

Evidence for effective drug prevention in young people

A summary of findings arising from research activity to date

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Introduction

This document is a summary of the findings from four pieces of work carried out by the Health Development Agency on behalf of the Department of Health in 2003:

- A rapid interim review of the 'grey' literature on drug prevention in young people aged 11-18 with a special emphasis on vulnerable groups (Coomber et al., 2004a)*
- A rapid interim review of the 'grey' literature on risky behaviour in young people aged 11-18 with a special emphasis on vulnerable groups (Coomber et al., 2004b)**
- An interim report of the evidence for effective drug prevention research activity and learning to date (Millward et al., 2004)
- Translating evidence into practice (Chambers et al., 2004).

The findings in the first three reviews are mostly derived from 'grey literature' (evidence that does not align with traditional scientific quality control criteria but makes a valuable contribution to a topic area). The fourth is based on learning from appraisal of practice meetings

* Vulnerable groups are defined here as: young people in the care of local authorities; persistent truants and young people excluded from school; young offenders; children of drug-using parents; young homeless people, including 'rough sleepers'; young sex workers; young unemployed; young people in economically deprived areas.

** Drug taking can become part of a repertoire of risk-taking behaviours, along with early drinking, smoking and sexual activity, and involvement in crime.

conducted by the HDA with practitioners, academics and policy makers as part of its evidence into practice activities (Kelly et al., 2004). The decision was taken to concentrate on young people aged 11 to 18 and in particular those in certain 'vulnerable groups' considered to be at greater risk from drug use.

A separate report in the HDA's series of Evidence Briefings, *Drug use prevention: a review of reviews* (Canning et al., 2004), is based on review-level evidence that meets traditional scientific quality control criteria (in this case the HDA's critical appraisal tool – see Swann et al., 2003).

Findings

Summarised below are the main findings.

Projects and approaches that may help identify potential drug misusers

- Community projects such as Positive Futures (a joint initiative by the Home Office in conjunction with the Department of Health, Department of Culture, Media and Sport, Connexions, Sport England, the Youth Justice Board and the Football Foundation) in which vulnerable young people are 'engaged' in a range of diversionary activities such as sport
- In-school projects, which provide opportunities for young people to self-report themselves as 'at risk'
- Arrest referral interventions, which are valuable in identifying vulnerable young people who have been arrested or detained

- Community projects such as the Southall Community Drugs Education Project, which seek the views of black and minority ethnic communities
- Brief interventions provided through existing sexual health services, such as the Axis Clinic's Clued Up initiative based in London's West End
- Projects such as Leaving Care in the Black Country, in which trained key workers assist young care leavers in the transition to independent living
- Projects such as the Peer Health Education Project, which recruits individuals from a local alcoholic and drug recovery programme to contact homeless people
- Projects such as Summer Campaign (run by Mentor UK), which uses peer educators to engage holiday-makers at holiday destinations vulnerable to risky behaviour.

Reasons why vulnerable young people 'slip through the net'

- Young people may be involved with a number of specialist services, none of which may specifically address drug use
- Provision for multi-agency assessments tends to be rare or non-existent, or only adequate at best.

Who to target

Schools

- Universal approaches delivered in schools help to ensure that young people are educated about drugs before they start experimenting. However, this approach may not engage some young people such as truants absent from school.

Parents, significant carers and families

- Involving parents in initiatives may help produce positive outcomes
- While negative family environments may increase the likelihood of young people using drugs, the family may also act as a protective influence
- A close, positive relationship with a mother may act as a barrier to the development of drug use.

Black and minority ethnic groups

- Some black and minority ethnic groups may be excluded by current drug education initiatives. There is a lack of knowledge about the nature and extent of drug use among many black and minority ethnic groups.

Young women

- Young women may have more problematic patterns of drug use than young men, and have been found to be more likely to report disorganised home backgrounds.

Young offenders

- Young offenders may be more vulnerable because they are more likely to have experienced risk factors such as disengagement from school, living in violent circumstances and physical or sexual abuse.

When to target

- In schools, at all key stages of the National Curriculum
- Between the ages of 11 and 13, when young people may be particularly vulnerable to risky behaviour.

Engaging young people

Social influence models

- This approach underpins most drug prevention programmes. These models engage young people through a range of activities designed to increase personal and social skills.

Brief interventions

These interventions may help reduce and manage the number of problem users. Motivational interviewing may be an effective approach.

Peer approaches

- When peers are adequately trained and supported, they may be used successfully in school-based initiatives to engage vulnerable and 'difficult to reach' groups, break down barriers and provide credibility
- Peer approaches appear to be particularly beneficial for the peers themselves, providing positive experiences and a potential path to career or personal development.

Community programmes

- Programmes such as Positive Futures are said to have helped young people raise their aspirations, relate better to others, increase their skills and competencies

and change their attitudes. Anti-social behaviour in the community was also said to have reduced

- Such programmes may help maintain access to services.

Diversions activities

- Young people excluded from stable education or mainstream activities may be engaged through activities designed to interest them, such as driving lessons.

Women-friendly approaches

- Services for young women need to be sensitive to the particular barriers they face, and should include provision of safe childcare, flexible opening times and women-only services.

Criminal justice intervention schemes

- These schemes have a potentially significant role to play in encouraging access to treatment, reducing offending and drug use
- Schemes should be proactive and properly resourced
- Criminal justice intervention schemes are reported to be highly cost effective in terms of savings to health, welfare and criminal justice systems.

Combined approaches

- Combined interventions deal with a combination of issues that may impact on the key theme, such as reducing teenage pregnancy. Substance abuse is one problem behaviour that could be addressed within such an intervention.

Engaging young people with significant problems

- Young people who have serious or chaotic lifestyle histories, possibly involving traumatic events, may need flexible approaches geared to their needs
- Use of peers and motivational outreach are potentially useful strategies
- For young people exhibiting several risky behaviours, intervention needs to address the whole person, not just one or two risk factors.

Engaging homeless people

- Projects using peer educators from local alcohol and drug recovery programmes have had mixed results

- Services could be delivered through:

- Outreach workers based at drop-in centres
- Peer educators among the homeless people themselves
- Mentors or advocates who may intervene on behalf of individuals
- Discreet and confidential centres accessible to young people.

Engaging black and minority ethnic groups

Components of good practice:

- Involving people from different ethnic backgrounds in teams and management
- Using symbols to show an agency is there to meet the needs of a wide range of users
- Understanding communities and their distinct needs
- Providing forms of help for drug users that go beyond a narrow medical approach
- Creating services less strongly focused on opiate use
- Employing black and minority ethnic workers as part of an ongoing process, not just as a one-off
- Providing services that are in and for the community
- Liaising effectively between specialist services and services sensitive to black and minority ethnic needs.

Delivery mechanisms

School

- Most drug prevention initiatives take place in schools, often in personal, social and health education (PSHE). However, PSHE sometimes has low status and is disliked by students and teachers
- Teachers may lack confidence in their ability to communicate drug prevention education, although training may improve this
- Universal prevention programmes are more effective for lower-risk adolescents, less effective for higher-risk adolescents
- More targeted interventions are needed for higher-risk adolescents.

Teacher-led drug education

- Teacher-led projects (such as Theatre in Health Education – THE) may help change attitudes, raise awareness and prevent drug use.

Media

- Involvement of local media is seen as important in raising community and programme awareness. A hostile media may undermine a community project.

Media advocacy may be used to:

- Build support for a drugs strategy, both among the general public and within the drugs prevention community
- Influence drug use norms and the public's view of certain drugs
- Challenge stigmatising and unhelpful perceptions
- Help stimulate and maintain specific drugs policies and services among local professionals, agencies and partnerships.

The community

- Drug education programmes in schools may be enhanced by accompanying community interventions. At present it is not clear which components of multi-component programmes are most effective.

Police-led drug education

- Evidence suggests that the police-led project DARE (Drug Abuse Resistance Education) has had little effect on substance use behaviour.

Programme components

Evidence suggests that effectiveness may be enhanced by:

- Booster sessions
- Intensity
- Interactive approaches.

Potential barriers to effective prevention

- Many projects offer poor conditions of employment, such as short-term contracts, which may affect recruitment and retention
- Gaps in care may arise from an absence of service – for example, for adolescents leaving care
- There is a lack of specialist services for young people with drug problems
- Projects often have short-term funding and lack embedded evaluation

- There may be a tendency to stereotype individuals
- There is a lack of joint/cross organisation working
- Professional training is lacking
- Some individuals may feel reluctant to get involved because of social and political hostility to drugs.

Black and minority ethnic groups

Barriers to drug service access include:

- Lack of acknowledgement of drug use by black and minority ethnic communities
- Ethnicity of staff and lack of understanding of black and minority ethnic cultures and language
- Lack of awareness of services
- Fears about breaches of confidentiality.

Multi-agency working

The Social Exclusion Unit's Policy Action Team for young people aged 13-19 has highlighted the following recommendations and potential problems.

Recommendations

Programmes should be:

- Thought through from the perspective of young people, including the most marginalised
- Based on a good understanding of risk and protective factors
- Joined up
- Focused and sustained, with early intervention, intensive action at key transition points, and ways back offered to those who have gone off track
- Based on data and local knowledge in terms of target setting and monitoring
- Innovative and proactive, making use of non-professional resources where appropriate
- Underpinned by proper planning and training at regional, district and neighbourhood levels between agencies and within communities.

Potential problems

- Government cross-cutting initiatives relating to vulnerable young people sometimes appear to duplicate each other, or fall awkwardly between departments
- Many initiatives are short term or limited in geographical coverage

- Many issues are tackled by special regeneration programmes rather than mainstream services
- Local plans and partnerships proliferate, yet underlying services often remain in parallel rather than joined up.

Implementing promising interventions

A framework for implementing a health promotion intervention might include the following stages:

- Planning (based on a needs assessment)
- Design (incorporating setting targets and piloting)
- Implementation (focused on process and outcomes)
- Evaluation, dissemination and application of learning.

Measures that may aid successful implementation:

- Local needs assessment and targeted interventions
- Long-term, multi-agency programmes
- Involvement of the community, and parents, carers or significant adults
- Credible, skilled staff
- Flexible access to services
- Education before drugs experimentation starts (eg at primary school), including use of interactive and peer programmes.

Effective practice

Effective practice outlined in the HDA appraisal of practice meetings with practitioners is associated with:

- A service configuration that includes flexible, responsive and accessible outreach, with leadership by skilled staff or peer educators. Programmes should be based on the expressed needs of young people, culturally relevant, and grounded within a theory of behaviour change
- Inclusion and engagement, through work with families and school attendance. Being part of a unit in which at least one member is not involved in drug use is fundamental
- Supporting young people through critical transition points, such as moves between schools or leaving care
- Long-term funding and broader approaches. 'Quick win' outcome measures are not conducive to sustained effective drug prevention
- One-stop services and inter-service provision, geared to the holistic needs of young people. Greater capacity to deliver services is needed, partly to provide cover when staff leave or projects close
- Proactive and tolerant approaches that do not stigmatise.

Conclusion

What we know

- Much is known about the effectiveness of drug prevention initiatives with young people in terms of, for example, increases in knowledge. But the literature says little about the actual effects of interventions on drug-using behaviour
- The absence of evidence of effective outcomes, such as prevention, delay or reduction of drug use, makes it hard to determine 'what works' in drug prevention initiatives with vulnerable young people
- Vulnerable groups have been successfully located and engaged through novel approaches based on diversionary activities such as Positive Futures. Peer education approaches also appear to have some effect
- Access to drug prevention education for certain hard-to-reach vulnerable groups may be achieved through provision within other services, such as arrest referral schemes
- Intensive life-skills programmes may provide at-risk groups with the resources to avoid or delay substance use, and help develop protective attitudes (positive attitude towards school, for example).

What we need to do

Practice

- Community projects should plan for the long term
- More attention should be paid to finding effective ways to access and engage vulnerable groups
- Local assessments of drug-related problems would help determine where efforts should be focused
- Outreach is essential for the most disaffected and/or difficult to reach
- Key and generic specialist services that deal with vulnerable young people should develop appropriate needs assessment for drug use and consider how needs may be met
- Drug assessment information should be used proactively to assist vulnerable young people, not to exclude them from services
- Since risky behaviours are often clustered, combined interventions based on needs assessment may work better, both for those already engaged in risky behaviour and those not yet involved
- The social exclusion model and combined intervention require improved coordination, practice and coverage of prevention initiatives through effective multi-agency

working. Multi-agency working should become the norm.

Research

- More needs to be known about project outcomes over the longer term, particularly in terms of behaviour change
- Methods are needed to make monitoring easier
- Opportunities for follow-up should be built into projects where possible
- Long-term, comparative longitudinal studies should be made of groups which have experienced particular types of interventions
- More longitudinal research on young people's drug use is needed
- More research is required to establish the most effective methods of engaging young people
- More qualitative research is needed to complement quantitative research
- Qualitative research should be conducted into the way that attempts by the criminal justice system to get offenders into treatment are experienced by the users
- Ongoing assessment is needed of specialist service provision in relation to training and skills regarding drug use needs assessment, and the types of multi-agency policy and practice that are in place
- More needs to be known about the way young people view risky behaviours
- More needs to be known about how drugs are used by vulnerable young people compared to less vulnerable groups
- The effects of combined interventions and focused interventions need to be compared
- Research is needed on how interventions to reduce social exclusion affect future risky behaviour
- More needs to be known about the potential of approaches such as POP (Problem Orientated Prevention) to prevent risky behaviours and drug use.

References

Canning, U., Millward, L., Raj, T. and Warm, D. (2004). *Drug use prevention: a review of reviews*. London: Health Development Agency.

* Chambers, J., Kelly, M., Millward, L. and Warm, D. (2004). *Translating evidence into practice*. London: Health Development Agency

* Coomber, R., Millward, L., Chambers, J. and Warm, D. (2004a). *A rapid interim review of the 'grey' literature on drug prevention in young people aged 11-18 with a special emphasis on vulnerable groups*. London: Health Development Agency.

* Coomber, R., Millward, L., Chambers, J. and Warm, D. (2004b). *A rapid interim review of the 'grey' literature on risky behaviour in young people aged 11-18 with a special emphasis on vulnerable groups*. London: Health Development Agency.

Kelly, M. P., Speller, V. and Meyrick, J. (2004). *Getting evidence into practice in public health*. London: Health Development Agency.

* Millward, L., Warm, D. and Chambers, J. (2004). *An interim report of the evidence for effective drug prevention research activity and learning to date*. London: Health Development Agency.

Swann, C. J., Falce, C., Morgan, A., Kelly, M. and Powell, G. (2003). *HDA Evidence Base: process and quality standards manual for evidence briefings*. Version 2. London: Health Development Agency. www.hda.nhs.uk/evidence/ebmanual_pqs.html

* These reports will be issued by the Health Development Agency during 2004.

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