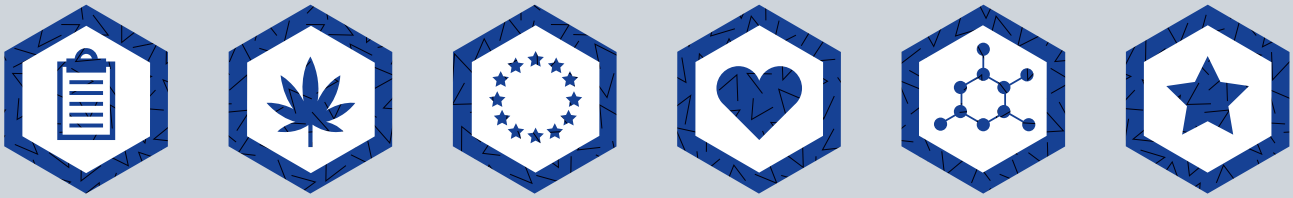

EDPQS Position Paper:

Defining “drug prevention” and “quality”

European
drug prevention
quality standards

Authors

European Prevention Standards Partnership

About the EDPQS project

The EDPQS provide a set of principles to help develop and assess the quality of drug prevention. They offer a comprehensive resource outlining all the elements of drug prevention activities. The EDPQS have been developed by the European Prevention Standards Partnership from a research project co-funded by the European Union. The Partnership undertook a review and synthesis of existing international and national standards as well as consulting with more than 400 professionals in six European countries. The EDPQS are the first European reference point on high quality drug prevention based on a consensus incorporating scientific evidence and practical experience.

Suggested citation

The European Prevention Standards Partnership (2015) EDPQS Prevention Position Paper: Defining "drug prevention" and "quality". Liverpool: Centre for Public Health.

Copyright

Disclaimer

The EDPQS Toolkits and other resources have been developed through a systematic process and great care has been taken in the preparation of the information presented. Nonetheless, any person or organisation seeking to apply or consult this document is expected to use independent judgement in his/her own context. The European Prevention Standards Partnership makes no representation or warranties of any kind whatsoever regarding the content, use, or application of the EDPQS process and disclaims any responsibility for the application or use of EDPQS Toolkits and other resources in any way.

Further information

Please visit our website for additional materials on the EDPQS:

www.prevention-standards.eu

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.

Summary

The aim of this paper is to describe the view of drug prevention that underpins the European Drug Prevention Quality Standards (EDPQS).

The paper also describes the research partnership that produced the work (the Prevention Standards Partnership) and its working definition of “quality”, as supporting “high quality” prevention is one of the major aims of the project. This is described so that users of the Standards or associated toolkits are better able to understand the motivation and rationale of the project partnership and better understand the proposed place of the EDPQS in informing EU (and international) drug prevention activities.

A working definition of drug prevention is provided and relevant outcomes of drug prevention activities are described.

Drug prevention is defined as an activity with the potential for preventing, delaying or reducing drug use, and/or its negative consequences. Drug prevention activities can target whole populations, subpopulations, or individuals.

A **high quality** drug prevention activity is: Relevant (focusses on responding to the needs of the target population whilst making reference to relevant policy); Ethical (incorporates the principles of ethical conduct); Evidence-based (makes use of the best available scientific evidence); Evidence-providing (helping to inform and develop activities); (Cost)Effective (achieving set goals and objectives without causing harm and with appropriate use of resources); Feasible (achievable with available resources and developed with an internally consistent logic); and Sustainable (is sufficiently resourced to ensure it can continue as long as necessary in order to respond to the target population needs).

What are the European Drug Prevention Quality Standards?

The European Drug Prevention Quality Standards (EDPQS) provide a set of **principles** for helping to **assess the quality** of drug prevention programmes and other activities. They offer a comprehensive resource that outlines formal elements of developing and delivering drug prevention activities. The target audiences of the EDPQS include (but are not limited to) commissioners and funders, policy makers, service managers and front line practitioners, prevention advocates, researchers and evaluators.

The EDPQS are available at **www.prevention-standards.eu**

It is the aim of the Standards to help to:

- Plan for quality of new prevention initiatives
- Identify the strong quality aspects of prevention initiatives as well as plan for improvement
- Improve and develop the quality of existing prevention provision
- Review the quality of ongoing or completed prevention initiatives
- Assess whether prevention related activity is undertaken or likely to operate in a way that can be considered “high quality”

The European Drug Prevention Quality Standards (EDPQS) have been developed by the *European Prevention Standards Partnership* (PSP) from a research project co-funded by the European Union. The Partnership undertook a review and synthesis of existing international and national standards as well as originally consulting with more than 400 professionals in six European countries, and with international stakeholders. The EDPQS have been discussed and scrutinised in the context of different governance structures by further stakeholders in a second project phase. The EDPQS constitute the first European reference point on “high quality” drug prevention based on a European consensus. Although the EDPQS are European in origin and name they are relevant internationally as they are based on an international review and consultation.

How do the EDPQS define drug prevention?

There is no commonly accepted definition of “drug prevention” in Europe or precise descriptions of what type of activities it refers to[1]. The EDPQS do not attempt to provide a normative definition, only the one that has informed the work of the PSP. It is acknowledged by the PSP that the term “drug prevention” may have different interpretations in different languages and different professional cultures. The PSP also recognise that “drug prevention” is sometimes interpreted with respect to particular ideologies, actions, ways of responding to particular groups of people, and social controls, and may therefore be perceived negatively by some stakeholders. It is not possible to identify a definition of drug prevention that has uniform meaning across Europe. Therefore, although the EDPQS partnership uses the term drug prevention in its materials, it is used to reflect ways of helping to achieve particular goals, rather than describing any particular intervention or activity that might be used to achieve it.

The EDPQS partnership defines drug prevention as:

i) ***Drug prevention is an activity with the potential for preventing, delaying or reducing drug use, and/or its negative consequences. Drug prevention activities can target whole populations, subpopulations, or individuals.***

ii) ***Drug prevention activities can target legal drugs (e.g. alcohol, tobacco), illegal drugs, pharmaceutical products, and other substances such as image and performance enhancing drugs.***

iii) ***Drug prevention activities may work to reduce risk and build protective factors known to influence drug use. They may target common factors that affect or reduce vulnerability for drug use and drug use problems or promote healthy development and resilience in general.***

iv) ***Drug prevention activities are commonly thought of as being most relevant to young people, as this is where most research and activity is concentrated. However, prevention is equally relevant to all age groups.***

v) ***Drug prevention takes places across multiple levels of society, including at individual and interpersonal levels; in family and social groups, organisations, and institutions; in communities; and at a public policy level.***

In the following paragraphs, we briefly explore different parts of this definition in more detail.

Drug prevention is an activity with the potential for preventing, delaying or reducing drug use, and/or its negative consequences. Drug prevention activities can target whole populations, subpopulations, or individuals.

The EDPQS support the use of the US Institute of Medicine prevention classification system (IoM, 1994[2]; validated in 2009) describing forms of prevention (Figure 1). This taxonomy provides a common language to describe prevention in order to reach understanding in the planning, delivery, and evaluation of activities. This classification system was, however, originally developed with respect to clinical interventions, which may not always be appropriate for some types of prevention activity. Applied to the drugs field the classification system illustrates the continuum of services/interventions between prevention, treatment, recovery and harm reduction and is a useful tool for describing a conceptually unified and evidence-based continuum of services. Accordingly, prevention includes some harm reduction activities, which are also supported by the EDPQS.

Universal approaches are delivered at a population or sub population level, regardless of the level of risk or susceptibility to use drugs in the targeted population.

Selective prevention is delivered to individuals or groups considered to be at higher risk of drug use or its associated harms. Some types of harm reduction activity may be considered forms of selective prevention, particularly those that focus on reducing use frequency, or those that aim to reduce the number of different drugs used.

Indicated drug prevention targets individuals who are particularly vulnerable to drug use on the basis of individual level risk factors such as certain personality traits, or who present to services with harmful patterns of use.

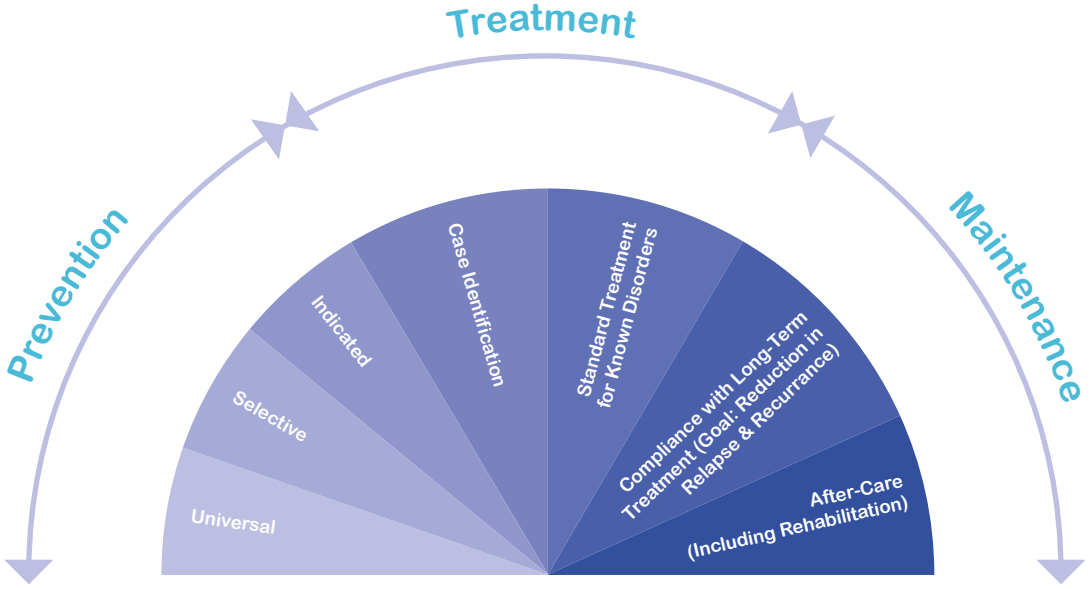

Figure 1 The Institute of Medicine Model of prevention (1994; 2009)

Although it falls outside of the IoM framework, Environmental prevention[3] activities include interventions that aim to limit the availability of drug use opportunities through system wide policies, restrictions and actions. They are designed to affect the immediate cultural, social, physical and economic environments in which people make their choices about behaviours such as drug use. Examples include drug driving laws and drug free zones.

The model of drug prevention presented in the EDPQS aims to reduce adverse health or social outcomes, and to improve population wellbeing (Strang et al., 2012[4]). Whilst most prevention interventions and research into them are justified on the basis of potential impact upon indicators of drug use such as prevalence (e.g. use of drugs in the previous year), it is often difficult to relate these to meaningful long-term health or social outcomes (Fernandez-Hermida et al., 2013[5]). Where possible, expected prevention outcomes should be clearly defined and related to injury, morbidity, mortality, equality, quality of life, and educational and economic achievement. Abstention from drug use may not always be necessary to achieve these prevention outcomes, but may play an important part. Not all prevention projects will be able to achieve these long term objectives, and activities may be just one small part of a wider strategy, but it is important that projected outcomes are realistic, relevant to the target population, and will improve participants’ lives in a meaningful way. Most importantly, prevention should not be conducted for its own sake and it is essential that prevention professionals should ensure that their actions do not inadvertently lead to negative outcomes for participants.

Drug prevention activities can target legal drugs (e.g. alcohol, tobacco), illegal drugs, pharmaceutical products, psychoactive substances – or substances in general.

Drug prevention activities may work to reduce risk and build protective factors known to influence drug use. They may target common factors that affect or reduce vulnerability for drug use and drug use problems or promote healthy development and resilience in general.

Research evidence reveals a complex array of determinants of initiation, maintenance or cessation of drug use (e.g. Hawkins et al, 1992[6]) and these are influenced by interlinked biopsychological, societal, structural and environmental factors (e.g. Birckmayer et al., 2004[7]). Importantly, many of these factors are also determinants of other risk behaviours, or healthy development in general (Blum et al., 2012[8]; Patton et al., 2012[9]; Viner et al., 2012[10]). This evidence suggests that the likelihood of using drugs or engaging in other risk behaviours is (partly) determined by the same types of risk and protective factors. In accordance with such models, epidemiological studies show that there is often a ‘clustering’ of risk behaviours in young people, and the outcomes of multiple risk are associated with effects beyond the cumulative effects of individual health risk behaviours (Hale and Viner, 2012).

Therefore drug prevention activities may be one means of reducing adverse outcomes from a range of multiple risk behaviours. Similarly, generic prevention actions, and health promotion activities which aim to improve health and wellbeing as part of day to day life, may sometimes also indirectly have preventive effects, although this is often difficult to prove. In practical terms, this means that many drug prevention activities may not directly target drug use, or even mention drugs. **The EDPQS are therefore suitable for supporting work in general risk reduction and resilience, and for promoting healthy behavioural outcomes.** However, it should be noted that the majority of stakeholder consultations undertaken as part of the development of EDPQS were with drug prevention specialists.

Prevention research studies have also suggested that there are a range of important societal, structural, and environmental moderators which influence drug use and its outcomes (either positively or negatively). These include (but are not limited to); connectedness to others, gender, community cohesion and wellbeing, inequality and exclusion, deprivation, cultural attitudes and beliefs, (formal and informal) marketing of addictive goods, attachment to social institutions, norms and values, laws and regulations, physical capital and economic forces (Blum et al., 2012). The PSP recognise that changing the majority of these are beyond the control of the individual, and are unlikely to be affected by typical prevention interventions.

Policies and strategies that target such determinants may therefore also be classed as drug prevention activities and should be scrutinised in the same manner as dedicated interventions and programmes.

Drug prevention activities are commonly thought of as being most relevant to young people, as this is where most research and activity is concentrated. However, prevention is equally relevant to all age groups.

Drug prevention takes places across multiple levels of society, including at individual and interpersonal levels; in family and social groups, organisations, and institutions; in communities; and at a public policy level.

The EDPQS support the life course view of prevention presented in the UNODC International Standards on Drug Use Prevention[11]. These specify that an effective prevention system not only targets the general population and the socio-cultural environment, but delivers targeted support (for those that require it) at crucial developmental points and in multiple settings. For example, pre-natal and pre-school visitation may benefit children and family members in those families affected by substance use, whereas adults may benefit most from workplace and employment activities (recognising that these may have indirect effects on family members).

The EDPQS aim to promote high quality prevention in the EU

Poor quality prevention must become unacceptable. The aims of the EDPQS are to provide guidance and support to those working in the European drug prevention community and to promote awareness and application of **high quality** policy and practice. The EDPQS provides criteria to support the internal consistency, efficacy, effectiveness and dissemination of prevention activities. Based upon our reviews of existing quality standards documentation and guidelines, and consultation with a wide range of more than 400 practitioners, policy makers, researchers and other members of the prevention community, we recognise prevention activities to be high quality according to the EDPQS if they are:

- Relevant (focusses on responding to the needs of the target population whilst making reference to relevant policy);
- Ethical (incorporates the principles of ethical conduct);
- Evidence-based (makes use of the best available scientific and practice based evidence);
- Evidence-providing (helping to inform and develop new or similar activities);
- (Cost)Effective (achieving set goals and objectives without causing harm and with appropriate use of resources);
- Feasible (achievable with available resources and developed with an internally consistent logic);
- Sustainable (is sufficiently resourced to ensure it can continue as long as necessary in order to respond to the target population needs)

The EDPQS provide support and suggestions for developing, organising, and delivering prevention activities. The EDPQS include standards relating to prevention design, terminology, and performance but the model of quality presented is not intended to be achieved through the imposition of a standardised way of working.

The EDPQS is intended to be a useful tool, and it is hoped that adoption of the Standards would lead to improvements in policy and practice, or assist in decision making. Although the use of the EDPQS does not guarantee that a prevention activity will be effective, it does provide suitable structures and conditions which may make positive outcomes more likely, whilst allowing for innovation.

A successful prevention action may already adhere to EDPQS and therefore there is no need for it to substantially change. In this case, the EDPQS can help to evidence and demonstrate to others the high quality of this activity. Systematic adaptation of the EDPQS according to need is encouraged (see: **http://prevention-standards.eu/toolkit-4/**), because it is important that the use of quality standards is a practical exercise, and not simply a rhetorical device. **Users of the EDPQS, and reviewers of activities that have been developed in accordance with them, should differentiate between how a prevention action is presented to others (‘paper implementation’) with its application (‘performance implementation’).** Whilst documentation is important in order to demonstrate that standards have been met, this is not an indicator of high quality *per se*. This is because there is the risk that existing practice is continued, but it is simply the way that it is documented or described to others (using the language of the EDPQS) that has been changed. High quality drug prevention is not just defined by carefully written documents and procedures, but is based on activities that produce real benefits for participants. Similarly, whilst adherence to the EDPQS may lead to new organisational operating procedures (**‘process implementation’**; e.g. training, monitoring, and supervision), it is important that these lead to improvements in prevention activities and are not simply conducted in order to evidence adherence to EDPQS alone.

The existence and promotion of the EDPQS does not imply that prevention activities that have not yet evidenced adherence to quality standards are ‘unstandardised’ or not of high quality. The value of the EDPQS is that quality of action can be demonstrated in core areas of work (“basic standards”), whilst still allowing for freedom and innovation in others. The EDPQS is intended to be a dynamic resource and the accumulation of prevention knowledge, and changes in society’s view of prevention and the behaviours it targets, will lead to a future revisions and updates.

The true test of the quality and value of prevention is whether it achieves its objectives of supporting healthy development and wellbeing. The EDPQS is one way of helping to reach these goals.

Ethics is at the heart of the EDPQS

For behaviours such as drug use, prevention is justified as a means to reduce harm and to promote good health and wellbeing. However, the PSP recognise that prevention actions are sometimes viewed as ways of governing society and its problems. Whilst acknowledging and respecting differences in national legislation and attitudes towards illegal drugs, the EDPQS justifies prevention on the basis of evidence that the targeted behaviour (i.e. drug use) leads to meaningful harms (see below), rather than reflecting prevailing societal attitudes towards the acceptability of the targeted behaviour.

In support of this, the EDPQS include standards that allow for reflection and appraisal of the ethical principles underpinning prevention activities, including:

- participants’ rights and autonomy;
- the identification of real benefits for participants by ensuring that the programme is relevant and useful;
- ensuring that prevention causes no harm or substantial disadvantages for participants or the communities in which they are implemented, including the lack of opportunity to participate in alternative, more effective, activities;
- development and delivery of activities that are supported by high quality research evidence or an internal logic;
- understanding the implications and practicalities of obtaining consent from participants;
- the importance of tailoring the intervention to participants’ needs where appropriate;
- the involvement of participants as partners in the development, implementation, and evaluation of the activity.

The EDPQS takes a ‘systems’ view of prevention

Successful drug prevention is not just about what interventions or programmes are delivered, but also how prevention is organised and implemented within health, educational and societal systems[12]. In accordance with the WHO definition of health systems[13], a prevention system consists of all those policies, structures, organisations, people and actions whose primary goal is to promote, restore or maintain health through preventive activities. In this model, macro or global level factors such as drug policy determine the availability of structural resources and direction of preventative action towards individual or micro level factors in the system, such as health related behaviours of individuals and groups within society. Within this policy environment, system resources and qualities contribute to prevention effectiveness. Indicators of population health (e.g. prevalence of drug use, drug related mortality and morbidity) are subsequently used to evaluate the impact of prevention actions, whatever form they take. The UNODC provide a schematic example of a national drug prevention system in their International Standards on Drug Use Prevention.

‘Infrastructure Interventions’ (Ritter and McDonald, 2008[15]) such as the EDPQS aim to support the development of prevention policy, structure, organisation, workforce, ethos and professional culture within such a system. Whilst the EDPQS aim to support development, delivery, and sustainability of prevention they do not provide guidelines on what activities should be delivered[16]. However, the standards support the use of effective evidence based programmes, provide guidance on adaptation of existing activities, and contribute to the process of development of new approaches in accordance with evidence based principles.

References

1 However, other definitions do contain components in keeping with our own. For example, the EMCDDA defines prevention as “evidence-based socialisation where the primary focus is individual decision making with respect to socially appropriate behaviours. Its aim is not solely to prevent substance use, but also to delay initiation, reduce its intensification or prevent escalation into problem use. Socialisation is a process of transferring culturally acceptable attitudes, norms, beliefs and behaviours and of responding to such cues in an appropriate manner with adequate impulse control.” **http://www.emcdda.europa.eu/topics/prevention**

2 Institute of Medicine (1994) Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research. In: Mrazek PJ, Haggerty RJ, editors. Committee on Prevention of Mental Disorders, Division of Biobehavorial Sciences and Mental Disorders. Washington, DC: National Academy Press.

3 Foxcroft D (2013) Can Prevention Classification be Improved by Considering the Function of Prevention? Prevention Science DOI 10.1007/s11121-013-0435-1

4 Strang J, Babor T, Caulkins J, Fischer B, Foxcroft D, Humphreys K (2012) Drug policy and the public good: evidence for effective interventions. The Lancet 7: 71-83.

5 Fernandez-Hermida, JR, Calafat A, Becoña E, Tsertsvadze A, Foxcroft DR (2012) Assessment of generalizability, applicability and predictability (GAP) for evaluating external validity in studies of universal family-based prevention of alcohol misuse in young people: systematic methodological review of randomized controlled trials. Addiction 107: 1570–1579.

6 Hawkins JD, Catalano RF, Miller JY (1992) Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. Psychological Bulletin 112:64-105

7 Birckmayer JD, Holder HD, Yacoubian GS, Friend KB (2004) A general causal model to guide alcohol, tobacco, and illicit drug prevention: Assessing the research evidence. Journal of Drug Education 34: 121-153.

8 Blum RW, Bastos FIPM, Wabiru CW, Le LC (2012) Adolescent health in the 21st century. The Lancet 379:1567-1568

9 Patton GC, Coffey C, Cappa C, Currie D, Riley L, Gore F, Degenhardt L, Richardson D, Astone N, Sangowawa AO, Mokdad A, Ferguson J (2012) Health of the world’s adolescents: a synthesis of internationally comparable data. The Lancet 379:1665-1675

10 Viner RM, Ozer EM, Denny S, Marmot M, Resnick M, Fatusi A, Currie C (2012) Adolescence and the social determinants of health. The Lancet 379: 1641-1652.

11 **https://www.unodc.org/unodc/en/prevention/prevention-standards.html**

12 **http://www.emcdda.europa.eu/activities/expert-meetings/2013/prevention**

13 World Health Organisation (2012) Everybody’s business. Strengthening health systems to improve health outcomes : WHO’s framework for action. Geneva: WHO

14 Available from **http://www.unodc.org/unodc/en/prevention/prevention-standards.html**

15 Ritter, A & McDonald, D 2008, Illicit drug policy: scoping the interventions and taxonomies. Drugs: education, prevention and policy 15: 15-35.

16 EDPQS users are referred to resources such as the EMCCDA Best Practice Portal **http://www.emcdda.europa.eu/best-practice**; the UNODC International Standards on Drug Use Prevention **https://www.unodc.org/unodc/en/prevention/prevention-standards.html**; and the work of the Cochrane Drugs and Alcohol review group **http://www.thecochranelibrary.com/view/0/index.html**

European
drug prevention
quality standards