



Public Health
England

Protecting and improving the nation's health

The international evidence on the prevention of drug and alcohol use

Summary and examples of implementation in England

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Purpose of this briefing

The United Nations Office of Drug Control (UNODC) published 'International Standards on Drug Use Prevention' in 2013.¹ The standards were developed through a systematic assessment of the international evidence on prevention and they provide a summary of the available scientific evidence.

The briefing provides a summary of the UNODC prevention standards and gives corresponding examples of relevant UK guidelines, programmes and interventions currently available in England. Its aim is to help people who commission, develop and implement prevention strategies and interventions to translate the standards into the English operating landscape. It also aims to support local authority commissioners to develop their prevention strategies and implement them in line with evidence.

Background

Preventing harmful alcohol and drug use is central to a public health approach, which emphasises tackling the root causes of health and social harms and dependence and aims to reduce the number of people whose alcohol and drug use has a long-term negative effect on their own and their family's wellbeing.

There are many factors associated with an increased risk of alcohol and drug problems among young people and adults. These are often factors that lead to other adverse outcomes and risky behaviour, such as mental health problems, offending or risky sexual behaviour.

Alcohol and drug prevention tackles the risk factors which increase the likelihood of someone suffering harm. It can help build resilience to developing alcohol and drug problems. It can also help people avoid problems by providing opportunities for alternative, healthier life choices and developing better skills and decision making. Interventions can range from targeted programmes to universal environmental or fiscal policies.

It's vital that people have access to accurate, relevant information about health harm. Although there is little to no evidence that information alone changes behaviour, it can help reduce harm and inform choice.

Alcohol and drug prevention interventions can have a broad range of aims from preventing any use at all, through reducing use, to preventing dependency. Prevention interventions that influence drug and alcohol use are often not drug and alcohol-specific and may already exist as broader interventions.

Classification of prevention interventions

The classification of prevention interventions set out below is the one used in the UNODC standards and internationally. Different terminology and classification systems may be in use by local authorities, public health specialists and other agencies providing prevention interventions. People working in prevention will recognise the strategies and approaches outlined below and relate them to terms used in the UK.

Universal

Universal prevention strategies address an entire population (eg, TV audience, local community, school pupils). Universal prevention messages and programmes 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.

Selective

Selective prevention serves specific sub-populations: individuals, groups, families and communities, whose risk of substance misuse is known to be higher than average, either imminently or over a lifetime. Selective approaches respond to identified risk of starting and continuing substance use, particularly among young people. A primary advantage of focusing on vulnerable populations is that they are identifiable, and resources can be targeted by relevant agencies.

Indicated

Indicated prevention is aimed at people who are already using substances, are not yet experiencing dependence, but who may be showing signs of problematic use (eg, falling grades at school; absenteeism from work, antisocial behaviour, mental health problems). They are targeted with interventions to prevent their substance use and associated problems escalating.

Prevention across the life course

The UNODC standards are helpfully set out across the life course. This approach is important because health and social influences (positive and negative) accumulate and change over time, and early years interventions can have most impact.

| | Prenatal & infancy | Early childhood | Middle childhood | Early adolescence | Adolescence | Adulthood |
|------------------|---|--|--|---|---|-----------|
| Family | Prenatal and infancy visitation (Selective) ** Interventions targeting pregnant women with substance abuse disorders (Selective) * | | Parenting skills (Universal & selective) **** | | | |
| School | | Early childhood education (Selective) **** | Personal & social skills (Universal) *** Classroom management (Universal) *** Policies to keep children in school (Selective) ** Addressing individual vulnerabilities (Indicated) ** | Prevention education based on personal & social skills & social influences (Universal & selective) *** School policies and culture (Universal) ** | | |
| Community | | | | Alcohol & tobacco policies (Universal) ***** Community-based multi-component initiatives (Universal & selective) *** Media campaigns (Universal and selective) * Mentoring (Selective) * | | |
| | | | | | Entertainment venues (Universal) ** Workplace prevention (Universal, selective & indicated) *** Brief intervention (Indicated) **** | |

²UNODC prevention standards

Indication of efficacy (* limited/ ** adequate/ *** good/ **** very good/ ***** excellent)

Factors linked to successful outcomes, and those linked to no or negative outcomes

The UNODC evidence review suggests a number of factors and types of intervention are linked to positive outcomes.

- early interventions, particularly generic pre-school programmes, improving literacy and numeracy, have a long-term effect
- personal and social skills education³⁴⁵
- links to school interventions including school environment improvement programmes: positive ethos; disaffection; truancy; participation; academic and social-emotional learning
- a focus on 'risk and resilience' factors
- multi-component programmes involving parenting interventions and support for individuals and families, which may require joined up commissioning and planning
- staff who are qualified and competent to deliver the interventions they provide

The evidence review suggests the following result in no or negative outcomes.

- scare tactics and images
- knowledge-only approaches
- ex-users and the police as drug educators where their input is not part of a wider prevention programme
- peer mentoring schemes that are not evidence-based

Transferring programmes

Manualised and highly structured programmes will not always transfer well from one geographic or cultural setting to another, and the structures for delivering prevention programmes might not always be in place. This summary is best used as a signpost to investigate the references and to help identify the interventions that seem to best suit the needs and resources in a local area. Careful monitoring and evaluation is important to assess whether any intervention that is implemented locally meets identified needs.

The table

The following table summarises the evidence UNODC found for the various types of intervention across the life course. The first five columns set out the intervention and type (universal, selective or indicated), the strength of available evidence rated by UNODC, and the features associated with positive and negative outcomes that commissioners will wish to look for when commissioning their prevention activity. Prevention activity can involve interventions across various types of intervention..

We have also highlighted corresponding relevant guidelines, programmes and interventions currently available in England and have given some examples in the last column. These examples have not been evaluated by PHE to ensure they are evidence-based or show fidelity to an evidenced model; they are intended to demonstrate how others have applied evidence based features to commissioned prevention interventions.

| Intervention (type) | Description | Strength of evidence | Features linked to positive outcomes | Features linked to negative outcomes | Supporting UK guidance, relevant interventions and initiatives |
|---|--|----------------------|---|--------------------------------------|---|
| Infancy and early childhood | | | | | |
| Prenatal & infancy visitation (selective) | Trained nurse or social worker visits mothers-to-be and new mothers to provide them with parenting skills and support in addressing a range of issues (health, housing, employment, legal, etc). Often, these programmes do not target all women, but only some specific groups considered at high risk. | ** | <ol style="list-style-type: none"> 1. Delivered by trained health workers 2. Regular visits in baby's first two years, at first every two weeks, then every month and less towards the end 3. A focus on providing basic parenting skills 4. Support on a range of issues (health, housing, employment, legal, etc) | None given | <p>NICE guidance (2010) Pregnancy and complex social factors (CG110) A model for service provision for pregnant women with complex social factors</p> <p>Royal College of Obstetricians and Gynaecologists - Alcohol and Pregnancy patient information 2006</p> <p>Family Nurse Partnerships www.fnp.nhs.uk</p> <p>Healthy Child Programme www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life</p> |
| Interventions targeting pregnant women with substance abuse disorders (selective) | Multi-disciplinary antenatal care and treatment for dependence tailored to the needs of the mother (and child?) and accompanied by early parenting training. Pregnant women may be especially receptive to addressing their dependence. Treatment will usually follow published clinical guidelines. | * | <ol style="list-style-type: none"> 1. Needs to provide integrated treatment services to pregnant women who suffer from substance use disorders; including concurrent mental health disorders 2. Should include attachment-based parenting interventions | None given | <p>NICE guidance (2010) Pregnancy and complex social factors (CG110) A model for service provision for pregnant women with complex social factors</p> <p>DH and devolved administrations 2007 Drug misuse and dependence: UK guidelines on clinical management</p> |
| Early childhood education (selective) | Early education supporting the social and cognitive development of pre-school children (2 to 5 years of age) from deprived | **** | <ol style="list-style-type: none"> 1. Aims to improve the cognitive, social and language skills of children 2. Very regular, often daily sessions | None given | <p>NICE guidance (2012) Social and emotional wellbeing: early years (PHG40)</p> <p>Early childhood education offer for</p> |

| Intervention (type) | Description | Strength of evidence | Features linked to positive outcomes | Features linked to negative outcomes | Supporting UK guidance, relevant interventions and initiatives |
|--|--|----------------------|---|--|---|
| | communities. | | <ol style="list-style-type: none"> 3. Delivered by trained teachers 4. Delivered alongside support to families on other socio economic issues | | <p>disadvantaged children www.gov.uk/free-early-education</p> |
| Middle childhood | | | | | |
| Parental skills programmes (universal/selective) | <p>These support people to be better parents, in simple ways. A warm child-rearing style, where parents set rules for acceptable behaviours, and act as role models.</p> <p>These programmes can be delivered for parents of all ages and can be delivered both at the universal and at the selective level.</p> | * | <ol style="list-style-type: none"> 1. Focus on enhanced family bonding, ie, attachment between parents and children 2. Support parents to take a more active role in their children's lives, eg, monitoring their activities and friendships, and being involved in their learning and education 3. Support parents to provide positive and developmentally appropriate discipline 4. Support parents to be a role model for their children 5. Accessible and appealing to target groups (eg, out-of-office hours, meals, child care, transportation, small prize for completing sessions) 6. Typically include a series of sessions (often around 10 sessions, or more in the case of work with parents from marginalised or deprived communities or in the context of a treatment programme where one or both parents suffer from substance dependence) 7. Typically include activities for the parents, the children and the whole family 8. Delivered by trained individuals (but not necessarily formally qualified) | <ol style="list-style-type: none"> 1. Undermine parents' authority 2. Use only lecturing as a means of delivery 3. Provide information to parents about drugs so that they can talk about it with their children 4. Focus exclusively on the child 5. Delivered by poorly trained staff | <p>Which type of parenting programme best improves child behaviour and reading? The Helping Children Achieve trial www.gov.uk/government/publications/which-type-of-parenting-programme-best-improves-child-behaviour-and-reading-the-helping-children-achieve-trial</p> <p>Sure Start Programmes www.gov.uk/find-sure-start-childrens-centre</p> <p>M-Pact programme www.actiononaddiction.org.uk</p> <p>Parents under pressure www.nspcc.org.uk/Inform/resourcesforprofessionals/underones/parents_under_pressure_wda85672.html</p> <p>The Children's Society Nottingham Stars National Initiative www.starsnationalinitiative.org.uk</p> <p>Addaction – Breaking the Cycle http://www.addaction.org.uk/page.asp?section=183</p> |

| Intervention (type) | Description | Strength of evidence | Features linked to positive outcomes | Features linked to negative outcomes | Supporting UK guidance, relevant interventions and initiatives |
|---|---|----------------------|---|---|--|
| <p>Personal and social skills education (universal)</p> <p>NICE guidance suggests this type of provision should be linked to a wider whole school approach – see section on school policies and culture below</p> | <p>Trained teachers engage children in interactive activities to give them the opportunity to learn and practice a range of personal and social skills. These programmes are typically delivered to all children via a series of structured non drug specific sessions aiming to build individual resilience around risk taking</p> | <p>*</p> | <ol style="list-style-type: none"> 1. Aims improve a range of personal and social skills – not just drugs or alcohol 2. Delivered through a series of structured sessions, often providing booster sessions over multiple years 3. Delivered by trained staff or facilitators 4. Sessions are primarily interactive | <ol style="list-style-type: none"> 1. Using non-interactive methods, such as lecturing, as the main delivery method 2. Providing information on specific substances, including fear arousal | <p>NICE guidance (2007) School-based interventions on alcohol' (PH7)</p> <p>NICE guidance (2010) School based interventions to prevent smoking (PH23)</p> <p>NICE (2009) guidance Social and emotional wellbeing in secondary education (PH20)</p> <p>Alcohol and Drug Education and Prevention Information Service (ADEPIS) – Quality standards for effective alcohol and drug education for example Identifying and supporting children affected by parental substance us</p> <p>PSHE Association homepage. www.pshe-association.org.uk</p> <p>Developing Healthy Minds in Teenagers project www.educationendowmentfoundation.org.uk/projects/developing-healthy-minds</p> |
| <p>Classroom environment improvement programmes (universal)</p> | <p>These programmes strengthen the classroom management abilities of teachers supporting children to socialise as students, while reducing early aggressive and disruptive behaviour. They facilitate academic and</p> | <p>***</p> | <ol style="list-style-type: none"> 1. Delivered through the first school years 2. Should include strategies to respond to inappropriate behaviour and acknowledge appropriate behaviours 3. Should include feedback and clear expectations 4. Requires the active | <p>None given</p> | <p>NICE guidance (2008) Social and emotional welling in primary education (PH12)</p> <p>ADEPIS Quality standards for effective alcohol and drug education for example beyond the lesson plan</p> |

| Intervention (type) | Description | Strength of evidence | Features linked to positive outcomes | Features linked to negative outcomes | Supporting UK guidance, relevant interventions and initiatives |
|---|---|----------------------|---|---|---|
| | socio-emotional learning | | engagement of students | | <p>Sutton Trust EEF Teaching and Learning Toolkit www.educationendowmentfoundation.org.uk/toolkit</p> <p>Good Behaviour Game www.mentoruk.org.uk/2014/05/the-good-behaviour-game</p> <p>ADEPIS content on primary schools mentor-adepis.org/drug-education-prevention-primary-school-perspective/</p> <p>RisKit www.kca.org.uk/category/news/young-persons-services/riskit-project</p> |
| Policies to keep children in school (selective) | Policies aimed to support children's attendance at school and increase educational outcomes | ** | None given | None given | NICE guidance (2010) Guidance 'Looked after children and young people' (PH28) |
| Early adolescence | | | | | |
| Prevention education based on personal and social skills and social influence (universal/selective) | During skills based prevention programmes, trained teachers engage students in interactive activities to give them the opportunity to learn and practice a range of personal and social skills. These programmes focus on encouraging substance and peer refusal abilities that support young people to counter social pressures more generally | *** | <ol style="list-style-type: none"> Should provide an opportunity to practice and learn a wide array of personal and social skills, including coping, decision making and resistance skills - particularly in relation to substance use Impact perceptions of risks associated with substance abuse, emphasizing immediate consequences Dispel misconceptions regarding the normative nature and the expectations | <ol style="list-style-type: none"> Utilise non-interactive methods, such as lecturing, as a primary delivery strategy Information-giving alone, particularly fear arousal Based on unstructured dialogue sessions Focus only on the building of self-esteem and | <p>NICE guidance (2010) Alcohol use disorders - preventing harmful drinking (PH24)</p> <p>NICE guidance (2013) Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management (CG158)</p> <p>NICE guidance (2007) Interventions to reduce substance misuse among vulnerable young people (PH4)</p> |

| Intervention (type) | Description | Strength of evidence | Features linked to positive outcomes | Features linked to negative outcomes | Supporting UK guidance, relevant interventions and initiatives |
|--|--|----------------------|--|--|---|
| | | | linked to substance abuse | emotional education 5. Address only ethical/moral decision making or values 6. Ad-hoc use of ex-drug users or police officers in the delivery of the programme | NICE guidance (2007) School-based interventions on alcohol (PH7) Personal Social Health and Economic Education (PSHE) www.pshe-association.org.uk Life Skills Training www.lifeskills-education.co.uk Unplugged www.emcdda.europa.eu/html.cfm/index52035EN.html?project_id=IT&tab=overview Preventure www.kcl.ac.uk/ioppn/depts/addictions/research/legacyprojects/PreVenture.aspx |
| School policies and culture (selective) NICE guidance suggests this type of provision should be linked to a wider whole school approach – see section on personal and social skills | School policies on substance abuse mandating that substances should not be used on school premises and during school functions and activities by both students and staff. This creates transparent mechanisms to address incidents of substance use, transforming it into an educational and health promotion opportunity. They are typically implemented jointly with other prevention | ** | 1. Policies should support normal school functioning, promote a positive school ethos and inclusion 2. Should be developed with the involvement of all stakeholders (students, teachers, staff, parents) 3. Policies should clearly specify the scope, including locations (eg, school premises) and/or occasions (eg, school functions) where the policy applies 4. Apply to all in the school (student, teachers, staff, visitors, etc) 5. Address infractions of policies | Inclusion of random drug testing | ADEPIS – Quality standards for effective alcohol and drug education for example Reviewing your drug and alcohol policy: a toolkit for schools Healthy Schools toolkit, Department for Education (2014) ‘Healthy Schools – tools and Planning Aids’ www.education.gov.uk/schools/pupilsupport/pastoralcare/a0075278/healthy-schools Association of Colleges www.aoc.co.uk/sports |

| Intervention (type) | Description | Strength of evidence | Features linked to positive outcomes | Features linked to negative outcomes | Supporting UK guidance, relevant interventions and initiatives |
|---|--|----------------------|---|--------------------------------------|---|
| education above | interventions, such as skills based education or supporting parenting skills and parental involvement | | <p>with positive sanctions by providing or referring to counselling, treatment and other health care and psychosocial services rather than punishing</p> <p>6. Enforced consistently and promptly, including positive reinforcement for policy compliance</p> | | |
| Addressing individual psychological vulnerabilities (selective) | Indicated programmes that help adolescents who display personality traits such as sensation-seeking, impulsivity, anxiety, sensitivity or hopelessness and are at particular risk, deal constructively with emotions arising from their personalities, instead of using negative coping strategies | ** | <ol style="list-style-type: none"> 1. Delivered by trained professionals (eg, psychologists, teacher) 2. Participants have been identified as possessing specific personality traits on the basis of validated instruments 3. Provide participants with skills on how to positively cope with the emotions arising from their personality 4. Short series of sessions (2-5) | None given | <p>NICE guidance (2009) Social and emotional wellbeing in secondary education (PH20)</p> <p>NICE guidance (2013) Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management (CG158)</p> <p>NICE guidance (2007) School-based interventions on alcohol (PH7)</p> <p>NICE guidance (2007) Interventions to reduce substance misuse among vulnerable young people (PH4)</p> <p>Department for Education Guidance (2014) www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2</p> |
| Mentoring (selective) | Mentoring involves the relationships and interaction between children/adolescents and non-related adults such as | * | <ol style="list-style-type: none"> 1. Provide adequate training and support to mentors 2. Based on a very structured programme of activities | None given | <p>Kids Company mentoring schemes www.kidsco.org.uk</p> |

| Intervention (type) | Description | Strength of evidence | Features linked to positive outcomes | Features linked to negative outcomes | Supporting UK guidance, relevant interventions and initiatives |
|--|---|----------------------|---|--------------------------------------|---|
| | teachers, coaches and community leaders. These programmes match young people, often from marginalised circumstances (selective prevention), with trained adults. | | | | |
| Adolescence and adulthood | | | | | |
| Tobacco and alcohol policies (universal) | Policies to prevent and reduce tobacco and alcohol use by young people, including harmful patterns of use which can increase the likelihood of developing substance use disorders later in life. | ***** | <ol style="list-style-type: none"> 1. May include fiscal measures on price through taxation 2. Raising minimum age of sale of tobacco and alcohol products 3. Prevents the sale of tobacco and alcohol to young people under the legal age 4. Bans advertisement of tobacco and restricts advertisement of alcohol to youth | None given | <p>NICE guidance (2010) Alcohol use disorders - preventing harmful drinking (PH24)</p> <p>NICE guidance (2010) School based interventions to prevent smoking (PH23)</p> <p>Public Health and the Licensing Act 2003 – guidance note on effective participation by public health teams www.nta.nhs.uk/PHE-licensing-guidance-2014.aspx/</p> <p>UK Tobacco control policy</p> <p>ASA work on targeted advertising</p> |
| Community based multi-component models (universal) | Local efforts to create partnerships, task forces, coalitions, action groups, etc. that bring together different actors in a community to address substance misuse. Promoting community partnerships on a large scale can require top-down provision of financial and | ***** | <ol style="list-style-type: none"> 1. Should support existing policies including alcohol and tobacco policies 2. Should be situated in a range of community settings (families, schools, workplace, entertainment venues etc) 3. Should involve universities to support the implementation of evidence based programmes and their monitoring and | None given | <p>NICE guidance (2010) Alcohol use disorders – preventing harmful drinking (PH24)</p> <p>Centre for Analysis of Youth Transitions (CAYT) – mainly focused on 14-19 year olds www.ifs.org.uk/centres/cayt</p> <p>Troubled Families Programme www.gov.uk/government/policies/h</p> |

| Intervention (type) | Description | Strength of evidence | Features linked to positive outcomes | Features linked to negative outcomes | Supporting UK guidance, relevant interventions and initiatives |
|---------------------------------------|---|----------------------|---|--|--|
| | technical support. | | evaluation 4. Adequate training and resources are provided to the communities 5. Initiatives are sustained in the medium term (eg, longer than one year) | | helping-troubled-families-turn-their-lives-around Multi Systemic Therapy – Brandon Centre Camden www.brandon-centre.org.uk/multisystemic Purple Flag www.purpleflag.org.uk Community Alcohol Programmes www.communityalcoholpartnerships.co.uk Tower Hamlets Aspire NLP programme www.csuk.biz/aspirenlp-schools-organizations |
| Media campaigns (universal/selective) | Media campaigns are often the first and/or only intervention delivered by policy makers concerned with prevention. They are visible and have the potential to reach a large number of people relatively easily. | * | 1. Clearly identified target group for the campaign 2. Based on solid theoretical basis 3. Messages are designed on the basis of strong formative research 4. Linked to other existing drug prevention programmes in the home, school, and community 5. Achieves adequate exposure of the target group for an adequate period of time 6. Systematically evaluated, including during the campaign to adjust messages for maximal effect 7. Target parents, as this appears to have an independent effect on children 8. Aim to change cultural norms about substance misuse | Media campaigns that are badly designed or poorly resourced should be avoided as they can worsen the situation by making the target group resistant to or dismissive of other interventions and policies | Change4Life www.nhs.uk/change4life Rise Above riseabove.org.uk/ |

| Intervention (type) | Description | Strength of evidence | Features linked to positive outcomes | Features linked to negative outcomes | Supporting UK guidance, relevant interventions and initiatives |
|--|---|----------------------|--|--------------------------------------|---|
| | | | and/or educating about the consequences of substance misuse and/or suggesting strategies to resist substance misuse | | |
| Entertainment venues (universal) | Prevention programmes utilising entertainment venues with multiple components including different combinations of training for staff (including responsible beverage service management of intoxicated patrons and changes in laws and policies), high visibility enforcement of existing laws and policies and communication to change attitudes and norms | ** | <ol style="list-style-type: none"> 1. Provides training and support to staff on responsible handling of intoxicated clients 2. Includes a strong communication component to raise the awareness and the acceptance of the programme 3. Includes the active participation of the law enforcement, health and social sectors 4. Enforces existing laws and policies on substance misuse in the venues and in the community | None given | <p>Revised guidance issued under section 182 of Licensing Act 2003 www.gov.uk/government/publications/explanatory-memorandum-revised-guidance-issued-under-s-182-of-licensing-act-2003</p> <p>Public Health and the Licensing Act 2003 – guidance note on effective participation by public health teams www.nta.nhs.uk/PHE-licensing-guidance-2014.aspx/</p> <p>Best Bar None www.bbnuuk.com</p> <p>Pub Watch www.nationalpubwatch.org.uk</p> <p>Challenge 25 www.challenge25.org/</p> |
| Workplace prevention (universal/selective/indicated) | <p>Prevention programmes in the workplace are typically multi-component, including prevention elements and policies, as well as counselling and referral to treatment.</p> <p>These allow employers to meet their duty to provide and maintain a safe and</p> | **** | <ol style="list-style-type: none"> 1. Developed with the involvement of all stakeholders (employers, management, employees) 2. Should guarantee confidentiality to employees 3. Include and are based on a workplace substance misuse policy that has been developed by all stakeholders and is non-punitive | None given | <p>NICE guidance (2010) Alcohol use disorders – preventing harmful drinking (PH24)</p> <p>Alcohol Health Network www.alcoholhealthcheck.net</p> <p>Health and Safety Executive – alcohol and drugs at work www.hse.gov.uk/alcoholdrugs/</p> |

| Intervention (type) | Description | Strength of evidence | Features linked to positive outcomes | Features linked to negative outcomes | Supporting UK guidance, relevant interventions and initiatives |
|---------------------------------|---|----------------------|---|--------------------------------------|--|
| | healthy workplace in accordance with the applicable law and regulations. | | <ol style="list-style-type: none"> 4. Include brief interventions, counselling, referral to treatment and reintegration support to employees who need them 5. Embedded in other health and wellness programmes (eg, for the prevention of cardiovascular diseases or Stress) 6. Policies are clearly communicated 7. Includes alcohol and drug testing only as part of a comprehensive programme with the characteristics described in the above 8. Trains managers, employees and health workers in fulfilling their roles in the programme | | Workplace wellbeing charter www.healthatworkcentre.org.uk |
| Brief interventions (selective) | Brief interventions consisting of one-to-one counselling sessions that can include follow up sessions or additional information to take home. These can be delivered by a variety of trained health and social workers to people who might be at risk because of their substance abuse, but who are not necessarily aware of their risk nor are seeking treatment. The sessions | **** | <ol style="list-style-type: none"> 1. One-to-one session identifies if there is a substance misuse problem and provides immediate basic counselling and/or referral 2. Delivered by a trained professional | None given | <p>NICE guidance (2010) Alcohol use disorders – preventing harmful drinking (PH24) recommendation 6 is cautious about the use of advice or brief interventions with younger children. There is no evidence for the use of extended brief interventions for those aged under 15.</p> <p>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</p> |

| Intervention (type) | Description | Strength of evidence | Features linked to positive outcomes | Features linked to negative outcomes | Supporting UK guidance, relevant interventions and initiatives |
|---------------------|---|----------------------|--------------------------------------|--------------------------------------|---|
| | <p>are structured, and last typically from 5 to 15 minutes and can be delivered in primary health care or in emergency rooms, but it can also be part of school-based and workplace programs, and delivered online.</p> | | | | <p>through reflective and non-judgemental feedback. Ref: NICE, Drug Misuse: Psychosocial Interventions, 2008</p> <p>Alcohol, Smoking and Substance Involvement Screening Test (ASSIT) www.who.int/substance_abuse/activities/assist/en</p> <p>Screening and Intervention Programme for Sensible drinking (SIPS) www.sips.iop.kcl.ac.uk</p> <p>SIPS Jr www.sipsjunior.net</p> <p>NHS Health Check www.healthcheck.nhs.uk</p> <p>NHS England GP Enhanced Service for alcohol www.nhsemployers.org/~media/Employers/Documents/Primary%20care%20contracts/GMS/GMS%20Contract%202014-15%20-%20Guidance%20and%20audit%20requirements.pdf</p> |

Conclusion

Consistent and coordinated prevention activities delivered through a range of programmes and in a variety of settings (eg, at home; in school; among peers; in the workplace; throughout the local community and in the media) seem most likely to lead to positive outcomes.

Evidence also suggests that modifying the environment where risky behaviour takes place can reduce harmful outcomes – eg, controlling alcohol sales, density of outlets, and alcohol price, or by imposing bans on smoking of tobacco in public places.

Accurate and consistent information about the health and social impacts of alcohol and drug use is only effective when delivered alongside interventions that develop the skills and personal resources people need to avoid early initiation to drug taking and developing harmful use.

Further resources

- UNODC International Standards on Drug Use Prevention www.unodc.org/unodc/en/prevention/prevention-standards.html
- PSHE Association www.pshe-association.org.uk
- Mentor UK ADEPIS www.mentor-adepis.org
- Centre for Analysis of Youth Transitions (CAYT) <http://mentor-adepis.org/cayt/>
- Prevention hub www.preventionhub.org
- EMCDDA Best Practice Portal www.emcdda.europa.eu/publications/manuals/prevention-standards
- Prevention Action www.preventionaction.org
- Society for Prevention Research www.preventionscience.org (USA)
- Early Intervention Foundation Guidebook www.guidebook.eif.org.uk
- What Works Network www.gov.uk/what-works-network

References

- ¹ International Standards on Drug Use Prevention (United Nations Office on Drugs and Crime, 2013).
- ²:International Standards on Drug Use Prevention (United Nations Office on Drugs and Crime, 2013) |
- ³ NICE PH4 Interventions to reduce substance misuse among vulnerable young people. (National Institute for Health and Care Excellence; 2007.)
- ⁴ NICE PH7 School-based interventions on alcohol: (National Institute for Health and Care Excellence; 2007).
- ⁵ Cochrane review (Langford R, Bonell CP, Jones HE, Poulou T, Murphy SM, Waters E, Komro KA, Gibbs LF, Magnus D, Campbell R. The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement. Cochrane Database of Systematic Reviews 2014, Issue 4.)