The ASPIRE Standards: Taking a Step Towards Quality Assurance in Drug Prevention in France – A Case Study

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INTRODUCTION: In the favourable political climate of the mid-2010s, the standards for Assessment & Selection of Prevention programmes Issued from the Review of EDPQS (ASPIRE) were developed to support project planning in drug prevention. **METHODS:** This case study is a narrative from the main coordinator responsible for drafting this quality assurance material. **RESULTS:** The framework that led to the creation of the ASPIRE standards is described. The production process is then explained and, thereby, the 12 ASPIRE standards resulting from it are presented. These quality standards and their associated attributes form a coherent quality assessment checklist that provides guidance for needs assessment, theoretical basis, and planned resources. Quality compliance is assessed against a scoring system. Finally, the needs for improvement are discussed, including the dissemination of the standards. **CONCLUSIONS:** The ASPIRE material has high potential for transferability. However, a promotion strategy and evaluation results are needed to improve the dissemination of such tools and their ownership by prevention stakeholders.

Keywords | Quality – Addiction Prevention – Improved Design – Assessment Tool – Selection

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1 INTRODUCTION

In the 2010s, France embarked on a long and incremental process to better link professional practices to scientific findings and quality assurance (QA) in the field of drug and addictive behaviour prevention. This dynamic has been eminently multifactorial. At the crossroads of European and national impetuses, it is the product of a process that is both top-down and bottom-up, shaped by political and scientific bodies. It gave rise to the Assessment & Selection of Prevention programmes Issued from the Review of European Drug Prevention Quality standards (EDPQS), also known as the ASPIRE standards (Mutatayi, 2017a; 2019b). Their development took place in this context of ethical and rational questioning about the best ways to enhance reasoned choices for health in vulnerable population groups (Mutatayi & Protais, 2017). The ASPIRE standards are a French initiative with European roots and were motivated by the belief that providing more accessible keys to QA was crucial to sustain people working in the field of drug prevention. The French Monitoring Centre for Drugs and Drug Addiction (OFDT) played an active role in this initiative, ensuring the restructuring and redrafting of European materials (EDPQS) through a process of consultations and a pilot test under the aegis of the Interministerial Commission for the Prevention of Addictive Behaviours *(Commission interministérielle de prévention des conduites addictives, CIPCA).*

This paper mainly aims to trace the genesis of the ASPIRE standards, outlining how European scientific and quality-driven guidance has been adapted and transposed to the French context. It first sheds light on the levers and initial favourable conditions for the commitment in this particular QA dynamic. It then discusses the remaining barriers to the implementation of these standards and the possible ways forward. Thus, it highlights the potential transferability of the ASPIRE standards.

2 METHODS

The methodological approach here applied is that of a case study. It therefore seeks to relate the development of the standards to its context and the initial political environment, with consideration being given to how this context shaped the event (Hamel, 1997).

The case study is based on a narrative of the developmental phases of the ASPIRE tools, primarily from the first-hand account of the main coordinator of this process (the author), who has been a direct observer of the different steps and of the political climate of change. The statements without citations are based on the author's experience. So as to make this original description accurate, it additionally builds on technical reports and unpublished administrative minutes from the decision-making body. The technical reports are, on the one hand, the guide for adapting and disseminating the EDPQS and, on the other hand, a short note from the ASPIRE coordinator reporting to the authors of the EDPQS on the modifications made to the original standards. Most sources are unpublished internal work documents and testimonies, as the work undertaken had a practical rather than academic or demonstrative purpose.

3 DEVELOPING THE ASPIRE STANDARDS: AIMING AT EXCELLENCE AND PRAGMATISM

3.1 The climate in which the ASPIRE standards emerged

Low-quality control regulation for professional skills in France

In France, drug prevention falls under the national addiction strategy, a state responsibility, and is coordinated by the Interministerial Mission for Combating Drugs and Addictive Behaviours (*Mission interministérielle de lutte contre les drogues et les conduites addictives,* MILDECA) (Mutatayi, 2019a; Mutatayi & Protais, 2017). At the regional level, decentralised services fine-tune the national orientations on the basis of a local needs assessment. None of these policy frameworks impose a programme model on drug prevention and neither does the legislation.

No accreditation system for prevention services and practitioners exists. There is also no specific training required from prevention developers and implementers, with the exception of specialised law enforcement officers (*gendarmerie,* police), who have a compulsory two-week training period before they can perform interventions (Mutatayi, 2017b; Mutatayi & Protais, 2017). Universal prevention is mainly implemented in secondary school environments. Nevertheless, headteachers are relatively free to decide whether to engage in preventive actions, although they are strongly encouraged by their administrative hierarchy to invest in such efforts.

This general system results in a multitude of diverse local activities that are implemented on the basis of local resources and know-how and mostly on annual funding. Funding in this area arises from these decentralised services, especially the local MILDECA representatives working in prefectures and independent Regional Health Authorities (*Agences régionales de santé,* ARS).

Rising concern over policy rationalisation and health inequalities

Successive European Union drug strategies in the 2000s highlighted the democratic validity of evidence-based (EB) approaches and gave an impetus to the better integration of such approaches in drug prevention in France (Mutatayi & Protais, 2017). The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has supported this willingness by developing greater insights and guidance on evidence-based best practices within its audience and its European information network (European Commission, 2019).

In France, in the 2010s, the policy of modernisation of the state – undertaken by subsequent governments from the mid-1990s – boosted an overall favourable climate to enhance rationalisation, accountability, and thereby efficiency in all areas of governmental activity (Maury, 2023). In the wake of

this dynamic and under a European impetus, French national drug strategies have started to refer to EB programmes in the field of prevention. In February 2014, in accordance with the 2013–2017 Government plan (MILDT, 2013), the MILDECA set up the CIPCA (2014-2017), with the aim of promoting a new EB prevention policy and standardising quality requirements with regard to the government's aim to reduce health inequalities in France.

French public health authorities and scientific organisations have combined their efforts to better disseminate knowledge on evidence-based drug prevention and QA in the national landscape of prevention stakeholders (Mutatayi & Protais, 2017). Recognising the relevance and the ethical and cost-benefit value of such research-driven approaches, certain professional societies in the field of addiction treatment have encouraged prevention practitioners to consider foreign good practices, assuming possible pathways for transferability to their own professional reality. There were several grounds for converging dynamics to strengthen quality in drug prevention, including a significant increase in tobacco, alcohol, and cannabis use rates among adolescents (Spilka et al., 2015) and the growing awareness of the structural and policy-based gaps generating health inequalities in the French population (Mutatayi, 2019a).

3.2 The tenets and steps of the adaptation process for quality standards (QS)

Because of the policy of support adopted by the Interministerial Drug Mission for local stakeholders in the prevention field, the OFDT was asked to provide scientific content for this audience. In 2013, the centre took a further step in the promotion of quality assurance by joining the second phase of development of the EDPQS project, which aimed to improve the application of the standards to practice. In this partnership, the French organisation contributed to drafting a toolkit based on these European standards that was intended to help funding bodies and decision makers to select promising programmes for institutional and/or financial support. The main outcome was an assessment checklist based on 35 basic European quality standards that the author introduced to the CIPCA in 2015, taking on the role of a knowledge broker within its mandate (Felvinczi et al., 2015).

The members of this commission agreed on the relevance of quality assurance to upgrading professional skills and improving prevention responses, particularly in the face of the overall lack of an evaluation culture among French stakeholders (author's observations, 25/03/2015 and 12/02/2016 meetings). They recognised the EDPQS materials as a valuable basis for supporting the designing and planning of promising prevention programmes, acknowledging them as a guarantee of quality provided by a multicultural and multidisciplinary collective of renowned university researchers. Nevertheless, several reservations were expressed regarding the direct transferability of the European material in the light of the ordinary constraints of the services handling grant applications at the local level (author's observations, 12/02/2016):

- the quasi-structural lack of time to process (assess and select) the numbers of projects submitted yearly for grants. This problem is amplified when officials have multiple mandates, such as the government representatives at the local level who may also address public security issues, crime prevention, and radicalisation;
- a lack of knowledge and training on evidence-based principles and methods leading to a greater focus on factual aspects of projects (such as activities and budgetary considerations), rather than on conceptual and theoretical foundations (e.g. health-oriented objectives, theoretical model) in granting procedures;
- the (significant) turnover among officials.

In the light of these drawbacks, the CIPCA was yearning for a tool that can be more directly assimilated by French stakeholders and mandated the OFDT to propose a concrete alternative. To that end, a specific work group was set up.

3.3 The inductive method of development

Main axes of change

From April to September 2016, the OFDT worked on concrete adjustments to the 2015 EDPQS quality assessment checklist so that it can be more easily understood and assimilated by players with limited experience in designing prevention programmes. This work was undertaken in collaboration with representatives of the MILDECA, the Department of National Education, the Ministry of the Interior, and the French Public Health Agency. The inductive approach to adaptation is described here on the basis of working notes and correspondence with French and European partners.

The first step was a review of the original EDPQS checklist, which showed a strong division of analytical steps and several recurring references *(Table 1)*. For instance, while the EDPQS split the assessment of initial needs into four standards (EDPQS 1.1 to 1.4), the single ASPIRE standard 1 proposes an integrated approach by focusing on the pivotal need for a well-justified intervention (EDPQS 1.3) and referring to the associated assessment criteria (EDPQS 1.1 and 1.2). EDPQS 1.4, deemed to be recurrent with EDPQS 3.1, has been merged with it to create French standard 2. Other examples of recurring references within the EDPQS were the cross-cutting considerations (A, B, C, D) to be considered recurrently at each stage of the project design. For greater pragmatism, the ASPIRE standards assessed each value across a single relevant standard to score it only once, as an overall quality of the project under review: e.g. the EDPQS cross-cutting consideration "D. Ethical drug prevention" is addressed in the Aspire standard "7. Check that there is an ethical approach to prevention".

The adaptation work therefore mainly consisted of redistributing, merging, and simplifying the standards and/or their attributes, basically in order to allow a linear (straightforward and time-saving) analysis of prevention projects. It included

Table 1 | Labelling and structure of EDPQS compared to ASPIRE standards

Original EDPQS	Final ASPIRE standards
Step 1: Needs assessment	Needs assessment
1.1 Knowing drug-related policy and legislation	1. Describe, justify the need for the intervention in light of identified population needs and political priorities at the relevant territorial level
1.2 Assessing drug use and community needs	
1.3 Describing the need, Justifying the intervention	
Step 2: Resources assessment	
Step 3: Programme formulation	Programme formulation
3.1 Defining the target population	2. Define the target public in comparison with the general population, as well as its identification conditions
1.4 Understanding the target population	
3.2 Using a theoretical model	3. Build on evidence of effectiveness and use a theoretical model
3.5 Referring to evidence of effectiveness	
3.3 Defining aims, goals and objectives	4. Define the steps and objectives that contribute to reach the expected behaviours
3.6 Determining the timeline	
5.6 Providing a programme description	
4.4 If planning final evaluations	5. Plan the evaluation
Step 4: Intervention design	Design of the intervention and activities
3.4 Defining the setting	6. Define the framework of activities
4.1 Designing for quality and effectiveness	
4.2 If selecting an existing intervention	
4.3 Tailoring the intervention to the target population	
5.4 Recruiting and retaining participants	
D. Ethical drug prevention	7. Verify there is an ethical approach to prevention
4.1 Designing for quality and effectiveness	
Step 5: Management and mobilisation of Resources	Management and planned resources
5.3 Setting up an intervention team	8. Define and mobilise the team needed to implement the programme by verifying the team members' skills and training needs
C. Workforce development	
5.5 Preparing intervention materials	9. Define the conditions and the material means to be implemented to coordinate and monitor the programme
B. Communication and stakeholder involvement	10. Ensure that relevant stakeholders are involved, identify external resources, cooperation and relevant levers that need to be mobilised
2.1 Assessing target population and community resources	
5.2 Planning financial requirements	11. Build a balanced and sustainable budget
A. Sustainability and funding	
A. Sustainability and funding	12. Anticipate the sustainability and transferability of the programme

Source: OFDT

so-called "surface" changes (translation, syntax simplifications) and structural changes (Brotherhood et al., 2015), while preserving the substance of the original quality standards. The changes made insisted more on the theoretical and methodological aspects (that usually fail the most in prevention protocols). Guidance on evaluation was developed (standard 5), because it was insufficiently addressed by the EDPQS checklist when compared to the needs. Conversely, standards relating to budgetary aspects could be lightened with regard to the information necessarily collected via the grant application forms in force in all sectors of public policies in France. The OFDT ensured that the amendments met the criteria for content adaptation set by the EDPQS adaptation guidelines (Brotherhood et al., 2015).

Amendments were made in an inductive way, for a concise and simplified final output, for end users with an administrative profile and time constraints. The coherence and applicability of the redesigned 20-standard checklist were tested assessed in real bid conditions with regard to prevention and harm reduction projects designed to cover the 2016 European football championship in the three biggest French cities (Paris, Lyon, Marseille). This test showed more room for simplification of the content and the structuration of standards and the need for operational tools aimed to systematise and simplify procedures, given the usually great number of applications for grants.

The ASPIRE toolkit

A coherent array of 12 quality standards and associated attributes was finally set up and entitled Assessment & Selection of Prevention programmes Issued from the Review of EDPQS (ASPIRE) (Mutatayi, 2017a). It provides guidance across four areas: needs assessment, programme formulation, intervention design, and resource management (Figure 1). Each standard is supported by a short list of attributes (numbering five to ten) which serve to estimate the level of compliance with the standard, on the basis of a scoring system.

Most standards can be rated on a five-point scale, while four standards are to be scored against a scale of ten (the top score meaning full satisfaction of the standard). This extended ten-point scoring system emphasises four more pivotal standards that require special attention and the most detailed assessment by project developers and assessors. These four are related to logic models, theory and an evidence-based approach, adequate human resources and activities (standards 3, 4, 8 and 6). A perfect project would obtain a total score of 80.

The checklist is available in printable and electronic (Excel®) formats, including a pair of turnkey Excel® dynamic dashboards to support the comparison of multiple tenders.

For transparency, a fact sheet is available to inform grant applicants beforehand of the criteria against which their project will be assessed.

4 DISCUSSION: A QUALIFIED VERDICT?

4.1 Poor visibility on implementation

Since 2017, the ASPIRE checklist has been part of the executive package provided annually by the MILDECA to its representatives in the prefectures who are responsible at the regional and local (*département*) level for organising government drug policies and subsidising drug prevention programmes. It is among the resources recommended by the French National Authority for Health in recent guidelines for drug prevention and treatment services (Haute Autorité de Santé, 2019). However, in France, there is no legal requirement for prevention project developers to apply QA guidelines, and thus no legal foundation for the effective implementation of the ASPIRE standards.

Given the incentive rather than a mandatory process existing in France to develop QA and evidence-based approaches in drug prevention, no process evaluation has been carried out to assess its dissemination and use, the impact of the ASPIRE quality standards on practices. Only sporadic feedback from a project planning service has shown that the ASPIRE toolkit is an effective practical lever to improve internal coherence when designing prevention projects and to support grant applications.

4.2 Need for update and review

Several avenues of review are emerging and should be discussed in the multidisciplinary arena for institutional support (the CIPCA was dissolved in 2017). For the coordinator, it is a matter of looking for any further simplifications and relevant updates regarding, for instance, the available resources on methodology and models of prevention (which are not addressed by the quality standards), since several knowledge-sharing platforms collapsed during the 2010s. Updates may include raising concerns in the field, such as the greater consideration of drug issues intersecting with the gender-sensitive dimension (Mutatayi et al., 2022). From the technical standpoint, a more user-friendly interface should be developed.

4.3 Need for a promotional strategy

According to a formative process, the dissemination of the ASPIRE checklist has been based on free access to any related tool via several institutional websites, including the OFDT's own site (access was suspended from September 2022 for updates). Unfortunately, no communication strategy or training was implemented to support the uptake of the toolkit by the targeted stakeholders (funders, designers, and developers). According to the feedback received by the coordinator from a few practitioners, the application of this kind of quality assurance tool demands substantial changes in regular practices. There is therefore a need to develop a promotional strategy in order to enhance its dissemination and ownership by stakeholders and to support a sustainable and relevant resource. This promotional strategy would imply communication initiatives towards the targeted (mixed) audiences (articles, conference presenta-

tions, etc.) and pro-active systems of training, monitoring, and evaluation. Pilot testing of the standards by champions in a given area or funding programme could promote the dissemination of the standards by showing their relevance, practicality, and usefulness.

Evaluation is inherent to quality assurance and of the utmost importance in verifying and improving the social utility of such a process. In the face of transparency and ethical considerations, decision makers and practitioners are entitled to know the effectiveness of the methods that are proposed or imposed on them in order to regulate their practices (Kroger et al., 2012). However, evaluation first requires implementation.

5 CONCLUSIONS

The material for "Assessment & Selection of Prevention programmes Issued from the Review of EDPQS" (ASPIRE) stems from the government's desire to support those working in the field in adopting a quality approach, with the overall aim of improving prevention services and reducing health inequalities. It is the result of a top-down impetus from government agencies, national public health authorities, and scientific institutions, combined with a bottom-up awareness encouraged by professional addiction societies and some pioneering structures.

The production process was inductive and aimed at achieving more concise and practical standards than the EDPQS for end users with an administrative profile and time constraints. Linguistic and structural changes have been made, while preserving the ambition of the original quality standards for there to be a tool tailored to assessors' needs. As a result of the pilot test and review, a set of 12 comprehensive standards was drafted in different accessible formats (Word®, Excel®).

However, the implementation of the ASPIRE tools has not been as successful as expected, despite the need for better integration of QA in prevention project planning and the considerable efforts to make them technically accessible and easily assimilated by non-expert stakeholders. The subsequent steps to sustaining QA in the domain of drug prevention, including with regard to the ASPIRE material, should be discussed in a multidisciplinary arena for institutional support (as the CIPCA was dissolved in 2017). **After five years of existence, several pathways for improvement have come up,** starting with an updating of available resources in relation to good practices and evidence-based approaches to drug prevention. Technical enhancements would offer more user-friendly experience. **There is a need to develop a promotional strategy to enhance the dissemination, assimilation, and ownership of these quality standards.** It could exploit conventional scientific communication channels (articles, conferences, etc.) and more proactive and formative approaches (piloting, training, social marketing). Evaluation is part of such a strategy as it contributes to a synergy between research and intervention and allows a democratic conversation on the regulation of professional practices.

The ASPIRE material has a high potential for transferability. It has been developed to be accessible to people who have little time for quality control and possibly limited training or insight in evidence-based prevention approaches. Based on the transcultural EDPQS, it goes through universal considerations that make sense in seeking quality in many, if not all, Euro-cultural contexts (Brotherhood & Sumnall, 2011; Felvinczi et al., 2015). Herein, the ASPIRE material is understandable and applicable by a wide range of people, especially in French-speaking contexts. All the components of ASPIRE are royalty-free in order to facilitate access by prevention stakeholders, including for translation.

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