

# EDPQS Toolkit 4: Promoting quality standards in different contexts (Adaptation & Dissemination Toolkit)

## Introduction & Key Messages

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Acknowledgements of further contributors can be found in a separate document of this toolkit.

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## About this toolkit

This document is part of the EDPQS Toolkit 4 on Adaptation and Dissemination. This toolkit consists of the following documents:

- **Introduction & Key messages** – helps to understand what the toolkit is about. Introduces the overall toolkit and highlights key aspects concerning each step of the process.
- **Step 1: Deciding what to do** – helps to decide what type of adaptation or dissemination to undertake. Describes what an 'EDPQS Champion' is, introduces the adaptation process and distinguishes three types of adaptation (translation, formal content adaptation, flexible content adaptation). Includes Exercises A and B as well as Figures 1 and 2.
- **Step 2: Identifying potential barriers and facilitators** – helps to estimate the required resources, and to anticipate potential problems as well as sources of support. Highlights the role of written materials, supportive people, sufficient time and money, as well as prevention systems and professional cultures. Includes Exercises C-F as well as Figure 3.
- **Step 3: Undertaking the adaptation** – helps to think through the actual adaptation process from setting up a working group to publishing the project outputs. Explains how to achieve a good translation of the EDPQS, and what changes to avoid when adapting the layout or contents of the EDPQS. Includes Exercise G and Table 1.
- **Step 4: Promoting quality standards** – helps to plan follow-up activities that will ensure uptake of the standards by end-users. Includes an evidence review of dissemination strategies, distinguishes 'dissemination' and 'implementation' and suggests evaluation indicators that can help assess the impact of activities to promote quality standards. Includes Exercises H-J.
- **Example projects** – helps to understand how EDPQS have been adapted and disseminated in practice. Describes eight example projects from across Europe, including contact details of the persons responsible for these projects.
- **Acknowledgements** – list of people who contributed to the development of this toolkit.
- **Translation and adaptation checklist** – a checklist of the most important points to consider when translating or adapting any EDPQS materials.

Throughout the toolkit, the following two symbols are used to indicate:



'Lessons learnt' from the example projects



Practical exercises

Please note: This toolkit refers to "Example Projects" throughout. Full details regarding the example projects, including links to reports and project web pages, are provided only in the Example Projects document. The examples are included to illustrate how people have gone about introducing quality standards using the EDPQS. Inclusion of the projects should not be interpreted as official endorsement or promotion of the projects by the Prevention Standards Partnership. More examples of projects that have used the EDPQS to promote quality in prevention can be found on [https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about\\_en](https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about_en)

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Feel free to share your own experiences of using the EDPQS by contacting the European Prevention Standards Partnership at [https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about\\_en](https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about_en)

# Introduction

Over the past decades, there has been significant progress in understanding what works in drug prevention<sup>1</sup> and how prevention should be delivered. Yet most prevention practice in Europe is not based on this learning. In response to this situation, in recent years there have been increasing efforts at national and international levels to raise the quality of drug preventive work.

A key effort in Europe has been the development of the European Drug Prevention Quality Standards (EDPQS) by the Prevention Standards Partnership, published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in 2011. The EDPQS represent a synthesis of existing international and national standards, enhanced by consultations with more than 400 professionals in six European countries. The EDPQS intend to provide a common reference point for all European countries on what constitutes "high quality" in drug prevention. The EDPQS focus on the "how" rather than the "what" (i.e., they don't prescribe a particular intervention, but can be used to review and improve different kinds of interventions). This makes them suitable for use across all types of prevention activities.

But how can we promote quality standards in drug prevention? This toolkit aims to answer this question by sharing the practical experiences of policy makers, practitioners and researchers who used the EDPQS to raise the quality of preventive work in their own country or professional context. Quality in prevention cannot be easily achieved at an international level, but requires the buy-in and support from stakeholders at local, regional and national levels who use and promote the EDPQS, directly or in an adapted form.

## Who and what is this toolkit for?

This toolkit is for people who would like to raise the quality of preventive work by **strategically promoting the use of quality standards** in their own country (or region, municipality) or professional context (e.g. a particular setting)<sup>2</sup>.

This toolkit is for you if you intend to:

- Promote quality standards in prevention at a strategic level (e.g. in your country, region or other professional context)
- Translate the EDPQS and related materials
- Adapt the EDPQS for your own purposes
- Develop new quality standards (e.g. funding criteria) based on EDPQS
- Revise existing standards (e.g. funding criteria) using the EDPQS

The toolkit provides an opportunity to learn from others who have faced the same challenges. It also offers a structured, step-by-step approach to translating, adapting and disseminating the EDPQS. Official translations and adaptations of the EDPQS, as well as formal dissemination activities, are expected to follow the recommendations in this toolkit. In addition, work 'inspired' by the EDPQS (e.g. quality standards developed in other domains) may benefit from the toolkit even though it may not follow all the recommendations. The document was developed for use with the EDPQS, but many recommendations will also be relevant for the adaptation and dissemination of other quality standards.

## Why use this toolkit?

Developing, translating, adapting and/or strategically disseminating quality standards requires careful planning.

By reading this toolkit, you will be in a better position to:

- Plan adaptation/dissemination (including translation) of the EDPQS in a systematic way from start to finish
- Make informed decisions rather than have lengthy discussions about what to do
- Correctly estimate the resources (time, money, people) required

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- Foresee and address potential difficulties in advance
- Apply for funding to translate, adapt and/or disseminate the EDPQS

This means that **using this toolkit will save you time, money and energy**, allowing you to undertake a smoother adaptation and dissemination, resulting in a strong and credible set of standards which will be used by the intended audiences.

Please note that this toolkit provides only limited information on the EDPQS standards themselves and the related projects; refer to the project website [https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about\\_en](https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about_en) for further information.

## How was this toolkit developed?

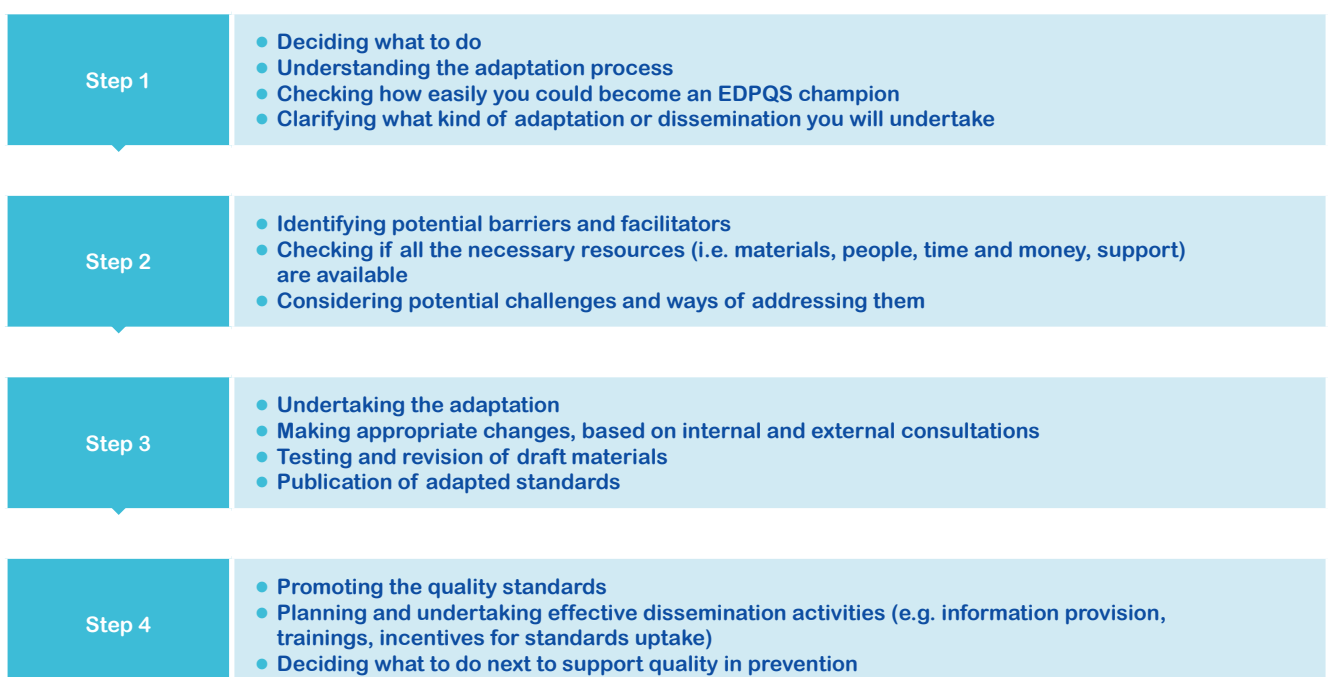
A number of projects and individuals who have adapted the EDPQS for their own purposes were consulted, and this toolkit refers to the eight corresponding 'EDPQS champions' and 'example projects' throughout. **You will find an overview of the eight projects toward the end of this document.** In addition, the toolkit draws upon the findings of case studies, online surveys and discussion groups undertaken by the Prevention Standards Partnership (Brotherhood et al. 2014a, 2014b; Prevention Standards Partnership 2014) as well as the Partnership's general insights into developing and promoting the EDPQS.

The challenges of adapting quality standards are similar to the challenges of adapting existing interventions or clinical guidelines. Therefore, although we focus on the practical experiences of using the EDPQS to promote quality in prevention, this toolkit also draws on some of the literature on these kinds of adaptation; in particular work by the EMCDDA on the feasibility of delivering North American drug prevention programmes in European cultures and contexts (Burkhart 2013), and a review of nine existing intervention adaptation models (Ferrer-Wreder et al. 2012). The ADAPTE toolkit for the adaptation of clinical guidelines was also relevant (The ADAPTE Collaboration 2009).

Finally, a number of individuals were invited to peer-review the toolkit, and it was finalised based on their comments (see the separate *Acknowledgements* document for details).

## An overview of the process

This toolkit offers a **structured step-by-step approach** to adapting and disseminating the EDPQS (see Figure 1). The four steps may seem self-evident; however, this toolkit provides useful advice to help put each step into practice. In the toolkit, a separate in-depth guidance document is available for each step.





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**Figure 1:** Four steps to adapt and disseminate the EDPQS

The following pages summarise the recommendations found in this toolkit. Full details regarding each step can be found in the respective documents in this toolkit. These also include practical exercises which are intended to help you think about how to implement these four steps specifically in your project.

This overview is intended to help you decide whether this toolkit is relevant for you. If you decide to go ahead with a project to promote quality standards, then we strongly recommend that you consult the entire toolkit including the more in-depth guidance documents.


# Step 1: Deciding what to do

## Top tips for deciding what to do<sup>3</sup>

- ★ There is no need to 'reinvent the wheel'. When developing or updating quality criteria, refer to already existing quality standards and learn from similar projects.
- ★ Do contact and **learn from those who undertook the process before you**, including developers of quality standards or others who have experience of using/promoting quality standards.
- ★ Contact the Prevention Standards Partnership ([info\[a\]emcdda.europa.eu](mailto:info[a]emcdda.europa.eu)) to let us know that you are considering an adaptation or formal dissemination of the EDPQS, and to discuss the process as required.

The first step is about deciding what to do: for example, do you want to promote already existing materials, or develop something new?

**1.1** Promoting quality in prevention is not an easy task. The toolkit therefore recommends you start by considering **your own readiness to become an EDPQS champion**. 'EDPQS champion' is not a formal role, but is defined as those professionals who endorse and promote quality standards to encourage and support other members of the prevention community in achieving high quality in drug prevention. If you are thinking about becoming an EDPQS champion, you will probably already have an orientation towards best practice and evidence-based approaches to drug prevention. However, there are other aspects you may need to consider. For example, do you have the skills and resources necessary to influence other people's professional behaviour (e.g. being able to effectively network and collaborate with others; having institutional support)?

 *Exercise A helps you to determine how easily you could become an EDPQS champion*

**1.2** You should also be aware of **why you are choosing to work with the EDPQS** to promote quality, not least because this will help you to convince others of your idea. Clearly, it is easier to refer to existing materials than develop new materials from scratch. Existing EDPQS champions chose to work specifically with the EDPQS because of how they have been developed (a systematic process combining a literature review as well as stakeholder consultations) and because of how the materials themselves are presented (comprehensive contents, intuitive structure). Moreover, by using the EDPQS, you will have access to a range of support materials. You can also connect and exchange experiences with other EDPQS champions, and your efforts can be acknowledged on the EDPQS website.

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**1.3** It is important to develop a **clear understanding of the process involved** in successfully promoting quality standards. Achieving high quality in prevention is a long-term process which must involve both stakeholders at the top, and those working at grassroots level. It is therefore not sufficient to, for example, have existing EDPQS materials translated by a professional company and circulate copies of that translation among prevention providers. Because the purpose of the quality standards is to improve prevention practice, development and translation/adaptation of standards are worthless if they are not supported by activities to help put the standards into practice. The EDPQS Theory of Change (see [https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about\\_en](https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about_en)) illustrates this further by showing how the standards are hypothesised to lead to better outcomes in target populations, by producing behaviour change in the prevention workforce.

**1.4** In this toolkit, **adaptation refers to a planned and structured process** of modifying the EDPQS with the aim of promoting them directly or indirectly in a specific context. This specific context could be a whole country (or region, municipality) or a professional one (e.g. specific setting or intervention type). Three different types of adaptation are distinguished:

- 1. Language adaptation:** Translation of EDPQS materials into another language (Example Projects 1-3)
- 2. Formal content adaptation:** Developing the EDPQS further, for example for use in a specific context or with a specific target audience (Example Projects 4-6)
- 3. Flexible content adaptation:** Using the EDPQS to inform the development of standards (Example Projects 7-8)

The type of adaptation has implications, for example in terms of what the final products will look like, what resources will be required, how the EDPQS will be used, and so on. The toolkit highlights that even a 'simple' translation requires some adaptation effort, as literal translations can make the standards difficult to understand or even meaningless.

**1.5** At the end of the first step, you should try and **formulate initial ideas regarding your own project** to promote quality standards. This will make the key issues identified in Steps 2-4 much more relevant to you.

 *Exercise B prompts you to answer some key questions about your potential project: why do you want to promote quality standards? Who is your target audience? How do you imagine the standards will be used? What should the standards look like?*

 *Exercise B also includes a decision tree which can further support your decision-making*

At the end of Step 1 you will have:

- ✓ Understood the general process required for a translation, adaptation or dissemination of quality standards
- ✓ Confirmed that you fit the profile of an EDPQS champion (or that you are able to establish the necessary contacts, etc.)
- ✓ A first idea about the type of adaptation or dissemination you will undertake

**To access further guidance on Step 1, please visit [https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about\\_en](https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about_en)**

## Step 2: Identifying potential barriers and facilitators

### Top tips for identifying potential barriers and facilitators

- ★ Allow **enough time and money**. Promotion of quality standards cannot be a quick, one-off activity, but forms part of a long-term process to develop the quality of preventive work.
- ★ **Collaborate with experienced people who know the prevention field and are passionate** about raising the quality of preventive work. They will be able to anticipate and handle potential challenges.

The second step is about identifying those factors which could support or threaten your project to promote quality standards. It also addresses some of the practical considerations, for example, how much money and time you'll need.

**2.1** The first thing you'll need to decide is **which materials to work with**. There are different EDPQS materials available, some of which may be more suitable for your purposes than others. Documents such as the EDPQS Position Paper will help you to better understand the overall purpose and context of the EDPQS. If the EDPQS don't seem to match the aims of your project, there could be other standards that could usefully inform your work. It's also important to think about what guidance and other quality assurance mechanisms are already available in your context of interest, and how the materials which you want to promote will fit in with what is already there.

 *Exercise C prompts you to explore the available EDPQS resources: [https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about\\_en](https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about_en)*

**2.2** To be successful in promoting quality standards, you will need the support of a number of **people** at different stages of the project. This will likely include colleagues from your own or another organisation, specialised support (e.g. translators), funders, experts, target audience representatives, as well as representatives of those organisations which are influential in your context of interest. You may also want to collaborate with other people trying to promote quality in prevention, as well as with people working at a local, regional, or national level.

 *Exercise D encourages you to think about who might be able to support your project*


**2.3** Achieving quality requires **time and money**. To accurately estimate the costs of your project, consider the experiences of the EDPQS champions featured in the Example Projects. These suggest that a translation of the Quick Guide will take 2-3 months, whereas a translation of the EDPQS Manual will take 6-12 months. Formal and flexible adaptations including extensive stakeholder consultations may take up to 2 years. However, a 6-month project may be feasible if you have a narrow focus and a clearly defined purpose. You should also consider different cost items, such as staff time, translation and editing, or formal dissemination costs.

**2.4** Although there are no minimal pre-conditions for introducing quality standards, you should still consider



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the **prevention systems and professional cultures** in your context of interest. It will be easier to introduce quality standards in a well-developed prevention system where the professional culture is in favour of evidence-based working. However, the rewards of introducing quality standards may be relatively smaller in such contexts. If resistance is likely to occur, then you can increase the readiness of your target audiences by treating the introduction of quality standards not as a one-off activity from the top down, but as a process which seeks to establish a shared vision among different stakeholders about 'quality' in prevention.

 *Exercise E helps you to locate your context of interest on a continuum from awareness to implementation of quality standards and best practice guidance more generally*

**2.5** At the end of the second step, you should **review the ideas you developed in Step 1**. If your initial plans seem too ambitious, there are a number of things you could do to make them more manageable (e.g. narrow the context within which the standards are to be introduced).

 *Exercise F prompts you to revise your initial ideas based on your learning from Step 2*

At the end of Step 2 you will have:

- ✓ Checked if all the necessary resources (i.e. materials, people, time and money, support) are available
- ✓ Considered potential challenges and ways of addressing them

**To access further guidance on Step 2, please visit [https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about\\_en](https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about_en)**

## Step 3: Undertaking the adaptation

### Top tips for undertaking the adaptation


- ★ If translating materials, collaborate with a translator who has relevant topic expertise (if possible). **Check if the correct prevention terminology is used** and provide feedback early on.
- ★ **Actively involve target audiences (e.g. programme managers, front-line practitioners) in the process as partners.** Consider them as experts who know the practical field conditions. Make sure that the standards are useful to them, and that the purpose and contents of the standards are well understood. Develop the standards as a **shared tool**, not a bureaucratic instrument.

The third step guides you through the actual adaptation process, from setting up a working group to publishing the outputs of your project.

- 3.1** The **working group** consists of those people actually working on the quality standards project. Based on the experiences of the featured EDPQS champions, this will usually involve two or three different organisations, with a core group of 2-3 people in charge of planning and undertaking the work. Roles and tasks should be clearly defined within the group. Moreover, it is essential that working group members have knowledge and attitudes in support of quality standards, evidence-based working, etc. If this is not the case, additional preparatory work may be required to garner the necessary support.
- 3.2** The **reference group** consists of external stakeholders who contribute guidance, feedback or other support to the adaptation process. It should include a variety of stakeholders, most importantly representatives of the intended target audiences. The toolkit outlines different ways in which the reference group could be involved, from helping to decide on adaptation methodologies, to giving

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feedback on draft materials, to promoting project outputs. The reference group can provide important insights into how intended end-users might react to and engage with the project outputs.

 *Exercise G encourages you to think about key organisations that should be involved as external stakeholders in your project to promote quality in prevention*

**3.3 Translating quality standards from one language to another** is not as straightforward as sending the materials to a professional translation company and proof-reading the translation. Prevention vocabularies differ between countries, and certain terms may not have easy equivalents in other languages. Prevention experts should therefore be involved throughout the process to review and improve any translation. In addition, for any documents originally published by the EMCDDA, the EMCDDA Translation guidelines must be observed<sup>4</sup>.

**3.4 Any changes to the original EDPQS materials** must be well-justified and preserve the meaning and core messages of the EDPQS. Changes must correspond to the type of adaptation. For example, for a translation, acceptable changes may include a different graphical design or adding an introduction specific to the new context. For content adaptations, other changes such as altering the standards (including rephrasing or adding standards) may be appropriate if they are well justified, preserve the meaning of the EDPQS and support the overall aims and values of the EDPQS, reflect a group consensus, and are clearly marked and/or documented. It must always be clear how the new document corresponds to and incorporates the original EDPQS source material.

**3.5** Draft materials should be **checked with external stakeholders before publication**. Ideally, this will also involve people who were not previously involved in the process. Materials may be piloted (e.g. by asking target audience representatives to try them out in practice) or reviewed through focus groups or similar means. Depending on how much scope there is for revision, it may be important to clarify what kind of feedback is or isn't welcome at this stage, whilst being open to suggestions. If the test phase leads to substantial revisions, another round of feedback may be required.

**3.6** Finally, the **outputs of the project** can be published. The type of adaptation undertaken has implications for how these outputs are described and promoted (i.e. whether as a translation, a formal adaptation, or as being based on EDPQS materials). Original materials must be duly acknowledged, and copies of materials should be sent to the Prevention Standards Partnership as well as the EMCDDA to allow final feedback as well as promotion through relevant channels. Endorsement by the Prevention Standards Partnership of derived products may not be stated or implied unless explicitly agreed with the Partnership.

At the end of Step 3 you will have:

- ✓ Set up the necessary collaborations
- ✓ Made well-justified changes (if necessary), based on internal and external consultations
- ✓ Tested and revised draft materials
- ✓ Published the standards, acknowledging the original source and adhering to the applicable copyright guidelines

**To access further guidance on Step 3, please visit [https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about\\_en](https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about_en)**

## Step 4: Promoting quality standards


### Top tips for promoting quality standards

- ★ Position the standards as a way of **identifying existing strengths of preventive activities** as well as areas that can be developed further. Remember that people don't like feeling that they are being judged or assessed. Emphasise that the ultimate goal of introducing standards is to ensure that target populations are offered the best prevention activities possible.
- ★ **Consider from the beginning** how you will disseminate the standards. Invite other organisations working towards quality in prevention to join your project. Obtain support from opinion leaders (be it policy makers, professional associations, or others) by involving them in the process early on. To produce a strong and credible product, **create an alliance including researchers, policy makers and practitioners.**


The fourth step is about making sure that the outputs of your work reach the intended target audiences and lead to improvements in preventive practice.

**4.1** To improve the quality of prevention, it will not be sufficient to send a copy of the quality standards or other educational materials to intended target audiences. There are a **range of different strategies available** which can be used to promote quality standards, such as training workshops, audit and feedback, or changes to funding mechanisms. These differ in terms of their likely impact, costs, practical feasibility, and so on. The more in-depth guidance on Step 4 summarises the general evidence of effectiveness for ten different approaches, alongside practical considerations and EDPQS-specific examples.

**4.2** The literature suggests that a **combination of strategies** may be the best way forward. The precise choice of strategies will take into account factors such as likely effectiveness, coverage of the target audience, acceptance of the strategy by target audiences, fit to target audience characteristics, intensity in terms of learner engagement, costs, and long-term sustainability. If resources are limited, you could prioritise those strategies which best address likely barriers to standards uptake among your target audiences, or offer more resource-intensive strategies only to those sub-groups of your target audience which would benefit the most.

 *Exercise H encourages you to think about how to address the major barriers that could hinder use and implementation of quality standards among your target audiences*


**4.3** Regardless of which strategies you choose, there are some **general recommendations for promoting quality standards** which you should consider. These include formulating clear and concise messages, using interactive methods, making contents practically relevant to your target audiences, reinforcing messages, and so on. Perhaps the most important piece of advice is to highlight the practical benefits of the quality standards for your specific target audience.

 *Exercise I prompts you to consider how quality standards can help your target audience to overcome problems which they face in their everyday work*

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**4.4** The toolkit emphasises the importance of **assessing the impact of your dissemination activities**. Data can be collected from different people (e.g. training participants, members of the target audience in general), at different times (e.g. after training sessions, several months after publication of the standards), and using different methods (e.g. feedback forms, telephone interviews). Process indicators would include, for example, how many training sessions were delivered, how many participants took part, what kind of feedback was received on the training, or how many times the standards were downloaded from your website. Outcome indicators can be organised according to the five outcomes in the EDPQS Theory of Change (see [https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about\\_en](https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about_en)), and would include, for example, the percentage of people who believe that quality standards are important or useful, or the percentage of people who can and do use the EDPQS as intended.

**4.5** It is useful to distinguish between dissemination strategies (which mostly aim to engage target audiences) and **implementation strategies** (which focus on how to actually amend preventive practice in line with the EDPQS). Implementation of quality standards can be challenging because it requires applying something general and abstract to a very specific context. Although your target audience should be able to successfully devise implementation strategies in relation to most standards, you – as an EDPQS champion – should think about how to support the implementation of those standards which are outside the control of your target audience. For example, are existing procedures and mechanisms at a national level conducive to achieving quality in prevention?

 *Exercise J encourages you to develop an action plan on how to address structural barriers and advocate for improvements of preventive practice at the systems level*

At the end of Step 4 you will have:

- ✓ Planned appropriate dissemination activities
- ✓ Considered how you will measure the impact of your work
- ✓ Developed first ideas about what to do next to support quality in prevention

**To access further guidance on Step 4, please visit [https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about\\_en](https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about_en)**

## Example Projects



as developed by considering the experiences from eight projects where the EDPQS have been or indirectly to promote quality standards in drug prevention:



**Example 1: Europejskie standardy jakości w profilaktyce uzależnień od narkotyków, Poland** Artur Malczewski (National Bureau for Drug Prevention) shares his experience of translating the EDPQS Manual into Polish and promoting it as a resource to complement existing Polish standards



**Example 2: Európai drogprevenciós minőségi standardok, Hungary** Katalin Felvinczi and Edit Sebestyén (both at Eötvös Lóránd University) as well as their colleagues from the Hungarian Reitox National Focal Point (HNFP) to the EMCDDA share their experience of translating the EDPQS Manual as well as the Quick Guide into Hungarian



**Example 3: Improvement of prevention programs in Croatia according to European quality standards** Dijana Jerković (Office for Combating Drug Abuse, Government of the Republic Croatia) and Valentina Kranželić (University of Zagreb) tell us about their efforts to improve the quality of preventive activities in Croatia and how the EDPQS helped them to deliver training as well as one-to-one feedback sessions with prevention providers



**Example 4: Trestad2 "Kvalitetsstandarder för förebyggande arbete", Sweden** Anders Eriksson (City of Stockholm), Mats Glans and Ulf Ljungberg (both at City of Malmö) share their experience of translating the EDPQS into Swedish and how the EDPQS helped them to develop a shared prevention vocabulary among different stakeholders in the prevention field and across geographies



**Example 5: Nightlife Empowerment & Well-being Implementation Project (NEWIP) "Good Practice Standards"** Judith Noijen (Jellinek Prevention, Netherlands) describes how the EDPQS were used in an international project to agree on standards for interventions in nightlife settings



**Example 6: Minimum Quality Standards in Drug Demand Reduction (EQUS)** Harry Sumnall and Angelina Brotherhood (both at Liverpool John Moores University, UK) share their experience of adapting and consolidating the EDPQS to form the prevention strand of a wider set of standards covering also the areas of treatment and harm reduction



**Example 7: Consensus building on minimal quality standards for drug demand reduction in Belgium (COMIQS.BE)** Wouter Vanderplasschen (Ghent University) shares his experience of developing drug demand reduction standards based on EQUS (Example 6), reflecting especially on the challenges of working in a diverse country such as Belgium

**Example 8: Mentor ADEPIS "Quality standards for effective alcohol and drug education", UK** Andrew Brown (formerly of DrugScope) and Simon Claridge (formerly of Mentor UK) share their experience of developing and promoting quality standards for drug education and prevention in English schools, and how the EDPQS helped to inform the process of standards development

To find out more about these projects and how they were chosen, please visit [https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about\\_en](https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about_en)

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## References

- 1 For the EDPQS definitions of 'drug prevention' and 'quality', please refer to the EDPQS Position Paper at [https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about\\_en](https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about_en)
- 2 This toolkit is not intended for regular service managers and front-line practitioners (e.g. teachers, social and health workers, youth leaders etc.). These target audiences will benefit more from EDPQS Toolkit 2. Decision-makers wishing to develop funding schemes in line with EDPQS to assure better quality and financial sustainability of best practices may find Toolkit 1 more useful. Both toolkits can be found on [https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about\\_en](https://www.emcdda.europa.eu/publications/manuals/prevention-standards/about_en)
- 3 We asked the EDPQS champions featured in the Example Projects what advice they would give to somebody thinking about using the EDPQS to promote quality in prevention. We summarised their recommendations as 'top tips' for each of the four steps.
- 4 See <http://www.emcdda.europa.eu/publications/translating>



