



Department of Addictology

First Faculty of Medicine and General University Hospital in Prague
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Quality in School Substance Use Prevention: How Difficult is to Implement a Real System of Quality Control: “What is dead may never die”



Michal Miovsky

Practice Session 2: ISSUP Lebanon Webinar

Thursday, April 29th 2021.



A Major Challenge in addiction field

- Scientific research is **not being translated** to the workforce and we have a poor dialog between science, practice and employers.
- **Addiction remains misunderstood**, resulting in non-evidence-based practices for prevention.
- Failure of non-scientific interventions results in **loss of public confidence** in the field

Conclusion: We need to do a better job of preparing the addictions workforce and improve dialog between academic sphere, professional societies, workforce and employers – **including quality system and standards.**



The Global Context

- Addiction Prevention and Treatment is **not recognized as a unique field**; incorporated within other disciplines:
 - Treatment: psychology, public health, medicine, social work, nursing
 - Prevention: psychology, public health, communications, education, communication
- **Tangential and fragmented focus**; multidisciplinary specialization is lacking
- **University consortium needed** to shape the discipline and advocate for formal academic training programs in addiction studies and standard quality system for staff and for methods/interventions.



Addiction specific infrastructure: position of prevention




Addiction discipline/field (theories, methods, and terminology)		
		
(A) Self-help and patient activities	(B) Service providers	(C) Addiction studies
(A1) Self-help groups	(B1) Prevention services	(C1) Specialized journals
(A2) Recovery groups	(B2) Treatment and rehabilitation services	(C2) Research centres
(A3) Natural recovery	(B3) Harm reduction and risk reduction services and activities	(C3) Professional societies
(A4) Patient initiatives		(C4) Specialized libraries and documentation centres
(A5) Public interest groups		(C5) Training and education programmes and institutions
		(C6) Funding agencies and policy makers

Fig. 1. Key disciplinary components in the field of addiction.



Addiction specific infrastructure - for more details:
<https://www.researchgate.net/profile/Michal-Miovsky>

Cent Eur J Public Health 2019 Dec; 27 (Suppl): S83–S91

NATIONAL ADDICTION-SPECIFIC INSTITUTIONAL INFRASTRUCTURE – FUNDAMENTAL PREREQUISITE FOR SUCCESSFUL IMPLEMENTATION OF SPECIALIZED ACADEMIC DEGREE STUDY PROGRAMMES: A CASE STUDY IN HISTORICAL PERSPECTIVE

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SUMMARY

Objective: Human resources are crucial for addiction treatment and prevention services, as well as for science and research. The aim of this historical case study is to explain and demonstrate the role of specialized university academic degree study programmes in addictions in the context of a national institutional infrastructure. This specific group of very highly specialized academic programmes represents the highest level of professional development and is producing a totally new generation of addiction specialists with a very distinctive professional identity.

Methods: The study protocol is based on a case study research design and the case is defined as the historical development of addiction specialized institutions closely related to self-help, prevention, and treatment activities on the historical territory of the Czech Republic. We identified relevant historical sources related to establishing and/or running activities or institutions according to the categories specified in our concept



Examples of Existing Quality standards

Examples of International Quality Standards:

- Canadian Standards for community-based youth substance abuse prevention (CCSA, 2010).
- European Drug Prevention Quality Standards EDPQS (Brotherhood & Sumnall, 2011).
- International Standards on Drug Use Prevention (UNODC, 2015)
- Society for Prevention Research Standards of Knowledge for the Science of Prevention (Gottfredson et al., 2015).

Example of National Quality Standards:

- National Quality Standards on School Drug Prevention (Czech Republic – ME, 2005).



Availability of Quality Standards (Burkhart, 2015)

	Coverage	Levels	Areas	Targets	Language
UNODC	World	n. a.	Prevention	Evidence for interventions	EN ES PT FR RU +
EDPQS	Europe	Basic + Expert	Prevention	Intervention design and process + Workforce	EN + >10 languages
CCSA	Canada	n. a.	Prevention	Intervention design and process + Evidence	EN FR
COPO-LAD	Latin America	Basic + Advanced	Prevention Treatment Harm Reduction Reintegration	Intervention design and process + Evidence	ES PT
CICAD	South-America	Minimum	Prevention Treatment	Intervention process + Workforce	ES EN
SPR	US	Highly advanced	Prevention	Evidence of interventions	EN

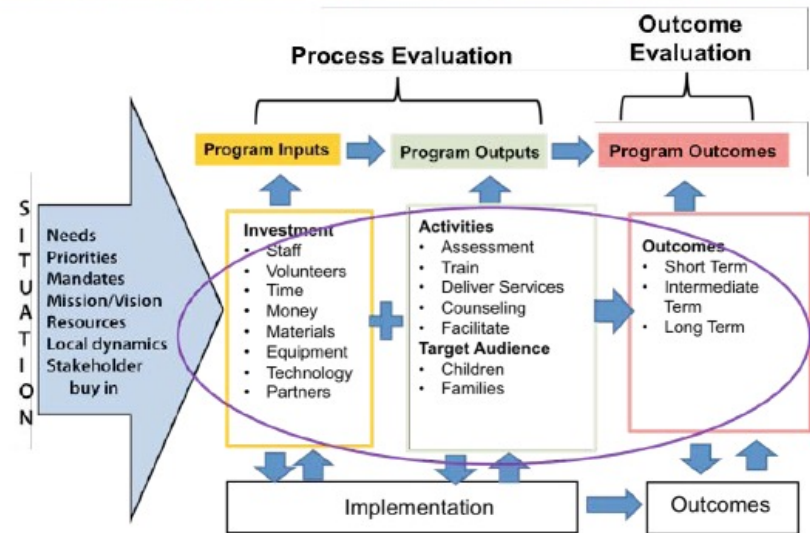


Various Perspectives in Quality

- Quality of interventions/methods (content, parameters).
- Quality of implementation process and providing of interventions (process/delivering).
- Quality of institutional frame and provider (institutional aspects, safety rules etc.).
- Quality of workforce (qualification, training, staff skills and competencies, knowledge (staff/professionals).
- Ethical rules and standards.

(Sloboda et al., 2015)

Monitoring and Evaluation System





EQUIS: Framework / type of standards (2011)

	Level 1: interventions	Level 2: services	Level 3: systems & policies
Structural quality	Type of setting needed for implementation	Resource standards (infrastructure, human resources)	Legal & ethical adequacy standards (adequate to legal & ethical national norms)
Process quality	Procedural standards	Procedural standards	Standards for networking & cooperation among services
Outcome quality	Efficacy standards (having the intended effect)	Effectiveness standards (reaching useful results)	Coverage standards (proportion of those in need who are covered)
Economic outcome quality	Cost-benefit ratio (economic benefits in relation to costs)	Cost-utilisation ratio (utilisation in relation to costs)	Cost-effectiveness ratio (positive results in relation to costs)



The Czech Republic: a case study





If you want to call from Chicago, you have to be in Chicago...

- Phare Twinnig Project 2000 (working group School prevention): **Needs assessment** (Miovsky, Van der Kreeft, 2001)
- **Results:** (a) there is **no frame** in school prevention in the CZ, (b) there is **no enough expertise** and support by central bodies and (c) there is dominantly **a mass** of different particular programs and commercial and ideological interests = no logical system and vision where we go and how.
- Subgroup (project component) targeted on quality standards in school prevention: wonderful **contribution by NGOs** and very positive collaboration.
- Using experiences and learning by working group for **quality standards in treatment and rehabilitation** (has started in 1995 also with intensive support by NGOs).



From zero level to join vision of creating a national system in school prevention

- Step by step working with Ministry of education and originally more or less chain of unexpected small successes.
- Several parallel branches/selective issues with **no join strategy**: quality standards, terminology, examples of good practice, first research projects and relatively positive feedback by media and some politicians (selectively).
- **Challenge**: new personal situation on Ministry of education during 2008 gave the new chance: create join concept and support it by ESF grant system and self-reflection was the crucial point (*“we have a lot of plans but no experts and conditions on ministry = we have to do it together”*).
- **VYNSPI-1 project**: 3 years for creating new system: separate branch for quality standards and assessment.



Result of VYNSPI project: national system for wider discussion and implementation (VYNSPI-2)

(1)

General/basic frame for school prevention

A/ Theoretical frame (Miovsky et al., 2010, 2015)

B/ Explanatory Dictionary (Miovsky et al., 2012, 2015)

C/ Research project facilitated by our Journal and Institute (Special issues etc.)

(2)

Evaluation, quality standards and certification of providers and interventions

A/ Quality standards (2001, 2005, 2012).

B/ Guidelines for certification and officers (Martanova et al., 2012).

C/ Classification of preventive interventions and monitoring SEPA (Gabrhelík, 2015).

(3)

Complex school preventive intervention: knowledge, skills and competencies

(elementary school: 90 hours according to 4 age groups and different kind of risk behavior)

(Miovsky, et al., 20012)

(4)

4-level model for assessment of qualification special skills (Charvat et al., 2012)

A/ Learning outcomes: knowledge, skills and competencies.

B/ An independent on disciplinary assessment of qualification and competencies



I.
**Quality of methods/interventions
and delivery context:
standards and certification process**

and

national monitoring system SEPA



Standards Development 1999-2021

- 1999-20001: Work on the Substance Use Standards initiated = 1st draft (2001)

1st phase: Phare Twinning 2000 project component (1999 – 2005)

- 2005: Development of the Substance Use Standards and publication

2nd phase: VYNSPI-1 project (2005 – 2012)

- Pilot implementation of the Substance Use Standards
- 2008: 1st revision of the Substance Use Standards and of the whole certification process
- 2008 – 2012: Pilot implementation continued

3rd phase: VYNSPI-2 project (2012 – 2014)

- 2011 – 2012: 2nd extensive revision of the Standards and of the whole certification process (all kind of risk behaviour: substance use prevention, sexual RB, extreme aggression, etc.)
- 2012-2014: Pilot implementation in practice is supported by the Czech ME

4th phase: Beginning of full implementation Phase (2015 – 2019)

- Balancing on the edge: benefits versus costs and troubles
- Finding and formulating Legal perspective (legislation) and executive aspects

5th phase: crisis and instability in implementation process (2019-2021)



2a. Initial phase: voluntary approach

- The original objective of the Standards is **to assess the preventive programs/interventions** aimed at **any type of risk behaviour**, differentiating for **three levels of interventions** (universal, selective, and indicated), the aimed at **school-based** prevention of risk behavior.
- **2001-2006**: Dominant purpose was formative effect and using the standards as a tool for **formative evaluation**.
- **NGOs were more motivated**: how to present their work and distinguish it from low quality programs/interventions.
- **Ministry of education**: understandable concept for them and general attitude was: “better to do something what looks sympathetic and our role as a moderator is not so terrible...”
- **First positive feedbacks** facilitated discussion and work and led to the crucial issue: formative or normative assessment?



2b. Normative concept: better norms than anarchy

Main facilitator of standards development procedure were NGOs because:

- No permanent **discussion about quality** and public space in media was full of wrong interpretations and confusing info.
- Public sector means **limited budgeted** and there is no space for everybody and everything.
- How to make the field better structured for **basic orientation**: who provide what and whom (incl. monitoring interventions, providers)?
- How to make the system more **stable and sustainable**?
- How to **avoid creating of imbalance system** (some target groups consume 80% of interventions, somewhere we are missing basic work and nobody cares about it)....
- **Normative system means a lot of troubles and administration but it makes the scene clear**: certificated program or not.



2c. Why compulsory quality assessment system?

Final reasons why we have decided and prefer compulsory system:

- **Limited budgeted** with horrible practice in existing grant system and unfair assessment of interventions and providers,
- **Connection between certification quality and registration procedure: how to easy recognize enough quality provider and intervention for schools (directors, teachers).**
- **Need to have a consistent policy of quality:**
 - (a) if government pay for preventive interventions its logical requirement to have a goal **to reduce real risk behavior and its consequences** (cost and benefit perspective).
 - (b) Guarantee means **responsibility** for providing safe interventions.
 - (c) If we speak about **evidence-based**, its good to do something like a evidence based approach and not ideological “war on evil”



3. Certification process: key aspects

- The **certifying officers have extensive experience in prevention** and know the school environment well.
- The certification team members are selected by the agency based on a **register of certifying officers** with a view to ensuring impartiality and preventing any conflict of interest.
- In their work they **(a) study the relevant documents** and **(b) visit the programme** to **(c) assess** whether it meets the requirements of the Standards. They **(d) submit their findings** to the **Certification Committee** of the ME in the form of the *On-Site Inspection Sheet* and *Final Report*.
- The professional competency certificate is finally awarded by the ME on the basis of the opinion of the **Certification Committee**. Similarly, it is revoked by the Minister of ME following the identification of significant deficiencies which do not meet the requirements of the Standards for the quality of the programme being provided.
- **AIM: To have more donors following the standards/certification.**



3. National monitoring system SEPA

- The system was developed in 2014-2016 including pilot testing and evaluation study.
- **Critical requirements: to have on-line monitoring system based on standard procedures and terminology and uniform units based on exact definition of prevention interventions (what) and time-units (how long) and qualification criteria (who).**
- The system was successfully implemented at the national level and for period 2016-2021 is based strictly on voluntary principles.
- There is possible to use monitoring function but also components support and help to facilitate school complex prevention program (software support for school co-ordinators).
- **Today we have app. 1 700 schools in the system (app. 1/3 schools).**
- We are exactly in the middle of negotiation process with Ministry of Education and Governmental office called School Inspection Service about shifting from voluntary level to compulsory level.



National monitoring system SEPA See on ResearchGate

REVIEW ARTICLE

School-based Prevention Reporting System

Systém výkaznictví aktivit školské prevence



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Citation: Gabrhelík, R. (2015). School-based Prevention Reporting System [Systém výkaznictví aktivit školské prevence]. *Adiktologie*, 15(1), 48–60.

II.

Quality of workforce: Four-level Model of qualifications

For full-text on ResearchGate:

Charvát, M., Jurystová, L., & Miovský, M. (2012). Four-level model of qualifications for the practitioners of the primary prevention of risk behaviour in the school system. *Adiktologie*, (12)3, 190–211.

**Four-level Model of Qualifications for
the Practitioners of the Primary Prevention
of Risk Behaviour in the School System**

***Čtyřúrovňový model kvalifikačních stupňů
pro pracovníky v primární prevenci rizikového
chování ve školství***



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Why an assessment system for staff?

- The **National qualification system is a formal frame** for assessment of qualification to preventive work with kids and adolescents.
- **Qualified staff means safety – safety for kids and staff.**
- There are no quality standards for staff in school prevention in the Czech Republic now and this task was a reaction on **missing tool for this purpose. Standard mechanisms failed** (qualification criteria given by relevant professions like teachers, psychologist etc.) and we were not able **manage and moderate situation** in the field (troubles with voluntaries, groups like scientologist and generally people with no adequate education and training).
- The most important providers (from capacity perspective) are (1) teachers, (2) police workers, (3) NGOs, (4) health P.



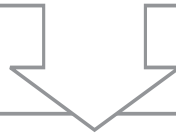
Four-level Model of qualifications: basic parameters

- The assessment system has 3 fundamental levels of expertness and 4th (the highest) level for a leadership position and supervision.
- The core of the model use **concept knowledge-skills-competencies** what is shared by EU universities for creating of “descriptors” (learning outcomes) in the university programs context (NUV, 2012).
- For all 4 level we created list of knowledge, skills and competencies (according to terminology of learning outcomes concept) **independently on perspectives of different professions**. We used just review of literature and concepts what were published and used the preventive context.
- For all 4 levels we defined how to test/evaluate these knowledge, skills and competencies.

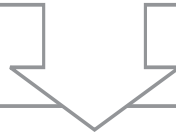


The core structure of 4-level Model

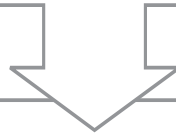
1. Basic level (primary prevention basics)



2. Intermediate level (intermediate prevention practitioner)



3. Advanced level (advanced prevention practitioner)



4. Expert level (primary prevention expert)



Preparatory and process evaluation of testing procedure and materials

Pilot testing 2014-2015

in collaboration with Ministry of education
and participation by Ministry of Health



Recommended reference scope of training by level and component

Qualification level	Number of hours recommended for individual training components							
	Theoretical knowledge		Practical skills		Self-experience		Level total	Aggregate
1. Basic level	16	40%	16	40%	8	20%	40	40
2. Intermediate level	8	20%	16	40%	16	40%	40	80
3. Advanced level	40	33%	40	33%	40	33%	120	200
4. Expert level	32	33%	32	33%	32	33%	96	296
Column aggregate:	96	—	104	—	96	—	—	—



The proposed content and prevailing form of examination and additional requirements for the individual levels

	Theoretical part – knowledge	Practical part – skills	Additional requirements for the candidate
1. Basic level (The exam is conducted by a single expert practitioner)	50% written test, oral examination	50% practical demonstration, model situations	secondary education certificate
2. Intermediate level (The exam is conducted by a single expert practitioner)	30% written test, oral examination	70% practical demonstration, model situations	university (bachelor's) degree, level 1 certificate, min. 24 hours of self-experience
3. Advanced level (examining board of two authorised persons – experts)	50% oral examination	50% practical demonstration, paper, video recording	university (master's) degree, level 2 certificate, proof of 2 years of experience, min. 64 hours of self-experience
4. Expert level (examining board of two authorised persons – experts)	50% oral examination	50% practical demonstration, video recording	university (master's) degree, level 3 certificate, proof of 5 years of experience, min. 96 hours of self-experience



Tasks and Research Questions

- Practical experiences with **assessment of different professionals** with different original background.
- Practical experiences **how to prepare, manage and provide independent assessment of qualification to preventive work in schools.**
- **Assessment of costs** for the assessment and personal and institutional requirements.
- Practical guide how the assessment system can be **provided on the national level** and how to promote it and implemented and spread in to the all 13 regions.
- **How to connect the assessment system with current legislation** and what is necessary to do step by step for future possible sharing the system by all ministries.



Key outputs

- **The 4-level-model works and we were able to test all key professions with no complications.**
- **Competency model is adequate** and appropriate for this context and transdisciplinary approach allows bridging different perspectives.
- Costs and technical requirements are manageable.
- **Problem: ministries don't care about it.**
- **Recommendation:** to start with voluntary approach hand to hand with professional society.
- **First step (2020-2021):** INEP on-line national course based on EUPC (practical way how to define A-level): independent and natural way how to promote this new curriculum and link it with competency model.



Summary:

- There is critical issue **how to adopt and implement international standards** and what kind of standards – **standards for what exactly.**
- **Implementation model** looks like the most challenging issue for upcoming time and **sharing experiences** and running model is perfect way how to deal with it.
- **Collaboration** between academic sphere, prevention practitioner, professional societies and governmental bodies seems to be a fundamental requirement.
- **Other projects for taking inspiration: EDPQS Phase II** project “Promoting Excellence in Drug Prevention in the EU” with valuable outputs, project **FENIQS**, project **Wave** etc.



Euron Grey

An evidence-based approach in school prevention means an everyday fight: a case study of the Czech Republic's experience with national quality standards and a national certification system

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Resumen

La República Checa ha conseguido por fin, tras un largo periodo de 15 años, el desarrollo de un sistema nacional de prevención en las escuelas. La reflexión sobre este desarrollo puede constituir un interesante caso práctico que demuestre las dificultades generales que participan en la creación de una política general de prevención y de implementación de los principios de un enfoque basado en la evidencia. A través de su contexto histórico se presentan los resultados actualizados de los últimos proyectos como 'documentos clave' (estándares de calidad, manual, diccionario explicativo, ejemplos de buenas prácticas, etc.) y un sistema nacional de evaluación de la calidad denominado procedimiento de certificación, que tiene un impacto práctico en el sistema de subvenciones del Ministerio de Educación de la República Checa. También se utiliza este contexto para mostrar cómo ciertas redes europeas (EUSPR, IREFREA, etc.) pueden ser de gran utilidad para generalizar esta idea en toda Europa. Todos los ejemplos de actividades presentados, tanto a nivel nacional como internacional, parecen prometedores y apoyan una tendencia cada vez más indiscutible de utilizar la evidencia científica en la práctica real, lo que a su vez contribuye en que todo el campo resulte más atractivo tanto para los estudiantes como para los investigadores jóvenes.

Palabras claves: prevención escolar, intervenciones preventivas, calidad, evidencia científica, política preventiva.

Abstract

The Czech Republic has reached the end of a 15-year-long period of the development of a nationwide preventive system in schools. Reflection on this development can offer an interesting case study that demonstrates the general difficulties involved in creating a national prevention policy and implementing the principles of an evidence-based approach. Through its historical context the up-to-date outputs of the latest projects are presented as "key documents" (quality standards, textbook, explanatory dictionary, examples of good practice etc.) and a national system of assessment of quality called a certification procedure, which has a practical impact on the grant system of the Ministry of Education of the Czech Republic. This context is also used to show how certain European networks (EUSPR, IREFREA, etc.) can be very helpful in generalizing this idea across Europe. All the examples of activities on the national or international level seem to be promising and supportive of the increasingly noticeable trend of using research evidence in real practice and making the whole field more attractive for students and young researchers.

Key words: school prevention, preventive interventions, quality, evidence-based, preventive policy.



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70 years anniversary

1948 - 2018



Thank you for your attention