in Steps 1 and 2. The EDPQS Theory of Change illustrates this further (see box).

The EDPQS Theory of Change

The EDPQS Theory of Change (see **http://prevention-standards.eu/theory-of-change/**) shows how the standards are hypothesised to lead to better outcomes in target populations, by producing behaviour change in the prevention workforce. In the EDPQS Theory of Change, the translation/adaptation and dissemination of EDPQS and related materials is represented by two boxes in the "Activities" column. However, in order to be a successful EDPQS champion, you must be aware of the entire context within which promotion of quality standards takes place. You can also refer to the EDPQS Theory of Change to convince others of the need for quality standards and related adaptation/dissemination activities.

We will return to the different elements of the EDPQS Theory of Change throughout this toolkit, so take a moment to familiarise yourself with it before continuing reading this toolkit.

1.4. Why (different types of) adaptation may be necessary

In the context of preventive interventions, planned adaptations are usually undertaken to ensure that an existing intervention 'works' in a new context. Burkhart summarises the argument for adapting preventive interventions as follows: "The fidelity of an implementation in the orthodox sense ('by the book') might be very high, but nevertheless yields less quality in the sense of less interaction and understanding, less motivated group leaders and a less involved target group. Adaptation is therefore essential" (Burkhart 2013: 34; similarly Ferrer-Wreder et al. 2012). The argument for adapting quality standards is similar to that for the adaptation of existing interventions: **to ensure that the EDPQS are relevant, useful and feasible in a new context**.

- Reasons for adaptation differed between the example projects. For example, in Poland, Hungary, Croatia and Sweden (*Examples 1-4*), the main reason was to make them available in the target country's own language. The NEWIP project (*Example 5*) adapted the EDPQS to make them specifically relevant for interventions in the night-time environment. In the EQUS project (*Example 6*), the EDPQS were adapted to form a short list of minimum standards that could be presented to national policy makers.

So far, the **most common reason to adapt the EDPQS as a whole has been language**[7]. The EDPQS Manual was published in English, which is appropriate for dissemination at an international level. However, in non-English speaking countries, limited understanding of English among target audiences can be an important barrier to standards uptake (considering that the EDPQS use not only general terms, but specific prevention vocabulary). Furthermore, people whose native language is not English may also be reluctant to use English language materials, perceiving them as produced 'elsewhere' and therefore not applicable to the local circumstances. Availability of the EDPQS in the target audiences' own language can therefore increase acceptance and uptake of the standards.

What is an adaptation?

In the context of preventive interventions, there is no agreed definition of "adaptation": while some authors use it to refer to any kind of change, others use it only to describe planned changes that do not affect an intervention's effectiveness (Ferrer-Wreder et al. 2012).

In the context of guideline adaptation, it can be defined as "the systematic approach to considering the use and/or modification of (a) guideline(s) produced in one cultural and organizational setting for application in a different context. Adaptation can be used as an alternative to de novo guideline development or for customizing (an) existing guideline(s) to suit the local context" (The ADAPTE Collaboration 2009: 45).

In this toolkit, **adaptation refers to a planned and structured process of modifying the EDPQS with the aim of promoting them directly or indirectly in a specific context**. This specific context could be a whole country (or region, municipality) or a professional one (e.g. specific setting or intervention type). Depending on the degree of modification, we can distinguish between 'language adaptations' (translations), 'formal content adaptations', and 'flexible content adaptations'.

In this toolkit, adaptation refers to a planned and structured process (see box). Based on previous experiences, the toolkit distinguishes three types of adaptation:

1 Language adaptation: Translation of EDPQS materials into another language

This refers to 'direct' translations of EDPQS materials, such as the Manual or Quick Guide published by the EMCDDA, or the Toolkits, from English into another language. Work undertaken in Poland, Hungary and Croatia (*Examples 1-3*) can be seen to represent this type of adaptation. A good translation will always include some adaptation, as literal translations can make the standards difficult to understand

or even meaningless (explored further in Step 3). The adaptation aims to ensure that the EDPQS are understandable in the new language.

2 Formal content adaptation: Developing the EDPQS further

This refers to formal adaptations of the EDPQS that go beyond 'direct' translations. Work undertaken in Sweden, through the NEWIP and EQUS projects (*Examples 4-6*) can be considered as formal adaptations of the EDPQS. In Sweden, the Manual was translated, but the group also made changes to the contents to increase acceptance of the standards among Swedish prevention workers (for example, by exchanging existing examples with ones more specific to the Swedish context). The NEWIP group used only the summaries of standards from the Quick Guide, and supplemented them with additional information specific to the night-time environment. The EQUS group summarised the basic standards and restructured them according to a different, pre-defined structure. This adaptation type still aims to promote the EDPQS directly, but the original documents have been developed further.

3 Flexible content adaptation: Using the EDPQS to inform the development of standards

This refers to situations where the EDPQS are used as a reference document in the development of completely new standards (or the revision of existing standards). Work undertaken in Belgium and in the UK (*Examples 7-8*) can be seen to represent this type of adaptation. The EDPQS could be only one document used among others, and there is more flexibility with regard to how the EDPQS are incorporated. These documents aim to promote quality in prevention more generally, and promote the EDPQS only in an indirect way.

Other kinds of adaptation also exist, for example the unplanned and informal adaptations that occur when the EDPQS are applied in practice (e.g. by a practitioner reviewing their own project against the standards). However, these kinds of adaptations are not the focus of this toolkit.

1.5. Choosing the right type of activity

The following Exercise B will help you to determine what type of adaptation you may want to undertake with the EDPQS, or indeed if any adaptation is required.

You may need to revise your answers to the exercise once you have assessed available resources (Step 2) and consulted colleagues and stakeholders (Step 3). However, having an initial idea of what you want to do is an important starting point for the assessments and conversations later on.

Exercise B: What type of adaptation or dissemination are you interested in?

Work through the following table to obtain a clearer idea about how you might use the EDPQS. These are also the first steps towards developing an adaptation or dissemination plan. Read the questions (1st column) and write down potential answers to those questions for your particular project (2nd column). If you are not sure what to write, consider the examples given for the original EDPQS and from the Example Projects (3rd column). Remember, however, that each situation is different. Therefore, your answers may be similar, but they could also be completely different.

Once you have completed the 2nd column, compare your own answers with those for the original EDPQS in the 3rd column. This will tell you how much you will need to adapt the EDPQS for your own purposes. If the answers are very similar, it may be sufficient to translate existing EDPQS materials (or disseminate the original EDPQS materials without any adaptation). If the answers differ, it is more likely that you will need to undertake a content adaptation (rather than only translating the EDPQS).

After the table, you will find a decision tree which can further support your decision-making. Although it cannot give you a definite answer regarding the type of adaptation you should undertake (due to its simplicity it can only serve as a general guide), it may help you to clarify your ideas further.

Questions	Your project	Examples from other projects
Rationale for the adaptation/ dissemination of quality standards • Why do you want to introduce/ update quality standards? • How would the standards fit into what is already there; what gap would they fill? If you are clear on this, you will be in a better position to convince others of the need for promoting quality standards.	**My rationale for considering adapting or disseminating the EDPQS is…** *(please complete)*	**Original EDPQS:** • There was no common European reference framework on high quality prevention available. Available standards differed, and some countries had no standards in place. **From Example Projects:** • No consistent nation-wide standards available in this country (Sweden, Belgium) or for this setting (NEWIP) • Adapted standards provide a more in-depth resource to complement existing standards (Poland) • No suitable self-reflection materials available (Croatia) • Existing standards were out-of-date (UK)
Specific context of the standards • Target audience (e.g. a specific professional group, level of expertise?) • Setting • Intervention types • Drugs/behaviours • Geographical scope Consider whether the standards will be generic like the EDPQS, or developed for a specific context. Take into account that there may be no 'drug prevention specialist' in your country, but your target audience may be heterogeneous in terms of roles and backgrounds.	**The standards are intended for the following context…** *(please complete)*	**Original EDPQS:** • All members of the drug prevention community, all drug prevention activities, across Europe **From Example Projects:** • All members of drug prevention community in this country (Poland, Hungary) • Experienced drug and crime prevention coordinators at local and regional levels (Sweden) • Practitioners offering any of four defined intervention types in the night-time environment across Europe (NEWIP) • School staff and external providers of school-based prevention in England (UK)

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Questions	Your project	Examples from other projects
Purpose of the standards • What vision of 'quality' should the standards promote? • How will your target audiences benefit from the standards? • When would they be used, and what for? • Will they be non-binding or mandatory? Consider that a top-down approach focussing on assessment can have unintended effects (see also Step 4). • What will they *not* be for?	**The standards will be used for…** *(please complete)*	**Original EDPQS:** • Using a broad notion of quality (see the EDPQS Position Paper for details) • To plan new or review ongoing or completed activities • To develop/update quality criteria • Cannot replace evaluation • For more, see the EDPQS Manual pages 27ff **From Example Projects:** • To help achieve existing standards (Poland) • For training of prevention providers receiving government funding (Croatia) • To support an international consensus on minimum quality standards (EQUS)
Products • What is your vision of the final products to come out of this process? • Will they be similar to existing EDPQS materials, or will they be different? • Will they be printed, electronic files, interactive online resources, …? • What language(s) will they be in? • How long/detailed will they be? Take into account what your target audience is likely to accept and find useful.	**The standards will consist of the following 'products'…** *(please complete)*	**Original EDPQS:** • Offered in English and selected other languages • Manual published by EMCDDA (284 pages) • Quick Guide published by EMCDDA (37 pages) • Project website • Electronic toolkits and other support materials for different target audiences and purposes (including leaflets, presentations) **From Example Projects:** • Printed EMCDDA Manual (Poland, Hungary) • Short list of minimum standards (EQUS) • Different sets of standards, supplemented by checklists (UK) • Training materials and reports (Croatia)

Figure 2: Decision tree to help guide the choice of adaptation type

Checklist: Tracking the progress of your adaptation

During the adaptation process, you can use the following checklist to monitor your progress. Have you:

☐ Understood the general process required for a translation, adaptation or dissemination of quality standards?

☐ Confirmed that you fit the profile of an EDPQS champion (or that you are able to establish the necessary contacts, etc.)?

☐ Got a first idea about the type of adaptation or dissemination you will undertake?

You've completed Step 1

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Notes

1 This toolkit is not intended for service managers and front-line practitioners (e.g. teachers, social and health workers, youth leaders etc.). These target audiences will benefit more from EDPQS Toolkit 2. Decision-makers wishing to develop funding schemes in line with EDPQS to assure better quality and financial sustainability of best practices may find Toolkit 1 more useful. Both toolkits can be found on **www.prevention-standards.eu**

2 We use "target audiences" to describe those professionals who we hope will use quality standards to improve prevention practice, whereas "target population" describes the recipients of prevention interventions (e.g. young people).

3 A good command of the English language, including technical prevention terminology, is also desirable because the original EDPQS standards and related project materials are available primarily in English. It is also for this reason that this toolkit is only published in English.

4 Existing standards originated from the Czech Republic, Finland, Germany, Ireland, Italy, Lithuania, Poland, Portugal, Romania, Galicia (Spain), United Kingdom, Canada, USA and international organisations (for details, see Brotherhood & Sumnall 2011: 235ff).

5 We developed the steps and their contents by considering existing guidance on adaptation, and by asking EDPQS champions to describe the steps they followed (regardless of whether these steps had been planned in advance or developed on an ad hoc basis during the project). The model presented here is what Ferrer-Wreder and colleagues (2012) call a "stacked" adaptation model. This means it identifies "themes, considerations, and issues that may be of potential relevance to the adaptation process" as well as "a series of a priori defined steps that guide the adaptation process" (2012: 153).

6 If you are only interested in promoting the EDPQS as they are, then you will be able to skip most of Step 3.

7 As the prevention field changes and our understanding of evidence-based practice develops, future adaptations may seek to update the EDPQS to reflect changed circumstances and to incorporate new knowledge.

European
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quality standards