

## ABOUT EDPQS

- European Drug Prevention Quality Standards (EDPQS)
- 2008-2015 → beyond – [UPC, ASAP, EPPIC, local/national adaptations]
- 13 partners in 12 countries + EMCDDA & UNODC
- Led by Liverpool John Moores University, UK



Supported by the Drug Prevention and Information Programme of the European Union.

# SOME EXAMPLES OF EDPQS DISSEMINATION



- Consensus- and awareness-building activities (surveys, focus groups)
- Local use and adaptation
- Funding criteria, National Drug strategy, training and communities of practice
- Different resources for different audiences
- Supported by resources on adaptation and training

## CHALLENGES FACED BY EDPQS

- Achieving high quality in prevention is a long-term process which must involve stakeholders at the top, and those working at grassroots level
- Many professionals want to improve their prevention practice but don't always know how
- **Quality standards can support this process but only if they offer a solution to practical day-to-day problems faced by prevention professionals working within these system**

## CHALLENGES FACED BY PREVENTION

- Weakness in many approaches to drug prevention that are planned, implemented and evaluated at a micro-level
- Evaluated for impact on behaviours and outcomes for individuals and groups, without consideration of characteristics of the whole (complex) system in which they are situated, and which are essential for sustainability and overall programme effects
- Prevention programmes/interventions are just one amongst many important ‘implementation objects’

## REALITIES?

- Failure to translate research knowledge into policy and practice wastes resources and means that high risk populations are unable to receive the support and care that might most benefit them
- Lack of well-developed treatment and prevention systems to support the integration of standards with relevant policy, and delivery of services and actions
- Quality standards and guidelines in the health field are **aspirational**
- Gap between research findings and recommended guideline actions
- **Symbolic value of 'evidence based' approaches vs reality**

# MINIMUM VS IDEAL STANDARDS

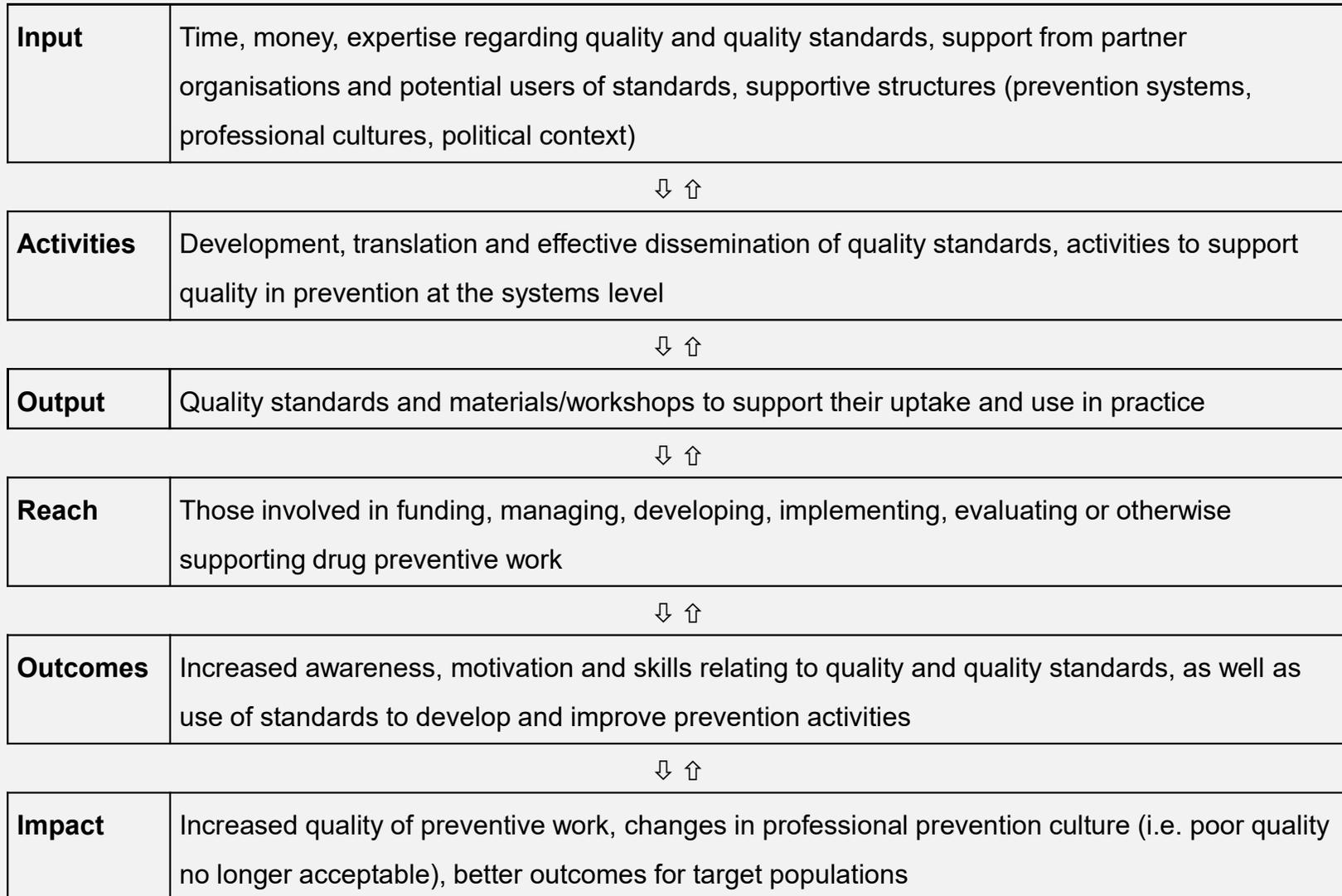
## **Basic Standards**

- Applicable to all prevention work
- Provide a reference framework or a basic 'starting point' in prevention
- Achievement of basic standards demonstrates high quality prevention work – not necessarily effective work

## **Ideal Standards**

- Not all expert standards are applicable to all projects
- Represent the 'gold standard' of prevention work
- More applicable to larger, well funded strategies, projects and organisations

# EDPQS THEORY OF CHANGE



## SUPPORTING UPTAKE OF QUALITY STANDARDS

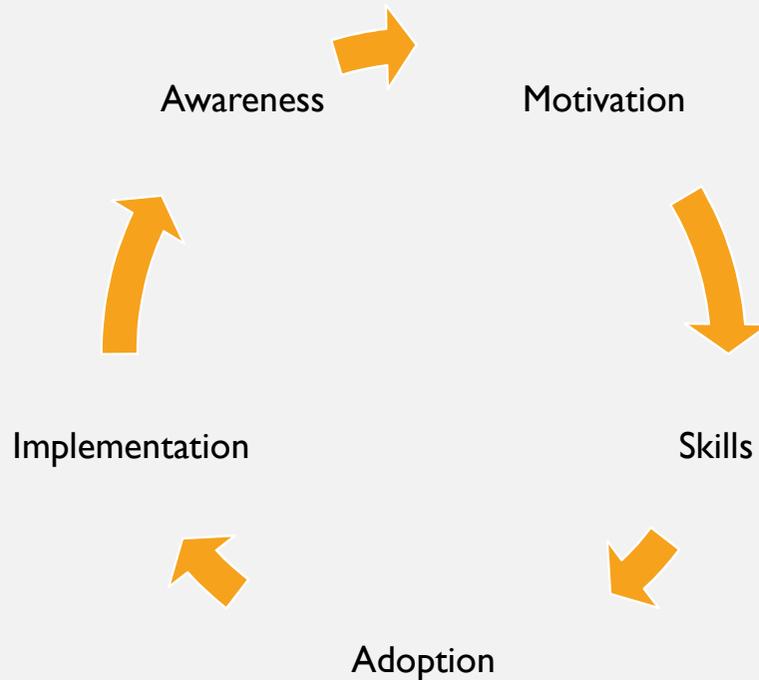
Awareness of  
funding and political  
environment

A deficit model of  
influence is not  
appropriate

Charismatic leaders  
and orators key

Diffusion initiatives  
embedded in an  
organisational  
implementation  
strategy

# HOW DO WE SUPPORT CHANGE?



- **Prevention structure**
- **National Policy**
  
- **Translate – language of prevention**
- **Professional culture and skills**
  
- **Funding streams**
- **Evaluation culture**
- **Incentives & Empowerment**

# PREVENTION CULTURE

- Prevention culture is not just those standards, actions, and goals to which stakeholders attribute intrinsic worth, but also reflects broader and dynamic societal perspectives on health and social behaviour and how those individuals and groups that engage in such behaviours should be viewed and managed
- Professional cultures (or groups) can be targeted directly, but cultural change is better understood as a slow and dynamic process involving small changes on many different aspects over a longer period of time (including changes which may be outside of the control of prevention professionals and organisations)

(Sumnall, 2019)

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