

QUALITY MANAGEMENT IN PREVENTION OF RISK BEHAVIORS IN SCHOOL SETTING: A CASE STUDY FROM CZECH REPUBLIC

Elizabeth Novakova

Department of Addictology

First Medical Faculty and General Hospital

Charles University in Prague

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Developing and implementing a national quality assurance policy and control policy in school-based prevention of risk behaviors: a case study

Michal Miovský, Tereza Černíková, Elizabeth Nováková & Roman Gabrhelík

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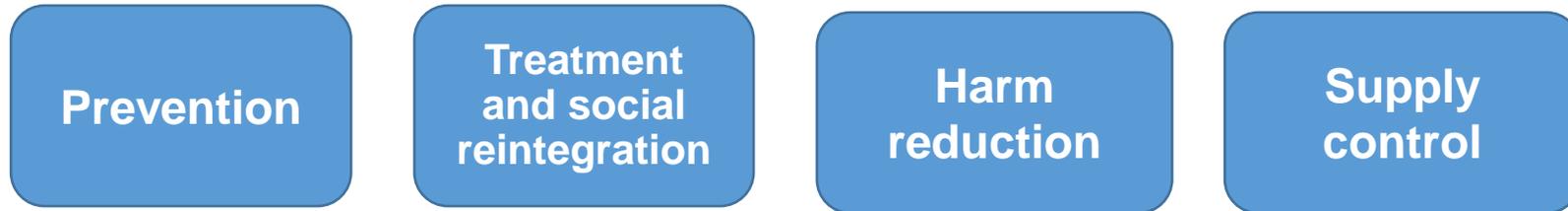
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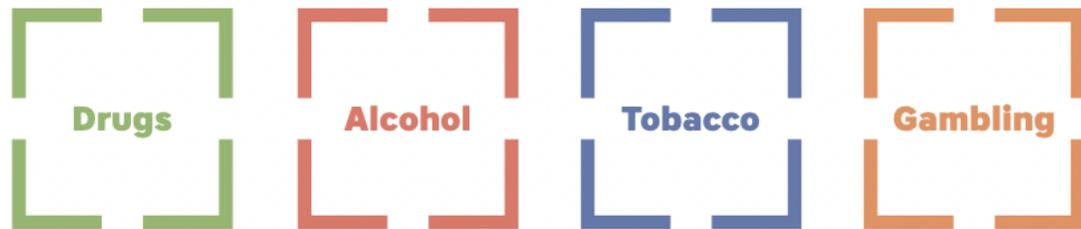


THE CONTEXT OF DRUG POLICY

Drug Policy Cornerstones



Integrated drug policy



Quality assurance

- **Quality standards** for prevention, treatment and social reintegration and for harm reduction
- **Certification** of professional competence based on compliance with quality standards

NATIONAL LEVEL



National Strategy

- > Action plans for the implementation of the national strategy
- > Annual reports (latest developments concerning drug use and gambling)

REGIONAL LEVEL

Regional Authorities

- > Regional drug coordinators
- > Drug commissions
- > Working groups

Regional strategies and plans

- > Annual reports on the implementation of regional drug policies

LOCAL LEVEL

Municipal authorities

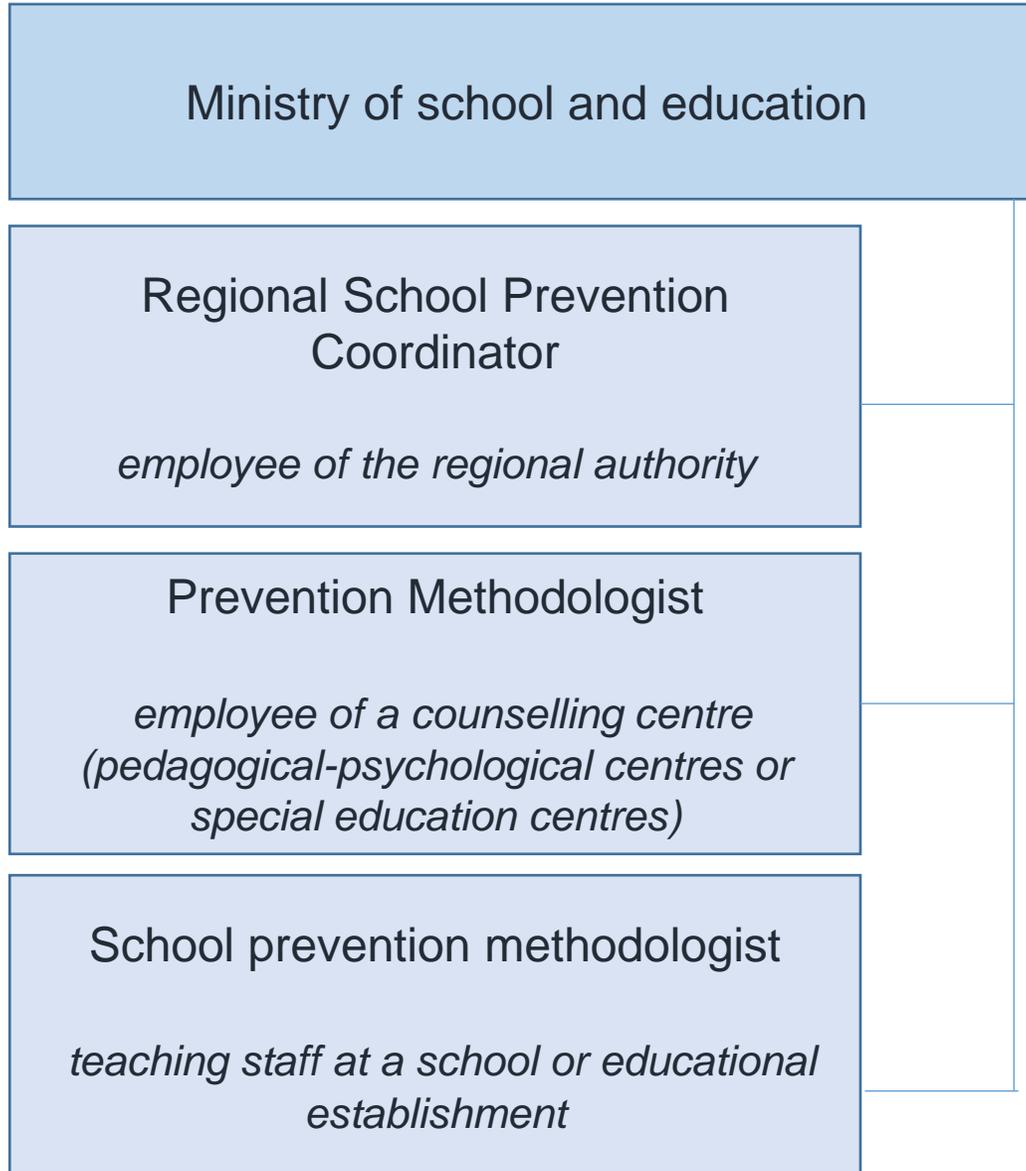
- > Local drug coordinators (contacts for drug-related issues)

Local municipal drug policy plans

- > Reports on the implementation of drug policies



SCHOOL BASED PREVENTION



RISK BEHAVIOUR

- Truancy
- Bullying and extreme aggression
- Risky sports and risky behaviour in transport
- Racism, xenophobia
- Negative influence of sects
- Sexual risk behaviour
- Prevention in addictionology
- Spectrum of eating disorders
- The range of disorders and problems associated with CAN syndrome

METHODOLOGY OF RESEARCH

- Lack of practical implementation studies in the field
- Narrative review processed according to the Scale for the Assessment of Narrative Review Articles (SANRA) (Baethge, Goldbeck-Wood, & Mertens, 2019)
- Databases: Academic Search Ultimate, Charles University Central Catalogue, EBSCO eBooks, UK Electronic Resources Portal, Institute of Scientific Information, JSTOR, Kramerius 5, Oxford University, SALIS, Science Direct, Google Scholar, Scopus, Springer, Taylor & Francis, and Web of Science
- Identification of key information sources, including grey literature, categorisation and systematisation of data
- Content analysis aimed at identifying relevant subject areas and their content

RESULTS

- In order to identify and describe the process, 4 categories were created:
- (1) temporal data on the **basic decisions and steps** associated with the design of the quality management system and its implementation;
- (2) **key stages of the conception and implementation process** and **key factors** influencing the development (e.g. government strategies, institutional involvement, specific projects);
- (3) key **milestones**, changes in its basic design and the factors that influenced these changes;
- (4) **barriers** to full implementation and key factors indicative of the process of implementation



A reflection on 25+ years of developing and implementing a quality prevention and management system

UNCERTAIN BEGINNINGS (1993-1998)

- A period of fragmentation, inconsistency and low coordination
- The first national drug strategy lacked specific strategies for school prevention¹⁾
- The first concept of school prevention was created by the Ministry of Education in 1998 (but only included prevention of substance use)
- In 1995, the Interministerial Drug Commission was established (since 2002 GCDPC)



School-based drug prevention became a priority of the government's *Phare Twinning 2000 project* (cooperation between the Czech Republic and Austria between 1999 and 2001), which had a major impact on the development of the whole prevention system and its quality management.

¹⁾ Kalina, 1993

FIRST STEPS TOWARDS QUALITY STANDARDS (1999-2004)

- Needs analysis and evaluation showed a **lack of a unified vision, unclear roles and no quality policy**
- Ministries had developed standards and concept documents¹⁾, but lacked monitoring or evaluation tools
- The ministry's limited overview led to **inadequate quality control** and ineffective management of the prevention system²⁾



The *Phare project* team appointed an **expert working group** that developed **the first form of QS** for school-based prevention³⁾ inspired by QS for treatment and harm reduction⁴⁾

- Despite fruitful discussion, no practical steps have been taken towards widespread implementation

1) Ministry of Education, 2005; Ministry of Interior, 2007

2) Miovský & Van der Kreeft, 2002

3) Miovsky et al., 2002

4) Kalina et al., 2001; Kalina, 2000

EXTENSION OF THE PREVENTION CONCEPT (2005-2008)

- Decision of the Ministry of Education to introduce QS for school prevention into practice
- **Update and revision** of the first version of the QS with the involvement of experts from the Phare project and the GCDPC
- Expectation of spontaneous action, without a concrete implementation strategy
- **Extension of the concept of prevention** to include other forms of risk behaviour



Expectations were not met. The QS were used by providers in the NGO sector, but providers outside the sector refused to implement them in practice.

FROM THEORY TO PRACTICE AND BACK AGAIN (2008-2011)

- **First RCT** study in the field of prevention¹⁾
- Formation of a **core group of experts**²⁾, establishment of the research Centre of Adictology at the 1st Faculty of Medicine of Charles University (current **Department of Addictology**)
- The Ministry of Education decided to start an EU-funded project to implement the QS³⁾ - **VYNSPI I**
- The emergence of key system components:
 - ✓ General **framework** of school prevention and its infrastructure⁴⁾
 - ✓ **QS** and **certification** documents⁵⁾
 - ✓ Four-level model of **qualification levels** of prevention workers⁶⁾
 - ✓ Extensive **evaluation** studies⁷⁾

1) Miovský, Št'astná, Gabrhelík, & Jurystová, 2011

2) see e.g. Miovský, Kubů, & Miovská, 2004

3) Miovský et al., 2015

4) Gabrhelík et al., 2012; Miovský, 2015

5) Pavlas Martanová, 2012

6) Charvát, Jurystová, & Miovský, 2012

7) Nevoralová, Pavlovská, & Št'astná, 2012

OWN WAY FORWARD (2012-2015)

- The follow-up project VYNSPI II enabled pilot testing
- The individual components continued to evolve independently¹⁾ :
- ✓ **The QS and certification process were revised** to include all forms of risk behaviour²⁾
- ✓ **Qualification standards were piloted**
- ✓ **The School-based Prevention Activity Evidence system (SEPA)** was inspired by the EDDRA quality system (EMCDDA) and the database of prevention programmes developed for Serbia³⁾

- The implementation of the QS involved the Ministry of Education, the GCDPC and the National Institute of Education, which took on the role of the certifying agency
- After piloting the QS, it was found that a barrier to implementation was the limited authority of the Ministry of Education to assess the qualifications of health and social workers in practice

¹⁾ Miovský et al., 2015

²⁾ Pavlas Martanová, 2012

³⁾ Gabrhelik, 2015

2 STEPS FORWARD, 1 STEP BACK (2016-2020)

- Years of crisis, especially for QS and certification (challenged and doubted by non-NGO providers)
- Situation escalated **by suspension of certifications in 2019**
- The Ministry of Education justifies the move on the grounds of legal uncertainty¹⁾, but it can be assumed that systematic efforts to discredit the system have contributed to mistrust of it
- Also link between certification and public funding (pressure on quality) has proved to be a problem
- There is still no formal definition of a prevention professional

BUT...

- Establishment of the Professional Society for the Prevention of Risk Behaviour (OSPRCH) in 2016
- The SEPA system is used by schools as a monitoring and evaluation tool
- In 2020, it demonstrated its strengths in a rapid assessment of the impact of the COVID-19 pandemic on school prevention²⁾

¹⁾ MoE & National Institute of Education, 2021

²⁾ Lukavská, Burda, Lukavský, Slussareff, & Gabrhelík, 2021

AND NOW...?

- Instability in the quality management system prevails since 2019
- Despite the efforts of the GCDPC, certification is not renewed
- Difficult coordination of a large number of stakeholders also contributed to this situation
- The introduction of QS had a significant impact on the NGO sector, while private sector providers and police representatives were strongly opposed to its implementation in practice
- These providers continue to enter schools with potentially harmful prevention interventions

- The process of establishing and implementing a quality system in school-based prevention can be divided into 6 stages, characterised by different outcomes
- Despite the obstacles, the emergence of a unique and original system at the national level can be observed
- In addition to **QS** and **certification process**, it also includes **qualification standards**, a **system for monitoring interventions (SEPA)** and **ethical standards** (made by OSPRCH)
- Although there is a cultivation of a "culture of prevention" in the professional community and efforts to restore a positive direction, it is challenging to share a common language across all stakeholders and to define roles, responsibilities and accountabilities

Department of Addictology, First Faculty of Medicine, Charles University & General University Hospital in Prague



elizabeth.novakova@lf1.cuni.cz