



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

# FENIQS-EU FINAL CONFERENCE

Assessment of QS application  
in the EU and implementation  
needs and challenges (WP2)

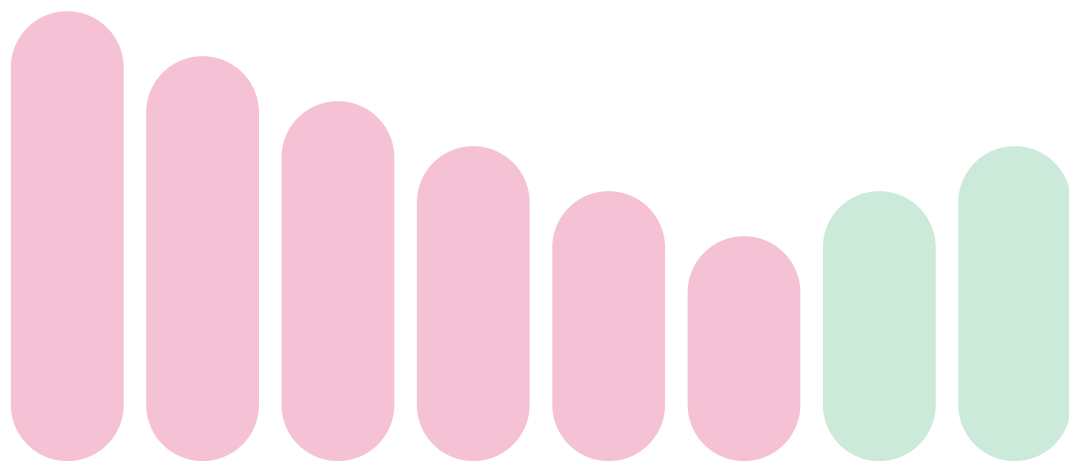
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June 12<sup>th</sup> to 13<sup>th</sup>, 2023., Prague

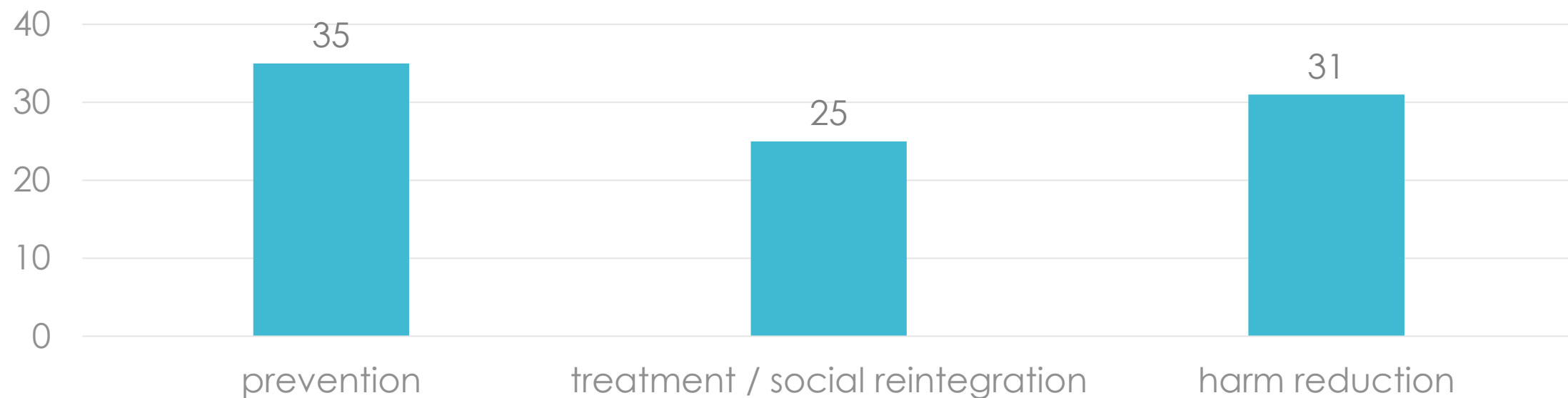


# Assessment of the current state of QS implementation in the EU online research

- 3 versions of the online surveys were developed, one for each drug demand reduction (DDR) area
- Key informants were identified
  - EMCDDA – National Focal Points
  - Partner DDR networks (IREFREA, Euro-TC, C-EHRN, EUFAS...)
- Snowball method - initially identified key informants recommend other experts who could be a valuable source of information
- Timeline of online research: June 10th 2021 to October 15th 2021
- 91 surveys completed from 27 countries

# Assessment of the current state of QS implementation in the EU

Number of completed surveys in each DDR area



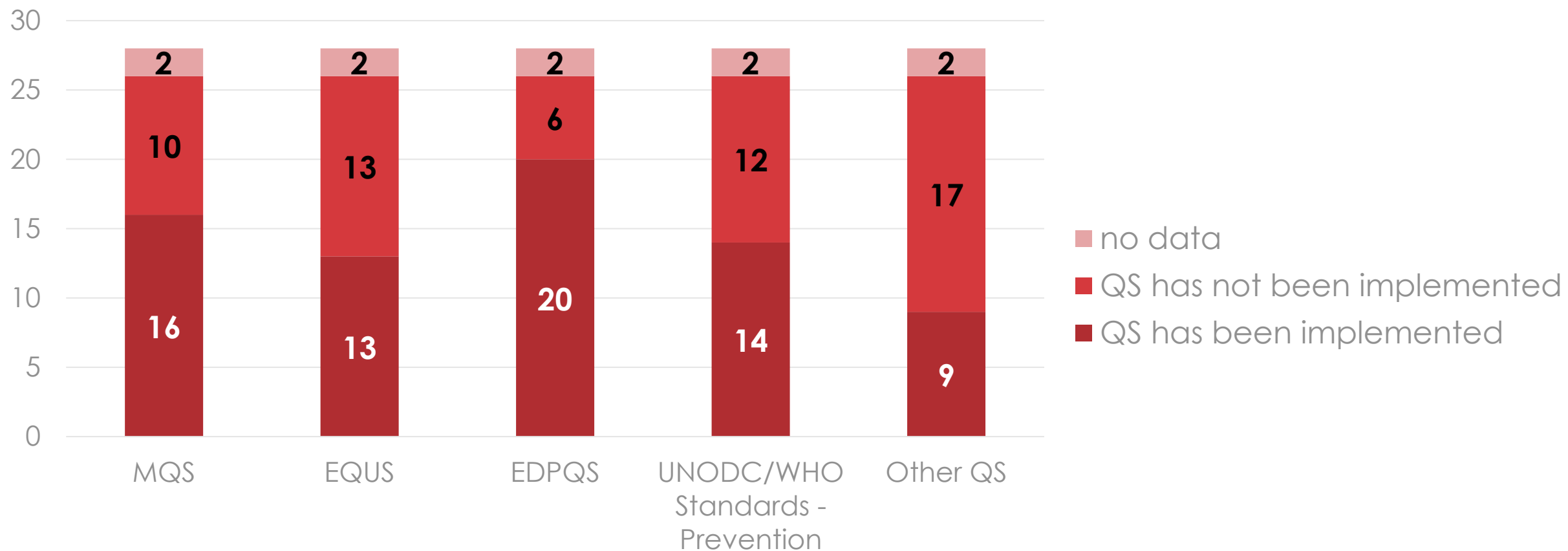
# Identification of barriers, needs and challenges in implementing QS

## Interviews with key informants

- Semi-structured telephone interviews with key representatives from countries that report QS implementation or where information were missed
- 26 interviews
  - 8 prevention area
  - 9 treatment/social reintegration area
  - 9 harm reduction area

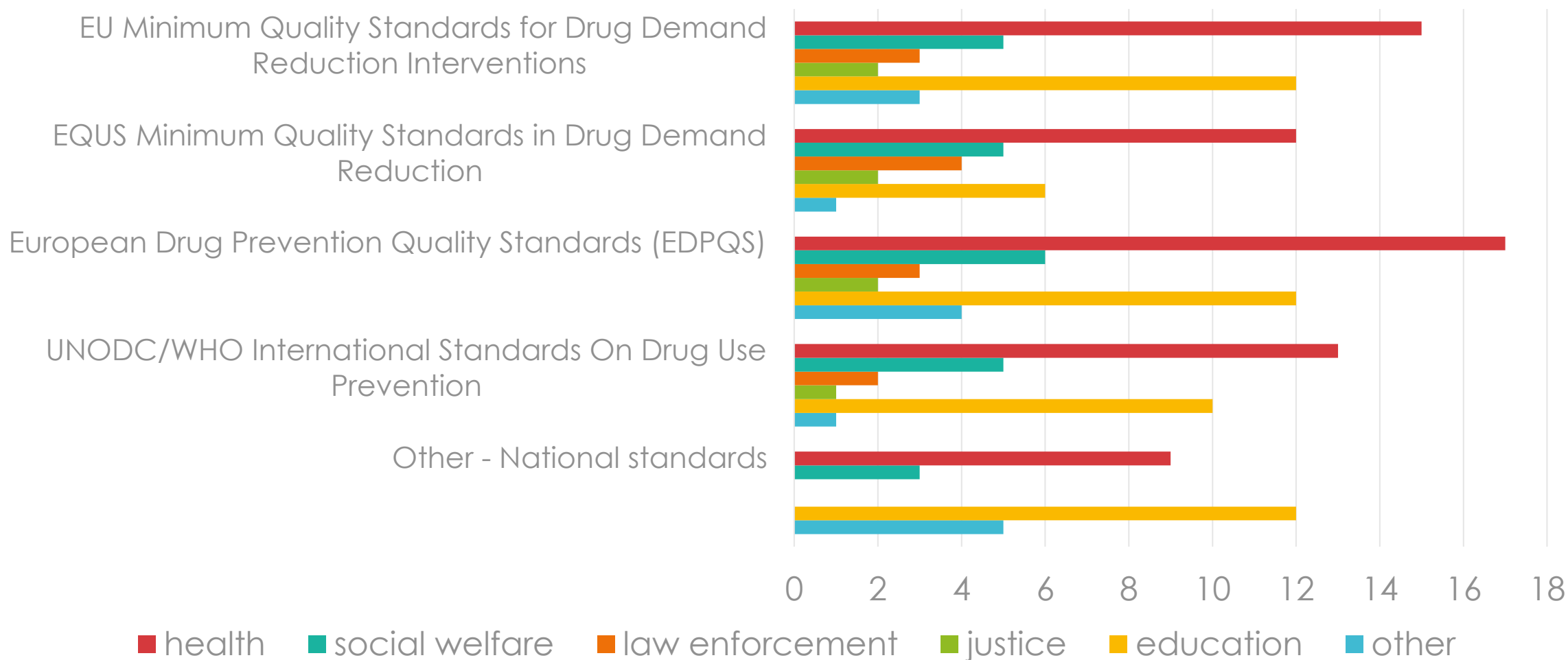
# Main results

## Number of countries implementing QS in the prevention area



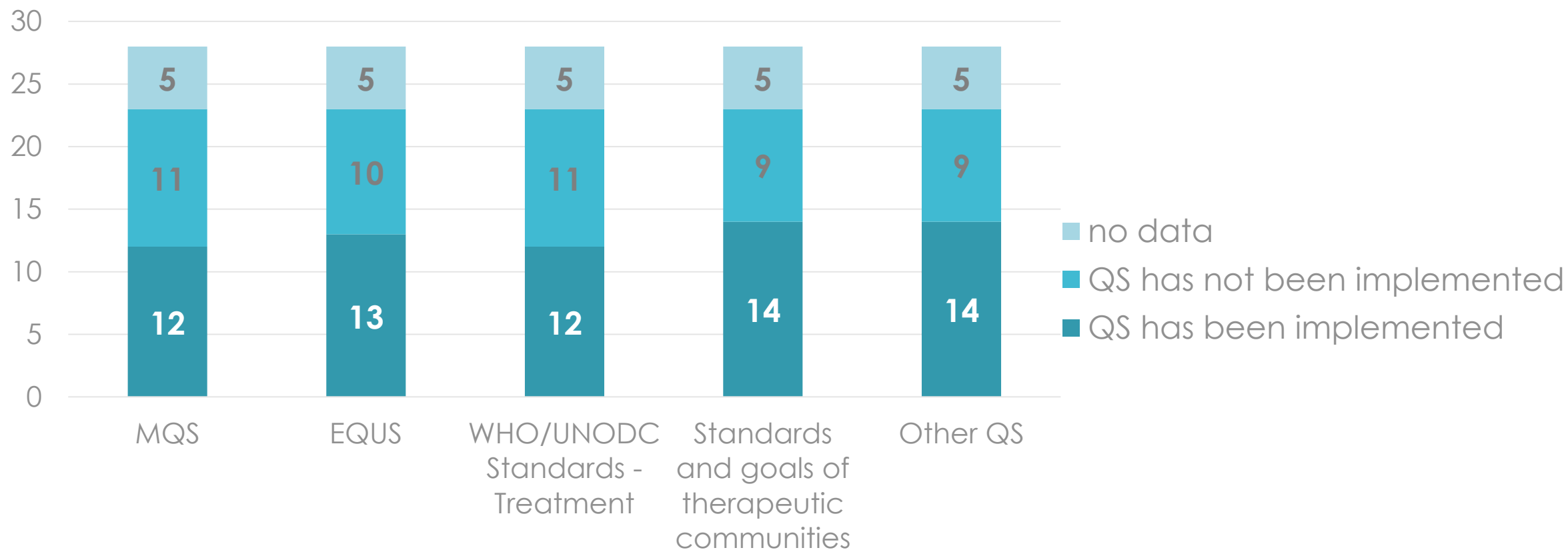
# Main results

Policy domains QS have been implemented in the prevention area



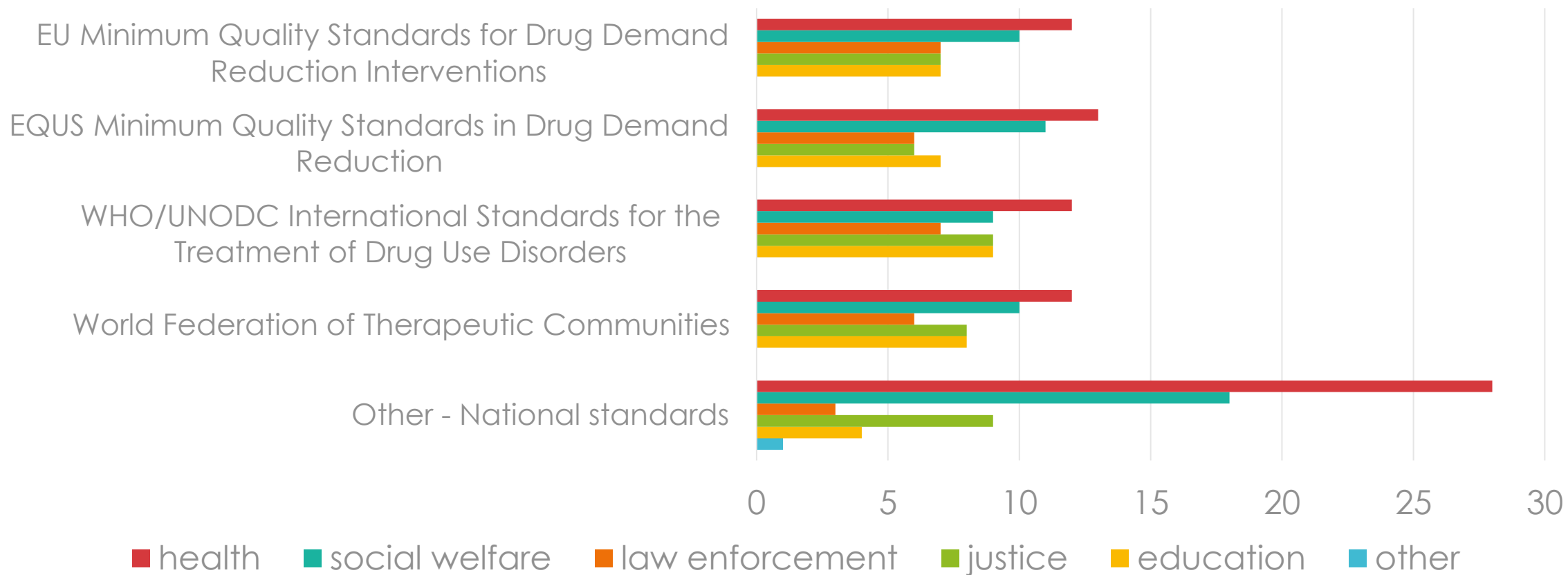
# Main results

Number of countries implementing QS in the treatment/social reintegration area



# Main results

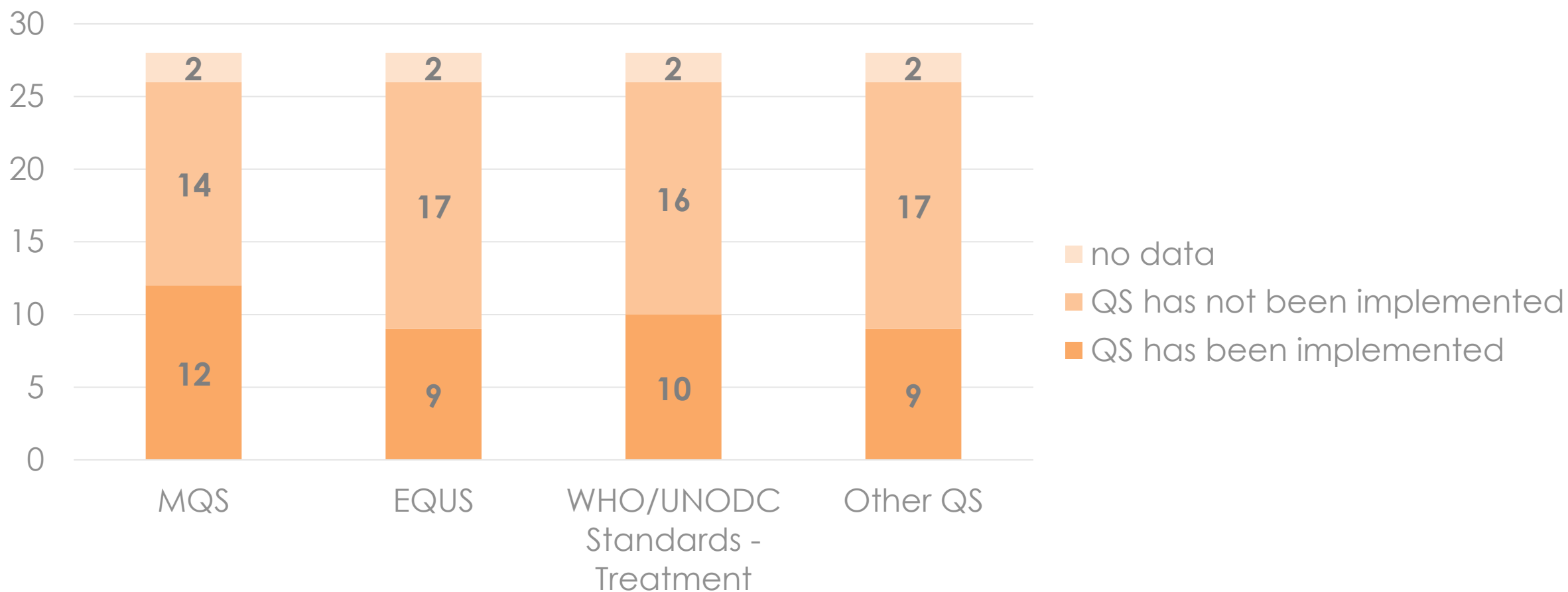
Policy domains QS have been implemented in the treatment/social reintegration area





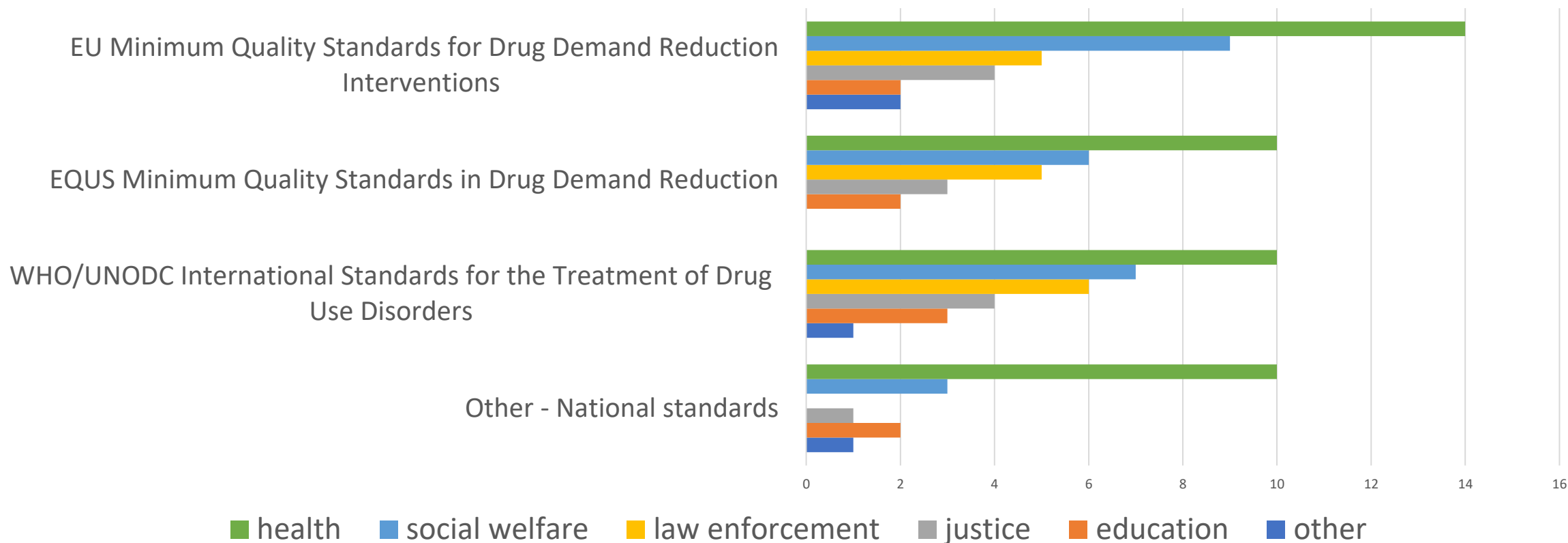
# Main results

Number of countries implementing QS in the harm reduction area



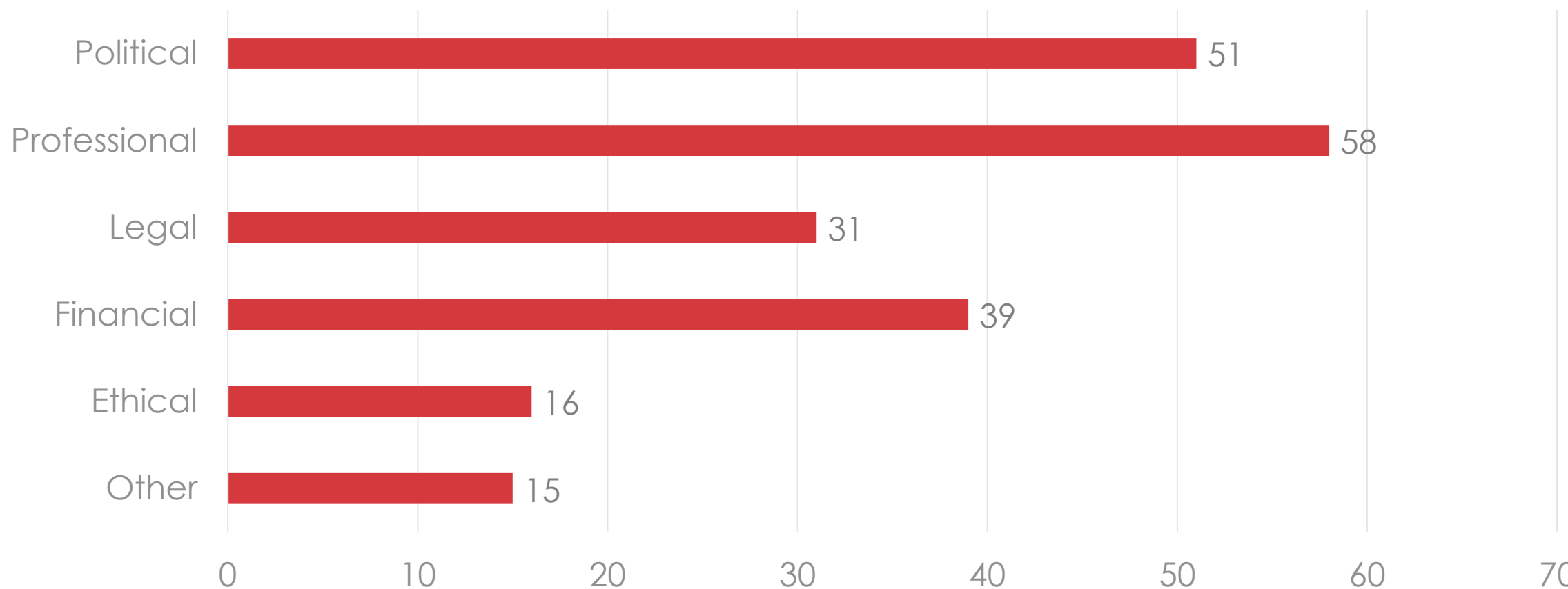
# Main results

Policy domains QS have been implemented in the harm reduction area



# Main results

## Reasons for the actual degree of implementation of QS



# Main results

## Barriers, needs and challenges in implementing QS

### Needs

*Mandatory QS*

*Resources (training, people,  
finance, infrastructure)*

*Support at all levels (decision-  
makers, international  
organizations)*

*Unrecognized importance of  
evaluation and monitoring*

### Barriers and challenges

*Lack of funding*

*Unrecognized importance of  
evaluation*

*Practitioner competencies  
and positions*

*Fragmentation and inertness  
of the system*

### Supporting factors

*Materials and training*

*Support and networking*

## Conclusion

QS implementation **varies considerably across DDR areas**

- **Prevention** is one of the DDR areas that is implementing QS to **a larger extent** (EDPQS are the most widely used)
- **Treatment/social reintegration** area **specific standards** have been implemented more often (e.g. the Standards by the World Federation of Therapeutic Communities and national/sector specific QS)
- In the **harm reduction** area QS are adopted to **a lower extent** compared to prevention and treatment/social reintegration area (MQS are adopted in some countries)

Most often **explanation** for the actual degree of QS implementation are **professional reasons** followed with **political** and **financial** ones

## Conclusion

**Implementation needs** regarding QS were described in terms of mandatory implementation of QS, resources and support needed as well as monitoring and evaluation needs.

Lack of funding, the unrecognised importance of evaluation, the competences of practitioners and decision makers, and the fragmentation of the system were cited as **major challenges and barriers to implementation**.

The availability of materials and training, as well as available support and networks, were cited by key informants as **supportive factors** for the implementation of QS.



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# Thank you for your attention!

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