

# FENIQS-EU: New Perspectives on Quality Assurance in Prevention, Harm Reduction, Treatment, and Recovery from Addictions

Quality standards (QS) are an important tool to improve the quality of drug services and to bridge the gap between science and practice. Several initiatives have been taken at the European level to introduce QS, such as the EQUUS project, which led to a consensus-based minimum set of QS for drug demand reduction (DDR) (Uchtenhagen & Schaub, 2011). Later, a condensed version of these standards was adopted as EU Council conclusions on the implementation of minimum quality standards (MQS) for prevention, harm reduction, treatment, and social reintegration (Council of the European Union, 2015). Additionally, international organisations such as the WHO and UNODC have launched standards for drug prevention (UNODC, 2015) and treatment (UNODC, 2012). However, despite the abundance of QS and other quality assurance mechanisms (Ferri et al., 2018), their extent and the ways in which QS are implemented in daily practices of drug prevention, treatment, and harm reduction throughout Europe vary substantially. In the area of prevention, historically characterised by a dearth of QS and a variety of initiatives not always supported by evidence, substantial efforts resulted in the development of the European Drug Prevention Quality Standards (EDPQS; EMCDDA, 2011). While the EDPQS have been widely disseminated (e.g. translations into over 15 languages and the development of toolkits and training), their actual implementation is suboptimal. In the area of treatment, national QS have traditionally guided alcohol and drug services, given the embedding of most of these services in the healthcare sector. For some types of treatment (e.g. substitution treatment, therapeutic communities) and specific populations (e.g. adolescents, dual diagnosis), the use of QS is well-established, but not for others. In the area of harm reduction too, an area of rapid growth in recent decades, a range of standards and indicators are available (e.g. Duch et al., 2011; Gamberini, 2013; Wiessing et al., 2017), but the extent to which these standards are used in practice is unclear. An EMCDDA survey from 2016 (Ferri et al., 2018) demonstrated that the degree of implementation of QS differed substantially between EU countries and that language and cultural perspectives play an important role in the acceptability of standards. A big gap can be observed between the availability of QS and their actual implementation, although several good practices in the implementation of QS exist across Europe and DDR areas.

The FENIQS-EU project was designed to Further Enhance the Implementation of Quality Standards in drug prevention, treatment, and harm reduction across Europe, with more services, organisations, and countries applying QS in daily practice. The project focused in the first place on the actual application of QS and factors stimulating implementation. By identifying examples of good practice and successful implementation models and strategies, key stakeholders (e.g. policy officers, service providers, practitioners) sought consensus around do's and don'ts for implementing QS. An implementation toolkit was developed, tailored to the needs of specific groups of stakeholders and presented in an accessible and comprehensible way to guarantee optimal utilisation. Country representatives and civil society organisations were involved throughout the project to maximise stakeholders' abilities to share examples of good practice and to implement the project's recommendations in daily practice and at the local and national level. A network of four academic partners and four large European networks promoting the quality of services and the exchange of inspiring practices prepared, executed, and monitored this challenging and innovative project that may have generated useful insights and ideas for organisations and services supporting persons who use drugs (PWUD) around the globe, as well as for researchers, policy makers, and other stakeholders who are concerned about and want to contribute to the quality of services for PWUD.

Several of the findings and outputs of the FENIQS-EU project are presented in this special issue. The first paper (Jerkovic et al., 2023) provides a brief overview of the structure and methodology of the project and some key findings based on the first 18 months of the project. Next, we present examples of 'inspiring practice' from eight different countries, covering the implementation of quality standards in prevention, treatment, and harm reduction. We looked for different models and original concepts and selected interesting prevention practices from Croatia (Andrejić, 2023) and France (Mutatayi, 2023). Colleagues from Cyprus integrated prevention and treatment standards in one system (Kyprianou et al., 2023), which is also of interest. The Spanish Best Practice Portal was selected as a highly inspirational example of a complex and comprehensive

approach including all the areas of drug demand reduction (Monteagudo-Piqueras et al., 2023). When it comes to harm reduction, we present an example of QS from the Czech Republic (Miovský et al., 2023), based on the first project output from the Prague team, which was published in the Journal of Substance Use one year ago and focused on quality in school prevention (Miovský et al., 2022). Another interesting example of quality standards covering treatment and harm reduction was implemented in Flanders, Belgium (De Pourcq et al., 2023). For treatment, we selected an example from Lithuania (Subata, 2023) and one from Ireland that specifically focused on a drug-free therapeutic community model (Coughlan et al., 2023).

Finally, coming to the end of the FENIQS-EU project, we would like to acknowledge the input of numerous organisations and experts that supported the implementation of the project. First, we would like to thank the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the REITOX network of national focal points for disseminating information about the project and assistance in identifying key stakeholders in prevention, treatment, and harm reduction across the European Union. We would also like to express our gratitude to the United Nations Office on Drugs and Crime for their support during the implementation of the project. In addition, special appreciation goes to the International Advisory Board members of the project for their constructive feedback in the different project phases: Professor Alexander Mario Baldacchino (International Society of Addiction Medicine), Angelina Brotherhood, PhD (The Austrian National Public Health Institute – Gesundheit Österreich GmbH, GÖG), Giovanna Campello (United Nations Office for Drugs and Drug Addiction), Jeffrey T. Lee (International Society of Substance Use Professionals), Laurène Collard (Fédération Addiction), Marica Ferri, PhD (EMCDDA), Dr Steve Pearce (†, Oxford Health NHS Foundation Trust, Royal College of Psychiatrists), and Mat Southwell (European Network of People who use Drugs). In addition, we would like to acknowledge all the study participants – experts in drug demand and harm reduction from across Europe who participated in the various work packages of the project by providing information about the implementation of QS in their country/region/local community and about the factors stimulating implementation, as well as the Quality Champions – for their time and efforts in pro-

viding clear and concise descriptions of the inspiring practice cases. Last, but not least, we would like to thank all the project partners and work package leaders for building on a successful European project at a time when international collaboration and networking was heavily challenged by the COVID-19 pandemic. Although the start of our project was postponed and delayed, we delivered high-quality work in time thanks to your unremitting efforts, flexibility, and creativity.

In Prague and Ghent, 1 May 2023

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**Disclaimer:** This Special Issue was funded by the European Union's Justice Programme – Drugs Policy Initiatives. The content of this Special Issue represents the views of the authors only and is their sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.

**Acknowledgement:** Ghent University, Belgium; Charles University, Czech Republic; University of Zagreb, Croatia; University Claude Bernard Lyon, France; European Institute of Studies on Prevention (IREFREA), Spain; Correlation – European Harm Reduction Network (C-EHRN), the Netherlands; European Treatment Centres for Drug Addiction (Euro-TC), Austria; European Federation of Addiction Societies (EUFAS), France.

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