AMCD briefing on the prevention of drug and alcohol dependence

DrugScope

The Recovery Committee of the government's Advisory Council on the Misuse of Drugs have produced a balanced and useful overview of the state of knowledge on preventing drug and alcohol dependence. Focused on helping policy makers, the ACMD itself and practitioners the paper provides a framework for thinking about prevention and sets out a limited but important set of recommendations for policy, commissioning and practice.

The focus of the paper is on how systems and interventions can best be deployed to reduce the likelihood of young people becoming dependent, but the ACMD recognise that prevention activities may be appropriate across the life-course. They point to the issue of alcohol misuse in older adults as an example.

The paper argues that prevention is more than the sum of activities explicitly designed to impact on a population's likelihood of becoming dependent on drugs or alcohol. The authors suggest that the systems in which these activities are located, the resources allocated, and wider strategies that are likely to contribute or confound the desired outcomes are equally important.

In addition, the quality of interventions (which includes infrastructure issues, such as professional ethos and workforce development), the paper makes the case for viewing prevention activity through the lens of a complex system analysis. It is pointed out that interventions often happen in combination and uses research into tobacco cessation to illustrate the argument. The combination of mass media campaigns, community smoking cessation support, the availability of nicotine replacement therapies and social marketing (such as the Stopober campaign) all act in combination to raise the likelihood of preventing smoking and promoting cessation.

The authors point out that it may be the combination of these activities rather than their individual actions that lead to better outcomes. To illustrate the point, they cite evidence from the US where government-sponsored drug prevention social marketing, aimed at school-aged young people, was evaluated as ineffective in isolation, but had some effect on cannabis consumption in combination with a specific developmental classroom intervention.

Do we understand what we're talking about?

Prevention is often poorly defined and this creates confusion for policy makers and commissioners when developing strategies and interventions. For example, it is often thought to be synonymous with young people, or drug and alcohol education; while these may be a target audience for prevention activity and a method of delivery respectively, this shouldn't be assumed.

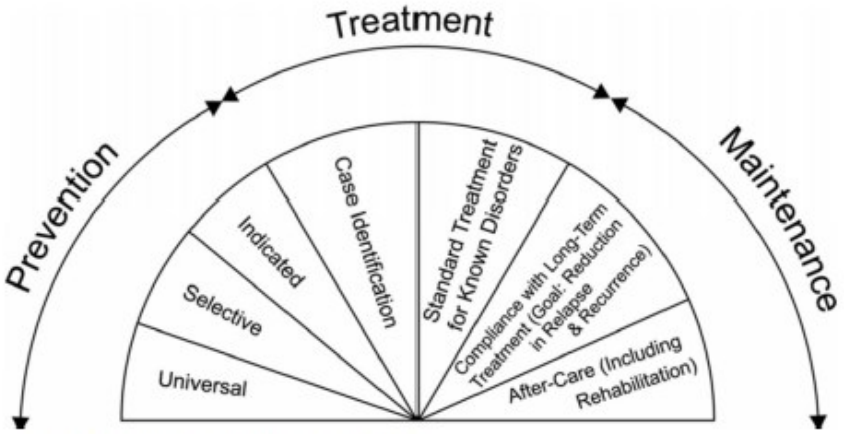

Figure 1 The Institute of Medicine model of prevention (1994; 2009)

The ACMD recommend that the field adopts a more explicit and nuanced language in describing prevention activity. They suggest building on the US Institute of Medicine model [above], which describes various levels of intervention, from universal (designed to reach the whole population) through to selective (designed to reach subgroups of the population designated at risk of substance misuse) and indicated (designed to reach individuals already showing signs of substance misuse and related behaviours). In addition the ACMD discuss health promotion activities and environmental prevention (including law, regulation and physical changes designed to affect drug and alcohol use).

The paper references work by David Foxcroft which suggests that, as well as looking at the target population (universal, selective, indicated), it is helpful to consider the function of the intervention (environmental, developmental, informational). The value of this is that it allows more specificity and creates clarity that a more linear definition can provide.

The authors recommend that:

The IoM Prevention taxonomy should be accepted as a first step towards a common prevention language

Single problems or a battalion?

The ACMD's paper suggests that all too often, prevention interventions have been designed and delivered in isolation, when research suggests that drug use is one of "a clustering of risk behaviours in young people, and experiences of multiple risk are associated with effects beyond the cumulative effects of individual health risk behaviour, including poorer emotional wellbeing, psychological distress, and injury."

In the context of school interventions, this has been one of the reasons that many of us have consistently argued that it makes sense for drug issues to be located as part of Personal Social Health and Economic education. This creates an opportunity to develop young people's skills, values and resilience in a more holistic manner. However, as the ACMD caution, teachers and programme developers for PSHE subjects need to be mindful that the provisions of information should not be considered sufficient to achieve prevention objectives.

Furthermore, commissioners should not be lulled into thinking that the only (or even most important) setting for prevention is a school classroom. So while the focus of the paper is on preventing young people developing dependencies the authors are careful to call for a life-course approach to prevention up to and including preventing problems in older people.

The paper brings attention to some of the principles that should be at the heart of prevention. Prevention should:

- respect participants' rights and autonomy;

- provide real benefits for participants (i.e. ensuring that the programme is relevant and useful for participants);
- cause no harm or substantial disadvantages for participants;
- obtain participants' consent before participation;
- ensure that participation is voluntary;
- tailor the intervention to participants' needs;
- involve participants as partners in the development, implementation, and evaluation of the programme.

It is argued that often drug prevention is focused on surrogate indicators which hope to mitigate the likelihood of dependency rather than being focused on dependency itself. It is explained that this has in part been because the resources needed to track the outcomes for participants in interventions over sufficient time periods has often been beyond those of researchers in this field.

The available evidence for prevention interventions reducing dependency is equivocal. Where interventions can make a contribution, the indications are that they would need to be delivered at scale to be significant. However, the authors also point to research that suggests that some successful interventions have a differential impact - either by being particularly effective with those who are most vulnerable, or on those who are least likely to develop dependencies.

The ACMD recommends:

Commissioners of prevention activities should be mindful that drug and substance use prevention is likely to have only limited effects as a standalone activity. Prevention activities should be embedded in general strategies that support development across multiple life domains.

Policy stakeholders should be mindful that prevention of adverse long-term health and social outcomes may be achieved even without drug abstention, although for some target groups, drug abstention may be preferable.

So what does work?

The ACMD point out that most interventions that have been developed with the intention of preventing drug use or dependency have not been through a process of rigorous evaluation. The authors state that it would be foolish to assume that interventions which have not been evaluated will be more successful than those that have been subject to that level of testing.

They say:

> Where evidence of effectiveness is unclear, it is important that policies and interventions are implemented only as part of sufficiently funded scientific research projects to evaluate the effectiveness of these actions, using robust research methodologies.

The ACMD argues for evaluation that tries to identify the 'active ingredients' - i.e. the parts of the intervention that actually make a difference to behaviour - so that modifications can be made to improve the effectiveness of the intervention. They also recommend that trials are conducted in ways that are as close to real world conditions as possible and that measures for sub-populations are built into evaluations.

The authors summarise a recent systematic review of 'what works' in drug prevention for young people and while it is clear that the evidence is often inconclusive and weak, there were two key messages:

- With regard to school-based prevention, information provision alone ('drug education') was not considered an effective strategy, whereas some types of skills development programmes were found to prevent alcohol, tobacco and some types of illegal drug use. However, as studies often examined complete manualised classroom-based programmes, it was not possible to identify effective mechanisms of change or mediating programme components.

- Stand-alone mass media campaigns for illegal drug use were at best ineffective and at worst associated with increased drug use. Mass media campaigns should therefore only be delivered

> as part of multiple component programmes to support school-based prevention.

In addition, the ACMD identify three programmes that are likely to be beneficial. These programmes have either been developed and trialled in the UK or have been already been adapted from well evidenced programmes developed elsewhere: **Preventure**, a targeted intervention for secondary school aged children; The **Good Behaviour Game**, an intervention for primary school children; and **Strengthening Families**, a family skills programme.

The paper cautions:

> It is also important to note that existing evidence in no way guarantees that positive prevention outcomes will be achieved, even when effective interventions are implemented. In most cases, more research is needed to determine whether the success of these interventions can be replicated in real-world settings in routine practice (i.e. outside of the idealised environment of the research trial), within current prevention structures and policy, and how programmes and policies can be effectively implemented and disseminated.

They also point to how little evidence has been produced to look at the economic case for particular interventions.

The ACMD recommends:

Prevention projects should incorporate evaluation and be developed from the findings of evaluation (ideally with economic evaluation)