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Further Enhancing the
Implementation of Quality
Standards in drug demand
reduction across Europe

Key factors for a successful implementation of Quality Standards in Drug Demand Reduction – a Delphi Study

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BACKGROUND

Knowing the key factors for a successful implementation of Quality Standards (QS), can be an essential step for organizations and individuals to achieve QS implementation in practice. To obtain detailed information and consensus on key and transferrable lessons on successful QS implementation, we organized a Delphi study among QS experts.

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DELPHI 1st ROUND

Face to face meeting

- 4th– 6th May

QS experts

- Personal invitation (EMCDDA FPs, C-EHRN, EUROTC, IREFREA, recomended QS experts)
- Prevention, treatment and harm reduction
- 37 experts (from 80)

Method

- Brainstorming
- Focused discussions

DELPHI 1st ROUND

Step 1- Brainstorm

- **Participants** got a post-it (color per area) to complete sentences in flipcharts
  - A <u>successful</u> implementation of QS depends on....
  - QS implementation can be <u>challenged</u> by…
  - The most <u>common features</u> regarding QS implementation among all the different cases are...

Step 2 – Focussed discussions in small groups

- **Participants** divided in groups per area discussed
  - What were the main facilitators for <u>successful</u> QS implementation?
  - What were the main <u>barriers</u>?
  - What <u>tools</u> can be used <u>to overcome barriers</u>?

Step 3 - Rating

- **Participants** moved between flipcharts and ranked the 5 most important QS factors based on previous groups
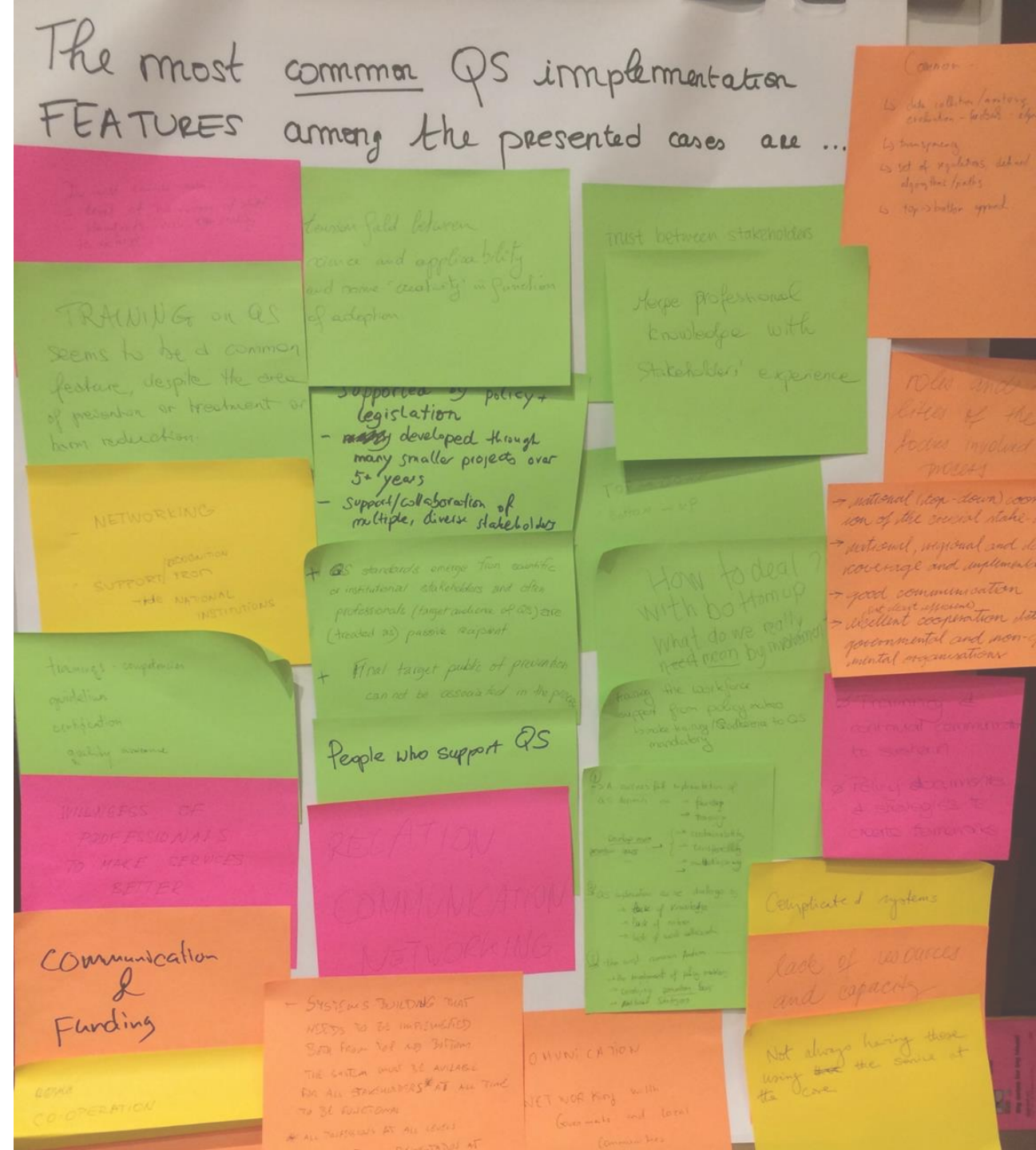
DELPHI 1st ROUND

Results = 41 statements

Content analysis of questions

- Facilitators for successful QS implementation
- Barriers for QS implementation
- Tools to overcome barriers
- Common features cases

Similar categories

- Also, across areas

DELPHI 1st round: CATEGORIES

Collaboration
- Meaningful involvement community, all actors involved in setting QS (emphasis on bottom-up)

Education
- Of staff and policy makers on QS; e-learning, coaching -on the job

Communication
- Clear and collaborative; around QS goals, processes, indicators, evaluations, results

Political support

Support structures
- Implementation documents and guidelines, certification systems, non-coercive incentives

Funding
- sustained

DELPHI 1st ROUND
Results – 41 statements (examples)

A major challenge for QS implementation is that QS are made by academic and experts without the involvement of communities and CSOs. As a result, QS do not reflect the needs of communities and are often not implementable.

To assure QS implementation it is necessary to establish **a main coordinating body that has the authority to approve, fund and inspect all programs and actions that are being implemented, in all the relevant fields.** In other words, an established certification system is needed

Continuous, evidence-based, clear, and easy access education on QS is crucial for QS implementation.

A good tool to overcome barriers on QS implementation is to link QS certification with funding

DELPHI 2nd ROUND

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Written online survey
- 5th July – 2nd August

QS experts
- 27 participants (73%)
- 59% Prevention
- 33% Harm Reduction
- 30% Treatment
- 15% Others (mix)

Method
- 41 statements from 1st round
- Possibility of adding new statements (area, category, others)
- Agreement, disagreement, partial agreement (rephrasing)
- \> or = 85% agreement = maintained
- \> or = 15% disagreement = deleted
- Between 70 and 85% agreements rephrased

DELPHI 2nd ROUND

Results = 34 statements (31 from 1st round + 3 new)

- New
  - It is key to inform practitioners and decision-makers of the ethical character and the added value of a good theoretical and evidence-based design of prevention programmes, based on QS

- Maintained (e.g.)
  - Dissemination of existing QS in a coordinated and continuous manner and with accessible language is essential to create awareness around QS and to facilitate its implementation on the ground.

- Deleted (e.g)
  - ~~Both communities (service beneficiaries) and their families should be involved in the development of QS and guidelines.~~
  - ~~There should be non-coercive incentives for the implementation of QS~~ .

- Rephrased
  - Promoting a quality-aware corporate culture where ~~Lack of an organizational culture of~~ monitoring and evaluation are integrated into the work is a facilitating factor ~~are key barriers~~ for the implementation of QS
  - Policies on QS should be decided at ~~the national level~~ the appropriate level according to countries/regions structure (e. g. supranational, national, regional, or local level)

DELPHI 3rd ROUND

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Rating online survey

- 15th August – 5th September

QS experts

- 26 participants
- 65% Prevention
- 35% Harm Reduction
- 23% Treatment
- 15% Others (mix)

Method

- 34 statements from 2nd round
- Rating on a 5 point Likert scale (strongly agree- strongly disagree)
- > or = 48% SA
- > or = 84% SA +A
- No strong disagreement

3rd ROUND
Results = 15 statements

	Statement	category
1	The involvement of various stakeholders is key for a successful implementation of QS in drug demand reduction. All involved stakeholders should have a sense of ownership around QS and there should be attention to building trust and achieving power balance among the different actors	collaboration
2	"To be achievable, QS should be implementable (practical and feasible) and should be adapted to the needs of the field (practitioner level), drug policies of countries, and available funding".	collaboration
3	"Dissemination of existing QS in a coordinated and continuous manner, and with accessible language, is essential to create awareness around QS and to facilitate its implementation on the ground".	communication
4	"Dialogue between research and practice should be encouraged to plan QS that are implementable and to assure QS implementation is monitored and evaluated".	communication
5	"Communication about the creation and use of QS should be simple, accessible to the field, and pay attention to seeking common ground and an equal level of influence across different stakeholders (service beneficiaries, academics, policymakers, etc.)".	communication
6	"Good communication between policymakers, researchers, and professionals about the needs and priorities of the target groups and the results of existing programs is key to QS implementation".	communication
7	"Communicating around QS goals, processes, and indicators, as well as its results (evaluations) are essential for stakeholders to understand QS importance and to be aware of gains of implementing them".	communication
8	"It is important to have a basis in the legislative and strategic framework (e. g. law, national strategy, action plan, guidelines, etc.) for promotion and implementation of QS".	support structure
9	"QS implementation must be supported at national, regional, and local levels to be successful".	support structure
10	"There should be a regular review of QS to adapt them to developments in the field as well as regular monitoring and evaluation of QS implementation. This should include ongoing and regular inclusive consultation of the various stakeholders".	support structure
11	"Continuous, evidence-based, clear, and easy access education on QS is necessary for QS implementation and quality assurance".	education
12	"Education on QS can involve e-learning platforms, teaching about QS in initial professional education, coaching on the job, training sessions, field testing of QS implementation, and sharing good practices".	education
13	"Exposure to QS (study visits, traineeships) in other countries/regions is very useful, it is possible to adapt some elements from there to the home country".	education
14	"Dedicated and sustainable funding is needed to achieve a successful implementation of QS".	funding
15	"QS implementation often must be planned over the long term (>5 years) and developed through a variety of smaller programs (varying scope, structure, targets). Therefore, it needs continuous political and financial support".	funding

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CONCLUSIONS

- Good collaboration, communication, education, support structure and funding are key for QS implementation
- However, many of these essential features are not controlled by those responsible for ground implementation
- Strengths: Multi disciplinary, multi country panel with high rate of engagement
- Limitations: general statements remained; ?; no different statements on QS implementation per area; applicability in practice?
- Next steps: toolkit + field testing

Collaboration

Statement 1

+ **The involvement of various stakeholders is key for a successful implementation of QS in drug demand reduction. All involved stakeholders should have a sense of ownership around QS and there should be attention to building trust and achieving power balance among the different actors.**

Statement 2

− **To be achievable, QS should be implementable (practical and feasible) and should be adapted to the needs of the field (practitioner level), drug policies of countries, and available funding.**

What can you do as a service provider?

- Try to make the QS as close to the practice and operation of your organisation as possible: if they are too abstract, operationalise the quality standards and discuss with your staff how they relate to their everyday work in the field; how they can be translated into concrete actions.
- Acquire separate funding for the QS implementation process: maybe special strategies, programmes and/or funding frameworks have been recently introduced by the government or local authorities? Given that the funding is limited, you may consider adopting the 'baby steps' approach. You would then focus on one (or just a few, depending on your capacity and funding) quality standards at the time. When your service manages to implement it, you (meaning all relevant stakeholders) choose the next one and implement it.

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