



EDPQS Toolkit 1: Selecting quality drug prevention initiatives for funding and support (Funding & Decision-Making Toolkit)

Assessment Quality Criteria Checklist

Authors

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About the EDPQS project

The EDPQS provide a set of principles to help develop and assess the quality of drug prevention. They offer a comprehensive resource outlining all the elements of drug prevention activities. The EDPQS have been developed by the European Prevention Standards Partnership from a research project co-funded by the European Union. The Partnership undertook a review and synthesis of existing international and national standards as well as consulting with more than 400 professionals in six European countries. The EDPQS are the first European reference point on high quality drug prevention based on a consensus incorporating scientific evidence and practical experience.

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What is this document about?

The overall aim of Toolkit 1 is to provide practical guidance and support to help those involved in policy and decision-making roles to better understand the importance of quality and quality criteria with respect to prevention work, as well as how to apply this when faced with difficult choices about funding and support for prevention related initiatives or programmes. It is intended for policy-makers, decision-makers, commissioners and funders who have roles and responsibilities in drug prevention at national, regional or local administrative levels.

Parts 1 and 2 of the Policy Guide consider the different aspects of drug prevention from the perspective of those who are in a policy and/or decision-making position and who are expected to serve the public good and tackle a wide range of serious health and social problems within a context of having to face financial shortages and constraints. It offers clear recommendations on the different aspects of drug prevention work and support that needs to be considered in order to achieve quality.

Part 1 of the Guide considers some of the major challenges related to prevention work and offers possible ways of overcoming them. It also reflects on some of the misunderstandings and misbeliefs, as well as the expectations related to drug prevention. It offers a reference point for how best to achieve quality through consideration of the European Drug Prevention Quality Standards (EDPQS); suggests how carefully planned policy can support quality; and considers some important related financial issues.

Part 2 of the Guide places an emphasis on the fundamental role and value of needs assessment and evaluation in programme planning for achieving quality. It also considers issues with respect to sustainability and ethics as vital, but much neglected, aspects of prevention policy and practice.

This document is the final element of Toolkit 1. This is the *EDPQS Assessment Quality Criteria Checklist*, which has the aim of helping the decision-making process progress towards achieving high quality in funding drug prevention programmes. The Checklist has been developed as part of the European Drug Prevention Quality Standards initiative, which has provided the theoretical foundation for these materials.

The Checklist provides a systematic aid for the prospective funders, commissioners and decision-makers in their review of drug prevention initiatives, programmes or project proposals. It is a practical tool which can be used in everyday practice with respect to funding and assessment decision-making, as well as for following up the implementation of supported programmes. If necessary, it can be adjusted to meet local circumstances. The main objective of the Checklist is to assist officials in making appropriate decisions with respect to quality when considering:

- Which programmes should be financially supported
- Which ones have to be encouraged to be further developed or improved
- Whether the implementation of programmes is on track after project approval

The Checklist provides a consistent and complete framework for a multicriteria analysis in order to review prevention programmes in relation to funding and support. This tool also seeks to encourage users to consider how their current funding and selection mechanisms match up with the understanding of quality promoted in EDPQS.

It provides a Checklist and guidance to be used in practice as it is provided or following appropriate refinement or reformulation to meet local circumstances.

Use this tool:

- To assess the quality of drug prevention initiatives to help decide if the programme is suitable for funding or other kinds of support.
- To assess drug prevention initiatives that have already been approved for support and are now being implemented.
- To help establish local, regional or national assessment procedures in relation to funding and support of drug prevention initiatives.
- To support the review and revision of existing assessment procedures in relation to funding and support of drug prevention programmes.

Key terms

Funding mechanism/funding procedures: method or source through which funding is made available for drug prevention programmes.

Programmes/Initiatives: drug prevention organisations, actions and policies.

Assessment procedure/selection mechanism: method of deciding which programmes that applied for funding are worthy of financial or other support.

Assessment criteria: standards on which a judgment or decision on a programme is based.

Funding criteria: a basis for consideration; which programmes must achieve in order to be funded (as calculated based on the results achieved at the assessment).

1 Theoretical foundation

1.1 Introduction to the European Drug Prevention Quality Standards

The European Drug Prevention Quality Standards (EDPQS) offer a framework for identifying and encouraging quality in prevention work. The Standards provide a set of principles for helping to assess the quality of drug prevention and offer one comprehensive resource outlining all the formal elements of drug prevention activities.

The Standards can be used by a wide range of people working within the drug prevention community including programme developers, programme managers, service managers, front line practitioners, teachers, educators, trainers, commissioners, funders, policy-makers, evaluators, researchers and others engaged in prevention related work.

Adoption of the Standards can improve the quality of the programmes, the services provided, the organisation itself and also the effectiveness of programme selection/commissioning processes for funding. They provide a framework for assessing whether the prevention activity is operating, or likely to operate, in a way that can be considered “high quality” by identifying the strong quality aspects of a prevention initiative.

The Standards allow for assessment of prevention activities in the planning stage, when programmes are applying for funding, or in the implementation phase if a programme has already received financial support and follow-up of the implementation is required.

The focus of this document is an assessment tool - a Checklist – for applying the Quality Standards. This has been developed for programme commissioners, funders, and others tasked with assessing the potential value of drug prevention initiatives. The Checklist offers the opportunity to identify the best possible programmes for funding with respect to quality criteria and to subsequently undertake a review in the follow-up of existing funded programmes.

1.2 The Quality Standards Cycle

The EDPQS are presented within a cycle structure with 8 stages plus 4 cross-cutting considerations (see Figure 1).

Each of the project stages is subdivided into components comprising a set of Standards. They outline what actions to take and provide suggestions to help improve the quality of drug prevention initiatives. It is a model of drug prevention work which professionals can adapt to the particular circumstances of their prevention work. The Quality Standards Cycle can serve as a template which helps in conceptualising, planning and reviewing prevention activities.

1.3 Using the Standards for Programme Selection

EDPQS can help structure the thinking of decision-makers and support the development of criteria for selecting programmes that are worthy of backing.

The cycle model offers a template for an assessment method and process. The aim is to address the stages of the cycle during the procedure and to identify which phases are relevant either in the planning stage (selection of programmes) and/or in the implementation stage (follow-up of approved programmes).

The Checklist provided can assist decision-makers in the process of commissioning a programme and making a funding decision. It provides a clearer understanding as to whether a programme can be considered “high quality”; whether it is able to respond to the local needs; and if it is planned, managed and implemented in a professional and quality manner.

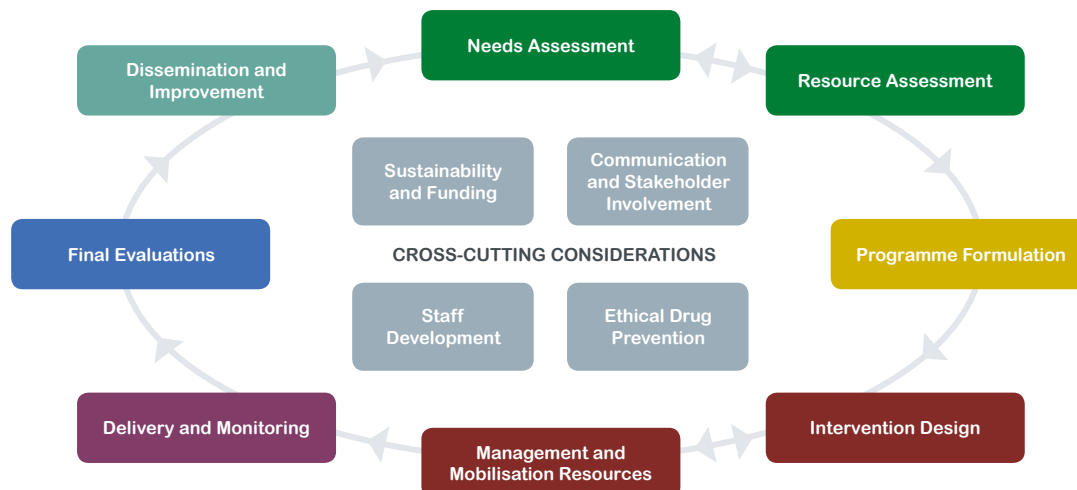


Figure 1: The Quality Standards Cycle

2 Assessing the programmes using the Checklist

2.1 The Checklist composition

The Checklist consists of

(i) Assessment tables to allow a systematic review of the programme according to the assessment criteria.

a. The section with the Assessment Criteria provides:

- Prevention project stage descriptions.
- Titles of components within project stages.
- The summary of **basic** Quality Standards of each component.
- The Standards organised according to planning and implementation phases (Checklist A and B).

In the EDPQS both Basic and Expert Standards are defined. The *Basic Standards* should be applicable to all drug prevention work, regardless of particular circumstances. All types of programmes (large or small scale, long term or short term programmes) should aspire to meet them.

The *Expert Standards* are more sophisticated and are presented in addition to the Basic Standards. They represent a higher level of quality. Expert Standards provide a reference framework for those professionals, projects, organisations and strategies that have more resources available, as well as for those projects and organisations that have already achieved most Basic Standards. While adherence to all Expert Standards is desirable, this may not always be possible or applicable. Therefore, expert users will have to determine which Expert Standards are relevant, useful and feasible with regard to their particular prevention activity. Expert Standards require higher level expertise both from the programme developers and from those who implement the programme. They can be of particular value in the case of large-scale programmes, such as national initiatives, and in the case of programmes which intend to undertake outcome evaluation.

With respect to the above, the Checklist only uses the Basic Standards as assessment criteria. (Further considerations of using all Basic Standards in the final locally/nationally approved Checklist are offered in 2.6)

(ii) Grids for documenting the assessment.

These provide:

- a. A summary table to review the gathered information, enabling a qualitative synopsis for the final decision on the support/commissioning of a programme.
- b. A detailed description of the project cycle components for those who need further background information about the Standards.

2.2 Assessment tables to review programmes in a systematic way

The Assessment tables are based on the Basic Quality Standards. There are two groups of tables:

1. Checklist (A): this is to be used predominantly when selecting a programme for funding and other kinds of support. This part of the Standards is particularly important when funding decisions are being considered. Under Checklist (A) the following project stages are being assessed:

- Cross cutting considerations.
- Needs assessment.
- Resource assessment.
- Programme formulation.
- Intervention design.
- Management and mobilisation of resources.

2. Checklist (B): this is to be used chiefly for the follow up or review of an already funded and implemented programme. Under Checklist (B) the following project stages are being assessed:

- Delivery and monitoring.
- Final evaluation.
- Dissemination and improvement.

The main elements of Checklist A and B follow the Quality Standards Cycle as shown in Figure 1. Checklist A covers five phases, Checklist B covers three phases. The reason for this separation is to highlight which phases are more relevant at the planning phase and which are more relevant in the implementation phase.

However, Checklist A and B can also be merged and all criteria can be examined prior to programme funding (during the selection process). Some of the criteria, for example, cross cutting considerations, can also be useful in implementation follow-up.

How to use and combine the EDPQS criteria in their own selection mechanisms is the decision of users. This, ideally, will reflect users' prevention approach and prevention needs. If these criteria are being used by your own institution to judge the quality of preventive projects, then the EDPQS may be modified according to your own needs. However, if you want to formally promote quality standards in your country or professional context, please follow the procedures outlined in Toolkit 4 for developing and promoting quality standards (www.prevention-standards.eu/toolkit-4/).

The Assessment tables consist of four columns:

1. The title of the EDPQS component with the summary of related Standards which function as assessment quality criteria. The detailed description of the components is not added here. Further information can be found in chapter 3.4 of this document.
2. A 0-5 scale to determine the extent to which the Standards are currently met.
3. A checkbox 'Not applicable'.
4. Space for making notes on the current position of the programme based on the criteria and possible requests for amendments in the programme.

Toolkit 1: Assessment Quality Criteria Checklist

At the top of each Assessment table, each project stage is briefly introduced, highlighting why the Standards are important and beneficial to prevention professionals and target populations.

Table 1 shows the elements of the Assessment table and describes how the users should complete it.

Table 1: Assessment table - Guidance for filling in the Checklist

PROJECT STAGE TITLE			
Project stage description			
Assessment quality criteria based on Basic Quality Standards	Rating Scale Not met 0 1 2 3 4 5 Fully met	The standard is not applicable	Assessment notes
Component title • Standard (a) summary • Standard (b) summary • Standard (c) summary	0 1 2 3 4 5	<input type="checkbox"/>	Notes
<p>This section contains the project stage component title and summary of the related Basic Quality Standards which give the foundation for the assessment process offered by this Checklist.</p> <p>While considering each component, you can consult the full version of the Standards using the EDPQS Manual (http://prevention-standards.eu/manual/) for more detailed information.</p> <p>However, a simpler assessment can also be conducted without using further resources by assessing simply whether or not a programme meets the criteria described in this column based on the information obtained (written or non-written).</p> <p>By clicking on the project stage title or consulting the 3rd part of the Checklist, the user can get detailed information about the components within the tool.</p>	<p>This part of the Checklist enables the assessor to rate the programme on a scale 0-5 in relation to the Standards by selecting one of the points on the scale.</p> <p>Generally speaking, the point 0 has to be chosen if none of the Standards are met or no information is provided. 1-5 points should be selected based on how many Standards are met. The highest point on the scale, 5, should be selected if all Basic Standards are met by the programme.</p> <p>This rating process will help identify strong and weak areas of a programme. Adding up the scores and/or calculating a percentage gives a picture of the programme achievement (see section 3).</p>	<p>Some Standards may not be applicable, be applicable but currently not feasible, or considered not relevant from the assessment point of view.</p> <p>If choosing the option 'Not applicable', it is recommended that a brief comment in the 'Assessment notes' column should be provided, clarifying why the component was not considered relevant.</p>	<p>In case there is no information provided in relation to a Standard, the assessor should make a note here.</p> <p>This column also allows for comment on the rating, the formulation of immediate questions to clarify issues or gather further information necessary for the careful decision.</p> <p>Evidence used for the rating can also be mentioned briefly here by referring to tangible pieces of evidence where possible.</p> <p>This space can also be used to point out strengths and weaknesses of the programme planned to be commissioned in light of the local situation and what the programme could, or might not, offer.</p>

2.3 Summary table for reviewing the results of the assessment

Following the rating process, the final step is to summarise the main findings in order to decide whether the programme should be selected for funding or for receiving any kind of support. The assessments made within the tables allow for different ways of summarising both quantitative and qualitative data and feedback.

2.3.1 Quantitative summary

Using the 0-5 scales for the assessment makes it possible to add up the ratings of each component and/or calculate a percentage using this simple formula (by excluding the *Not applicable* components):

$$\frac{\text{Total sum of achieved scores on the scales}}{\text{Number of assessed components} \times 5}$$

For instance, you rated a programme on 26 EDPQS components and the total sum of scores achieved on the scales was 91. In this case, what the programme achieved is 70% (i.e. $26 \times 5 = 130$; 91 (total sum of assessed scores) divided by $130 = 0.7$ or 70%).

$$\text{e.g. } [91 \div (26 \times 5)] \times 100 \text{ (to convert to percent)} = 70\%$$

Based on the total sum of scores or the calculated percentage, it becomes possible to list the assessed programmes and compare them to each other. Depending on the actual number of programmes applying for funding, the requested amount and the total amount of available funds, it can be calculated how many programmes can get funding from the best rated projects. It could be pointed out that programmes under a certain score or percentage cannot get support (e.g. under 91 points or 70%). We do not specify what should be considered a threshold score for selection, this is your decision.

This can create a dynamic balance between the professional quality on one hand and the available funding on the other. The higher the percentage achieved by a programme, the higher the probability that it will be selected for funding.

2.3.2 Qualitative summary

The quantitative assessment should always be accompanied by a qualitative summary.

The qualitative summary is a review of the main characteristics of the programme: its strengths and weaknesses; the most important findings of the assessment; and the resource implications. The final decision can also be summarized here and the next steps to be taken can be identified.

For this purpose, the proposed summary table of the Checklist can be used to present the necessary information and make a final decision about a programme.

Section 3.3 shows an example summary table that could be used for the qualitative review.

2.4 Evidence of the achievement of the Standards

A programme can be identified as meeting the identified assessment quality criteria by reference to a variety of evidence. In the case of funding decisions, or in the case of certification of programmes, a major source of evidence will be the existing written documentation about the project. Written evidence can be, for example, the submitted project proposal, a project plan or the description of the organisation (e.g. on the company/service website) or the intervention materials (i.e. materials that the target population will receive). In most cases, the assessor might require all the materials, manuals, etc. which are used during the implementation of the programme, as well as the detailed programme description. If the Checklist is used to support funding decisions, the assessment quality criteria could form part of the application form/tender documentation.

If the Checklist/assessment procedure is used for enhancing further development or improvement of a given programme, other sources of evidence can also be used (e.g. information received verbally from programme representatives; direct observations of work procedures or programme implementation; or discussions with staff members, participants and/or other stakeholders).

2.5 Adaptation of the Checklist to the local context

This Checklist can be used:

1. To assess drug prevention programmes in order to assess quality aspects of the programme with the intention to decide if the programme is suitable for funding and support.
2. To assess or review implementation of drug prevention programmes that have already been approved for financial support.
3. To help establish local, regional or national assessment procedures in relation to funding and support of drug prevention programmes.
4. To support the review and revision of existing assessment procedures in relation to funding and support of drug prevention programmes.

One of the main aims of the Checklist is to inspire and assist in establishing assessment procedures, bearing in mind that funding criteria vary between institutions, countries and regions.

If a programme selection mechanism is already in place at any administrative level, the Checklist can also help to refine the complete procedure and the existing assessment quality criteria. The existing system and the method offered by the EDPQS Checklist can be considered, and necessary adjustments can be made to refine the existing system.

As the various systems are operating in diverse contexts and within different cultures, it is necessary to look carefully at the proposed assessment criteria and procedures. Depending on the local characteristics, the intention of the decision making body, the type of programmes to be assessed or the context of the assessment, careful adaptation of the Checklist may be necessary. National and local characteristics of prevention work can influence the assessment process and the final judgement on programmes. Local needs or programme types (e.g. universal or targeted prevention programmes) can make certain assessment criteria more important than others. This could result in certain Standards being removed from the list or even new ones added using the full EDPQS Manual which describes both the Basic and Expert Standards in detail (e.g. needs assessment is vital for targeted prevention programmes). The framework provided by the Checklist is flexible and can be used to develop a quasi-objective assessment procedure by adapting it to existing structures and to meet local requirements.

Studying other EDPQS tools, such as the *Guidelines for the translation, adaptation and dissemination of quality standards in drug prevention*, can assist this adaptation process and can be useful for not only learning more about the Standards, but also getting a detailed picture of how to use and adapt the Standards to meet local needs in general (see <http://prevention-standards.eu/toolkit-4/>)

2.6 Necessary background knowledge for using the Checklist

Using the Checklist requires basic background knowledge and understanding of the Standards, as well as relevant knowledge in the field of drug prevention and/or health promotion. Furthermore, general training on health promotion/prevention programme development, needs assessment and evaluation, can also be beneficial.

In order to develop the necessary knowledge on the Standards, it is strongly recommended to read the EDPQS Manual (<http://prevention-standards.eu/manual/>). The other two elements of Toolkit 1, the Policy Guide (Parts 1 & Part 2) and the EDPQS tools developed for practitioners (Toolkit 2) can also help in learning more about the Standards and to better understand the use of them in practice. You may find these materials at <http://prevention-standards.eu/>

We do not recommend using the Checklist for programme selection without any training in prevention, and without some preparatory learning about the Standards.

3 The Checklist

3.1 Checklist (A): European Drug Prevention Quality Standards (EDPQS) checklist for selecting a programme for funding.

CROSS CUTTING CONSIDERATIONS			
<p>These are recurring themes that are relevant across the entire project cycle. For the purposes of these Standards, these four themes have been placed in the middle of the project cycle as they should be reconsidered at each project stage.</p>			
Assessment criteria (summary of Basic Standards)	Rating Scale Not met 0 - 5 Fully met	Not applicable or not relevant	Assessment notes
<p>A: Sustainability and funding</p> <ul style="list-style-type: none"> • The programme promotes a long-term view on drug prevention rather than a fragmented short-term initiative. • The programme is coherent in its logic and practical approach. • The programme seeks funding from different sources. 	0 1 2 3 4 5	<input type="checkbox"/>	
<p>B: Communication and stakeholder involvement</p> <ul style="list-style-type: none"> • The multi-service nature of drug prevention is considered. • All stakeholders relevant to the programme (e.g. target population, other agencies) are identified and they are involved as required for a successful programme implementation. • The organisation cooperates with other agencies and institutions. 	0 1 2 3 4 5	<input type="checkbox"/>	

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<p>C: Staff development</p> <ul style="list-style-type: none"> • It is ensured prior to the implementation that staff members have the professional and personal competencies which are required for a successful programme implementation. • If necessary, high quality training, based on a training needs analysis, is provided. • During implementation, staff members are supported in their work. 	<p>0 1 2 3 4 5</p>	<p><input type="checkbox"/></p>	
<p>D: Ethical drug prevention</p> <ul style="list-style-type: none"> • A code of ethics is defined. • Participants' rights are protected. • The programme has clear benefits for participants and will not cause them any harm. • Participant data is treated confidentially. • The physical safety of participants and staff members is protected. 	<p>0 1 2 3 4 5</p>	<p><input type="checkbox"/></p>	
<p>Total sum of scores of the project stage</p>	<p>Σ</p>		

Please note: meeting the Standards of cross cutting considerations can also be relevant when assessing the implementation of a drug prevention programme. These four elements can also form part of Checklist B.

Toolkit 1: Assessment Quality Criteria Checklist

Checklist (A) – EDPQS to be used when selecting a programme for funding

PROJECT STAGE 1: NEEDS ASSESSMENT			
<p>Before the intervention can be planned in detail, it is important to explore the nature and extent of drug-related needs, as well as possible causes and contributing factors to those needs. This ensures that the intervention is necessary, and that it will address the correct needs and target population(s). Four types of needs are distinguished: policy needs; (general) community needs; needs defined by gaps in the provision of prevention; and (specific) target population needs.</p>			
Assessment criteria (summary of Basic Standards)	Rating Scale Not met 0 - 5 Fully met	Not applicable or not relevant	Assessment notes
<p>1.1 Knowing drug-related policy and legislation</p> <ul style="list-style-type: none"> • The knowledge of drug-related policy and legislation is sufficient for the implementation of the programme. • The programme supports the objectives of local, regional, national and/or international priorities, strategies and policies. 	0 1 2 3 4 5	<input type="checkbox"/>	
<p>1.2 Assessing drug use and community needs</p> <ul style="list-style-type: none"> • The needs of the community (or environment in which the programme will be delivered) are assessed. • Detailed and diverse information on drug use is gathered. • The study utilises existing epidemiological knowledge where possible and adheres to principles of ethical research. 	0 1 2 3 4 5	<input type="checkbox"/>	
<p>1.3 Describing the need — Justifying the intervention</p> <ul style="list-style-type: none"> • The need for an intervention is justified. • The main needs are described based on the needs assessment, and the potential future development of the situation without an intervention is indicated. • Gaps in current service provision are identified. 	0 1 2 3 4 5	<input type="checkbox"/>	

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1.4 Understanding the target population <ul style="list-style-type: none"> • A potential target population is chosen in line with the needs assessment. • The needs assessment considers the target population's culture and its perspectives on drug use. 	0 1 2 3 4 5	<input type="checkbox"/>	
Total sum of scores of the project stage	Σ		

Checklist (A) – EDPQS to be used when selecting a programme for funding

PROJECT STAGE 2: RESOURCE ASSESSMENT			
<p>A programme is not only defined by target population needs, but also by available resources. While the needs assessment (see 1: needs assessment) indicates what the programme should aim to achieve, the resource assessment provides important information on whether and how these aims can be achieved. Thus, resources must be assessed to gain a realistic understanding of the desirable type and possible scope of the programme.</p>			
Assessment quality criteria (summary of Basic Standards)	Rating Scale Not met 0 - 5 Fully met	Not applicable or not relevant	Assessment notes
2.1 Assessing target population and community resources <ul style="list-style-type: none"> • Sources of opposition to, and support of, the programme are considered, as well as ways of increasing the level of support. • The ability of the target population and other relevant stakeholders to participate in the programme is assessed. 	0 1 2 3 4 5	<input type="checkbox"/>	
2.2 Assessing internal capacities <ul style="list-style-type: none"> • Internal resources and capacities are assessed (e.g. human, technological, financial resources). • The assessment takes into account their current availability, as well as their likely future availability for the programme. 	0 1 2 3 4 5	<input type="checkbox"/>	
Total sum of scores of the project stage	Σ		

Toolkit 1: Assessment Quality Criteria Checklist

Checklist (A) – EDPQS to be used when selecting a programme for funding

PROJECT STAGE 3: PROGRAMME FORMULATION			
The programme formulation outlines the programme content and structure and provides the necessary foundation to allow targeted, detailed, coherent and realistic planning. Based on the assessment of target population needs and available resources, the programme’s core elements should be clearly defined. These standards aim to stimulate a change in professional culture towards a more systematic and evidence-based approach to drug prevention work.			
Assessment quality criteria (summary of basic standards)	Rating Scale Not met 0 - 5 Fully met	Not applicable or not relevant	Assessment notes
3.1 Defining the target population <ul style="list-style-type: none"> The target population(s) of the programme is (are) described. The chosen target population(s) can be reached. 	0 1 2 3 4 5	<input type="checkbox"/>	
3.2 Using a theoretical model <ul style="list-style-type: none"> The programme is based on an evidence-based theoretical model that allows an understanding of the specific drug-related needs and shows how the behaviour of the target population can be changed. 	0 1 2 3 4 5	<input type="checkbox"/>	
3.3 Defining aims, goals and objectives <ul style="list-style-type: none"> It is clear what is being ‘prevented’ (e.g. what types of drug use or health conditions?). The programme’s aims, goals and objectives are clear, logically linked and informed by the identified needs. They are ethical and ‘useful’ for the target population. Goals and objectives are specific and realistic. 	0 1 2 3 4 5	<input type="checkbox"/>	

Toolkit 1: Assessment Quality Criteria Checklist

<p>3.4 Defining the setting</p> <ul style="list-style-type: none"> • The setting(s) for the activity is (are) described. • It matches the aims, goals, objectives and available resources and is likely to produce the desired change. • Necessary collaborations for implementation of the programme in this setting are identified. 	<p>0 1 2 3 4 5</p>	<p><input type="checkbox"/></p>	
<p>3.5 Referring to evidence of effectiveness</p> <ul style="list-style-type: none"> • Scientific literature reviews and/or essential publications on the issues relating to the programme are consulted. • The reviewed information is of high quality and relevant to the programme. • The main findings are used to inform the programme. 	<p>0 1 2 3 4 5</p>	<p><input type="checkbox"/></p>	
<p>3.6 Determining the timeline</p> <ul style="list-style-type: none"> • The timeline of the programme is realistic and it is illustrated clearly and coherently. • Timing, duration and frequency of activities are adequate for the programme. 	<p>0 1 2 3 4 5</p>	<p><input type="checkbox"/></p>	
<p>Total sum of scores of the project stage</p>	<p>Σ</p>		

Toolkit 1: Assessment Quality Criteria Checklist

Checklist (A) – EDPQS to be used when selecting a programme for funding

PROJECT STAGE 4: INTERVENTION DESIGN			
<p>The content of interventions is usually covered in guidelines rather than quality standards as it is specific to the needs of the target population, the aims of the programme, etc. However, there are some formal aspects that can be generalised. These Standards assist in the development of a new intervention, as well as in the selection and adaptation of an existing intervention. The Standards also encourage the consideration of evaluation requirements as part of the intervention design.</p>			
Assessment quality criteria (summary of Basic Standards)	Rating Scale Not met 0 - 5 Fully met	Not applicable or not relevant	Assessment notes
<p>4.1 Designing for quality and effectiveness</p> <ul style="list-style-type: none"> • The intervention follows evidence-based good practice recommendations; the scientific approach is outlined. • The programme builds on positive relationships with participants by acknowledging their experiences and respecting diversity. • Programme completion is defined. 	0 1 2 3 4 5	<input type="checkbox"/>	
<p>4.2 If selecting an existing intervention</p> <ul style="list-style-type: none"> • Benefits and disadvantages of existing interventions are considered, as well as the balance between adaptation, fidelity and feasibility. • The intervention's fit to local circumstances is assessed. • The chosen intervention is adapted carefully and changes are made explicit. • Authors of the intervention are acknowledged. 	0 1 2 3 4 5	<input type="checkbox"/>	

Toolkit 1: Assessment Quality Criteria Checklist

<p>4.3 Tailoring the intervention to the target population</p> <ul style="list-style-type: none"> • The programme is adequate for the specific circumstances of the programme (e.g. target population characteristics) and tailored to those if required. • Elements to tailor include: language, activities, messages, timing, number of participants. 	<p>0 1 2 3 4 5</p>	<p><input type="checkbox"/></p>	
<p>4.4 If planning final evaluations</p> <ul style="list-style-type: none"> • Evaluation is seen as an integral and important element to ensuring programme quality. • It is determined what kind of evaluation is most appropriate for the intervention and a feasible and useful evaluation is planned. • Relevant evaluation indicators are specified and the data collection process is described. 	<p>0 1 2 3 4 5</p>	<p><input type="checkbox"/></p>	
<p>Total sum of scores of the project stage</p>	<p>Σ</p>		

Toolkit 1: Assessment Quality Criteria Checklist

Checklist (A) – EDPQS to be used when selecting a programme for funding

PROJECT STAGE 5: MANAGEMENT AND MOBILISATION OF RESOURCES			
A drug prevention programme consists not only of the actual intervention, but also requires good project management and detailed planning to ensure that it is feasible. Managerial, organisational and practical aspects need to be considered alongside the intervention design. To begin implementation, available resources must be activated and new resources accessed as necessary. Project management reference books provide in-depth information on how to plan and manage projects. However, together with project stage 3: programme formulation, these Standards highlight some of the main considerations in relation to drug prevention work.			
Assessment quality criteria (summary of Basic Standards)	Rating Scale Not met 0 - 5 Fully met	Not applicable or not relevant	Assessment notes
5.1 Planning the programme - Illustrating the project plan <ul style="list-style-type: none"> • Time is set aside for systematic programme planning. • A written project plan outlines the main programme elements and procedures. • Contingency plans are developed. 	0 1 2 3 4 5	<input type="checkbox"/>	
5.2 Planning financial requirements <ul style="list-style-type: none"> • A clear and realistic cost estimate for the programme is given. • The available budget is specified and adequate for the programme. • Costs and available budget are linked. • Financial management corresponds to legal requirements. 	0 1 2 3 4 5	<input type="checkbox"/>	
5.3 Setting up the team <ul style="list-style-type: none"> • The staff required for successful implementation is defined and (likely to be) available (e.g. type of roles, number of staff). • The set-up of the team is appropriate for the programme. • Staff selection and management procedures are defined. 	0 1 2 3 4 5	<input type="checkbox"/>	

Toolkit 1: Assessment Quality Criteria Checklist

<p>5.4 Recruiting and retaining participants</p> <ul style="list-style-type: none"> • It is clear how participants are drawn from the target population and what mechanisms are used for recruitment. • Specific measures are taken to maximise recruitment and retention of participants. 	<p>0 1 2 3 4 5</p>	<p><input type="checkbox"/></p>	
<p>5.5 Preparing programme materials</p> <ul style="list-style-type: none"> • Materials necessary for implementation of the programme are specified. • If intervention materials (e.g. manuals) are used, the information provided therein is factual and of high quality. 	<p>0 1 2 3 4 5</p>	<p><input type="checkbox"/></p>	
<p>5.6 Providing a programme description</p> <ul style="list-style-type: none"> • A written, clear programme description exists and is (at least partly) accessible by relevant groups (e.g. participants). • It outlines major elements of the programme, particularly its possible impact on participants. 	<p>0 1 2 3 4 5</p>	<p><input type="checkbox"/></p>	
<p>Total sum of scores of the project stage</p>	<p>Σ</p>		

3.2 Checklist (B) - EDPQS to be used for follow up of the implementation of a funded programme

Please note: it is also useful to refer to the **cross-cutting considerations** checklist included in section 3.1 for reviewing implemented programmes.

PROJECT STAGE 6: DELIVERY AND MONITORING			
<p>At this stage, the plans developed earlier are put into practice. A particular issue at this point is the need to maintain a balance between fidelity (i.e. adhering to the project plan) and flexibility (i.e. responding to emerging new developments). The components outline how this balance can be achieved by examining the quality and progress of the implementation and making controlled modifications to improve the programme.</p>			
Assessment quality criteria (summary of Basic Standards)	Rating Scale Not met 0 - 5 Fully met	Not applicable or not relevant	Assessment notes
<p>6.1 If conducting a pilot intervention</p> <ul style="list-style-type: none"> • A pilot intervention is conducted if necessary. • It should be considered, for example, when implementing new or strongly adapted interventions, or if programmes are intended for wide dissemination. • The findings from the pilot evaluation are used to inform and improve the proper implementation of the intervention. 	<p>0 1 2 3 4 5</p>	<p><input type="checkbox"/></p>	
<p>6.2 Implementing the programme</p> <ul style="list-style-type: none"> • The programme is implemented according to the written project plan. • The implementation is adequately documented, including details on failures and deviations from the original plan. 	<p>0 1 2 3 4 5</p>	<p><input type="checkbox"/></p>	

Toolkit 1: Assessment Quality Criteria Checklist

<p>6.3 Monitoring the implementation</p> <ul style="list-style-type: none"> • Monitoring is seen as an integral part of the implementation phase. • Outcome and process data are collected during implementation and reviewed systematically. • The project plan, resources, etc. are also reviewed. • The purpose of monitoring is to determine if the programme will be successful and to identify any necessary adjustments. 	<p>0 1 2 3 4 5</p>	<p><input type="checkbox"/></p>	
<p>6.4 Adjusting the implementation</p> <ul style="list-style-type: none"> • Flexibility is possible if required for a successful implementation. • The implementation is adjusted in line with the monitoring findings, where possible. Issues and problems are dealt with in a manner that is appropriate for the programme. • Adjustments are well justified and reasons for adjustments are documented. 	<p>0 1 2 3 4 5</p>	<p><input type="checkbox"/></p>	
<p>Total sum of scores of the project stage</p>	<p>Σ</p>		

Toolkit 1: Assessment Quality Criteria Checklist

Checklist (B) – EDPQS to be used for follow-up of the implementation of a funded programme

PROJECT STAGE 7: FINAL EVALUATIONS			
After the intervention has been completed, final evaluations assess its outcomes and/or the process of delivering the intervention and implementing the programme. Briefly, outcome evaluations focus on the behaviour change in participants (e.g. reduced drug use), whereas process evaluations focus on the outputs of the activity (e.g. number of sessions delivered, number of participants contacted, fidelity of implementation). The findings from the outcome evaluation and the process evaluation must be interpreted together in order to gain a thorough understanding of the success of the programme. This knowledge will inform the final project stage.			
Assessment quality criteria (summary of Basic Standards)	Rating Scale Not met 0 - 5 Fully met	Not applicable or not relevant	Assessment notes
7.1 If conducting an outcome evaluation <ul style="list-style-type: none"> • The sample size on which the outcome evaluation is based is given and it is appropriate for the data analysis. • An appropriate data analysis is conducted, including all participants. • All findings are reported in measurable terms. • Possible sources of bias and alternative explanations for findings are considered. • The success of the programme is assessed. 	0 1 2 3 4 5	<input type="checkbox"/>	
7.2 If conducting a process evaluation <ul style="list-style-type: none"> • The implementation of the programme is documented and explained. • The following aspects are evaluated: target population involvement; activities; programme delivery; use of financial, human and material resources. 	0 1 2 3 4 5	<input type="checkbox"/>	
Total sum of scores of the project stage	Σ		

Please note: Standards 4.4 in Checklist (A) assess if evaluation is planned for a programme. However, when selecting a programme for funding, it can also be equally important to know whether a programme has already been evaluated and, if so, what were the methods and what were the results. In this situation 7.1 and 7.2 can also be part of Checklist (A).

Toolkit 1: Assessment Quality Criteria Checklist

Checklist (B) – EDPQS to be used for follow-up of the implementation of a funded programme

PROJECT STAGE 8: DISSEMINATION AND IMPROVEMENT			
In the final project stage, the future of the programme is of major concern: should the programme continue and, if so, how? Disseminating information about the programme can help to promote its continuation and also enables others to learn from the experiences of implementing the programme.			
Assessment quality criteria (summary of Basic Standards)	Rating Scale Not met 0 - 5 Fully met	Not applicable or not relevant	Assessment notes
8.1 Determining whether the programme should be sustained <ul style="list-style-type: none"> It is determined whether the programme should be continued based on the evidence provided by monitoring and/or final evaluations. If it is to be continued, opportunities for continuation are outlined. The lessons learnt from the implementation are used to inform future activities. 	0 1 2 3 4 5	<input type="checkbox"/>	
8.2 Disseminating information about the programme <ul style="list-style-type: none"> Information on the programme is disseminated to relevant target audiences in an appropriate format. To assist replication, details on implementation experiences and unintended outcomes are included. Legal aspects of reporting on the programme are considered (e.g. intellectual property and copyright). 	0 1 2 3 4 5	<input type="checkbox"/>	
8.3 If producing a final report <ul style="list-style-type: none"> The final report is planned and documents all major elements of programme planning, implementation and (where possible) evaluation in a clear, logical, and easy-to-read way. 	0 1 2 3 4 5	<input type="checkbox"/>	
Total sum of scores of the project stage	Σ		

3.3 Summary table for Checklist (A) and (B) using the EDPQS

Name of assessor			
Name of organisation commissioning the programme assessment			
The assessment is carried out as part of the following support programme			
Date of assessment			
Title of the assessed programme			
Organisation name			
Summary of main findings, possible issues to clarify			
General evaluation of the programme (taking into account the quantitative result as well as the findings noted during the course of the assessment).			
Resource implications of commissioning the programme			
Resources needed: Reflection on what budget is required to commission the programme.	Available resources: Reflection on available resources (i.e. existing financial resource, infrastructures and other structures in place that can be built upon, existing networks that can be utilised).		
Calculated percentage based on the total sum of scores of rated scales%		
Recommended for funding/commissioning:	Yes <input type="checkbox"/>	Yes, with the following conditions <input type="checkbox"/>	No <input type="checkbox"/>
Actions to be taken once the Checklist has been completed			
Summary of action points	By whom?		By when?

The EDPQS Manual published by the European Monitoring Centre for Drugs and Drug Addiction is available to provide further help in understanding and using the European Drug Prevention Quality Standards: European drug prevention quality standards, EMCDDA, Lisbon, December 2011: <http://prevention-standards.eu/manual/>

3.4 The EDPQS project cycle and its components

3.4.1 List of components

Cross-cutting considerations
A: Sustainability and funding
B: Communication and stakeholder involvement
C: Staff development
D: Ethical drug prevention
1 Needs Assessment
1.1 Knowing drug-related policy and legislation
1.2 Assessing drug use and community needs
1.3 Describing the need – Justifying the intervention
1.4 Understanding the target population
2 Resource Assessment
2.1 Assessing target population and community resources
2.2 Assessing internal capacities
3 Programme Formulation
3.1 Defining the target population
3.2 Using a theoretical model
3.3 Defining aims, goals and objectives
3.4 Defining the setting
3.5 Referring to evidence of effectiveness
3.6 Determining the timeline
4 Intervention Design
4.1 Designing for quality and effectiveness
4.2 If selecting an existing intervention
4.3 Tailoring the intervention to the target population
4.4 If planning final evaluations
5 Management and Mobilisation of Resources
5.1 Planning the programme - Illustrating the project plan
5.2 Planning financial requirements
5.3 Setting up the team
5.4 Recruiting and retaining participants
5.5 Preparing programme materials
5.6 Providing a project description
6 Delivery and Monitoring
6.1 If conducting a pilot intervention
6.2 Implementing the intervention
6.3 Monitoring the implementation
6.4 Adjusting the implementation
7 Final Evaluations
7.1 If conducting an outcome evaluation
7.2 If conducting a process evaluation
8 Dissemination and Improvement
8.1 Determining whether the programme should be sustained
8.2 Disseminating information about the programme
8.3 If producing a final report

3.4.2 Detailed description of components within project stages

CROSS-CUTTING CONSIDERATIONS

A: Sustainability and funding

Programmes should be seen as embedded in a wider framework of drug prevention activities. The long-term viability of prevention work should be ensured as far as possible. Ideally, programmes can continue beyond their initial implementation and/or after external funding has stopped. However, sustainability depends not only upon the continued availability of funding but also upon the lasting commitment of staff and other relevant stakeholders to the organisation and/or the field of drug prevention. The Standards in this component outline how sustainability can be ensured by 'anchoring' programmes within existing systems and by developing strategies to secure necessary resources, particularly funding.

B: Communication and stakeholder involvement

Stakeholders are individuals, groups and organisations that have a vested interest in the activities and outcomes of the programme and/or who are directly or indirectly affected by it, such as the target population, the community, funders and other organisations working in the field of drug prevention. Relevant stakeholders should be contacted and involved in the programme as necessary. The support and cooperation of the target population will be a requirement for any programme. Other forms of stakeholder involvement may include establishing links with community 'leaders' or the local media who subsequently support the programme and increase its visibility. Involving other organisations working in the field is useful to coordinate efforts, share lessons learnt and establish joint planning and budgeting. A communications strategy enables exchange between the various groups involved in the programme.

C: Staff development

This component consists of three pillars: staff training; further development; and professional and emotional support. Staff training needs should be assessed before implementation and staff members should be trained to ensure that the programme is delivered to a high standard. Although professional competencies as such are not a focus of the Standards, they can facilitate the development of training plans by outlining the types of professional competencies that staff members should have. Continuous staff development is a means of rewarding and retaining staff members and ensuring that their knowledge and skills are up-to-date. During the implementation of the programme, it is important to give staff members the opportunity to reflect on their work and to improve on the job.

D: Ethical drug prevention

Drug prevention activities may not require physical or clinical intervention, but they represent a form of intervention in people's lives nevertheless. Moreover, prevention is typically targeted at young people and, in the case of selective and indicated prevention, these young people can be among the most vulnerable in society. Professionals should not assume that drug prevention activities are per definition ethical and beneficial for participants. The Standards outline principles of ethical drug prevention which focus on: the providers' lawful conduct; respect for participants' rights and autonomy; real benefits for participants; no harms for participants; providing truthful information; obtaining consent; voluntary participation; ensuring confidentiality; tailoring the intervention to participants' needs; involving participants as partners; and health and safety. While it may not always be possible to adhere to all principles of ethical drug prevention, an ethical approach must be clearly evident at every project stage. Consequently, protocols are developed to protect participants' rights and potential risks are assessed and mitigated.

PROJECT STAGE 1: NEEDS ASSESSMENT

1.1 Knowing drug-related policy and legislation

Drug-related policy and legislation should guide all drug prevention activities. The team must be aware of, and work in correspondence with, drug-related policy and legislation at the local, regional, national and/or international level. Where programmes address needs that are not current policy priorities, programmes should still support the wider drug prevention agenda as defined by national or international strategies. Other guidance, such as binding standards and guidelines, should also be considered where appropriate.

1.2 Assessing drug use and community needs

The second component in this project stage specifies the requirement to assess the drug situation in the general population or specific subpopulations. It is not sufficient to rely on assumptions or ideology when planning prevention work. Instead, drug prevention programmes must be informed by an empirical assessment of people's needs. The assessment can utilise quantitative and/or qualitative methods and should draw upon existing (epidemiological) data where relevant data of high quality is already available (e.g. from national drugs observatories). Other relevant issues, such as deprivation and inequalities, should also be assessed to account for the relationship between drug use and other needs. One needs assessment may inform several different activities across a defined time span, although it is important to ensure that the data is up-to-date. Regional drugs coordination teams can have an important role to play in the achievement of these Standards.

1.3 Describing the need — Justifying the intervention

The findings from the community needs assessment are documented and contextualised to justify the need for the intervention. The justification should take into account the views of the community to ensure that the programme is relevant to them. A focus on 'needs' rather than 'problems' can help engage stakeholders who may otherwise feel stigmatised. Existing drug prevention programmes are also analysed at this point to gain an understanding of how the programme can complement the current structure of provision.

1.4 Understanding the target population

The needs assessment is then taken further by gathering detailed data on the prospective target population, such as information about risk and protective factors, and the target population's culture and everyday life. A good understanding of the target population and its realities is a prerequisite for effective, cost-effective and ethical drug prevention. Where appropriate, the intermediate target population, which will receive the intervention but is not in itself at risk of drug use (e.g., parents, teachers), may need to be considered in addition to the ultimate target population (e.g., young people at risk of drug use).

PROJECT STAGE 2: RESOURCE ASSESSMENT

2.1 Assessing target population and community resources

Drug prevention programmes can only be successful if the target population, community and other relevant stakeholders are 'ready' to engage (e.g. able and willing to take part or support implementation). They may also have resources that can be utilised as part of the programme (e.g. networks, skills). The Standards in this component describe the requirement to assess and consider potential sources of opposition to, and support for, the programme, as well as available resources of relevant stakeholders.

2.2 Assessing internal capacities

The analysis of internal resources and capacities is important as the programme will only be feasible if it is in line with available staff, financial and other resources. This step is carried out before programme formulation to gain an understanding of what types of programmes might be feasible. As the purpose of the assessment is to inform programme planning, it does not have to be a 'formal' assessment carried out by an external organisation but could, for example, consist of an informal discussion between staff members to identify organisational strengths and weaknesses in terms of resources.

PROJECT STAGE 3: PROGRAMME FORMULATION

3.1 Defining the target population

A good definition of the target population ensures that the intervention is targeted at the right people. The target population may consist of individuals, groups, households, organisations, communities, settings and/or other units, as long as they are identifiable and clearly defined. Some programmes may need to distinguish the ultimate target population (e.g. young people at risk of drug use) from the intermediate target population (e.g. parents, teachers, peers of these young people). The definition should be specific and appropriate for the scope of the programme. For example, an important consideration is whether the target population can be reached within the realities of the programme.

3.2 Using a theoretical model

A theoretical model is a set of interrelated assumptions explaining how and why an intervention is likely to produce outcomes in the target population. Using a theoretical model that is suitable for the particular context of the programme increases the likelihood that the programme will successfully achieve its objectives. It helps identify relevant mediators of drug-related behaviours (such as intentions and beliefs that influence drug use) and determine feasible goals and objectives. All interventions should be based on sound theoretical models, particularly if they are newly developed.

3.3 Defining aims, goals and objectives

Without clear aims, goals and objectives, there is a serious risk of conducting drug prevention work for its own sake, instead of for the benefit of the target population. The Standards use a three-level structure of interconnected aims, goals and objectives. Aims describe the programme's long-term direction, general idea, purpose or intention. They may or may not be achievable within the specific intervention but provide a strategic direction for activities. Goals are clear statements on the programme's outcome for participants (in terms of behaviour change) at the completion of the intervention. Objectives describe the immediate or intermediate behaviour change in participants that is necessary to achieve a final goal. Finally, operational objectives describe the activities that are required to achieve goals and objectives.

3.4 Defining the setting

The setting is the social and/or physical environment in which the intervention takes place, such as family, school, workplace, nightclub, community or society. The needs assessment may show that one or more settings are relevant. However, practical considerations (e.g. ease of access, necessary collaborations) must also be taken into account when deciding on the setting. A clear definition of the setting is essential so that others may understand where, and how, the intervention was delivered.

3.5 Referring to evidence of effectiveness

When planning drug prevention work, it is important to be aware, and make use of existing knowledge, of 'what works' in drug prevention. The existing scientific evidence base on effective drug prevention should be consulted and the findings relevant to the programme highlighted. The scientific evidence must be integrated with the professional experience of practitioners to design an intervention that is relevant to the specific programme context. Where scientific evidence of effectiveness is not available, professional experiences and stakeholder expertise may be described instead. However, the limitations of these forms of knowledge compared to robust research evidence should be carefully considered (e.g. generalisability).

3.6 Determining the timeline

A realistic timeline is essential in the planning and implementation of the programme so that staff members can target and coordinate their efforts. It illustrates the planned schedule of activities and applicable deadlines. The timeline may be updated during the implementation of the programme to reflect its actual development.

PROJECT STAGE 4: INTERVENTION DESIGN

4.1 Designing for quality and effectiveness

After the cornerstones of the intervention have been outlined, its details are specified. Planning evidence-based activities that participants are likely to experience as engaging, interesting and meaningful, is an important aspect of achieving the set goals and objectives. Where possible, the intervention should be designed as a logical progression of activities that reflects participants' development throughout the intervention. Consulting a variety of sources on previously implemented programmes can help avoid pursuing activities that have already been shown to be ineffective or to have iatrogenic effects.

4.2 If selecting an existing intervention

Before developing a new intervention, it should be considered whether an appropriate intervention might already exist, either in practice or in manualised form. Several factors need to be considered in the selection of an existing intervention, including whether it is relevant to the particular circumstances of the programme and (in the case of programmes not free of charge) whether it is affordable. The intervention is then adapted to match the specific situation of the programme. Adaptation consists of careful intentional and planned changes made to the original intervention before implementation to ensure that it is appropriate for the particular circumstances of the programme (e.g. target population needs) and to maintain or increase its effectiveness.

4.3 Tailoring the intervention to the target population

Regardless of whether a new intervention is developed or an existing intervention adapted, the intervention must be tailored to the target population in line with the findings from the needs assessment. An essential staff competency in this regard is cultural sensitivity, i.e. the willingness and ability of staff members to understand the importance of (different types of) culture; to appreciate cultural diversity; to respond effectively to culturally defined needs; and to incorporate cultural considerations into all aspects of drug prevention work. If an existing intervention is used, tailoring may be conducted as part of the adaptation process. Additionally, flexibility should be built into the intervention design, allowing practitioners to tailor the intervention during implementation without having to deviate from the original plan.

4.4 If planning final evaluations

Monitoring and final process and outcome evaluations should also be planned at this stage. Outcome evaluation is a means to assessing whether goals and objectives were achieved, whereas process evaluation is a means of understanding how they were achieved or, in some cases, not achieved. An evaluation team should decide upon the appropriate type of evaluation for the programme and define evaluation indicators in line with goals and objectives. It should be clarified what data will be collected and how it will be collected (e.g. specification of timeline and data collection tools). Where an outcome evaluation is planned, the research design should be determined. Considering evaluation at this stage ensures that the data required for monitoring and final evaluations will be available in a satisfactory form when it is needed.

PROJECT STAGE 5: MANAGEMENT AND MOBILISATION OF RESOURCES

5.1 Planning the programme — Illustrating the project plan

A dedicated procedure ensures that planning and implementation are conducted systematically. A written project plan documents all tasks and procedures that are required for the successful implementation of the programme. The project plan guides implementation by providing a common framework that all staff members can work towards. In later project stages, the project plan is consulted to assess whether the programme is implemented as intended and if any adjustments are required.

5.2 Planning financial requirements

The financial requirements (costs) and capacities (budget) of the programme must be determined to put necessary and available resources into context. The costs must not exceed the budget that is (or will be available) for the programme. If more resources are required than are available, the financial plan clarifies what additional funding might be required or how the project plan may need to be altered.

5.3 Setting up the team

The team consists of the people working on the programme (e.g. managing, delivering and evaluating the programme). Staff members (including volunteers) should be chosen in correspondence with legal requirements and the needs of the programme. Roles and responsibilities should be distributed accordingly, guaranteeing that all necessary tasks have been assigned and are carried out by the most suitable persons (i.e. those with suitable qualifications and/or experience). This component should be seen in conjunction with component C: on staff development.

5.4 Recruiting and retaining participants

Recruitment refers to the process of choosing eligible individuals from the target population, informing them about the programme, inviting them to take part, enrolling them and ensuring that they begin the intervention (e.g. attend the first session). Participants should be recruited from the defined target population in a methodologically correct and ethical way. Retention refers to the process of ensuring that all participants remain in the intervention until it has finished and/or until the goals have been achieved (whichever is more appropriate). This is particularly relevant for programmes that need to engage participants over long periods of time. Barriers to participation should be identified and removed to ensure that participants can take part in and complete the programme.

5.5 Preparing programme materials

The materials that are required for implementation of the programme should be considered, including intervention materials (where appropriate), instruments for monitoring and evaluation, technical equipment, the physical environment (e.g. facilities), etc. This allows finalising the financial plan and taking action to secure necessary materials. If intervention materials are used (e.g. manuals, films, websites), they should be of high quality and suitable for the intended users.

5.6 Providing a programme description

A written programme description provides a clear overview of the programme. It is produced so that interested stakeholders (e.g. target population, funders and other interested professionals) may obtain information about the programme before its start and/or while it is ongoing. The intervention and its activities should be described in detail, although the level of detail will depend upon the scope of the programme and the likely readers of the description. If the description is used in participant recruitment, particular emphasis must be put on the potential risks and benefits for participants. The programme description differs from the project plan (which is an internal tool to guide programme implementation) and from the final report (which summarises the programme once it has finished).

PROJECT STAGE 6: DELIVERY AND MONITORING

6.1 If conducting a pilot intervention

In certain cases, for example if an intervention is newly developed or is to be rolled out from local to national implementation, the intervention should be tested first by implementing it on a smaller scale. This helps identify potential practical issues and other weaknesses that did not emerge during the planning and which may be very costly to address once implementation is fully underway. A pilot intervention (or pilot study) is a small-scale trial of the intervention prior to its full implementation (e.g. with fewer participants in only one or two locations). During the pilot intervention, process and (limited) outcome data are collected and used to perform a small-scale evaluation. Using the findings from the pilot, programme developers can make final and inexpensive adjustments to the intervention before the actual implementation.

6.2 Implementing the intervention

Once there is sufficient evidence to suggest that the intended drug prevention intervention will be effective, feasible and ethical, the intervention is implemented as outlined in the project plan. However, this does not mean that the project plan must be strictly adhered to if there is an obvious need for modifications. To facilitate later evaluations and reporting on the programme, the implementation is documented in detail, including unexpected events, deviations and failures.

6.3 Monitoring the implementation

While the programme is carried out, outcome and process data are collected and analysed periodically, for example with regard to the relevance of the intervention to participants, fidelity to the project plan and effectiveness. Actual implementation of the intervention and other programme aspects is compared to what was set out in the project plan. Regular reviews of the progress also help identify if there is a need for modifying the original plan. Monitoring ensures that implementation is of high quality, but it also allows providers to improve prevention practice by identifying and responding to changed or additional requirements before these pose a threat to the success of the programme.

6.4 Adjusting the implementation

Implementation needs to remain flexible so that it can respond to emerging problems, changed priorities, etc. Where necessary and possible, implementation of the programme should be adjusted in line with the findings from the monitoring review. However, modifications must be minimal and well justified and their potential negative impact on the programme must be considered. Consequently, if adjustments are made, they must be documented and evaluated to understand what effect they had on participants and the success of the programme.

PROJECT STAGE 7: FINAL EVALUATIONS

7.1 If conducting an outcome evaluation

As part of the outcome evaluation, outcome data is systematically collected and analysed to assess how effective the intervention was. All outcomes should be reported as defined in the planning phase (i.e. in line with the defined evaluation indicators). Depending on the scale of the programme and the research design that was employed, statistical analyses should be performed to determine the effectiveness of the intervention in achieving the defined goals. Where possible, a causal statement on the intervention's effectiveness summarises the findings of the outcome evaluation.

7.2 If conducting a process evaluation

The process evaluation documents what happened during the implementation of the programme. Moreover, it analyses the quality and usefulness of the programme by considering its reach and coverage, acceptance of the intervention by participants, implementation fidelity and use of resources. The findings from the process evaluation help to explain the findings from the outcome evaluation and to understand how the programme can be improved in the future.

PROJECT STAGE 8. DISSEMINATION AND IMPROVEMENT

8.1 Determining whether the programme should be sustained

Ideally, a high quality drug prevention programme can continue beyond its initial implementation and/or after external funding has stopped. Using the empirical evidence produced through monitoring and final evaluations (depending on what data is available), it is possible to decide whether the programme is worthy of continuation. If it is determined that the programme should be sustained, appropriate steps and follow-up actions should be specified and carried out.

8.2 Disseminating information about the programme

Dissemination can benefit the programme in many ways, for example by gaining support from relevant stakeholders for its continuation or by improving the programme through feedback. It also adds to the evidence base for drug prevention, thus contributing to future drug policy, practice and research. In order to give other providers the opportunity to replicate the intervention, intervention materials and other relevant information (e.g. costing information) should also be made available in as much detail as possible (depending on copyright requirements etc.).

8.3 If producing a final report

The final report is an example of a dissemination product. It may be produced as a record of the implementation, as part of a funding agreement or simply to inform others about the programme. The final report will often represent a summary of the documentation produced during earlier project stages. It describes the scope and activities of the programme and, where available, the findings from the final evaluations. As a final report is not always required and other means of dissemination may be more appropriate (e.g., oral presentations), this component is only relevant if a final report is produced.

Note

This resource draws upon the available EDPQS materials, in particular the EMCDDA Manual (Brotherhood & Sumnall, 2011) and the EMCDDA Quick Guide (Brotherhood & Sumnall 2013). Some text has been used directly from these resources. However, for ease of readability, these are not generally marked as quotations unless the context requires it. Please note that all authors are members of the European Prevention Standards Partnership.

