CONSENSUS BUILDING ON MINIMAL QUALITY STANDARDS FOR DRUG DEMAND REDUCTION IN BELGIUM (COMIQS.BE)

In the past decade, a strong emphasis has been put on the application of evidence-based practices in drug demand reduction (Miller et al., 2006; Berglund et al., 2003), encouraged by an increasing number of systematic reviews, meta-analyses and evidence-based guidelines that provide insights in "what works" and how practitioners should implement specific interventions in their daily practice. While most of these documents provide clear guidelines on the efficacy and application of specific interventions, relatively few guidelines are available in Europe that include generic minimum standards or requirements for safeguarding the overall quality of service provision. Yet, the implementation of quality standards and indicators for the treatment of a variety of health problems (e.g. cancer, heart diseases, psychiatric disorders) is an emerging issue at regional, national and international level, as quality standards are assumed to be an important tool to enhance the effectiveness and efficiency of service provision.

Given the poor application of quality guidelines in drug prevention, treatment and harm reduction across the EU, the European Commission recently decided to tender a study on the development and implementation of quality standards and benchmarks for effective interventions, taking into account the needs of various stakeholders. The EQUS-study on Minimum Quality Standards in Drug Demand Reduction, which was finalized in December 2011, resulted in a consensus list of over 70 quality standards that were accepted by a large group of practitioners, service providers and scientists from across Europe (Uchtenhagen & Schaub, 2011). These standards refer to structural aspects, process components and outcome standards at various levels (intervention, service, and system) of drug demand reduction. Although the acceptability of quality standards did not differ greatly between countries, substantial differences were observed regarding substance use patterns, drug policy and health care organization, as well as regarding the extent to which service standards are implemented. More importantly, the minimal consensus standards that were identified are rather general statements and need to be further specified/operationalized.

As opposed to other European countries, the development of service standards and guidelines for drug demand reduction in Belgium is still in its infancy. A recent overview of practice standards and guidelines by the EMCDDA (2013) only consists of three treatment guidelines that were developed in Belgium. Consequently, given the availability of a list of minimal quality standards at EU-level, the increasing emphasis on the quality and effectiveness of substance abuse services and the total lack of quality standards regarding drug demand reduction in Belgium, the aims of the COMIQS.BE-study are threefold:
1. Study available quality standards for drug demand reduction in the EU and document the critical ingredients and prerequisites for successful implementation of such standards, based on selected good practices
2. Assess the acceptability, priority and actual implementation of the EQUS standards for drug treatment, prevention and harm reduction among various stakeholders and to build consensus regarding (adapted) minimal standards that can be implemented in Belgium; specify and operationalize the consensus minimal standards.
3. Determine possible standards of excellence for prevention, treatment and harm reduction in Belgium.

In order to realize the above-mentioned objectives, a multimethod study design is proposed including a review of the literature and quantitative and qualitative research methods. The study consists of five work packages, in which a specific methodology is applied or two methods are combined.

For achieving the *first objective*, we build on the aforementioned EQUS study (Uchtenhagen & Schaub, 2011) and the EMCDDA-study on European Drug Prevention Quality Standards by Brotherhood, Sumnall and the Prevention Standards Partnership (2011). In addition, an update of the literature on quality standards and/or guidelines for drug demand reduction and an identification of good practices will be conducted from 2010 until present. Furthermore, onsite visits will be planned to some of these good practices and critical ingredients and prerequisites for the successful implementation of such standards will be studied). An international seminar will be held in Brussels for project partners, members of the steering committee and stakeholders, on which international experts present a state of the art on quality standards in substance abuse treatment, harm reduction and prevention. (WP 1)

For achieving the *second objective (consensus building)*, two different work packages will be developed. An online survey, presented as a structured questionnaire, will be set up among policy makers, researchers, service users and staff working in the field of drug prevention, treatment and harm reduction to assess the level of acceptance, the level and process of implementation (barriers and facilitating factors) and the prioritization of the list of proposed standards that resulted from the EQUS study and the EMCDDA study (WP 2). For each standard, stakeholders will be asked if they see this standard as a minimal standard or as an ideal standard. Depending on the degree of consensus resulting from the survey results, we will decide if controversial standards (with a consensus between 50 and 80%) need to be further discussed in WP3.

By including all relevant stakeholders, we aim to establish a common understanding of the need for and concrete implementation of quality standards in the field of drug demand reduction. The online survey will include three separate sections: prevention, treatment and harm reduction. Furthermore, a distinction will be made between structural, process and outcome standards at the intervention, service and system level. Besides the rating of the quality standards, study participants will have the opportunity to suggest additional quality standards for drug prevention, treatment or harm reduction at intervention, service and system level.

After analysing the data of the online survey, two rounds of focus groups will be organized. It considers six groups of 6 to 12 stakeholders: two groups for prevention, two for harm reduction and two for treatment, of which one Dutch speaking and one French speaking group for each domain. These six groups are gathering two times: the same stakeholders participate in round 1 and round 2 of the focus groups.

At the start of the first round of focus groups, the results of the online survey (WP 2) will be reported. In the focusgroups, at first and if necessary, the controversial standards (with a consensus between 50 and 80%) will be discussed to reach consensus (WP3). Additional standards will be discussed as well. If this is not necessary due to a high degree of consensus, we will start immediately with the specification and operationalization of the minimal consensus standards.

In the second round of focus groups (WP4), stakeholder will be invited to further discuss and concretise the consensus minimal standards. The relevance, usability and feasibility of the standards will be assessed. The final objective of WP2, WP3 and WP4 is to reach consensus on a list of minimal and ideal quality standards and to concretise the minimal quality standards.

In a final work package (WP 5), the previous work packages will be reported and integrated in a scientific research report. This report will include a set of minimum quality standards that are acknowledged by all relevant stakeholders and have been concretized and adapted to the Belgian situation and context, and a possible set of standards of excellence for drug prevention, treatment and harm reduction in Belgium.

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