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EVIDENCE REVIEW :
CHILDREN AND YOUNG PEOPLE – PREVENTION AND EARLY INTERVENTION

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On behalf of Somerset County Council Public Health – March 2017

Contents

1 Introduction

This report provides an overview of the current available evidence surrounding prevention and early intervention work for children/young people and substance misuse.

In reviewing the available evidence, specific consideration was given to what type of intervention should be provided, and if it is universal or targeted.

Prevention and early intervention work is widespread and long standing. However, many interventions have been population and setting specific and their transferability is not well established. Some interventions have not been subject to robust evaluation, and evidence about effectiveness is equivocal. Interventions where better evidence is available are discussed below.

2 Definitions - Prevention and Early Intervention

2.1 'Prevention' is defined as including *"any policy, programme, or activity that is (at least partially) directly or indirectly aimed at preventing, delaying or reducing drug use, and/or its negative consequences such as health and social harm, or the development of problematic drug use*".[1] This definition from the Advisory Council on the Misuse of Drugs (ACMD) is used to describe substances including illegal drugs, alcohol and tobacco.

2.2 'Early intervention' is defined as "*intervening at an early stage of a young person's substance use or before that use starts in order to prevent the development or escalation of problems in the future."*[2]

2.3 'Universal' strategies address an entire population (e.g. local community, school groups, TV audience). They are delivered to large groups without any prior screening for risk of substance use and are aimed at preventing or delaying the start of substance use.

[1] Advisory Council on the Misuse of Drugs (2015) Prevention of drug and alcohol dependence. Briefing of the Recovery Committee
[2] Association of Young People's Health (2015) Young people's health and youth policy

2.4 ‘Targeted’ interventions are more focussed on individuals or groups of individuals whose risk of substance misuse is known to be higher. These may be prevention initiatives, or early interventions.

3 Who delivers prevention and early intervention?

3.1 The Health Advisory Service produced a model using four tiers for the delivery of drug and alcohol interventions for young people.[3]

3.2 **Tier 1 Universal services** are mainstream services for young people. Advice and information is offered about substances, screening to identify whether a young person is using substances which may be harmful to their health and wellbeing. Interventions are available to all young people, regardless of whether or not they have drug or alcohol problems, and no one is singled out for a specific intervention. For example: primary and secondary schools, school health workers and youth and community services.

3.3 **Tier 2 Targeted services** are youth orientated services, offered by practitioners with some drug and alcohol experience and youth specialist knowledge. At this level, assessment of needs is undertaken, more specific prevention and early intervention work including brief interventions, harm reduction advice and relapse prevention, and referral to more specialist services if required. Targeted work is delivered to groups in the population with a higher level of risk. In Somerset, the Targeted Youth Support Service is commissioned to deliver this level of interventions, particularly to vulnerable young people. The Somerset Screening and Assessment Tools are used to determine appropriate interventions.

3.4 **Tiers 3 and 4 refer to specialist and very specialist services** aimed at young people with complex treatment and care needs. This element was included in a separate evidence review on drug and alcohol treatment for adults & young people[4], but for ease of cross referencing the section on Young people and Transitions can be found in Appendix 2.

[3] Health Advisory Service (2001) Substance of Young Needs
[4] SCC Public Health (December 2016) Drug and Alcohol Treatment for Adults & Young People and Early Intervention with Adults

4 Evidence reviewed

4.1 This review has drawn upon research and guidance conducted by UK agencies including:

- Public Health England
- National Institute for Health and Care Excellence (NIICE)
- The Advisory Council for the Misuse of Drugs
- Alcohol and Drug Education and Prevention Information Service (Mentor-ADEPIS)

Also by:

- The Addiction and Lifestyles Contemporary Europe Reframing Addictions Project (ALICE RAP)
- The United Nations Office on Drugs and Crime (UNODC)

Practice in other areas has also been reviewed.

5 Effectiveness of prevention and early intervention

5.1 The ACMD notes that it is often difficult to identify '*directly labelled prevention activities in national policy and delivery plans*'. As a result of this, there is limited good quality evidence about 'what works' in substance misuse prevention, and '*robust national and local prevention systems are not well established*'. [5]

The ACMD also note that:
"*many widely used approaches have been evaluated and have been found to be ineffective …… some have even been shown to be iatrogenic (ie to lead to an increase in drug use or other risk behaviours*".

For example, PHE in their recent review of alcohol control policies[6] conclude that "*although a widely implemented and supported intervention …. the effectiveness of school based alcohol education programmes is inconclusive"*.

[5] Advisory Council on the Misuse of Drugs (2015) Prevention of drug and alcohol dependence. Briefing of the Recovery Committee
[6] Public Health England (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review

5.2 Many evaluations have been limited in scale, have been subject or location specific, and have only been able to follow up participants' views of behaviours over relatively short time periods. However, better quality evidence is being generated, and consensus is emerging.

5.3 There is good evidence about the approaches which are not effective. These include:[7],[8],[9]

- Fear arousal approaches - scare tactics and images
- Stand alone information provision/knowledge only approaches
- Ex users and the police as educators where their input is not part of a wider prevention programme
- Peer mentor programmes that are not evidence based.
- Stand alone mass media campaigns.

These approaches should not therefore be recommended as part of local delivery.

5.4 There is a growing body of evidence about approaches which are more likely to be effective – and the majority are those which are not substance specific. Rather, they focus on seeking to address underlying issues that appear to make drug use more likely, and on general skills development and family support.

5.5 In 2012, the UK Drug Policy Commission recommended that policy approaches be adopted that:

"responded to structural problems that increased the likelihood of drug use, the development of early interventions and family support, and the provision of evidence based programmes.

Also, it advised *"against 'drug specific education' and highlighted the importance of supporting schools to implement broader programmes that aimed to build self efficacy, help with impulse control and teach life skills, preferably as part of the national curriculum."*[10]

This view has been endorsed in more recent reviews, including the ACMD, PHE and UNODC:

[7] Brotherhood AB, Atkinson A, Bates G, Sumnall HR Adolescents as customers of addiction. ALICE RAP

[8] Advisory Council on the Misuse of Drugs (2015) Prevention of drug and alcohol dependence. Briefing of the Recovery Committee

[9] Public Health England (2015) The international evidence on the prevention of drug and alcohol use

[10] UK Drug Policy Commission (2012) A fresh approach to drugs: the final report of the UK Drug Policy Commission

"The greatest preventive benefits may be obtained through policies and actions that target multiple risk behaviours, of which substance use is just one." [11]

"*Prevention approaches for young people are usually not drug, alcohol or tobacco specific but are focussed more on reducing risks and building resilience*." [12]

5.6 PHE further advocates an approach to prevention that focuses on reducing risk and building resilience. This is also based on the principle that whilst interventions are not substance specific, there underlying factors which influence whether or not young people start to use substances. "*The more risk factors young people have, the more likely they are to misuse substances".* These risk factors include:

- Experiencing abuse and neglect (including emotional abuse)
- Truanting from school
- Offending
- Early sexual activity
- Antisocial behaviour
- Being exposed to parental substance misuse (hidden harm).

5.7 Prevention and early interventions for children and young people should not be delivered in isolation, as the influence of adults and other family members is also significant. For example, young people are more likely to smoke or drink alcohol if parents or others they live with smoke or drink. Young people whose families have more lenient or permitting attitudes are more likely to try using drugs or alcohol.[13] Adults and other family members can also benefit from universal prevention activity and interventions to support them to change their own smoking, drinking and drug use.

5.8 **Smoking, drinking and drug use**

Findings from the 'Smoking, Drinking and Drug use among Young People in England' surveys[14] over several years suggest that there are strong correlations between smoking, drinking alcohol and drug use.

[11] Advisory Council on the Misuse of Drugs (2015) Prevention of drug and alcohol dependence. Briefing of the Recovery Committee
[12] Public Health England (2016) Young people – substance misuse JSNA support pack 2017-18: commissioning prompts
[13] Health and Social Care Information Centre (2015) Smoking, Drinking and Drug Use Among Young People in England 2014
[14] Health and Social Care Information Centre (2015) Smoking, Drinking and Drug Use Among Young People in England 2014

Drinking in the last week was associated with a number of factors, including other risky behaviours: smoking, taking drugs and truancy. Pupils with low measures of wellbeing were more likely to have drunk alcohol in the last week. Family influences were important, as was school context.

The What About YOUth 2014 survey[15] - looked at smoking and drinking behaviour together. There is a strong relationship between frequency of alcohol consumption and smoking status, with those who smoke being much more likely to drink frequently.
Evidence to support the delivery of brief interventions to help individuals stop smoking and reduce harmful use of alcohol is well established[16],[17].

[15] Health and Social Care Information Centre (2015) Health and wellbeing of 15 year olds in England – Main findings from the What About YOUth? Survey 2014
[16] NICE PH10 – 2008 Stop smoking services
[17] NICE PH24 – 2010 Alcohol use disorders: prevention

6 United Nations Office on Drugs and Crime (UNODC) International Standards on Drug Use Prevention

6.1 A comprehensive and definitive review of international prevention and early intervention initiatives was produced by the United Nations Office on Drugs and Crime (UNODC), in their 'International Standards on Drug Use Prevention' in 2013[18].

This is a review of reviews from around the world, and is referred to widely in more recent UK based reports, including the ACMD and PHE.

The approaches identified by UNODC as being effective are summarised in Figure 1, and described in more detail on pages 9 to 11.

Interventions are defined as having limited, adequate, good, very good, excellent efficacy. They are set out across the life course and according to setting, and are classified as universal, selective or indicated.

- 'Universal' approaches are aimed at whole population groups without any prior screening for risk of substance use and delivered in a variety of settings.

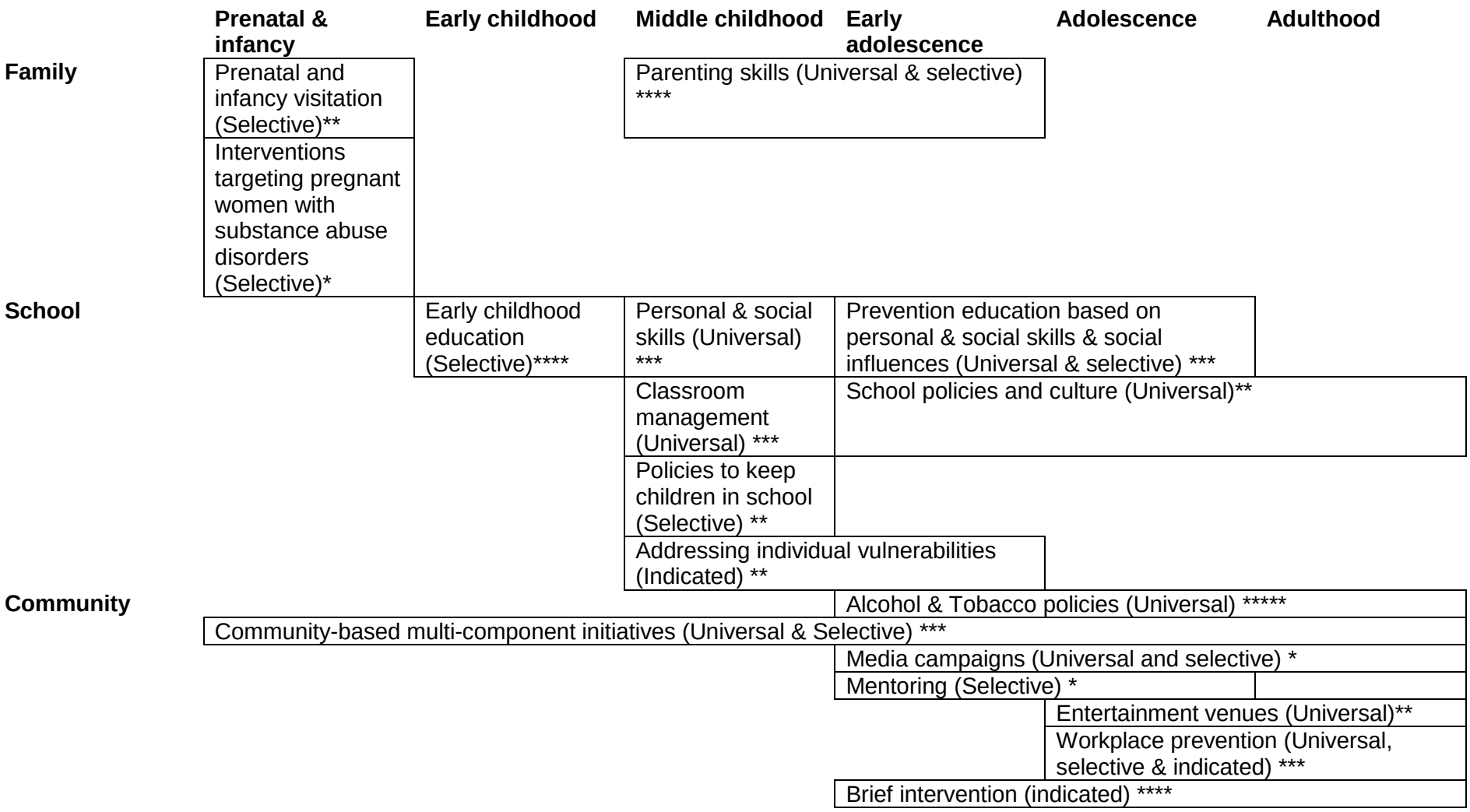
- 'Selective' approaches are aimed at children and young people whose risk of substance misuse is higher than average.

- 'Indicated' approaches are aimed at young people who are already using substances, are not yet experiencing dependence, but who may be showing signs of problematic use.

The use of the terms 'selected' and 'indicated' falls within the definition of 'targeted' described in section 2, and which is more widely used in the UK.

[18] United Nations Office on Drugs and Crime - UNODC (2013) International Standards on Drug Use Prevention

Figure 1 – Summary: International Standards on Drug Use Prevention – United Nations Office on Drugs and Crime (UNODC) 2013



Indication of efficacy: * limited ** adequate * good ****very good *****excellent**

6.2 Approaches likely to be more effective

6.2.1 Universal approaches

- **Community based multi-component initiatives**

These are approaches that deliver interventions in multiple settings (eg school, community and family settings), including combining the school curriculum with family support/parenting interventions.
They can also include local partnerships, initiatives to address substance misuse in the community. They should support any existing policies in the locality – eg alcohol policies, smoking policies in schools.

- **Personal and social skills**

Aimed at all children in schools giving the opportunity to learn and practice a range of personal and social skills. Delivered through a series of sessions, often over multiple years to support health and emotional wellbeing, the content is not substance focussed. Rather it focusses on skills development including coping, decision making, resistance skills, perception of risk.

These approaches are more effective when classroom provision should be linked to a wider whole school approach to both alcohol and tobacco, with policies in place for the pupils, staff and school environment.

- **Classroom management**

In schools, classroom environment improvement programmes are not substance specific, but are intended to strengthen classroom management abilities of teachers. This helps children to socialise and to reduce early aggressive and disruptive behaviour, and can be delivered through the first school years.

- **School policies and culture**

Part of a whole school approach, policies support classroom approaches to promote social skills development.

- **National policy**

The most effective set of universal prevention interventions are those set at national level which limit opportunities to use tobacco, alcohol and other drugs. National policy intervention opportunities for illegal drugs are more limited. However, there is potential to restrict the affordability of alcohol (through taxation and minimum unit pricing), to restrict availability (through licensing

policy to control the number of premises selling alcohol), and to work towards a ban on alcohol advertising. Also to prevent underage sales and proxy sales of alcohol, tobacco and e-cigarettes.

6.2.2 Universal and targeted approaches

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- **Early childhood education**

Aiming to improve the cognitive, social and language skills of pre-school children aged 2-5 years. Starting in early years, the effects are longer term, and are also linked to improved literacy, numeracy. These interventions can be universal, but most effective when aimed at children from deprived communities.

- **Parenting skills programmes**

These are family based interventions, described as supporting adults to be 'better' parents, offering simple techniques to enable adults to adopt a 'warm child rearing style', where they set rules for acceptable behaviours and act as positive role models for their children. They can be delivered for parents of all ages, and at universal and targeted level. They appear to be most effective in families of vulnerable young people.

6.2.3 Targeted approaches

- **Brief interventions**

Based in a range of settings, one to one structured counselling sessions, to include follow up sessions or additional information. Young people are offered advice or a brief intervention by staff who are trained to use age-appropriate interventions that aim to increase motivation to change behaviour. They include identification of whether there is a substance misuse problem. Follow up or extended interventions may be offered and/or referral to specialist services if indicated. They offer the opportunity to prevent alcohol, tobacco or drug use from escalating and becoming entrenched and more risky behaviours.

The interventions outlined above are likely to be most effective if they are delivered by staff who are trained and competent to deliver the interventions they provide.
The UNODC conclude that:

"There is a complex interplay of factors that make children, youth and adults alike, vulnerable to substance abuse and other risky behaviours. It is not possible to address such vulnerabilities by simply implementing a single prevention intervention that is often isolated and limited in its timeframe and reach. An effective system delivers an integrated range of evidence-based interventions and policies in order to:

- *Support children and youth throughout their development and particularly at critical transition periods where they are most vulnerable, e.g. infancy and early childhood, at the transition between childhood and adolescence.*
- *Target the population at large, but also support groups and individuals that are particularly at risk.*
- *Address both individual and environmental factors of vulnerability and resilience.*
- *Reach the population through multiple settings (e.g. families, schools, communities, etc.)."*[19]

[19] United Nations Office on Drugs and Crime - UNODC (2013) International Standards on Drug Use Prevention

7 NICE Guidance

As substance misuse has been a priority for successive UK Governments, there is a substantial amount of guidance and research available.

Relevant NICE guidance has been reviewed and the following table illustrates some of the key points that are relevant in determining evidence for prevention and early interventions with children, young people and their parents and carers.

NICE Guidance	Recommendation/comment
Substance misuse interventions for vulnerable under 25s Public health guideline (PH4) 2007	Recommendation 2 Use existing screening and assessment tools to identify vulnerable and disadvantaged children and young people aged under 25 who are at risk of misusing substances. Work with parents or carers, education welfare services, children's trust, child and adolescent mental health services to provide support, and/or refer the children and young people as appropriate to other services. Recommendation 5 Offer one or more motivational interviews according to the young people's needs *This guideline was subject to a full review in 2015.* *Draft guidance on Drug Misuse Prevention: targeted interventions was published in 2016 for consultation (see below)*
Drug misuse prevention: targeted interventions NICE guideline *Draft for consultation:* *July 2016*	Consider the delivery of drug misuse prevention activities for people in groups at risk through a range of existing statutory, voluntary or private services including health services, (such as primary care, community based health services, mental health services, sexual and reproductive health services….), specialist services for people in groups at risk, community based criminal justice services (including adult, youth and family justice services), accident and emergency services. At risk groups include: • people not in employment, education or training (including children and young people who are excluded from school or who truant regularly) • children and young people whose parents use drugs • looked-after children and young people

NICE Guidance	Recommendation/comment
	• children and young people who are in contact with young offender teams but not in secure environments (prisons and young offender institutions) Consider assessment at routine appointments and opportunistic contacts with statutory and other services. Assess whether someone in an at-risk group is vulnerable to drug use through a validated or locally agreed approach. Consider skills training for children and young people who are assessed as vulnerable to drug use, and their parents or carers. Any skills training should be delivered as part of existing services. If skills training is offered to children, young people and their carers or families, ensure it helps children and young people develop a range of personal 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. It should help carers and their families develop a range of skills such as communication, developing and maintaining healthy relationships, conflict resolution, problem solving. Consider adults assessed as vulnerable to drug misuse, who should be offered clear information on drugs and their effects, advice and feedback on any existing drug use, information on local services and where to find further advice and support.
School based interventions on alcohol Public Health Guidance (PH7) 2007	Ensure alcohol education is part of PHSE curricula and tailored for different age groups and different learning needs. Introduce a 'whole school' approach. Offer parents/carers information about help to develop parenting skills. Where appropriate offer brief one to one advice on effects of alcohol use, how to reduce use, and refer to external services. Maintain and develop partnerships to support alcohol education in schools, ensure school

NICE Guidance	Recommendation/comment
	interventions are integrated with community activities, consulting with families about initiatives to reduce alcohol use. *Reviewed 2014 - Guidance to be fully updated.* *This is in light of major changes in public health and education system, (particularly the introduction of free school and academies and a reduction in local governance of schools(, and also increasing use of social media.*
Public Health guideline Smoking prevention in schools PH23 2010	Smoking prevention should be part of a 'whole school approach, including a whole school or organisation wide smokefree policy which should include smoking prevention activities and staff training and development. Integrate information about smoking into the curriculum. Deliver interventions that aim to prevent the uptake of smoking as part of PHSE curricula. Consider evidence based peer led interventions such as the ASSIST programme Ensure staff are trained. Ensure smoking interventions are part of a local tobacco control strategy
Public Health guidance Alcohol-use disorders: preventing harmful drinking (PH 24) 2010	Policy recommendations likely to be a more effective and cost effective way of reducing alcohol related harm among the population: • price – making alcohol less affordable • availability – making it less easy to buy alcohol • marketing – protecting children and young people from exposure to alcohol advertising Practice recommendations supporting, complementing and reinforced by policy options. • licensing – mapping alcohol related problems when developing licensing policy, preventing under-age sales of alcohol, taking action against premises, undertaking test

NICE Guidance	Recommendation/comment
	purchasing, applying sanctions to premises breaking the law on under-age sales. • resources for screening and brief interventions • supporting children aged 10-15 years thought to be at risk from use of alcohol • screening young people aged 16-17 years • extended brief interventions for young people aged 16-17 years • brief advice for adults • extended brief interventions for adults • referral to specialist treatment if indicated.
Social and emotional wellbeing in primary education Public health guideline (PH12) 2008	Aimed at children aged 4 to 11 years old. Recommends universal and targeted approaches in order to help children's social and emotional skills and wellbeing.
Social and emotional wellbeing in secondary education Public health guideline (PH20) 2009	Interventions to support all young people aged 11-19 who attend any education establishment. Good social, emotional and psychological health helps protect young people against emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol. • Secondary education establishments can provide an environment that fosters social and emotional wellbeing. They can also equip young people with the knowledge and skills they need to learn effectively and to prevent behavioural and health problems. • Provide a curriculum that promotes positive behaviours and successful relationships and helps reduce disruptive behaviour and bullying. This can be achieved by integrating social

NICE Guidance	Recommendation/comment
	and emotional skills development within all areas of the curriculum. • Skills that should be developed include: motivation, self-awareness, problem-solving, conflict management and resolution, collaborative working, how to understand and manage feelings, and how to manage relationships with parents, carers and peers. • Tailor social and emotional skills education to the developmental needs of young people. The curriculum should build on learning in primary education and be sustained throughout their education. • Reinforce curriculum learning on social and emotional skills and wellbeing by integrating relevant activities into all aspects of secondary education. For example, such skills might be developed through extra-curricular activities, using projects set for homework or via community-based and individual voluntary work.

8 Summary: Conclusions

8.1 There does not appear to be evidence suggesting that there is a definitive way of working in order to intervene early to prevent substance misuse.

The overriding approach appears to be one that is universal, and which helps improve resilience and self-esteem generally in children and young people. The research appears to support embedding universal drug prevention activity in wider initiatives that aim to support healthy development and wellbeing in general. Although not exclusively, the majority of this work for children/young people is conducted in their educational setting.

There are groups who are considered “at risk” and so particular attention should be taken in order to help ensure they are supported with targeted prevention and early interventions to reduce their risks. These groups can also benefit from universal approaches.

There is strong evidence from the reviews about prevention approaches and interventions that are not effective.

These include:

- Fear arousal approaches - scare tactics and images
- Stand alone information provision/knowledge only approaches
- Ex users and the police as educators where their input is not part of a wider prevention programme
- Peer mentor programmes that are not evidence based.
- Stand alone mass media campaigns.

The majority of interventions which are more likely to prevent substance misuse problems are those which are not substance specific. Rather, they focus on general skills development and support, and should start from an early age.

Factors and types of intervention that appear to be linked to positive outcomes include:

- Generic pre school programmes, including those improving literacy and numeracy
- Personal and social skills education

- Links to school interventions including school environment improvement programmes: positive ethos, disaffection, truancy, participation, academic and socio-emotional learning
- A focus on 'risk and resilience' factors
- Multi component programmes involving parenting interventions and support for individuals and families
- Staff who are qualified and competent to deliver the interventions they provide.

Based on the evidence reviewed, and particularly using the PHE JSNA support pack as a framework, a series of recommendations on the commissioning of effective universal and targeted evidence based interventions to prevent young people's use of tobacco, alcohol and drugs are offered.

8.2 Universal prevention

Although there no evidence that information alone can prevent misuse of tobacco, alcohol or illegal drugs, it can help inform choice and reduce harm. Children, young people and adults should have access to accurate, relevant information about the health harms associated with use of tobacco, alcohol, and illegal drugs (including new psychoactive substances).

Interventions that develop the skills, attributes and personal resources of young people should be provided. They should include decision making skills, enhance self esteem, and resistance skills to avoid taking harmful substances.

Interventions should focus on reducing risk and increasing resilience, including raising educational achievement, training and employment, promoting positive health and wellbeing, positive relationships and meaningful activity.

In schools:

- Substance misuse education should not be treated as an isolated subject and should take an unobtrusive place in more general Personal Health and Social Education.
- Schools should be offering intelligence-led, targeted sessions at all stages.
- Evidence based and quality marked education resources are recommended from organisations.
- Schools be discouraged from using approaches that have been proven to be ineffective such as the use of scare tactics, ex users and untrained

external visitors delivering sessions in isolation, and knowledge only approaches.

- Schools should adopt a ‘whole school approach’ to prevention to support curriculum work, and have a policy on tobacco, alcohol and drugs.
- Parents and carers should be offered information and advice to enable them to support their children to stay safe from harm.
- Appropriate authorities should be working together to prevent underage and proxy sales of tobacco and alcohol, including test purchasing.

8.3 Targeted prevention and early intervention

- Young people at increased risk of harm should be targeted, with the aim of strengthening their resilience.
- Alcohol, tobacco and drugs prevention approaches should be aligned with other services serving the same ‘at risk’ groups (such as sexual and reproductive health services and services supporting young parents).
- Early identification and interventions to provide targeted support for specific groups of young people should be provided.
- Frontline workers should ask young people if they smoke, advise on the most effective form of quitting and refer to local stop smoking services.
- If trained to do so, workers should also be confident to ask young people about their alcohol and other drug use. Again if trained to do so, they should use local screening and assessment tools, and be able to respond appropriately either themselves or by referring to other targeted or specialist services.
- Parents, carers and family members of children should be supported to stop smoking and reduce their use of alcohol
- Adults assessed as vulnerable to drug misuse should be given advice and information on any drug use and information on local services and how to access further support.

8.4 National policy approaches

The most effective approaches to preventing substance misuse are likely to be at national policy level – including reducing affordability, availability and advertising of alcohol. By their nature, these opportunities are more restricted for illegal drugs. However, their effect has been significant in reducing smoking and smoking related harm, and there is much potential to reduce the impact of alcohol related harm.

Appendix 1: List of relevant references

Health Advisory Service (2001) Substance of Young Needs

UK Drug Policy Commission (2012) A fresh approach to drugs: the final report of the UK Drug Policy Commission

Brotherhood AB, Atkinson A, Bates G, Sumnall HR (2013) Adolescents as customers of addiction. ALICE RAP Deliverable 16.1, Work Package 16. Background report 2: Review of reviews. Liverpool: Centre for Public Health

United Nations Office on Drugs and Crime - UNODC (2013) International Standards on Drug Use Prevention

Health & Social Care Information Centre (2015) Smoking, Drinking and Drug Use Among Young People in England 2014

Alcohol and Drug Education and Prevention Information Service – mentor ADEPIS (2014) Quality standards for effective alcohol and drug education

Advisory Council on the Misuse of Drugs, 2015 Prevention of drug and alcohol dependence Briefing by the Recovery Committee

Association of Young People's Health (2015) Young people's health and youth policy

Public Health England (2016) Data intelligence summary: Alcohol consumption and harm among under 18 year olds

Public Health England (2016) The Public Health Burden of Alcohol and the Effectiveness and cost-Effectiveness of Alcohol Control Policies

Public Health England (2016) Young people - substance misuse JSNA support pack 2017-18: commissioning prompts

NICE Guidance:

- PH4 2007 - Substance misuse interventions for vulnerable under 25s
- Draft guideline for consultation 2016 - Drug misuse prevention: targeted interventions
- PH7 2007 School based interventions on alcohol
- PH23 2010 Smoking prevention in schools
- PH24 2010- Alcohol-use disorders: preventing harmful drinking
- PH12 2008 - Social and emotional wellbeing in primary education

- PH20 2009 - Social and emotional wellbeing in secondary education

Appendix 2: Extract from: Drug and Alcohol Treatment for Adults & Young People And Early Intervention with Adults, Somerset County Council Public Health (December 2016)

Section 7 - Interventions for young people (under 18)

The NTA set out five specialist treatment interventions that should be available to young people[20]. However, this does not carry the expectation that a single specialist service should deliver these interventions, it states "*Health and social care interventions …are provided as part of a single specialist substance misuse treatment care plan, which in turn is part of a young people's broader care plan. Each partnership should ensure that young people can access the following treatment interventions:*

- pharmacological
- psychosocial
- family
- specialist harm reduction
- residential treatment for substance misuse"

The guidance sets out a dual role for specialist substance services:

- Supporting and enabling universal and targeted services
- Providing specialist substance misuse treatment for young people and their families

It describes the need for specialist substance misuse services to be integrated with wider children's services that include universal and targeted services.

> "Young people with substance misuse issues are likely to experience a range of concurrent vulnerabilities. The integration of young people's specialist substance misuse services with wider services for children services is vital for the effective functioning of an integrated children's system. If children's and young people's needs are to be at the heart of service provision, then all children's, young people's and family services need to collaborate to meet those needs and to ensure that young people access special substance misuse treatment when they need it and that care is coordinated across specialist treatment services and other services."

[20] Guidance on commissioning young people's specialist substance misuse treatment services, National Treatment Agency, 2008

Guidance on commissioning young people's specialist substance misuse treatment services, National Treatment Agency, 2008

It is acknowledged that the majority of young people will have their needs met by universal and targeted services but some will require specialist interventions. It is also likely that the distinction between targeted and specialist services will, on occasion, be less clear: "*Some young people require brief interventions that fit with the new definition of treatment but last for less than four weeks. Brief and motivational interventions have been shown to be effective with adolescents".*

The guidance focuses on the functions and interventions that are required and the importance of integration and continuity of provision of universal and targeted services during and following specialist intervention. The duration of specialist interventions is described to assist with planning rather than as a guide to best practice but it cites examples such as the example of young people with cannabis or alcohol dependency who have very complex needs who may need to remain in treatment up to six months[21].

It also recognises that adult services can assist with young people's services. Although it is not explicit within the guidance, the combination of shorter treatment duration; continued engagement with universal and targeted services and; use of adult services to assist with complex cases could suggest that in many areas a dedicated young peoples' substance misuse service as a standalone entity may not be viable.

Adult services In cases of complex substance misuse problems, adult substance misuse services may be called upon to support young people's specialist substance misuse services. This could be determined locally based on local professional competence and experience. Adult services are in a position to assist young people's specialist substance misuse services with the development of policies, procedures, clinical governance and supervision arrangements.

Guidance on commissioning young people's specialist substance misuse treatment services, National Treatment Agency, 2008

A number of the key documents and guidelines on interventions for substance misuse include specific guidance on the treatment of young people. The view expressed is that similar treatment interventions can be effective for young people and adults. However, the competencies, knowledge and skills required will be very

[21] Guidance on commissioning young people's specialist substance misuse treatment services, National Treatment Agency, 2008

different and there are significant additional considerations when delivering interventions to young people.

"The evidence on young people's substance misuse interventions is not extensive, with few RCTs, and minimal research from the UK.

Consensus guidance on standards has been developed by the Royal College of Psychiatrists and elements of the evidence base have also been summarised in a number of NICE guidance documents, with the majority of these relating more to adolescents and adults.

Much of the evidence for pharmacological treatments such as detoxification and stabilisation of opioids is derived from the adult evidence base. There is less evidence on the pharmacological responses to dependence specifically in young people.… However, some will require prescribing interventions such as opioid substitution treatment and need prompt, safe access within a supported package of health and social care."[22]

"The evidence suggests that the same kinds of treatment are effective for both adults and younger people, but it is the social needs of young people that are often different to adults. …. Young people with drinking problems tend to fall into one of two groups: those whose problems are largely related to intoxication and those whose drinking is better interpreted as a symptom of profound psychosocial disturbance …. The trend towards outreach work and peer counselling has heuristic value."[23]

"Specialist drug treatment for young people is different to that for adults (relating to factors such as age and maturity, responsibility, safeguarding duties, the legal framework, developmental needs and the patterns of substance use problems).

Treatment services for young people that address substance use problems need to sit within the wider framework and standards for young people that support both engagement and access of children and young people to services and appropriate responses to young people and their parents.

[22] Drug misuse and dependence: UK guidelines on clinical management Consultation on updated draft 2016 (Dept of Health 2016)
[23] Review of the Effectiveness of Treatment for Alcohol Problems, Duncan Raistrick, Nick Heather and Christine Godfrey, NTA November 2006

Implementing the treatment process within such a framework involves comprehensive assessment, active engagement, collaborative teamwork across local health, social care, family services, education and employment services, utilisation of the broad range of evidence based interventions for substance use/misuse and for comorbid conditions, and active follow up. Co-ordinated, well-led interventions should mobilise resources of local communities, including safeguarding, education, training, mental health and resilience building."[24]

All staff working with young people need to be competent to assess and manage responses to the developmental needs of young people and to be able to identify relevant risks such as educational delay. They need to understand the legal framework for working with children and young people, safeguarding issues, and the issues relating to responsibility and capacity to consent to interventions.
The Royal College of Psychiatrists published practice standards for working with young people with substance misuse problems[25] which drew on existing research and guidance including the relevant NICE clinical guidance and quality standards.

As part of these standards there is commentary on the qualities as well as competencies required in working with young people:

"… good interpersonal skills as measured by warmth, empathy and genuineness, and provision of an acceptable rationale for the intended intervention are important ... Also, preparedness to engage in outreach, such as visiting young people where they are, rather than rely exclusively on clinic visits, and to offer reminders of meetings are likely to aid engagement.

Young people should experience care as seamless - where possible, and should have regular contact with the same worker/therapist who, with the support of others as required, is responsible for engaging the trust of the young person; this is a fundamental quality of a helping relationship.

Psychosocial interventions are offered by professionals competent in generic skills with young people. Pilling et al (2011) notes the 'compelling evidence that variation in therapist competence and performance is a significant, and probably the single largest contributor to variance in outcomes in psychosocial interventions... A large number of competences…are generic and the essential

[24] Drug misuse and dependence: UK guidelines on clinical management Consultation on updated draft 2016 (Dept of Health 2016)
[25] Practice standards for young people with substance misuse problems, Royal College of Psychiatrists Centre for Quality Improvement, 2012

building blocks of any psychosocial intervention… [these are] common factors in achieving positive outcomes... Therefore it is important not to stress the technical aspects/competences of particular interventions at the expense of the generic competences such as the importance of relationship building and the management of the therapeutic process'."

In terms of the specific interventions recommended, the draft updated clinical guidelines state "Specific substance misuse treatment should include psychosocial interventions delivered generally within a holistic package of care that addresses a range of the young person's identified needs."[26]

This is further developed in the RCP Practice Standards and in NICE clinical guidance and quality standards:

NICE QS11 Alcohol-use disorders: diagnosis and management (2011)
'Children and young people accessing specialist services for alcohol [and drug] use are offered individual cognitive behavioural therapy, or if they have significant co-morbidities or limited social support, a multi-component programme of care including family or systems therapy'.

Royal College of Psychiatrists Centre for Quality Improvement, Practice standards for young people with substance misuse problems, (2012)
A range of psychosocial interventions is offered and delivered according to need, by competent and qualified professionals

Motivational and clinical engagement techniques are used to engage the young person, and work with parents, carers or wider family members, to secure their involvement in the care and intervention

Family therapy techniques are used to engage families and to facilitate positive change in a range of areas in the young person's life.

Where appropriate, young people are offered peer-support and group therapies including:
• Group CBT
• Psycho-educational interventions
• 12-Step/Minnesota programme, such as Alcohol Anonymous or Narcotics Anonymous may be considered for older adolescents (16

[26] Drug misuse and dependence: UK guidelines on clinical management Consultation on updated draft 2016 (Dept of Health 2016)

+) as there is evidence for adult populations, but this is more equivocal for adolescents. For older adolescents and young adults (18+) consideration needs to be given to the appropriateness of other members in the group for each young person

NICE CG115 Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (2011)
For all children and young people aged 10–17 years who misuse alcohol, the goal of treatment should usually be abstinence in the first instance.
For children and young people aged 10–17 years who misuse alcohol offer:

- *individual cognitive behavioural therapy for those with limited comorbidities and good social support*
- *multicomponent programmes (such as multidimensional family therapy, brief strategic family therapy, functional family therapy or multisystemic therapy) for those with significant comorbidities and/or limited social support.*

NICE guidance also sets out some detail on the duration and focus for the therapies recommended and guidance on referring children and young people to specialist child and adolescent mental health service (CAMHS) for a comprehensive assessment of their needs.

Section 8: Transition from Young Peoples Services to Adult Services

The RCP practice standards[27] make the following statement as part of their standards for integrated care and interventions (my emphasis): "*For young people approaching the upper age-limit of the service, plans for transfer are jointly agreed with adult services and include a* ***six-month overlap*** *in the delivery of care."*

Standard 5 – "planned completion and transfer of care" - includes a section on the transfer of young people to adult services.

"A written transition policy is in force and followed which states the age for referral to adult services

Young people aged below the locally agreed cut-off for referral to adult services are not referred unless in exceptional circumstances

[27] Practice standards for young people with substance misuse problems, Royal College of Psychiatrists Centre for Quality Improvement, 2012

Joint reviews of young people's needs are held with adult services (e.g. using the CPA) and the young person to ensure that effective handover of care takes place

Young people with co-morbid autistic spectrum disorders, are directed to other support where the young person does not meet the criteria for adult services

Young people's services have a named link person with responsibility for transitions so that professionals and young people know who to approach with queries

There is a handover period during which the young person is seen by the young people's service and the adult service jointly

Where young people reaching the upper age limit of the service are not referred to an adult service, but access adult services at a later date, the young people's service will provide liaison to the adult service, if needed.

Young people referred to adult services are provided with a transition pack which contains information on:
• what to expect after transfer to the new service
• the roles of the professionals from the adult service (for example general adult psychiatrist, substance misuse worker/specialist, CPN)
• who to contact if there is a problem

Young people referred to adult services are allocated a transitions mentor to support the transfer, who should be either an independent advocate or based within the adult services."

NICE have published guidance on the transition from children's to adult services which is not specific to the substance misuse sector[28]. It is however, part of the drug and alcohol pathways produced by NICE (http://pathways.nice.org.uk/) and is therefore fully relevant to drug and alcohol provision.

The guidance sets out some overarching principles and describes the key elements covering:

- Transition planning
- Support before transfer
- Support after transfer
- Supporting infrastructure
- Ownership

[28] Transition from children's to adults' services for young people using health or social care services, NICE NG43, Feb 2016, nice.org.uk/guidance/ng43

It goes on to make the following recommendations for the planning and development of transitions services:

- Consider making independent advocacy available to support young people after they transfer to adults' services.
- Consider establishing local, integrated youth forums for transition to provide feedback on existing service quality and to highlight any gaps
- Developmentally appropriate service provision
  Service managers should ensure there are developmentally appropriate services for children, young people and adults to support transition, for example age-banded clinics.

Transition from children's to adults' services for young people using health or social care services, NICE NG43

Overarching principles

Involve young people and their carers in service design, delivery and evaluation related to transition

Ensure transition support is developmentally appropriate.

Ensure transition support:

- is strengths-based and focuses on what is positive and possible for the young person rather than on a pre-determined set of transition options
- identifies the support available to the young person, which includes but is not limited to their family or carers.
- Use person-centred approaches to ensure that transition support:
- treats the young person as an equal partner in the process and takes full account of their views and needs
- involves the young person and their family or carers, primary care practitioners and colleagues in education, as appropriate
- supports the young person to make decisions and builds their confidence to direct their own care and support over time
- fully involves the young person in terms of the way it is planned, implemented and reviewed
- addresses all relevant outcomes, including those related to:
- education and employment
- community inclusion
- health and wellbeing, including emotional health
- independent living and housing options
- involves agreeing goals with the young person
- includes a review of the transition plan with the young person at least annually or more often if their needs change.

Health and social care service managers in children's and adults' services should work together in an integrated way to ensure a smooth and gradual transition for young people.

Service managers in both adults' and children's services, across health, social care and education, should proactively identify and plan for young people in their locality with transition support needs.

Every service involved in supporting a young person should take responsibility for sharing safeguarding information with other organisations, in line with local information-sharing and confidentiality policies.

Check that the young person is registered with a GP.

Consider ensuring the young person has a named GP.