

ACMD

Advisory Council on the Misuse of Drugs

Prevention of drug and alcohol dependence – summary

**Briefing by the Recovery Committee
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ACMD briefing summary: Prevention of drug and alcohol dependence

The briefing paper summarises some recent discussions in the field of substance use prevention (alcohol and illegal drugs). It aims to support policy-makers and practitioners working in prevention as well as informing future recommendations by the Advisory Council on the Misuse of Drugs (ACMD). It describes the overall aims of substance use prevention and introduces a standard wording to describe the work carried out in this area. It also looks at how prevention activities impact on outcomes for substance users.

Previous work by the ACMD and others has assessed the value and utility of drug prevention in the UK. The ACMD's 2006 report *Pathways to Problems*, made nine recommendations for preventing drug use, and the follow-up progress report published in 2010 outlined progress made. The National Institute for Health and Care Excellence (NICE) has also provided guidance on drug prevention for vulnerable young people, although its recommendations were restricted by the limited evidence base available. The UK Drug Policy Commission (2012) recommended a broader approach to drug prevention, focusing on structural problems related to drug use rather than specific programmes and education.

The 2010 Drugs Strategy, *Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life*, advises a whole-life approach to drug use. The framework for evaluating the strategy identified 'early intervention' and 'education and information' as specific means to prevent drug use.

Successful drug prevention is not just about the programmes, curricula, and interventions that are available but also how prevention is developed, organised and delivered. Learning from tobacco control suggests that coordinating activities across multiple settings, such as primary care, communities and schools is a potentially useful approach. Development in the understanding of 'prevention systems' also suggests that the policy environment, structural resources, professional competencies, and actions to support and fund evidence-based prevention activities are critical in optimising prevention outcomes.

Defining drug prevention

There is no standard definition of drug prevention. On a simple level, it may include policies, programmes or activities that aim to prevent, delay or reduce the use of drugs and its negative consequences. It is also important to consider the role and value of harm reduction activities in prevention as the two are not mutually exclusive. Furthermore, many successful prevention programmes do not directly target drug use, but aim to reduce the influence of particular risk factors, or promote general resilience. Although drug prevention is generally thought to be most relevant to young people, prevention activities are important across the life course, for example by reducing alcohol use or prescription drug misuse in older adults.

The US Institute of Medicine's (IoM's) prevention classification system provides a useful model to understand different interconnected approaches to prevention. These include *universal* approaches that are delivered regardless of the level of risk or the propensity to use drugs in the population, such as mass media campaigns, and *selective* prevention which is delivered to individuals or groups at higher risk of drug use or its associated harms. In the UK context, some types of harm reduction activity may be considered forms of selective prevention, particularly those that focus on reducing use frequency, or support narrowing the range of drugs used. *Indicated* drug prevention targets

individuals who are particularly vulnerable to drug use or present to services with harmful patterns of use.

There is also developing interest in *environmental* prevention, such as by controlling prices and taxation, which aims to limit the opportunities to use drugs. Some prevention researchers have argued that this approach is more likely to change behaviours. For example, 'drug driving' laws may be considered an environmental intervention because although using illegal drugs is not an offence, driving while intoxicated is, and the laws are designed to restrict drug use opportunities. Environmental approaches to preventing illegal drug use are, however, much less common than those targeting alcohol and tobacco, which are able to focus on the legal market.

An increasing body of scientific research supports including drug prevention activities as part of wider strategies to promote healthy development and well-being. Policies and activities which target multiple risky behaviours in adolescence, including substance use, are thought to be more likely to benefit individuals than activities targeting illegal drug use alone.

Society's attitudes to drug use can change over time and this influences what a socially acceptable response to drug use and drugs users should be. Regardless of the approach to drug prevention taken, it is important that certain principles should underpin prevention activities. These include:

- respecting participants' rights and autonomy;
- providing real benefits for participants;
- causing no harm or substantial disadvantages for participants (i.e. actions do not increase inequalities);
- obtaining participants' consent before they take part;
- ensuring that participation is voluntary;
- tailoring the intervention to participants' needs;
- involving participants in developing, implementing and evaluating the programme or activity.

Prevention outcomes

In the UK, while some drug prevention programmes have been evaluated, the majority have not. Evaluating prevention activity is important as international evidence suggests many popular types of prevention activity are ineffective at changing behaviour, and a small number may even increase the risks for drug use.

There are a number of criteria which can help us understand whether or not a particular programme is effective in preventing drug use. These include, for example, how we define prevention activities, what activities are classed as prevention and whether they can be independently replicated by others.

There is currently little high-quality evidence of 'what works' in preventing illegal drug use, although some good quality evidence is emerging. In schools, drug education alone is ineffective at changing behaviour, but programmes that aim to develop the skills required to support healthy decision making can be effective in preventing alcohol, tobacco and some types of illegal drug use. Mass media campaigns on their own are ineffective and at worst are associated with increased drug use. Therefore they should only be used as part of a wider strategy in combination with evidence based programmes, and embedded in research evaluation.

There is relatively good evidence for the effectiveness of some *manualised interventions* (referring to the manuals developed as a result of these approaches) in preventing illegal drug use. The Centre for Analysis of Youth Transitions (CAYT) and the Alcohol and Drug Education and Prevention Information Service (ADEPIS) provide sources of evidence for these interventions.

More research is needed to find out whether the success of these programmes can be replicated in routine practice and on a large scale. The lack of economic analyses in the UK also makes it difficult to determine whether prevention programmes provide good value for money. This is partly because the benefits of preventing drug use only emerge over the long term, and this time frame may not necessarily relate to policy-makers' priorities.

Recommendations

The briefing paper makes the following broad recommendations:

Those working in the prevention field should be encouraged to use a common language to help make prevention strategies more coherent. The US Institute of Medicine prevention taxonomy provides a possible model.

Authorities commissioning prevention programmes should bear in mind that drug and substance use prevention should be part of a more general strategy supporting all aspects of users' lives. An evidence-based approach to prevention considers long-term outcomes, the relationship between multiple risk behaviours and how substance use develops.

Evaluation is an important part of any prevention project. Research funders and charities should support high-quality evaluation research, especially economic evaluation.

Policy-makers should be aware that it is possible to reduce adverse long-term health and social outcomes through prevention, without necessary abstaining from drugs, although for some target groups, abstinence is preferable.