



# EDPQS Toolkit 1: Selecting quality drug prevention initiatives for funding and support (Funding & Decision-Making Toolkit)

**Policy Guide - Part 1:  
Challenges in selecting high  
quality prevention initiatives**

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## 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.

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## What is this document about?

**The overall aim of Toolkit 1 is to provide practical guidance and support to help those involved in policy and decision-making roles to better understand the importance of quality and quality criteria in their prevention work, as well as how to apply this knowledge when faced with difficult choices about funding and support for prevention related initiatives or programmes. It is intended for policy-makers, decision-makers, commissioners and funders who have roles and responsibilities in prevention at national, regional or local administrative levels.**

The Policy Guide considers the different aspects of drug prevention programmes from the perspective of those who are in a policy and/or decision-making position and who are expected to serve the public good and tackle a wide range of serious health and social problems within a context of financial shortages and constraints. It offers clear recommendations on the different aspects of drug prevention work that are required in order to achieve quality.

Part 1 of the Guide considers some of the major challenges related to prevention work and offers possible ways of overcoming them. It also reflects on some of the misunderstandings and misbeliefs, as well as the expectations related to drug prevention. It offers a reference point for how best to achieve quality through consideration of the European Drug Prevention Quality Standards (EDPQS); suggests how carefully planned policy can support quality; and considers some important related financial issues.

Part 2 of the Guide has an emphasis on the fundamental role and value of needs assessment and evaluation in programme planning for achieving quality. It also considers issues with respect to sustainability and ethics as vital, but much neglected, aspects of prevention policy and practice.

The final element of Toolkit 1 provides a practical Assessment Quality Criteria Checklist (<http://prevention-standards.eu/toolkit-1/>) that can be used to help the decision makers consider and review drug prevention programmes and initiatives in respect of their potential quality.

### Use this Policy Guide to learn more about:

- Drug prevention.
- The European Drug Prevention Quality Standards.
- The need for, and essence of, quality in drug prevention.
- How policy can support quality in drug prevention.
- How policy can support everyday practice by using well-designed selection and funding mechanisms.
- How to implement these perspectives into the everyday decision making processes.

## Introduction

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) European Drug Report, 2014 states:

*"Over 80 million Europeans have used an illicit drug. Almost a quarter of the adult population in the European Union, or over 80 million adults, are estimated to have used illicit drugs at some point in their lives. In most cases, they have used cannabis (73.6 million), with lower estimates reported for the lifetime use of cocaine (14.1 million), amphetamines (11.4 million) and ecstasy (10.6 million). Levels of lifetime use vary considerably between countries, from around one-third of adults in Denmark, France and the United Kingdom, to less than one in 10 in Bulgaria, Greece, Cyprus, Hungary, Portugal, Romania and Turkey."*<sup>1</sup>

The Director of the EMCDDA<sup>2</sup> recently noted:

*"In European cities the drug problem is no longer as visible as it was a few years ago... and this is largely due to the investments our Member States have made in drug treatment and other programmes. However, the European drug problem has not been solved... It is still very much with us and it is evolving constantly."*<sup>3</sup>

As drug related problems and issues continue to occur, the general public, professionals, as well as policy-makers, advocate that efficient and effective action is required. There is a shared hope that prevention work can contribute significantly towards addressing drug related needs. Although prevention should not be regarded as the only response and solution to this multifaceted issue, it remains an essential element. Efforts are required to improve and professionalise the prevention response and its contribution to tackling the issue. The target audiences of this Policy Guide, policy- and other decision-makers, play a crucial role in this endeavour given their role and responsibilities as leading agents in creating the circumstances for efficient and effective interventions and to ensure a high quality prevention response.

# Key messages for decision-makers from the EDPQS project

## a. Realistic expectations for drug prevention

The following can be considered realistic expectations and outcomes for drug prevention.

- **Quality focussed** drug prevention can produce benefits in preventing substance use and for promoting health, including:
  - A decrease in substance use related harm.
  - Adoption of healthier lifestyles.
  - Reduction of negative social and economic outcomes.
  - More efficient use of economic resources.
  - Savings on costs from the reduced need for drug treatment.
  - Increased competency and professionalism of those working in prevention.
  - Alignment of preventive actions with sound evidence and high quality.
- **Avoiding misunderstandings:** existing misbeliefs and misunderstandings about drug prevention may diminish the role that prevention can play and what it can achieve by promoting ineffective approaches, and can result in unsound policy and practice that is not based on valid science or high quality evaluation. Prevention is of key importance in addressing drug related needs and promoting health, even if it is not the only solution. To be more efficient in our prevention policy and practice, highly trained personnel are needed to develop and implement programmes based on sound science, enabling them to achieve quality in their work by careful planning, implementation and evaluation.
- **Realistic outcomes:** whilst there is a hope that drug prevention activities will help to prevent drug use within a specific target group, there will always be those who will continue to use drugs. However, we can realistically expect that the age of first drug use can be delayed; that at a later stage, none or less harmful drugs will be used, and that these will be used in a less harmful way; and that the target group will have a better understanding of the institutions and services that they can access if they or their friends/relatives experience drug related problems.

## b. Achieving quality in drug prevention

- The European Drug Prevention Quality Standards (EDPQS) offer the first European framework on how to conduct high quality drug prevention. The Standards focus on identifying and encouraging quality in prevention work and are applicable to drug prevention and related activities in a wide range of settings.
- The Quality Standards provide a set of principles that help to assess the quality of drug prevention and provide a comprehensive resource outlining all the formal elements and necessary steps in the process of planning, implementing and evaluating drug prevention activities.
- The Quality Standards provide a good reference framework to judge whether a programme is worthy of support in terms of being:
  - Relevant to target groups
  - Ethical
  - Evidence-based
  - Evidence-providing
  - (Cost) Effective
  - Feasible
  - Sustainable.

- Decision-makers, commissioners, funders and policy-makers using the Standards will have the opportunity to select higher quality programmes for their target audience and to optimise available resources. The Standards provide programme developers and evaluators with clearly identified steps in order to develop a comprehensive programme plan that comprises a needs-led intervention with necessary resources, management, delivery and evaluation.

### c. Carrying out needs assessment as part of prevention programme development

A drug prevention programme must respond to the needs of the target population in order to be ethical and effective. It must be informed by an empirical assessment of people's needs in order to provide the key criteria when preparing or assessing a programme. There is no programme or solution that will meet everyone's needs and so interventions should be tailor-made for the target audience.

### d. Selecting drug prevention programmes for funding

Those who make funding decisions should be aware of ineffective approaches to prevention. Ineffective programmes and approaches should not be funded, even if they are considered popular. Common sense alone does not prevent the use of ineffective or even harmful approaches (e.g. curricula providing only information or simply telling young people about the drugs and their harmful effects; or fear arousal programmes on how drugs are dangerous; or one-time school assemblies or events; and campaigns without any appropriate or relevant follow-up or being part of a longer term programme).

Applying the Quality Standards offers a better chance of selecting up-to-date and needs-led, evidence based programmes that are based on good science rather than popularity or the enthusiasm of their advocates.

### e. Supporting programme evaluation and follow-up

- Evaluation should be a vital component of prevention planning and programme implementation. All interested parties, not only prevention professionals, but also decision and policy-makers, should be encouraged to support this. Evaluation is not a separate element of a prevention initiative, but an element that underpins the whole process.
- For decision-makers who are accountable for the use of resources and for the quality of service provision, evaluation is crucial to help understand how and why a programme operates the way it does, the process and the "active ingredients" by which it works, as well as the outcomes that it achieves.
- The Quality Standards cannot show how to undertake evaluation but they do offer the most important considerations when seeking to understand programme effects and processes. As such, they help in the development of evaluation tender documents.
- Evaluation must address a variety of needs. It should bring together all relevant stakeholders of a programme. It should be transparent and provide accountability, as well as ensuring the dissemination of the final lessons learnt. Evaluation documents should not be filed away so no one can read them as mistakes may be repeated.

### f. Providing financial support for the prevention field

- In order to make sure that no harm is done by a programme, it is better to encourage and finance a smaller number of well-designed, high quality and evidence informed programmes with clearly stated and theoretically supported aims, methods and a realistic budget, rather than a large number of ill-defined and vaguely elaborated programmes with a low budget.
- A good programme selection and funding mechanism specifies that services are in line with the needs of the target group; the needs of the service providers; and the characteristics of the proposed programme implementation. When commissioning a programme, the funding provided should be able to support its smooth running in terms of management according to the work plan provided.

## Toolkit 1 - Policy Guide - Part 1: Challenges in selecting high quality prevention initiatives

- Sustainability of prevention programmes depends mainly upon two things: the continued availability of funding and the commitment of staff and other relevant stakeholders to the programme itself. Decision-makers should capitalise on the latter and support the former, particularly when the programme in question meets quality criteria.
- Policy-makers, decision-makers and funders have a great responsibility for developing funding schemes that promote, support and sustain successful programmes. It is important to ensure that promising and beneficial interventions have the required long term financial support if they are to achieve their stated objectives.
- Funders can: initiate, build and sustain collaborations between different funding sources; encourage and help build the trust and engagement of funding providers; and support the various opportunities for financing drug prevention activities.

### g. Support for prevention organisations and practitioners

- Professionals, including practitioners, may be unsure about how to use the Quality Standards in their everyday practice. It is essential to encourage and financially support the implementation of the Standards by providing education and training for those working in the drug prevention field.
- By providing fundraising guidelines, training for fundraising managers or training on developing funding criteria and strategies, funding agencies can assist prevention organisations to develop their knowledge and capacity to apply for funding more successfully based on Standards.

# 1. Challenges in drug prevention

Only few people would argue that prevention is not better and cheaper than cure. However, a lot of what is done in the name of drug prevention is not based on what “works” or on what is considered as high quality. In recent years there has been significant progress in understanding what works in prevention and about the Quality Standards that should be applied to prevention efforts. The application of the lessons learnt will produce substantial benefits for preventing substance use and for promoting health.

However, those who have responsibility in selecting drug prevention initiatives or programmes for funding and support often get into difficulties when faced with a variety of programmes which use or propose diverse methods. The programmes are undertaken by many different organisations, representing diverse disciplines, working both at governmental and non-governmental levels. Therefore the questions are always the same:

- *Which programme is the best?*
- *Which is the most effective?*
- *Which will help our young people in difficult decisions?*
- *Which will really prevent drug use, or is this possible at all?*
- *Which approach to support, which to reject?*
- *Which service provider to commission?*

And most of all,

- *How to get the most out of the scarce resources from which these programmes are funded?*

Obviously there is no definitive answer to these questions. However, the European Drug Prevention Quality Standards (EDPQS) can help support decisions to avoid funding badly designed and/or ineffective activities. The EDPQS do this by offering a framework to review different aspects of quality in a programme.

## 2. What can hinder the decision making process in the field of drug prevention?

When a policy is developed, or a programme selected for funding, what is required is objective and informed decision-making. However, there is always the potential to be influenced by subjective beliefs and judgements on drug prevention in general and programmes in particular, which can lead to negative consequences. The reality is that the choice of prevention activities is often not based on the quality and effectiveness of the proposed activity or intervention itself, but is substantially influenced by other factors including subjective and misinformed beliefs.

Several ***misbeliefs and unrealistic expectations*** exist in the field of drug prevention. Whilst there is the hope that good prevention programmes will be able to effectively address drug use and related harms, there is no consensus as to what can be considered “good” prevention. Lay people and even some professionals suggest that any prevention is better than none at all and consequently there is a lack of focus on the quality of prevention work. Others suggest prevention activities do not require special expertise because these activities can be implemented based on common sense, with science not seen to contribute much to the process.

A further concern is that in times of economic constraints, funders tend to commission smaller scale and simpler interventions. However, these often fail to reach the intended target group with sufficient intensity. There is increasing evidence available on what doesn’t work in prevention or what approaches may even be counter-productive (e.g. information-only curricula simply telling young people about drugs and their harmful effects; fear-arousal programmes over-emphasising the dangers of drugs; one time school assemblies or events; or media campaigns without appropriate follow-up). Evidence on effective interventions (i.e. what works) is less frequently available, or if available it is not widely disseminated.

As a result decision-makers are not necessarily aware of important findings of prevention research. The outcome is that programmes can be commissioned that are likely to be ineffective and based on economic cost considerations (cheap)<sup>4</sup>, rather than their potential to achieve the desired objectives. (See also Chapter 3.4)

Finding evidence regarding the efficacy of different prevention activities/interventions is difficult but nonetheless possible. For example, the EMCDDA best practice database offers a relevant, trustworthy source<sup>5</sup> (<http://www.emcdda.europa.eu/best-practice>).

The other reality is that **prevention programmes often lack quality**. There are a number of reasons for this. Frequently, those who develop and carry out drug prevention programmes do not assess in advance the real needs of the group they want to address with any rigour (e.g. young people at risk), but base their decisions on, for example, 'gut feeling', anecdotes or media reports of need or perceived drug use. The planning process of a programme may also overlook important steps and elements (see Figure 1, page 13) which results in unclear or unrealistic aims, objectives or activities that are not likely to respond to actual needs.

What does quality mean in drug prevention? What works in drug prevention? The answers to these questions are reflected in the work of the EDPQS. The following offers a few important essential considerations that, among others, must be taken into account when it comes to addressing quality.

Activities or interventions should consider:

- The target group's needs.
- The nature of the problem.
- A rationale based on well-grounded theoretical considerations.
- Evaluation as part of planning and the implementation.

These elements should be considered when developing any prevention activity or intervention plan.

This Toolkit responds to the problems raised above by providing a unique approach to programme selection for funding and support within the framework of the EDPQS. Reading the Policy Guide and using the Checklist provided allows decision makers to have a better chance of selecting programmes and to efficiently use the available budget based on an assessment of quality.

## 3. Quality in drug prevention: the role of policy

### 3.1. What does quality mean in drug prevention?

Drug prevention covers a wide range of activities. There are many programmes delivered in the EU that target various groups in a range of forms and intensity and in a variety of settings, such as schools or night clubs. Programme developers need to be innovative with new ideas that reflect the changing world, the changes in the drug use patterns and the drugs being used, or the rapid development of social media. However, a good idea, a brave, venturesome, attractive programme will not necessarily be suitable for the people who need to be targeted, just as an old, long standing, successful programme can also become 'outdated' as time goes by and lifestyle, leisure activities, social norms, etc. change among young people.

How can a programme be recognised as a good quality programme? Quality in drug prevention implies that programme development is based on structured planning and careful decisions. Quality drug prevention programmes are planned, implemented and evaluated through a process of several phases. As a result, a flexible, needs-led, evaluated programme ensues. Quality in drug prevention also suggests an internally consistent and long-term view of prevention, supporting the importance of integrated approaches for working with young people and valuing and rewarding the contributions of different professionals in the field.

**The European Quality Standards outline the necessary steps in the process of planning, implementing and evaluating drug prevention activities. They help understand how people, interventions, organisations and (governmental) strategies contribute to drug prevention. They encourage users to think about how existing efforts can be improved in order to obtain (even) better and sustainable results.**

### 3.2. What are realistic expectations with respect to drug prevention programmes?

The expectations related to drug prevention activities are very high both in the general public and among the decision-makers. Many people think that “good” drug prevention itself can stop drug use in society completely. However, this is an unrealistic expectation. It is very difficult to change and impact on the complexity of human behaviour, or to have an impact on the reasons why many young people engage in risk-taking behaviours. For the many social policy problems that need to be addressed, there is a need for a sophisticated understanding of the factors influencing human behaviour around which interventions can be built.

What is required is more realistic expectations of drug prevention initiatives. First, we have to be aware that no single approach or programme meets the needs of all groups. There is no magic pill or solution to suit everyone. The activities and interventions, therefore, need to be tailor-made for the target audience. The reality is also that not all members of the target group will abstain from drug use, even if high quality prevention programmes are implemented. However, it is realistic to expect that prevention may lead to delayed onset of drug use. It is also realistic to expect that prevention will promote cessation of use or prevent progression onto more harmful drugs or more harmful ways of administering them. There is also the realistic ambition that the target group will have a better understanding of the institutions and services that can be accessed if they or their friends/relatives develop problems related to drug use. So, the general public and authorities should be realistic in their expectations and realise that prevention requires a long-term investment: “Ask for results, but don’t expect miracles”<sup>6</sup>.

**From a prevention programme we can realistically expect that onset of drug use will be delayed in the target group and that due to a properly developed and delivered prevention programme, the less harmful drugs and drug using forms, if any, would appear at a later stage among our target group members. We can also hope that the target group will have a better understanding of the institutions and services that they can contact if they or their friends/relatives are in trouble.**

### 3.3. European Drug Prevention Quality Standards help to select the best possible programmes for funding and support

EDPQS<sup>7</sup> offer the first European framework on how to conduct high quality drug prevention. Developed by the European Prevention Standards Partnership, their aim is not to standardise prevention practice, but rather to achieve a similar level of high quality among initiatives across Europe whilst acknowledging the diversity of practices.

The Quality Standards help to:

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

The Quality Standards can also be used in order to support:

- Information and awareness raising
- Education and training

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- Developing or updating existing quality criteria or standards
- Self-reflection and self-improvement
- Professional development
- Performance appraisal.

**Quality in drug prevention is a way of thinking where programme development is based on structured planning and careful decisions.**

The EDPQS are applicable to a wide range of drug prevention activities, and topics covered include the need to:

- Set priorities
- Conduct needs assessments
- Coordinate prevention activities
- Ensure the sustainability of drug prevention efforts.

EDPQS also help towards a better understanding of what prevention providers are aiming to achieve through their work and help in reflecting on prevention strategies.

When processes for commissioning and funding programmes are developed, the Standards provide a good reference framework to assess whether a programme is worthy of support through consideration of whether it is:

- Relevant (focussing on responding to the needs of the target population whilst making reference to relevant policy)
- Ethical (incorporating the principles of ethical conduct)
- Evidence-based (making use of the best available scientific evidence)
- Evidence-providing (helping to inform and develop other 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 (sufficiently resourced to ensure it can continue as long as necessary in order to respond to the target population needs).

It is proposed that encouragement and financial support for the implementation of the Standards in every country is required. Providing targeted training events and educational materials would be desirable to help this to be achieved.

**Quality drug prevention programmes are planned, implemented and evaluated in a manner that goes through a process of several phases, ideally: needs assessment; resource assessment; programme formulation; intervention design; management and mobilisation of resources; delivery and monitoring; final evaluations; and dissemination and improvement (see Figure 1).**

Predictable and stable financial support is a condition for sustainable high quality drug prevention work. Furthermore, adoption of the standards will promote the importance of prevention within the drug demand reduction framework. However, in order to improve the quality of drug prevention, commissioners and funders must invest in prevention and the need for it to be of high quality.



Figure 1: The Quality Standards Cycle

The EDPQS Toolkits (<http://prevention-standards.eu/resources/>) provide practical tools to assist those working in drugs related matters to apply the Standards. One of the most relevant tools for decision makers is the **Toolkit 1 EDPQS Assessment Quality Criteria Checklist** (<http://prevention-standards.eu/toolkit-1/>), which encourages and urges decision-makers, commissioners and funders to critically examine their systems in terms of:

- How drug prevention programmes are selected for funding
- What criteria are taken into account during the selection process
- Who decides what programmes are implemented
- How existing funding criteria relate to EDPQS criteria

### 3.4. What prevention approaches to promote and which ones to avoid?

When a new programme is developed, or an existing one selected, at least two basic questions need to be answered during the selection process: *Will the programme really be beneficial for the people reached? Could it cause detrimental, unintended, harmful effects?*

Evaluation research tries to identify those interventions that have proven beneficial for their target population. A few examples resulting from the research are that interactive programmes delivered in the middle school years (10-14 years) are essential; low risk populations and girls can benefit more from interventions than high risk/male students; with respect to the content of the programmes, affective education and knowledge based programmes are very unlikely to have any effect on illicit drug use; some peer led programmes were found to be more effective than teacher delivered ones.<sup>8</sup> More examples can be found under the referenced literature below. Of course, each of these examples is a generalisation and the specific research evidence has to be considered.

Despite the available knowledge, there is no doubt that evaluation research should be continued and one focus should be on identifying realistic expectations.<sup>9</sup>

As stated previously, there is a significant body of evidence about ineffective strategies and approaches in drug prevention. In order to avoid commissioning and funding programmes which use them, decision-makers have to be aware of them and be advised by expert groups which ones not to support or commission. The Best Practice Portal of the European Monitoring Centre for Drugs and Drug Addiction (<http://www.emcdda.europa.eu/best-practice>) and the United Nations Office on Drugs and Crime international quality standards on drug prevention are both useful in this regard (<http://www.unodc.org/unodc/en/prevention/prevention-standards.html>)

## 4. How can policy better support everyday practice?

### 4.1. Are there good selection mechanisms in place for programme funding?

When planning to implement prevention interventions or activities, there are usually only a few options possible for their financing. Ideally, there is a selection procedure<sup>10</sup> which it is hoped will be able to not only identify the best possible approaches, i.e. those programmes which are beneficial for the target group and for the whole society, but also those which are of high quality, as well as being cost-effective in achieving the desired results with the least resources. The approach (content) is an important element of any initiative, but the context for that approach – including the Quality Standards for the approach to be implemented – is equally, if not more, important.

Selection mechanisms should follow an agreed procedure. In order to strengthen this process, the recommendations provided through the Quality Standards can be applied. This will mean that the interventions or programmes proposed for financing would be assessed as to how and if they meet as many quality criteria as possible with respect to the intervention, its planning, development and evaluation.

If a programme meets all, or most, of the quality criteria, it would not automatically mean that the intervention would lead to all the expected outcomes, but the chances of that should be much higher. Its potential value would therefore be greater than that of a programme which meets only few of the quality criteria.

**Selection mechanisms of drug prevention programmes should follow an agreed procedure. This procedure could integrate the criteria of the EDPQS i.e. the interventions to be financed should meet as many quality criteria as possible as far as intervention planning/development is concerned.**

A Checklist (<http://prevention-standards.eu/toolkit-1/>) has been developed, that aims to provide assessment quality criteria for programme selection for funding. However, it is important to note that the EDPQS do not provide guidance concerning the precise selection mechanism, as this depends on local funding systems and structures.

### 4.2. Are there good funding mechanisms in place to support the smooth running of prevention programmes?

Having predictable, balanced funding mechanisms<sup>11</sup> in place is a key condition to quality work in the field of drug prevention. A good funding system that takes into consideration the needs of the service providers, as well as the characteristics of programme implementation, can ensure the smooth running of programmes and organisations (e.g. school-based programmes need secured funding before the school year starts to give schools time for planning the intervention implementation, while a special community-based programme might need financial support for a full year).

If the funding is occasional or contingent, or does not reflect the local situation, this can hinder processes and even well established successful programmes might need to close. Often interventions are piloted but not continued due to lack of funding, even though the initial pilot showed good results.

### 4.3. Is evaluation of prevention programmes supported and financed?

Evaluation is of utmost importance in prevention interventions. Although decision makers and the general public will agree with this statement, the reality is that governments and responsible authorities pay relatively little attention to this and allocate limited financial resources. Whilst to develop and test a new pharmaceutical drug would require 8-15 years and approximately 600 million Euros<sup>12</sup>, the evaluation of prevention interventions is often neglected even though it costs much less. As a consequence of the relatively low scientific prestige of prevention work and the widely shared misbelief that any prevention is better than none at all, the scientifically based evaluation of prevention activity remains more in theory than practice.

**In order to foster evaluation culture, decision-makers and funders have a responsibility to support and fund evaluation activities, while commissioners are encouraged to look for programmes where some kind of evaluation activity is planned or evaluation results are already available for the programme.**

Scarce resources available for drug demand reduction activities are often fully spent on programme implementation, neglecting evaluation. However, evaluation activities should be integral parts of intervention planning and programme implementation. It is also important to bear in mind that evaluation is not a discrete aspect of the intervention cycle, rather a way of thinking that underpins the whole process.

The appetite for evaluation has to be increased; decision-makers and commissioners can be the best mediators of this important issue. Lessons learnt from international experience stress that policy-makers, practitioners and researchers should learn by communicating with each other (overcoming differences in professional language) and all interested parties should become aware that quality prevention cannot be executed without reflection and evaluation.

**Part 2 of this Policy Guide considers in more detail two important practical aspects of prevention programme planning: needs assessment and evaluation. It also raises questions about sustaining quality prevention programmes; how to strengthen fundraising; and how to sustain successful prevention programmes. Last but not least, it explores the issue of what ethical considerations to take into account from a decision-making perspective: an issue that is often an overlooked dimension of drug prevention planning and implementation.**

## Other useful resources

Brotherhood A, Sumnall HR (2011) *European drug prevention quality standards*, EMCDDA, Lisbon. This Manual includes the Prevention Standards as well as further information on their development and considerations for implementation.

[www.emcdda.europa.eu/publications/manuals/prevention-standards](http://www.emcdda.europa.eu/publications/manuals/prevention-standards)

Brotherhood A, Sumnall HR (2013) *European drug prevention quality standards: a quick guide*. Ad hoc publication by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Luxembourg: Publications Office of the European Union.

<http://www.emcdda.europa.eu/publications/adhoc/prevention-standard>

EMCDDA European Monitoring Centre for Drugs and Drug Addiction *Best practice portal to discover what works (and what doesn't work) in the areas of drug prevention, treatment, harm reduction and social reintegration*.

<http://www.emcdda.europa.eu/best-practice>

EMCDDA European Monitoring Centre for Drugs and Drug Addiction (2010), *Prevention and Evaluation Resources Kit (PERK). A manual for prevention professionals*. Luxembourg, Publications Office of the European Union. The Manual compiles basic but evidence-based prevention principles, planning rules and evaluation tips:

<http://www.emcdda.europa.eu/publications/perk>

UNODC, United Nations Office on Drugs and Crime (2013), *International Standards on Drug Use Prevention*, Vienna, United Nations. The standards describe interventions and policies that have been found to produce positive drug prevention outcomes in children, adolescents and adults.

<http://www.unodc.org/unodc/en/prevention/prevention-standards.html>

The EMCDDA has also published Guidelines for the evaluation of drug prevention (updated in 2012), which contain helpful examples of how to plan and report the different aspects of evaluation.

[http://www.emcdda.europa.eu/publications/manuals/prevention\\_update](http://www.emcdda.europa.eu/publications/manuals/prevention_update)

## References and Notes

- 1** European Drug Report, EMCDDA, 2014 (p. 33) <http://www.emcdda.europa.eu/edr2014>
- 2** European Monitoring Centre for Drugs and Drug Addiction <http://www.emcdda.europa.eu/>
- 3** Speech by Wolfgang Götz, EMCDDA Director, on the occasion of the Justice and Home Affairs Council, 5 -6 June 2014, Luxembourg. [http://www.emcdda.europa.eu/attachements.cfm/att\\_228880\\_EN\\_SpeechJHACouncil\\_5June\\_WolfgangGoetz.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_228880_EN_SpeechJHACouncil_5June_WolfgangGoetz.pdf)
- 4** See the evaluation of the EU drug strategy: [http://ec.europa.eu/justice/anti-drugs/files/rand\\_final\\_report\\_eu\\_drug\\_strategy\\_2005-2012\\_en.pdf](http://ec.europa.eu/justice/anti-drugs/files/rand_final_report_eu_drug_strategy_2005-2012_en.pdf)
- 5** EMCDDA best practice portal: <http://www.emcdda.europa.eu/best-practice/prevention>
- 6** Galla, M (2003): A Guide for Policymakers and Funders To School-Based Drug Prevention; © 2003, Trimbos Institute, The Netherlands Netherlands Institute of Mental Health and Addiction, p. 50.
- 7** The European Drug Prevention Quality Standards 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. They constitute the first European reference point on "high quality" drug prevention based on a European consensus.
- 8** For example: (i) Tobler NS (1997) Meta-Analysis of Adolescent Drug Prevention Programs: Results of the 1993 Meta-Analysis, in: William J. Bukoski (1997) Meta-Analysis of Drug Abuse Prevention Programs, NIDA Monograph 170, pp.: 5-68; (ii) Soole DW, Mazerolle L, Rombouts S (2008) School-Based Drug Prevention Programs: a Review of What Works, Australian & New Zealand Journal of Criminology, 41(2): 259-286; (iii) United Nations Office on Drugs and Crime, International Standards on Drug Use Prevention <http://www.unodc.org/unodc/en/prevention/prevention-standards.html>; (iv) What works to address young people's addictive behaviours? (Website summarising the findings from ALICE-RAP project Workpackage 16 "Adolescents as Customers of Addiction") <http://alice-rap.prevention-standards.eu/prevention-programmes/>
- 9** Brotherhood A, Atkinson AM, Bates G, Sumnall HR (2013) Adolescents as customers of addiction. ALICE RAP Deliverable 16.1, Work Package 16. Background report 2: Review of reviews. Liverpool: Centre for Public Health.
- 10** Method of how programmes that applied for funding are assessed to decide which one is worthy of financial or other support.
- 11** Method or source through which funding is made available for drug prevention programmes.
- 12** David T, Feher M, Jozsa G, Juhasz H, Kalotai Z, Kantor S, Rekassy B, Takacs P (2013) Az innovatív gyógyszeripar magyarországi fenntarthatósága, Budapest, p. 4.

