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CORDROGUE 52

NOTE

From:	Presidency
To:	Horizontal Working Party on Drugs
Subject:	Proposed list of EU minimum quality standards in drug demand reduction

Delegations will find below the list of EU minimum quality standards in drug demand reduction as proposed by the expert group and amended, to take into account the delegations' comments received during the subsequent meetings of the Horizontal Working Party on Drugs.

This document has been prepared as a supporting technical document to facilitate discussions at the Horizontal Working Party on Drugs and to prepare a proposal for the Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union.

It must be underlined that the proposed standards listed below are preliminary and in light of the discussions at the Horizontal Working Party on Drugs, might differ from the final list to be set out in the abovementioned Council conclusions.

1. Introduction

The proposal of 20 standards, which have been outlined in this paper, was prepared by the expert group established under the Italian Presidency and presented at the meeting of the Horizontal Working Party on Drugs on 10 December 2014. In order to support formulation of the standards, additional methodological elements, which are vital for the implementations and monitoring, are presented in this document under each standard, these are:

- Measure of achievements – indicates implementation of standards;
- Equality assessment - indicates that specific standard respects equality and does not introduce discrimination;
- Assumptions - refer to the analysis of the assumptions under which the standard is expected to be achieved;
- Risks - indicate the risks threatening the satisfaction of the standard.

The monitoring of the implementation of the proposed EU minimum quality standards in drug demand reduction is envisaged by using current reporting practice and tools, in particular data from Member States collected by EMCDDA and, upon identification, data from other international organisations such as United Nations Office on Drugs and Crime and World Health Organisation or national data will be considered.

2. Proposed EU minimum quality standards in drug demand reduction

PREVENTION

Objective

Agree and commence the implementation of EU minimum quality standards, that help bridge the gap between science and practice, for (a) environmental, universal, selective and indicated prevention measures; and (b) early detection and intervention measures[1];

Statement of principle

Prevention interventions are based on evidence and priority is given to the implementation of programmes and interventions that are proven to be effective. Newly designed prevention interventions are properly evaluated and based on manualised programmes and/or standardized processes. Those designing and/or implementing prevention interventions are among trained or specialized professionals from accredited or recognised institutions or NGOs.

STANDARD 1

Prevention interventions are targeted and/or delivered to populations and sub-populations, where an identified substance use problem or related risk of problem arising, is present

Measure of achievement: reports on the implementation contain information on rationale, needs assessment, availability and accessibility.

Equality assessment: interventions delivered do not create competitions among the needs of the target populations.

Assumptions: decision makers are able to detect and interpret the needs of the target population and to identify which evidence-based[2] interventions meet those needs.

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1 Explanation of terms used here and further in the text are available at the EMCDDA online glossary // http://www.emcdda.europa.eu/publications/glossary

2 Evidence-based is based upon a systematic analysis of the best available evidence, making use of the evidence, and ensuring correspondence with the evidence (*European drug prevention quality standards. EMCDDA, Lisbon, December, 2011)*

Risks: insufficient data on the needs and characteristics of the target population and/or lack of knowledge about evidence of effectiveness.

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STANDARD 2

Prevention interventions respect ethical principles, human rights and cultural characteristics taking into consideration gender issues and health inequalities

Measure of achievement: reports of programmes implemented, including respect of ethical principles, human rights and cultural characteristics, are available and published.

Equality assessment: efforts have to be put in place to recognize the specificity of a country's culture and context, ensuring equal outcomes for vulnerable groups, people with co-morbidity and prisoners.

Assumptions: ethical principles and human rights are clearly defined and those designing and/or implementing prevention interventions have access to information on the cultural characteristics of the target population.

Risks: adaptation of evidence-based programmes to cultural characteristics (and in general) could endanger the effectiveness of programmes.

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STANDARD 3

Those developing prevention interventions hold competencies and expertise on prevention principles, theories and practice, are well trained and/or specialised professionals who have the support of public institutions (education, health and social system) or work for the accredited or recognised institutions or NGOs

Measure of achievement: education background and training of those designing prevention interventions is mentioned in the reports about prevention programmes.

Equality assessment: training and knowledge in prevention practice is equally available for those designing prevention interventions

Assumptions: training is available for those designing prevention interventions.

Risks: lack of resources and funds to ensure timely and effective education.

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STANDARD 4

Those implementing prevention interventions have access to and rely on evidence-based programmes and/or quality assurance standards

Measure of achievement: reports on implementation of interventions contain information on the use of evidence and standards to inform implementation.

Equality assessment: dissemination of effective programmes and the relevant materials to all actors involved in implementing prevention programmes and interventions is feasible.

Assumptions: databases of prevention programmes contain information on the effectiveness of interventions, on process and outcomes evaluation and include information on how they were adapted, implemented (including obstacles and facilitating factors).

Risks: database of programmes may lack appropriate information on implementation materials and evidence: linguistic barriers and cultural characteristics can be a factor.

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STANDARD 5

Prevention interventions form part of a coherent long-term prevention plan and are appropriately monitored on an on-going basis allowing for necessary adjustments and are evaluated using evidence-based tools

Measure of achievement: appropriate description of strategies to ensure that prevention interventions form part of a coherent long term prevention plan appropriately monitored and evaluated.

Equality assessment: monitoring and evaluation are equally available for all kinds of prevention interventions and programmes. Innovative projects are not excluded from the established plans.

Assumptions: monitoring and evaluation are available for prevention interventions and programmes. Where available, drug strategies include prevention objectives and measurable results.

Risks: information not available or not accessible (language barriers, inaccessibility of the sources). Lack of funds and expertise.

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RISK AND HARM REDUCTION

Objective

Agree and commence the implementation of EU minimum quality standards that help bridge the gap between science and practice, for: risk and harm reduction measures;

Statement of principle

Measures for the reduction of drug use-related risks and harms are offered to those in need, independently from their treatment status. Goals are realistically set, confidentiality is ensured and in case of need: prompt referral to other services is guaranteed. Risk and harm reduction interventions are provided by qualified and trained staff who avail of continuous professional development.

STANDARD 6

Measures for the reduction of risks and harms, including but not limited to infectious diseases and drug-related deaths, are realistic in their goals, are widely accessible, tailored according to the needs of the target populations, respecting confidentiality and human rights

Measure of achievement: reports on risks and harm reduction interventions address accessibility, confidentiality, respect of human rights and the needs of the target population.

Equality assessment: efforts need to be put in place to diversify the interventions and consider target populations beyond the injecting drug users.

Assumptions: evidence, or innovative research, is available for interventions, including those addressing non-injecting drug users.

Risks: appropriate studies on the design and delivery of risks and harm reduction interventions are not feasible for ethical and other reasons.

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STANDARD 7

Risk and harm reduction interventions are available to all in need including in higher risks situation (such as prison, following release from treatment or prison, and recreational settings)

Measure of achievement: national evidence of coverage of risks and harm reduction interventions for all target groups, including those in higher risk situations.

Equality assessment: efforts have to be put in place to improve the level of communication and cooperation among all relevant services.

Assumptions: exchange of information and referral among agencies is feasible.

Risks: separateness and lack of infrastructure prevents effective communication and referrals.

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STANDARD 8

Appropriate interventions, information and referral are offered according to the characteristics and needs of the service users, independently of their treatment status

Measure of achievement: evidence of diversification of intervention offer (outreach, low threshold, needle and syringes distribution).

Equality assessment: efforts have to be put in place to improve level of communication and cooperation among services.

Assumptions: sufficient evidence on the characteristics of the target populations and the appropriate interventions is available.

Risks: sources of data may not be sufficiently detailed to measure the achievements.

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STANDARD 9

Risk and harm reduction interventions are, based on scientific evidence and experience and provided by qualified and trained staff who avail of continuous professional development and ~~in~~ respect principles of confidentiality and human rights

Measure of achievement: Program reports include references to evidence used and information on the provision of qualification and training of staff.

Equality assessment: Qualification and training is required and provided for staff in all settings. Equal access for all clients to services regardless of social, ethnic or gender status.

Assumptions: organizations relying on volunteers have possibility of providing training for them. There is equal access to risk and harm reduction services for the target population.

Risks: Difficulties in finding documentation on the process to protect individual confidentiality; limited availability of volunteers in the organizations. Social isolation and marginalization of the target population. Difficult access to the target population. Poverty, and food insecurity in particular is significant barriers to motivate target group to reduce risky behaviours.

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STANDARD 10

Risk and harm reduction interventions are properly designed and implemented, duly monitored and evaluated

Measure of achievement: studies and current data on process and/or outcomes evaluation for risk and harm reduction programmes, show evidence of proper design, implementation, monitoring and evaluation.

Equality assessment: the process and/or outcomes evaluation does not limit the availability of interventions (programmes not obtaining the expected outcomes are improved and not simply dismissed).

Assumptions: programmes for quality assurance exist and are available for all the services. Evaluation is conducted in close cooperation with the providers of interventions.

Risks: information for the assessment of outcomes is not available due to the nature of the interventions provided (anonymity of clients, absence of record keeping etc.).

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TREATMENT AND REHABILITATION

Objective

Agree and commence the implementation of EU minimum quality standards, that help bridge the gap between science and practice, for treatment, rehabilitation, social integration and recovery measures.

Statement of Principle

Drug treatment is based on scientific evidence and practical experience, respect of human dignity, confidentiality and patients informed consensus, and is administered to those in need according to individual characteristics and needs. Service and interventions are provided by qualified and trained staff who avail of continuous professional development.

STANDARD 11

Drug treatment is based on scientific evidence and provided by qualified and trained staff who avail of continuous professional development

Measure of achievement: guidelines based on scientific evidence are available and in use at national level.

Equality assessment: efforts need to be put in place to strength dissemination and capacity for adapting existing guidelines.

Assumptions: each country has access to tools based on scientific evidence and can invest in proper implementation of these tools.

Risks: language barriers and resources limitations.

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STANDARD 12

Treatment respects ethical principles, confidentiality, human rights and cultural characteristics, and is respectful of the individual's dignity, responsibility, and preparedness to change

Measure of achievement: regulations and guidelines on treatment contain ethical and human rights, including the respect of individual dignity, responsibility and preparedness to change.

Equality assessment: efforts have to be put in place to empower minority groups: migrants, minors, prisoners, homeless, people with co-morbidity and other.

Assumptions: regulations include referral to human rights.

Risks: Lack of reporting data.

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STANDARD 13

Appropriate evidence-based treatment is tailored according to individual characteristics and needs

Measure of achievement: evidence of diversity of treatments on offer.

Equality assessment: this standard might be easier to implement in those countries that have in place a detailed monitoring system.

Assumptions: availability of data or capacity to identify and adequately interpret proxy measures.

Risks: lack of availability of data.

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STANDARD 14

Treatment is available to all in demand of it within a reasonable time and provides continuity of care

Measure of achievement: evidence of coverage, improved waiting times and treatment in all relevant settings, including prisons, is available.

Equality assessment: treatment facility placed geographically close to those in demand of it.

Assumptions: location of treatment services is known.

Risks: lack of availability of data, in particular on waiting list or within the prisons.

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STANDARD 15

In treatment and social integration interventions and services, the goals are set on a step by step basis, periodically reviewed and possible relapses appropriately managed

Measure of achievement: evidence of diversity, availability, coverage and accessibility of comprehensive and integrated treatment services.

Equality assessment: treatment facilities are equal in the provision of incentives and consequences.

Assumptions: minimum cultural grounds on what represents the accepted level of tolerance to relapse.

Risks: ambiguity between tolerance and acceptance of misconduct.

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STANDARD 16

Treatment and social integration interventions and services are based on informed ~~consensus,~~ consent, are patient-orientated, and supports patients' empowerment

Measure of achievement: effective models of case management are implemented and evaluated.

Equality assessment: patients are equally given the opportunity to effectively take responsibility for their treatment pathway.

Assumptions: availability of data.

Risks: lack of detailed information.

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STANDARD 17

Treatment and social integration interventions are properly designed, implemented, duly monitored and evaluated

Measure of achievement: reports, studies and current data on process and/or outcomes evaluation of treatment programmes, show evidence of proper design, implementation, monitoring and evaluation.

Equality assessment: programmes with less resources are helped to implement monitoring and evaluation rather than being penalized.

Assumptions: data on monitoring and evaluation from all the countries exist and are accessible. Evaluation is conducted in close cooperation with the providers of interventions.

Risks: differences in availability of data (linguistic barriers and differential access to publication on international journals).

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STANDARD 18

Treatment interventions and services are integrated with social support services (education, housing, vocational training, welfare) aimed at the social integration of the person

Measure of achievement: evidence of the availability and accessibility of clinical and social interventions

Equality assessment: every service user in need has access to social support according to their needs and potential for recovery.

Assumptions: availability of data to measure the achievement.

Risks: difficulties in identifying and collecting the data to measure the achievement.

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STANDARD 19

Treatment services are monitored and subjected to internal and external evaluation

Measure of achievement: data on monitoring and evaluation of treatment services.

Equality assessment: evaluation is aimed at improvement of quality and the services are helped to implement quality improvement measures.

Assumptions: monitoring tools and evaluation budget are available. Evaluation is conducted in close cooperation with the treatment services.

Risks: lack of information on quality assurance due to access difficulties (i.e. only in national language) or lack of national accreditation agencies or authorities.

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STANDARD 20

Treatment programmes provide voluntarily testing for blood-borne infectious diseases, counselling against risk behaviours and assistance to manage illness

Measure of achievement: the availability of voluntary testing for blood-born infectious diseases, counselling against risk behaviours and assistance to manage illness in treatment programmes (e.g. proportion of treatment programmes with availability).

Equality assessment: screening for infectious diseases is voluntary and no discrimination is applied to those who refuse.

Assumptions: update information on screening and referral exist and are available.

Risks: information exists but is not readily accessible.