

**Area: Targeted Prevention**

**Evidence of practice**

*(narrative of previous model based on PMR data, uptake of service etc.)*

The Alcohol and Drug Commissioning Framework for Northern Ireland 2013-16 outlined that the evidence for substance misuse education and persuasion approaches is poor in terms of achieving and sustaining change in drug and alcohol use.

There is stronger evidence for a social life skills approach through modelling, understanding, norm-setting and social skill practice, so that young people are less likely to misuse alcohol and other substances. It was suggested that the term alcohol / drug education is misleading and should be replaced with 'prevention'.

The framework also highlighted the effectiveness of family based programmes. Generic family based programmes such as Strengthening Families have been commissioned by the PHA and were not the focus of the previous drug and alcohol tender process.

The PHA invited service providers to develop and provide targeted prevention services for young people and parents. The tender was divided into five separate lots which included the development of age appropriate life-skills and harm reduction programmes for use with vulnerable young people using, or at-risk of using substances. The remaining lots were split into geographical areas matching onto the five HSCT areas.

**Uptake of services**

Programme targets have been met and in some areas exceeded in each of the HSCT areas. Programmes appear to have been fairly equal in uptake in each of the 3 age groups (ages 11-13, 14-15, 16-21). This is also reflected in the number of vulnerable young people attending the programmes with targets being exceeded also.

|          |     |         |
|----------|-----|---------|
| exceeded | met | not met |
|----------|-----|---------|

| <b>Delivery of age appropriate Life Skills and Harm Reduction Programmes</b> |                         |                       |                           |                       |
|--|-------------------------|-----------------------|---------------------------|-----------------------|
|  | <b>No of Programmes</b> |                       | <b>No of Participants</b> |                       |
|  | <b>Target</b>           | <b>Totals 2018/19</b> | <b>Target</b>             | <b>Totals 2018/19</b> |
| <b>Belfast &amp; SE</b>  | 81                      | 81                    | 648                       | 670                   |
| <b>North</b>   | 54                      | 80                    | 432                       | 656                   |
| <b>South</b>   | 33                      | 43                    | 264                       | 301                   |
| <b>West</b>  | 41                      | 48                    | 328                       | 455                   |

There appears to be a reported saturation of service delivery within most HSCT areas, but according to PMR's organisations are repeatedly requesting delivery. Consideration will have to be given on how best to identify vulnerable young people and ensure there is an effective spread of delivery throughout the region.

**Overview of main areas from commissioning framework previous evidence review** *(insert links to PHA D&A commissioning framework)*

**Alcohol and Drug Commissioning Framework for Northern Ireland 2013-16**

<https://www.publichealth.hscni.net/sites/default/files/Drug%20and%20Alcohol%20Commissioning%20Framework%20Consultation%20Document.pdf>

- Review of evidence concluded that alcohol and drug education, primarily in school settings, is not effective in achieving sustained change in behaviour.(page 21)
- Educational interventions were defined as those that aim to raise awareness of the

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potential dangers of alcohol and other substance misuse (e.g. increase knowledge) so that young people are less likely to misuse alcohol and other substances. Aside from educational interventions, which are among the least successful approaches, interventions that aim to prevent alcohol and drug misuse also involve other approaches. For example, psychosocial approaches aim to develop psychological skills (e.g. peer resistance) through modelling, understanding, norm-setting and social skill practice, so that young people are less likely to misuse alcohol and other substances. It was suggested that the term alcohol/drug education is misleading and should be replaced with 'prevention'. (page 21)

- Family based intervention typically takes the form of supporting the development of parenting skills including parental support, nurturing behaviours, establishing clear boundaries or rules, and parental monitoring. Social and peer resistance skills, the development of behavioural norms and positive peer affiliations can also be addressed with them. ... The reviews specific to family-based interventions generally concluded that family-based interventions work (for alcohol use and some drugs). The Strengthening Families Programme for 10-14 year olds was mentioned as one effective programme (page 22) and its provision had been funded through the PHA's Early Years/Early Intervention work stream.
- There is supportive evidence that certain universal multi-component programmes are effective, with some evidence that the family component is the main driver of effects. One advantage some of these programmes offer is their generic nature, which addresses multiple risk-taking behaviours. Despite small effects, this may have some merit in addressing a number of health issues through one programme. (page 23)

### **Overview of new evidence base review (key recommendations for consideration)**

#### **NICE NG 64 – published February 2017 – (replacement of PH4 2007)**

- Skills training for children and young people assessed as vulnerable to drug use continue to be an appropriate approach. Activities designed to increase resilience and reduce risk should be included in skills training. Skills such as:
  - listening
  - conflict resolution
  - refusal
  - identifying and managing stress
  - making decisions
  - coping with criticism
  - dealing with feelings of exclusion
  - making healthy behaviour choices.
- Ensure that personal and social skills for looked after children and care leavers put particular emphasis on how to deal with feelings of exclusion.
- Need to consider if carers/families also should receive skills training. (1.3.1) If so, ensure carers and families develop a range of skills such as:
  - Communication
  - Developing and maintaining healthy relationships
  - Conflict resolution
  - Problem solving
- Skills training for children and young people as well as their carers or families appears to have the best outcome to reduce the risk of drug misuse than most approaches.(Page 27/28)
- Despite limited evidence on the use of digital interventions, the use of digital

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technology is potentially more cost effective and could be used for prevention activities in groups at risk who are harder to reach or who fail to present to services.

- Unable to recommend motivational interventions for groups at risk of drug misuse (p.51)

### **NICE Guideline NG135 Alcohol interventions in secondary and further education**

(replaced NICE PH7. School Based Prevention):

School based prevention guidance for secondary schools and further education, especially relevant for England who has made statutory changes that will ensure health aspects of PSHE will be compulsory for all schools. This is likely to include alcohol education.

### **Cochrane review – Gilligan et al (2019) Family based prevention programmes for alcohol use in young people**

Family based prevention programmes for alcohol use in young people – overall no evidence for the effectiveness of family-based interventions on the prevalence, frequency, or volume of alcohol use among young people – evidence was insufficient in this review.

### **ACMD Recovery Committee Prevention Briefing 25/2/15**

- Many successful prevention programmes do not directly target drug use, but aim to reduce the influence of particular risk factors, or promote general resilience.
- The majority of drug prevention programmes in the UK have not been evaluated.
- In schools, drug education alone is ineffective at changing behaviour, but programmes that aim to develop the skills required to for healthy decision making can be effective in preventing use of alcohol, tobacco and some types of illegal drugs.

**Summary of review document** in the main reviews prevention of substance misuse in the school setting, and generally provides a conflicting overview of the effectiveness of this approach. Skill based approaches including, for example, ‘Unplugged’ appear to have the best evidence of effectiveness. The Preventure Programme is also highlighted as having success for higher risk youth as part of a review of personality targeted interventions for prevention (see Edalati & Conrad, 2019).

### **Any identified gaps**

- Evaluation is an important part of any prevention work.
- School based programme ‘Unplugged’ appears to have best evidence of effectiveness (Agabio et al., 2015). (Unplugged is an evidence-based programme designed to equip young people with specific skills and resources that they need to resist social influences and to support knowledge about drugs and their adverse health consequences. The programme is designed for 12-14 year olds and consists of 12 one-hour units delivered weekly by teachers who have been trained to deliver the intervention. Unplugged focuses on core ‘life skills’: critical thinking, decision-making, creative thinking, effective communication, relationship skills, self-awareness, empathy, and coping with emotions. In addition, the programme aims to correct mistaken ideas about how prevalent and acceptable drug use is in general among young people.)
- Personality targeted interventions including the Preventure Programme, appear to have had some success in reducing substance related harm in high risk individuals. (Preventure focuses on at-risk youth and introduces motivational pathways and coping skills based on the individual’s personality.)
- Effective identification of those assessed as vulnerable to drug/alcohol misuse

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- Family/carer element within any programme to be considered
- Unable to locate any new quality standard for skill level of staff

### **Future approach to reflect the evidence base**

*(e.g. Changes in evidence base / key recommendations / evidence of impact)*

- Skill training for children and young people as well as for families and carers is likely to be the most cost effective way to reduce the risk of drug misuse.
- Consider the training and competencies of staff who may be delivering Targeted Prevention – to ensure that an appropriate standard is achieved and maintained to deliver the service.
- Although there is limited evidence on digital interventions, could be cost effective to consider for prevention activities for at risk who are harder to reach.
- Consider if and how families and carers can be included.
- No mention of Harm Reduction within any of the research materials.
- Explore other potential evidence based programmes, eg Unplugged.
- The PHA approach within the school setting which would involve collaboration with Education Authority including financial contribution also needs to be explored, to ensure consistent messaging appropriate to each developmental stage.