



Drug demand reduction: global evidence for local actions

The development of evidence-based demand reduction interventions is a primary drug policy objective at national, European Union (EU) and global level. A particular discourse, with its own set of concepts, is used to discuss implementation of this

objective, including terms such as: best practice, quality standards, guidelines, protocols, accreditation systems and benchmarking. This paper provides readers with straightforward definitions of the terms used, whilst highlighting

achievements and current challenges in transferring scientific knowledge into practice in the drug demand reduction arena. A special focus is given to 'best practice' because of this concept's increasing popularity and importance in Europe.

Key issues at a glance

1. The promotion and exchange of best practice is recognised as an important strategy both to improve the effectiveness of drug-related interventions and ensure the efficient use of limited resources.
2. Guidelines and standards are among the most frequently used tools for the promotion of best practice. In Europe, a wealth of guidelines now exist which decision-makers can utilise, update and adapt to suit their own national contexts, rather than starting from scratch.
3. There is a growing body of scientific evidence on the effectiveness of interventions in the drugs field, which can be used for the development and update of standards and guidelines. There is new emphasis on disinvestment, stopping 'poor practice' and the use of low quality interventions.
4. At European level, a recent project has aimed to promote consensus on minimum quality standards in the fields of drug prevention, treatment and harm reduction as well as the translation of quality standards into practice.
5. New disciplines have emerged focusing on methods for successful transfer, such as implementation science, translational science, and knowledge mobilisation. Identification of barriers to change and use of multiple implementation strategies are important success factors.
6. In the best practice area, there are still many gaps in the scientific evidence base and new issues continually arise that need to be addressed. A systematic gap analysis will help to focus next steps and future developments.

Definitions

Best practice: the best application of the available evidence to current activities.

Evidence base: a concept imported from the medical field, defined as 'the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients' (Sackett, 1996). When applied to drug demand reduction, this refers to the use of scientific results to inform interventions decisions.

Guidelines: 'statements that include recommendations intended to optimise patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options' (Institute of Medicine, 2011).

Protocols: documents that specify the procedures to follow for the performance of certain tasks.

Standards and quality standards: principles and sets of rules based on evidence (Brunsson and Jacobsson, 2000), used to implement the interventions recommended in guidelines. They can refer to content issues, processes, or to structural aspects.

Accreditation: the process by which an institution delivering a service is independently assessed for quality against pre-defined criteria and standards, which are set by the accrediting body.

Benchmarking: the process of comparing service processes and performance to best practices from other services. Dimensions typically measured are quality, time and cost.

1. Understanding best practice

A definition of the 'best practice' concept was recently developed by a group of European experts convened by the EMCDDA. In brief, best practice is the best application of the available evidence to current activities in the drugs field. A number of factors were identified as contributing to making an intervention qualify as 'best practice'. In summary, a best practice intervention is based on the most robust scientific evidence available regarding what is known to be effective in producing successful outcomes, and it is tailored to the needs of those it addresses. Methods used will be transparent, reliable and transferable and can be updated as the knowledge base develops. With regard to implementation, local contextual factors will be taken into account and the intervention will be harmonised with other actions as a part of a comprehensive approach to drug problems.

Best practice is closely linked to the concept of 'evidence-based practice' – the conscientious, explicit and judicious use of current best evidence in making decisions (Sackett et al., 1996), and it requires the careful integration of both scientific knowledge and implementation expertise in order to appropriately adapt the intervention to the single individual and/or to a specific context. A best practice intervention should provide better outcomes than other interventions and therefore also allow a rational allocation of resources.

2. Guidelines and standards: popular instruments to promote best practice

The most common strategy in Europe to promote best practice is the development of guidelines and standards. By 2011, over 143 sets of drug treatment guidelines had been identified across the region, many of them in the area of opioid substitution treatment. In many cases, the process

of drafting new guidelines or standards now relies on using existing national examples (provided they are based on evidence) and adapting them to the local context, hence saving resources. An inventory of national guidelines and standards in treatment, prevention and harm reduction is available on the EMCDDA's Best practice portal at the following address: <http://www.emcdda.europa.eu/best-practice>.

There remain challenges associated with the promotion of best practice through guidelines, standards and other similar tools. The first is to make sure that they are based on reliable scientific evidence and that they are regularly updated when new systematic reviews are published. The second is to make best use of the currently existing guidelines in Europe. Finally, it is important to ensure that guidelines and standards are appropriately implemented.

3. Accessing and using scientific evidence

The number of studies on the effectiveness of drug-related interventions has multiplied over the last fifty years and created a need for high quality synthesis. At the end of the 1990s an editorial group on drugs and alcohol was created within the Cochrane Collaboration (an international not-for-profit organisation preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare). This Cochrane Group of Drugs and Alcohol aims to produce and disseminate systematic reviews of trials on the prevention, treatment and rehabilitation of the problematic use of drugs and alcohol. To this day the group collaborates with the EMCDDA's Best practice portal to synthesise available evidence on interventions.

The current financial climate requires all decision-makers to find ways of controlling costs without cutting quality of care. In addition to being used for the identification of effective interventions,

'All interventions are well intentioned but not all interventions are equally effective. Today more than ever, we need to ensure we invest in what works and disinvest in what does not. To achieve this, we need not only a common understanding of the evidence base for effectiveness but also guidelines to inform the delivery of high-quality local services.'

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EMCDDA Director**

the scientific evidence base is increasingly being cited in order to reduce or terminate the use of poor quality approaches and services. The National Institute for Clinical Excellence (NICE) in the United Kingdom has implemented so-called 'disinvestment' processes to stop the funding of 'low value' clinical interventions – for example, because they are not clinically effective, have a poor risk-benefit profile, or are not supported by adequate evidence. This involves withdrawing health resources from existing healthcare practices that are deemed to deliver little or no health gain for their cost, and thus do not represent an efficient use of resources.

4. Learning from each other – minimum quality standards for Europe

While each European country has developed its own strategy and responses to drug problems, taking into account the size of its drug problem and available resources, there is a clear benefit in sharing experiences and lessons learned with other countries, helping to develop quality improvements and effectiveness research. European level minimum quality standards need to add value to what exists within individual Member States and take account of different health systems and capacities across countries.

A recent EU-funded project has been developing European Minimum Quality Standards (EQUS) for drug prevention, treatment and harm reduction, by convening experts and stakeholders from Europe and beyond, in order to propose lists of minimum standards based on evidence and consensus. European drug prevention quality standards have been adapted to form the prevention strand of the study and these were published in December 2011 by the EMCDDA in its *Manuals* series, and are available for download and to order for free from the EMCDDA website at <http://www.emcdda.europa.eu/publications/manuals/prevention-standards>. The results from the EQUS study will be further developed by the European Commission in order to prepare a draft proposal to be submitted to the Council of the European Union.

5. Implementing evidence through guidelines, standards and other tools

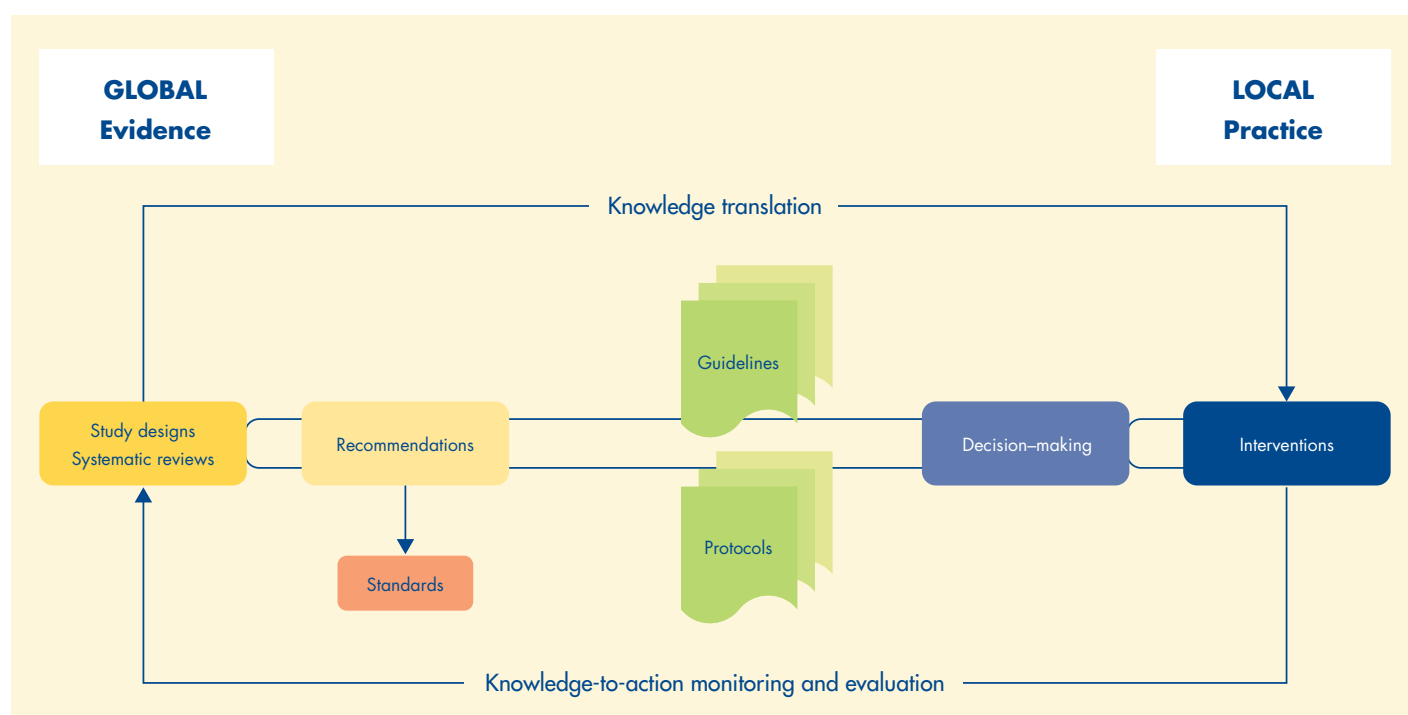
The successful transfer of evidence into practice via guidelines and

standards requires both planning and a proactive approach. A broad range of activities are used to translate evidence into action, and several new scientific disciplines have arisen which directly address this topic, for example: translational science, knowledge translation, and knowledge mobilisation. For many of these approaches, the relationship between scientific evidence and expert consensus is central to the implementation process. For successful implementation, expert consensus is crucial to identify relevant questions, to adapt recommendations to the local context, and to ensure interventions are appropriately structured and tailored to the target group. While national approaches can differ, the identification of so-called 'barriers to change' in the target group, and active moves to minimise these barriers, can enhance take-up of new interventions. Also the use of incentives such as training, accreditation or certification, can support the successful implementation of quality standards in drug demand reduction.

6. Next steps: identifying gaps and considering new issues

Developments in drug-related research and in evidence-based practices have resulted in the creation of new instruments to increase the effectiveness of Europe's response to drug problems. This process has, however, also revealed significant gaps in the available scientific knowledge, and it is evident that guidelines or standards have not always been developed in an appropriate way to promote best practice. In addition, changes in the drug situation, for example related to an ageing cohort of opioid users or to the use of new substances, may now require additional research and guidance. The EMCDDA and its partners are committed to conduct a gap analysis in the best practice area, and to actively support the linking of global knowledge with local practices in Europe, whether through proactive dissemination of evidence, support in guidelines adaptation, or fostering impact assessment and exchange of experiences.

The framework for knowledge translation



Conclusions and policy considerations

1. Over the last two decades, Europe has witnessed increasing interest in the development and promotion of best practice. Different tools are used to promote evidence-based practices in drug demand interventions, such as guidelines and quality standards. Nationally, dissemination and adaptation of already existing evidence-based guidelines, rather than developing new ones, is proving to be a cost effective solution that helps to ensure quality. At European level, a process to promote consensus on common minimal quality standards has recently been established.
2. In the future, processes need to be in place to ensure that existing guidelines and standards are regularly updated as and when new evidence becomes available. In addition, the ongoing promotion and dissemination of guidelines and standards among professionals and decision-makers is a key issue. Despite recent increases in the availability of scientific evidence on the effectiveness (and ineffectiveness) of drug-related interventions, gaps still exist and research is required to fill these gaps. A European research agenda which gives priority to questions linked to both the effectiveness of interventions, and to improving the research-practice interface, would be greatly welcomed.
3. The EMCDDA with its experience in monitoring and disseminating best practice will continue to promote and support quality improvement in the European drugs field. Proactive dissemination of evidence, mentoring of guidelines adaptation, support in goal setting and impact evaluation and fostering the exchange of experiences are some of the activities we will continue to provide to stakeholders.

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Web information

EMCDDA Best practice portal
<http://www.emcdda.europa.eu/best-practice>



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