Greater Glasgow and Clyde

Alcohol and Drug Prevention and Education Model

Collated evidence base
(2008 – 2012)

SUMMARY

WORKING TOWARDS A MODEL OF GOOD PRACTICE

2012 - 2017 Review Date - 2016

Summary

Foreword

In 2008, the Greater Glasgow and Clyde Alcohol and Drug Prevention and Education Model was widely distributed following ratification from the then Greater Glasgow and Clyde Alcohol and Drug Action Team.

The five key aims of the Greater Glasgow and Clyde Alcohol and Drug Prevention and Education Model are:

1. To continue to promote consistent practice and standards, in relation to prevention and education practice across all CH(C)P's in Greater Glasgow and Clyde.
2. To encourage prevention and education practitioners to agree on, and then take ownership of, a baseline definition for prevention and education that will then inform universal working in the field.
3. To raise the profile of prevention and education as a range of interventions worthwhile investing in at a local and area-wide level by strengthening planning and partnership working across all Tiers and Core Elements.
4. To raise awareness of the updated Greater Glasgow and Clyde Alcohol and Drug Prevention and Education Model which includes a working definition for prevention and education, a prevention and education tiered model, 12 evidence based core elements, and support functions.
5. To create a more strategic, outcome-focused, co-ordinated, cohesive, sustainable and planned approach to best practice. This will focus on the longer term structural development for prevention and education, built on evidenced based approaches and a performance management framework.

Since the ratification and distribution of the model in 2008, there has been growing evidence of dedicated central and local structures and services with a focus on prevention and education being developed and implemented. There has also been positive reporting of a flurry of co-ordinated activity that directly links to the 12 core elements in the model being delivered in the alcohol and drug prevention and education field through outcome focused action plans and budgets co-ordinated by these dedicated prevention and education structures.

In 2011 a multi-disciplinary reference group was formed to support the review of the existing model using the latest available evidence base. To ensure the review was evidence-based and up-to-date, the group commissioned an independent researcher from Dudleston Harkins Social Research Ltd. to carry out an extensive review of the International alcohol and drug prevention and education evidence base. The review generally focused on work undertaken between 2008 and 2012, unless the research was seen to be of particular relevance. Also unless otherwise stated in the chapters, the research mentioned in this document was conducted in the United States.

Summary

Foreword (continued)

Key aims of the evidence review were as follows

1. That it updates the existing Greater Glasgow and Clyde Alcohol and Drug Prevention and Education Model by reinforcing the existing evidence base and identifying new evidence in order to inform future practice.
2. That it draws on theoretical models.
3. That the evidence is evaluated in relation to whether the evidence relates to short term or long term outcomes.
4. That the review has a focus on outcome-focused work.
5. That the review considers how outcomes for the Prevention and Education Model should be set including whether the review suggests the need for re-consideration of the core elements.
6. To consider for each piece of work how practice is evidenced, how the work is evaluated, or how the findings are demonstrated.
7. To consider which types and tiers the work falls into (e.g. initiation to risky behaviour, harm reduction, harm minimisation).
8. To consider whether the work has a population or targeted approach.
9. To consider up-to-date and innovative methods including digital techniques used in social marketing.
10. To consider the transferability of evidence and the limitations of the findings.

Given the extent of literature available in this field, the decision was made to focus on academic research using the following stages:

- Stage 1 - The identification of key words to be used in the search
- Stage 2 - Keyword searches of electronic databases and publication search sources
- Stage 3 - A snowballing approach
- Stage 4 - Review and summarising

It is hoped that the Prevention and Education Model will continue to provide an overarching commissioning framework for alcohol and drug prevention and education provision across the Greater Glasgow and Clyde area that gives clear guidance on what constitutes good practice. This will then inform the future planning and delivery of alcohol and drug prevention and education work, in turn, providing the opportunity for partners to facilitate and deliver prevention and education structures fit for purpose that address issues of equity of provision, cost effectiveness and accountability.

The Prevention and Education Model is not meant as a definitive prescriptive guide but instead aims to stimulate discussion and debate amongst strategic planners and practitioners of prevention and education approaches.

Summary

Foreword (continued)

This therefore creates a vehicle of opportunity in which to explore, understand and respond to the capacity, funding difficulties and constraints inherent in translating theories of good practice into workable and achievable objectives. In doing so, this will help identify appropriate ways forward for the future planning and delivery of prevention and education, in localities and across the Greater Glasgow and Clyde wide area.

We hope that planners and practitioners alike can now use the evidence base within this document and the updated Greater Glasgow and Clyde Alcohol and Drug Prevention and Education Model to inform and direct their existing work programmes and inspire future practice and initiatives in the alcohol and drug field.

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Resilience and Protective Factors

Implications for Practice

- **A range of studies point to the need for multi-approach interventions that include a range of services**

Findings point to the need for a multi-faceted approach to alcohol misuse prevention including school-based education and broad-based parenting and family programmes. Prevention interventions should encourage parents/teachers to engage young people in family, school, and community activities to deter alcohol use, as research has shown the important role that bonding to parents, schools, and communities play in preventing adolescent alcohol and drug use.

There is a need to look beyond classroom-based education and to assess what other support is available for families. This implies a requirement for multi-agency work to address a broad spectrum of support needs.

Changing such well-established norms will require prolonged interventions, targeted at those most at risk. Such public health interventions should ensure the effective provision of information on the potential benefits of abstinence or of complying with guidance on safer levels of consumption.

Also research has shown that health risk behaviours tend to cluster indicating the need for interventions that address multiple health behaviours.

- **Early intervention**

Much research highlights the negative impacts on early onset alcohol use. As research has stressed the importance of effective timing of prevention activities (both in relation to development of family relationships, and young people's drinking practices) it has been suggested that prevention programmes might usefully be offered whilst children are still at primary school before alcohol consumption (or regular consumption) starts.

It has been suggested that programmes succeeding in delaying the onset of use of substances such as tobacco, alcohol, and marijuana may also help to delay the onset of ecstasy use.

It is important to tailor interventions, specifically for different age groups. Prevention programmes can be more effective and efficient if they are targeted to adolescents with specific needs, which can be identified by their type of resilience.

Research has indicated that early age onset of alcohol is associated with increased consumption. Palmer et al (2010) highlighted that those individuals with an early age of first use may fail to develop adequate skills to manage behaviour, so tailored interventions may need to focus on the development of such skills. These should take more of a harm-reduction approach than has been traditionally used as abstinence-based approaches would not be well suited to teaching these kinds of skills. Such an approach does not preclude abstinence-based interventions among those who have not yet begun drinking, but does suggest the need to consider multiple options to meet the needs of the entire population. Those individuals with a later onset may already have adequate skills to manage their drinking behaviour, and so skills-based approaches may not be successful, as problems with alcohol for this group may be related to other risk factors (e.g. parental or peer influence,) that might be appropriate targets of intervention.

Effective interventions to reduce adolescent substance use may need to emphasise different domains of risk and protective factors at different stages of adolescent development (e.g. family and community factors among younger adolescents and peer and school factors among older adolescents).

Resilience and Protective Factors

Implications for Practice (continued)

- **Protective Behavioural Skills (PBS) training interventions and gender differences**

We need to consider gender differences and tailor Protective Behavioural Skills interventions accordingly. Research has shown the importance of PBS and also that females reported greater use of PBS than males. There has also been shown to be gender differences in patterns of co-occurring health risk behaviour.

A promising development is prevention programmes that engage adolescent girls and their parents, primarily their mothers. It has been suggested that an ideal intervention programme would be available on demand, at home, and delivered in a way that engages parents and children. Research supports the value of a computer-delivered programme.

- **Recognise that risk factors can be stronger predictors of substance use outcomes than protective factors**

This is a complex area so a 'one size' fits all approach will not work. For some, the individual risk factors may be so strong that they partly overwhelm the benefit of residing in a protective context. This points to the need to consider multi-component strategies in preventing adolescent problem behaviours, specifically which may involve targeting young people with high levels of individual risk who also experience elevated family or community risk. That is, tailored intervention strategies that match the strategy with the individual's risk may be the most effective approach in preventing adolescent alcohol and drug use.

One such example is the Adolescent Transitions Programme (Dishion & Kavanagh, 2003). This involves a screening procedure to identify high risk students and families and then delivers a multi-level family intervention within a school environment. This programme has been shown to reduce initiation of alcohol and drug use among both at-risk and typically-developing students even though the parent intervention component was relatively brief (an average of 5 hours over 2 years).

- **Acknowledge importance of harm prevention**

The value of harm prevention in relation to alcohol has also been emphasised. For example, Palmer et al (2010) highlighted that many of the negative effects of alcohol are dose dependent, with for example, heavier drinking being more damaging than a lower level of consumption. Thus, alcohol-specific strategies to limit levels of intoxication were perceived as valuable; if students do consume alcohol the goal would be to avoid excess. For example, certain strategies such as spacing drinks, turning down a drink, and using protection in sexual situations would still be helpful even if alcohol has been consumed. Thus, reducing levels of alcohol use, although imperfect, may be the best way to reduce alcohol-related harm among adolescents who have already begun to use alcohol.

Resilience and Protective Factors

Implications for Practice (continued)

- **Need to focus on parenting approaches**

Much research points to the strong association between family relationships and young people's alcohol misuse (with consideration of the Social Development Model).

Research has indicated the need for social marketing approaches targeting parents who allow children to drink when they are not at home. Future programmes to reduce young people's alcohol misuse should target the families of young children, especially with respect to improving communication between parents and children.

Although many UK based interventions have been directed through the classroom, attention also ought to be paid to supporting parenting behaviours which reduce children's risk of alcohol misuse. Parents' influence may remain much stronger than that of friends into late adolescence, particularly where family relationships are perceived by the child as close. As such, prevention interventions need to address the broad determinants of alcohol consumption rather than focusing narrowly on raising children's awareness or increasing their knowledge about alcohol.

Additionally, close parental monitoring was negatively associated with ecstasy use initiation, suggesting that it may be protective against it.

Prevention initiatives to strengthen the parent-child relation and focus on adolescents' ability to resist peer pressure and of limiting parental provision of alcohol may be of benefit.

Environmental Strategies

Implications for Practice (continued)

- **Interventions require a multi-level input**

Given the challenges involved in undertaking effective environmental interventions, multi-level input from a range of stakeholders is required.
In particular, buy in and responsibility is required from licensees.

- **Interventions should focus on the whole drinking experience**

Research has implied the harmful impact of 'pre-loading' and the possible impact of policies in licensed premises encouraging patrons to consume alcohol at home before going out (i.e. displacement), thus indicating the need for both prevention and policy to focus on the whole drinking experience. In particular, females have been shown to be more likely to pre-load and also take advantage of drink specials, thus indicating the need for prevention interventions to focus on these areas for that target group.

- **There is a need for multi-faceted interventions**

The issue of alcohol availability is complex. Research has indicated that as availability is restricted by means of formal sources, individuals are likely to turn to informal sources thus highlighting the need for multi-faceted interventions, again focusing on the whole drinking experience.

Environmental Strategies

Implications for Practice (continued)

- **Interventions should be tailored and targeted to high risk premises**

Interventions should be targeted to high risk premises, and tailored to the type and location of premises to achieve maximum impact. For example, research has shown bars and nightclubs to be higher risk than other establishments (e.g. social clubs). In addition, different interventions should be targeted at on-and off-sales premises as some evidence has indicated that off-sales have more practices designed to reduce underage drinking. Interventions should also ideally be locally targeted as research has shown there to be geographic variability in alcohol-related harm.

- **Consider risk and protective factors**

Research has shown there to be a range of risk and protective factors associated with alcohol related harm (including violence) that should be taken into account when planning any environmental strategies.

- **Risk factors:** cheap alcohol availability; crowding; loud music; temporary bars; poor staff practice, e.g. staff lacking knowledge of accurate measures; being male; being an on-sales premises; having a permissive environment; lack of food and softdrinks; poor cleanliness; premises being open for longer hours; alcohol promotions; and pre-loading.
- **Protective factors:** increasing perception of risks for problems; training for staff (e.g. responsible beverage server training); policies encouraging the stricter enforcement of licensing laws; multi-level interventions; removal of glassware; reduced availability of alcohol; and increasing alcohol prices and having less drink specials.

- **Consider limitations with research**

Reviews of studies into environmental factors and alcohol-related harm have indicated that results should be interpreted with caution for a number of reasons including that: findings are not consistent across studies; much research has been implemented in non-European countries; and there is a reliance on observational research techniques. Thus, there is a need for more intervention research to be undertaken in drinking environments. This further highlights the need to undertake preparatory work and research before implementing an intervention to ensure it is relevant to the venue and target group.

Community Approaches

Implications for Practice (continued)

- **Need for multi-faceted approach**

As in relation to the other core elements, the evidence points to the need for multi-faceted approaches involving a range of stakeholders following a community partnership model of forming a community coalition. However, in order for this to be effective, the coalition requires both training and support.

- **Ensuring support and contribution from all relevant stakeholders**

The effectiveness of a community intervention is dependent on the engagement of a range of relevant stakeholders and groups, including for example schools, parents, statutory sector, voluntary organisations, local community groups, private business and elected members. In a related vein, to foster community 'buy in', it is recommended that stakeholders are involved at all stages from development or adaptation of the intervention, to reporting on outcomes and being included in dissemination of findings.

- **Need for evidence-based practice**

Particularly in the current financial climate where resources are limited, it is vital that communities implement interventions that are evidence-based and have been shown to be effective. Central and local planning groups should strive to advocate local ownership of identifying and then progressing solutions to alcohol and drug issues, and use asset-based approaches which actively support the development of community-based assets.

- **Ensure intervention is appropriate for the target group and community setting**

In order to meet the needs of the community, it is necessary to ensure that the intervention is tailored both to the target group and the community. This can be achieved by establishing the profile of risk within the community before undertaking an intervention; essentially by undertaking some preparation work before beginning the intervention. It should be noted that by doing this you may find that there is not perhaps the need to create a new intervention, but instead a need to adapt an existing intervention.

- **Focus on increasing protective and reducing risk factors within the community**

Many of the effective community interventions are based on the premise above, that in order to lead to associated reductions in substance use or delaying the onset of substance use, we need to focus on increasing protective and reducing risk factors within the community.

- **Considering community interventions as long term strategies**

It has to be recognised when considering community interventions, and also when deciding on how to monitor and evaluate such interventions, that these are long term approaches and that benefits will not be achieved immediately.

- **Using local surveys to demonstrate outcomes**

Some research has pointed to the use of local, annual surveys to monitor trends and attribute differences in alcohol and drug use to community interventions (while also highlighting the limitations of this approach).

Diversionary Approaches

Implications for Practice (continued)

- **Further research is needed into the link between exercise/sports participation and alcohol consumption**

The evidence in relation to exercise/sports participation and alcohol consumption is mixed. That is, some studies indicate that those who exercise frequently are likely to drink more alcohol, especially if they only take part in sports as opposed to engaging in other types of leisure activities. In particular, participation in team sports for males has been negatively related with alcohol consumption. However, other factors also have an impact, such as levels of aggression and other problem behaviours. Other evidence has suggested a positive relationship between participation in sports and substance misuse. Thus, further evidence is needed at a local level to establish the link between exercise and substance misuse.

- **Sport and community sporting clubs provide a useful context for alcohol and drug interventions**

Some research indicates that exercise should be encouraged as a means of reducing alcohol consumption or delaying alcohol onset. Although the evidence is conflicting, it has been suggested that exercise should be used as a means of providing interventions as it does not stigmatise and does not require the individual to see a professional. Community sporting clubs are an ideal setting as they promote participation in physical activity. However, there is a need to reduce the association between sporting clubs and alcohol consumption, with clubs being encouraged to implement alcohol harm reduction strategies.

- **There are gender differences in the links between sports participation and substance misuse**

Again the evidence is not entirely consistent, but there is some consensus of a negative association between exercise and sports activity for boys, whereas individual sports can have a protective effect for females. This suggests the need to investigate further this area, while encouraging individual sports for females.

- **Use of voluntary after-school interventions**

Recent evidence indicates the potential benefit of after-school programmes as a means of both reducing unsupervised out-of-school time and implementing interventions (such as decision making to prevent drug use). Evidence indicates that a brief, voluntary intervention can have an impact on both the individual and school-wide substance related outcomes.

- **Use of support groups and alcohol-free activities**

As well as after-school clubs, both support groups which offer diversionary activities for vulnerable groups, and offering alcohol-free alternative activities for e.g. students are possible means of reducing alcohol related harm. However, it is important that such activities target those who would be otherwise drinking, as opposed to only attracting those who would be less likely to be engaging in alcohol or drug use.

Diversionary Approaches

Implications for Practice (continued)

- **Use of drama**

An innovative method of engaging with individuals is by the use of drama, both as a means of undertaking a prevention programme and also as a means of conveying important harm reduction messages. Drama is thought to be effective as it elicits an emotional response, with participants appreciating the authenticity of the approach.

- **Use of music and exercise in substance misuse treatment**

Relapse continues to pose a major problem to substance misuse treatment, as does engaging people in treatment. Music therapy and exercise have been proposed as promising approaches to improving engagement in substance misuse treatment groups. Exercise has been said to have various benefits including the physiological and psychological benefits, the fact it can be cost-effective, flexible and accessible, the fact that many forms of exercise (e.g. running, fitness videotapes, swimming) may be conducted independently, and that exercise has minimal side effects compared to pharmacological treatment. However, the need to tailor interventions to the unique preferences of individuals is once again important.

Brief Intervention Approaches

Implications for Practice (continued)

- **Consideration that BI is not always effective**

The review of current evidence in relation to BI indicates that BIs do not always result in effective outcomes for all populations. There is mixed and contradicting evidence showing the effectiveness of BIs among males and females, heavy and non-heavy drinkers, and different types of individuals (e.g. community members, students etc.). In addition, BIs have also been shown to have only partial success, such as reductions in alcohol consumption but not binge drinking, or alcohol consequences but not alcohol consumption per se. The appropriateness of context and the setting in which the BI is undertaken are crucial factors. Thus, when considering BIs with a particular population, it is recommended that pilot work is undertaken to establish the needs of the target group and tailor the intervention and setting accordingly.

- **Ensuring the practitioner has necessary knowledge and skills provided by training**

Various factors have been shown to have an impact on the success of the BI including the skills of the practitioner, suggesting the need for appropriate training for staff tasked with delivering the BI in order to ensure the best outcomes possible.

Brief Intervention Approaches

Implications for Practice (continued)

- **Tailoring BI to specific target groups**

Research has indicated that various personal attributes can impact on the success of the BI. These include communication skills, reasons for change, traits towards deliberate reflection and motivational readiness, peer substance use involvement as well as gender and age. The desire and ability against change has been shown to be negatively associated with reductions in drinking behaviour. In addition, various personality traits such as sensation-seeking and impulsivity are also associated with increased risk of substance misuse. Consideration of all these variables when developing appropriate BI approaches may result in better outcomes.

- **Using multi-component approaches involving parents**

A common finding across all chapters is the benefits of using combined, multi-component approaches for undertaking preventative work. In relation to BIs, although school-based approaches have been shown to be effective, the addition of a parenting element improves outcomes (particularly when younger pupils are involved). Such approaches have also led to positive impacts in relation to drug behaviour.

- **Considering computerised and web-based approaches**

Such approaches are seen as a promising alternative to more traditional face-to-face approaches as they are less formal, easy to access, more cost effective, and more flexible. Evidence for such approaches is mixed, although generally it has been suggested that such approaches are not significantly less effective. As such, it is recommended that these approaches are considered due to their various benefits. The use of text messaging can also provide a useful modern day alternative.

However, a note of caution should be observed, in that given the reported gender difference in relation to computerised interventions, the use of these interventions for females may be limited. It appears that females prefer the more traditional face to face methods and are less responsive to computerised approaches, although this finding requires more evidence.

- **Importance of BI for a range of age groups**

The literature highlights that many BIs are rightly targeted at primary age and early secondary age children (to delay onset of alcohol and drug behaviour) or at students who are at a vulnerable stage due to changes in drinking culture when entering college or university. For example, Brief Motivational Interventions (BMIs) have been shown to be effective in delaying drinking onset and so should be encouraged with younger individuals. Evidence has also shown the positive impact of a booster BMI session with this group. In relation to students, there is evidence too of the effectiveness of e.g. the BASICS intervention which as well as reducing drinking and drug taking behaviour, has also led to increases in protective factors and in readiness to change alcohol related behaviours.

The use of positive images has also been shown to be particularly effective for those adolescents already abusing substances, suggesting that BIs are also beneficial for the middle age group of adolescents.

- **Brief means brief**

Finally, recent evidence has indicated that a BI lasting 10 minutes is no less effective than a longer, more resource intensive intervention; and that interventions including normative feedback have limited additional benefits. Thus, it would appear appropriate to pilot 10-15 minute BIs which can be used in a range of settings and be tailored to the target group.

Education

Implications for Practice

- **School provides an opportunity for early intervention which can lead to a delay in the onset of alcohol and drug use**

As has been mentioned previously, delaying the onset of alcohol use is an important strategy used to prevent alcohol misuse in the future. Research in relation to educational approaches also suggests that prevention work should begin early, when children are in primary school. School represents an opportunity to intervene with young people who have not yet initiated or have recently initiated substance use.

- **Focus on the range of risk and protective factors**

What is evident from the literature and evaluation of interventions is that many interventions focus on encouraging positive behaviours and mindsets in young people, with it being assumed that this will lead to reduced alcohol and drug consumption. For example, interventions focus on improving a range of protective factors including mental health, resilience, social and emotional learning, social skills and social influence, interpersonal relations, self-esteem, communication skills etc. Alongside this, it is important to empower young people so they can make their own positive decisions, therefore effective programmes do not simply focus on drugs and alcohol but also on a young person's ability to resist pressures.

- **School protective factors**

Some interventions also specifically involve focusing on school related protective factors including school ethos (which has been shown to impact on substance misuse through upstream pathways), behavioural and emotional school engagement, and school bonding. Much focus is placed on a whole school approach such as considering policies on bullying to improve school connectedness.

- **Multiple approaches are required to meet the needs of different target groups**

Again, the research suggests the need for different approaches rather than a 'one size fits all' approach. For example, studies showed the varying impact of interventions on schools with different demographic characteristics and also on boys and girls. It has been emphasised that as boys' and girls' development varies considerably, targeted approaches would need to take this into account and mirror such differences to have the most impact. In order to meet the needs of different groups, it would also appear necessary to use a range of different and innovative methods. One such method which has been used and shown to have positive results is the use of sociodrama or roleplay. Another method is adapting the curriculum to different learning styles or personality styles of pupils (e.g. risk factors including sensation seeking etc.).

- **Consider the role of the teacher/practitioner delivering the session**

Research has shown that the effectiveness of the intervention is partly dependent on the skills of the practitioner, and also the relationship between practitioner and young person. Thus, it would appear to be important to consider the personal attributes and skills of the person delivering an alcohol or drug session to ensure it has maximum impact.

- **Involving partners**

The research highlights the positive outcomes linked to involving partners in the prevention process, or using combined approaches such as involving the school, parents and local community. However, barriers to effective implementation are also highlighted such as the need for commitment from all parties involved and the potential solutions to this such as supporting an internal champion within the school setting.

Training and Support

Implications for Practice

- **Staff need ongoing training and support**

The research highlights that staff working with individuals with alcohol and drug issues often lack the required knowledge and skills to undertake their role effectively. If these staff members also have negative attitudes towards the target group, this can have a detrimental impact on the service provided to clients. Even amongst those staff who have positive attitudes and perceived ability to tackle alcohol and drug misuse, they can experience issues surrounding role adequacy. This indicates the need for ongoing training and support.

Training (even in the form of a three hour training session) has been shown to be effective in improving role adequacy, increasing perceived capacity to help, increased confidence in delivering interventions, reducing negative attitudes, and improving knowledge and self-related competence.

- **Training should be tailored to the staff group**

Research has indicated the value of providing training that specifically meets the needs of the target group, and is linked to their levels of knowledge, skills and confidence. Thus, it is recommended that the training needs of different target groups are established and training courses are developed accordingly.

- **Training in itself not enough**

Research has indicated that training in itself can be inadequate to provide staff with the necessary skills, knowledge and confidence. Instead, it is proposed that staff require a full range of support, particularly as role support has been shown to be an important factor.

- **Training required for those delivering programmes and interventions**

Research has highlighted the need for ongoing training for those involved in implementing programmes or interventions, with training being associated with greater programme fidelity. However, the effectiveness of such training can be compromised by a lack of engagement or commitment from those staff involved (particularly if elements of the training are participant-led) and so attempts should be made to encourage and monitor the involvement of participants.

Parenting

Implications for Practice

- **Focus on parent-child communication**

Much research has indicated the importance of communication as a means of reducing the chance of alcohol misuse among adolescents. This has been shown to continue to have an impact when individuals go to college/university, suggesting that prevention approaches should encourage communication between the parent and child.

- **The importance of tailoring prevention approaches to family circumstances**

Research has indicated that different prevention strategies are suited to different types of parents and families. Thus, it is necessary to ensure the needs and characteristics of the target group (such as social context and education level) are considered when deciding on the approach and associated marketing to be used.

- **Consideration of proven approaches**

Programmes such as Preparing for the Drug Free Years and the Strengthening Families Programme have been shown to have promise for engaging parents in prevention activities. It is recommended that further consideration is given to these approaches, such as considering their applicability for Greater Glasgow and Clyde.

- **Comprehensive approach**

It is often highlighted that parent-based interventions are best viewed as an important component of a more comprehensive preventive intervention and policy approach to the problem of adolescent drinking. Thus, it is important to consider a spectrum of interventions with different formats including handbooks, workshops and web-based approaches. In addition, it is also important to consider other skills to be taught during programmes (i.e. not just information on alcohol and drug use) such as pro social skills development and other sources which have an impact including peers and other family members.

- **Harm reduction**

It should be noted that the research highlights the importance of prevention programmes and strategies having a focus on harm reduction, as it allows the individual to tailor their actions to their own needs and circumstances, i.e. reducing harm in their own ways.

- **Early onset = Early prevention activity**

Prevention approaches should be encouraged when children are still at primary school, to encourage family communication about alcohol at an early stage when parents are still a primary point of attachment and influence.

- **Parental monitoring**

Research highlights a range of factors that are related to alcohol misuse among young people including parental monitoring and permissive attitudes, thus suggesting a need to invest in initiatives that involve parents as partners in communicating the message to young people about the risks of heavy drinking and promoting appropriate levels of parental monitoring.

Social Marketing

Implications for Practice

- **Campaigns need to be tailored to the target group**

It is crucial that campaigns are aware of and responsive to the needs of the target group, using market segmentation. Such campaigns and prevention initiatives have to reach the intended target group, and given how important prevention work is for those who report high risk behaviours, they have to be targeted to reach those most vulnerable to the risks associated with substance misuse. It is also important to utilise communication approaches that relate specifically to the target group and also to consider audience interpretation of messages.

- **Research and evaluation**

Effective social marketing requires evaluation which ultimately makes interventions more effective and ensures that there is investment in things that work best. There is also a need for formative research to underpin the campaign design. Those campaigns deemed to be the most successful are likely to have a clear goal, be multi-modal, use research as the first step, and be carefully designed to engage particular groups.

- **To increase the likelihood of success, campaigns have to be believable and credible**

Research has shown that message believability has direct effects on alcohol and drug consumption.

- **Consideration of social context and environmental factors should be taken into account**

It is important to note that both campaigns and prevention work are not undertaken in a vacuum, and as such, it is important to consider environmental and social factors. These are factors outside the control of campaign designers and include sociocultural forces and demographic trends. Thus, prevention and marketing attempts should actively target the environment in which substance use takes place, and where social norms are formed and supported.

- **Multi-dimensional approaches are needed**

Given the range of factors that have to be considered (see point above) and the fact that substance misuse cannot be considered in isolation from the community in which it occurs, this necessitates a multi-level approach to dealing with substance misuse involving action at the level of the individual, relevant others and the community. Multiple interventions will increase the effectiveness of any attempt to use social marketing for behaviour change.

- **Harm reduction approaches**

Social marketing approaches should consider harm reduction as well as consumption per se. Common harm reduction approaches have been shown to incorporate humour, social norms and empowerment approaches.

Social Marketing

Implications for Practice

- **Consideration of different and innovative approaches**

Research has indicated the effectiveness of a range of approaches, including those which are peer-led and which use new technologies such as Facebook. It has been suggested that previous campaigns have not worked as they did not effectively add to the large quantity of anti-substance use messages young people already receive, as the implicit messages and modes of the campaign were not novel. As such, innovative approaches are required.

- **Interventions should include self-efficacy messages**

It is recommended that prevention approaches involving young people should include self-efficacy messages, to increase confidence among young people so that they are able to carry out the recommended actions highlighted in the campaign.

Consideration should be given to gender differences

Research has shown that females can be more responsive to campaign messages than males, particularly younger females for which campaign messages may dissuade or delay substance use. Thus, prevention initiatives and campaigns may prove to be more effective when targeted to young female adolescents.

Social norm approaches should target the whole population

Research has indicated the potential value of social norms approaches for different groups other than students (who are traditionally the focus of such work). That is, the phenomenon of overestimating other's alcohol consumption appears in the general population, as well as among students, suggesting that preventive measures should target a broader segment of the population. However, given the mixed results in terms of effectiveness of social norms campaigns, any such campaign should be tailored to the target group and consideration should be given to a range of factors which impact on the effectiveness of the campaign (e.g. the density of surrounding on-sale alcohol outlets).

Workplace Alcohol and Drug Policies

Implications for Practice

- **Interventions should be conducted in the workplace**

Evidence suggests that the workplace is an appropriate venue for undertaking prevention work and interventions. For example, it has been suggested that organisations employing large numbers of students may want to incorporate substance misuse prevention as part of their normal training both to improve worker health and to reduce costs associated with alcohol misuse.

Overall, brief interventions (BI), interventions contained within health and life-style checks, psychosocial skills training and peer referral have been shown to have potential to produce beneficial results in the workplace. However, barriers such as workers' concerns about confidentiality, time constraints due to work schedules, and stigma associated with obtaining treatment for drinking issues should be considered when planning such interventions.

In particular, recent research supports the integration of alcohol screening and BI as a low-cost method of intervening with employees with at-risk drinking, as long as BIs are seamlessly integrated into existing health and well-being checks. In fact, research has shown that alcohol screening may in itself cause a reduction in drinking. It has been proposed that the fear of demotion at work and job loss may prove to be a helpful influence on changing drinking behaviour.

- **Consideration should be given to a range of influences on alcohol consumption**

Research into the link between alcohol and the workplace has revealed the wide ranging impact of alcohol related harm, ranging from absenteeism and reduced workplace productivity to impact on co-workers. This suggests the need for workplace interventions to be multi-faceted and incorporate the range of factors which impact on the workplace.

- **There is a greater impact of non-work than work factors**

Non-work factors have generally been shown to have a greater impact than work factors on alcohol use, with work factors being shown to have more of an impact on recurrent alcohol use than alcohol onset. This suggests the need to take into account the worker's social environment when developing alcohol-related policy and interventions.

Demographic characteristics which place individuals more at-risk are being male, never having been married with no dependent children, being younger, having an increased education, and economic status (i.e. living in a high income household).

- **Consideration should be given to the impact of risk and protective factors**

Research has indicated there are a range of factors associated with alcohol consumption and drug use in the workplace. It may be useful to consider these as-risk and protective factors (examples of both are outlined below):

- **Protective factors** which have been shown to promote lower levels of alcohol consumption/drug use include: decision latitude (skill utilisation, decision authority), job control, social support, peer support from colleagues, job pride, stimulation, paid training, job satisfaction, job gratifications.
- **Risk factors** include psychological and physical demands, role overload, working hours, harassment, job insecurity, work stress, low income jobs, higher qualified workers, passive jobs, working in the hospitality industry, working irregular hours, individual perceptions of mistrust and lack of reciprocity at work, and supervisory support.

These factors should be considered in order to target at-risk groups and tailor interventions.

Workplace Alcohol and Drug Policies

Implications for Practice

- **The impact of permissive workplaces**

Research has shown that availability within the workplace can predict general alcohol and drug problems. In fact, a permissive substance use climate at work has also been shown to impact on employees who do not use alcohol and drugs at work. This highlights the need for policy, supervision, and education to target directly workplace substance availability and descriptive norms that may have an indirect impact of reducing approval for workplace substance use.

- **Men are particularly vulnerable to workplace factors**

The research indicates that men appear to be more negatively affected by the relationship between alcohol and the workplace. Results include the following:

- Job responsibility and workplace norms have been shown to predict alcohol problems for men;
- For men, the higher the exposure to physical demands, the higher the odds of high risk drinking;
- Men reported more exposure to peers' drinking and workplace problems than women, and
- Younger male respondents tended to have the highest AUDIT scores and also (along with married respondents) were most likely to underestimate their drinking.

This suggests that interventions for men need to be tailored to the different stressors and vulnerability factors that they face.

- There are benefits of interventions that focus on re-shaping alcohol use norms

It has been shown that both workplace injunctive and descriptive norms are important predictors of substance use. Thus, social norms marketing campaigns may be a useful way for employers to target employee substance use.

In addition, the pattern of results for workplace norms have been shown to be identical for both alcohol and illicit drug use, suggesting that norms interventions designed to reduce heavy drinking may also be applied to reduce illicit drug use

Harm Reduction – Alcohol (Vulnerable Groups)

Implications for Practice

- **Early intervention is required with vulnerable groups**

Given the negative consequences of alcohol consumption on vulnerable groups, e.g. in relation to alcohol-exposed pregnancy or violence and crime, the need for early intervention is critical. To illustrate, preventing frequent adolescent drinking could potentially decrease criminal behaviour such as adult assault and homicide.

- **Targeting of tailored interventions is vital**

The need for interventions to be tailored to the target group appears to be even more important for vulnerable groups. Much research has been undertaken identifying the demographic and other characteristics of those individuals vulnerable to particularly risky drinking (and consequently other harmful behaviour) which should be used to target interventions.

For example, research on the characteristics of women more likely to have an alcohol-exposed pregnancy has indicated these women are more likely to be older, unmarried, unemployed, smoke more cigarettes, attend fewer antenatal visits, and have higher alcohol consumption before pregnancy (or to have received treatment for alcohol misuse and have a confirmed problem with alcohol). The identification of these factors should help make it possible to identify the target group and then tailor intervention work to make it more effective.

- **There is a need for the use of selective interventions with some vulnerable groups**

Research has called for selective prevention of risky drinking among vulnerable groups rather than universal programmes such as school-based sessions or community-based health promotion campaigns, in order to reach those individuals who are not captured by such interventions. An example of this would be initiating public health interventions in selected environments in which high-risk women are found, as universal strategies have been shown to have minimal to no impact on those who drink most heavily during pregnancy.

- **Interventions should focus on multiple risk factors specific to alcohol related harms**

The results of this chapter highlight the need for interventions that focus on more than one risk factor, such as both alcohol and violence or drinking specifically during pregnancy.

Harm Reduction – Alcohol (Vulnerable Groups)

Implications for Practice

- **A multi-component approach which encompasses a range of interventions is required when working with vulnerable groups** (Continued)

Examples of interventions include web-and computer-based programmes that have a community-wide reach, the use of educational approaches to, for example, make women aware of the harmful impact of drinking while pregnant on their baby, and the use of peer counsellors so that interventions can be implemented in a range of settings. The need for partner-based interventions, as opposed to those solely focused on maternal drinking, has also been suggested as a strategy to prevent FASD.

A variety of interventions is also required to respond to the range of criminal activity such as the Safer Bars programme for violent crimes, and brief interventions for other alcohol-attributable criminal activities.

- **The focus should be on protective factors**

Research has indicated the need for individuals to be provided with skills which will protect them from the harmful impact of alcohol. For example, skills for coping with perceived provocation and encouraging nonviolent options, teaching mindfulness techniques and the ability to 'act sober' in provocative situations, teaching sensible behavioural strategies that may facilitate harm avoidance in high-risk social situations, and including self-efficacy messages in marketing approaches on FASD in order to increase women's confidence so that they can carry out the recommended actions.

- **Engaging involvement from a range of key stakeholders is key to success**

Ensuring that a range of key stakeholders are involved in interventions and are communicating with the individual and each other is extremely important when dealing with vulnerable groups, given the range of support agencies and health professionals that can be involved in providing care and support. Many of these staff groups are in prime positions for undertaking prevention work as they have established relationships with these individuals. However, this necessitates stakeholders having the necessary skills and knowledge to deal with the daily and often multiple interlinked complexities that many vulnerable groups face.

- **Training for stakeholders is a key component to successful implementation**

Given the role staff can play in the prevention of alcohol related harm among vulnerable groups, they should be provided with training on potential alcohol related issues. In particular, research has highlighted knowledge gaps in relation to FASD, indicating the need for targeted, discipline-specific interventions so that all professionals provide a consistent public health message regarding maternal alcohol consumption.

- **Routine screening women of childbearing age about their alcohol use**

In terms of FASD prevention, it is recommended that health professionals should be trained to screen pregnant women for alcohol use, including the use of a standardised screening tool and then they should routinely screen every woman of childbearing age about her alcohol use and her risk for becoming pregnant; so that women who are not pregnant should be questioned about their use of contraception, and educated about the potential risks of frequent or binge drinking at conception and throughout pregnancy; and women who drink while pregnant should be advised to stop.

Harm Reduction - Drugs

Implications for Practice

- **Recognition of the direct impact that stigma and tension between approaches can have on the effective provision of harm reduction services for drug users**

The literature outlines how IDU (Injecting Drug Users) perceive stigma when accessing services, which can dissuade them from undertaking harm reduction behaviours. This perceived stigma was also present when stakeholders discussed the potential introduction of harm reduction services in their area, such as safe injecting facilities or pharmacies dispensing syringes. There can be tension between planners and practitioners advocating some approaches that regard IDU as criminals and other approaches that view IDU as patients deserving treatment, with human rights being emphasised. This can impact on the effectiveness of service delivery and highlights the need for staff to be well trained, skilled and understanding when engaging with drug users.

- **Harm reduction interventions need to be tailored to the target group**

Research has indicated that the provision of information and interventions has to be tailored to and be meaningful for, the target group. This should also help to reduce the possibility that interventions can cause more harm than good (e.g. public toilets illuminated with fluorescent blue lights continuing to be used for injecting.) It is also important to recognise that even if drug users have the required information, this does not always translate to safe behaviour, and it may be insufficient to reduce the risk of negative health outcomes for people taking drugs.

- **Active drug users should be included in the development and delivery of interventions**

Evidence indicates that target groups (such as at-risk youth) should be engaged in the planning and implementation of the harm reduction intervention to make it have more impact. The importance of including the views of IDU in service development has also been highlighted. In a related vein, the use of peer approaches has also been shown to have real promise for training active IDU in harm prevention activity, particularly by using active drug users to engage with others in their community/ network.

- **There is a need for a range of approaches**

It is important to avoid a 'one size fits all' approach and assume that all drug users will utilise the same facilities and find them to be accessible. This indicates the need for a range of approaches.

For example, the literature generally advocates the use of NSP as being effective, safe and cost-effective. They discuss the effectiveness of both Needle and Syringe Programmes (NSP) and Opiate Substitution Treatment (OST), and the fact that there is no convincing evidence that NSP increases IDU. Other approaches such as Opiate Substitution Treatment and anti-retroviral treatment have also been shown to have promise, as have syringe vending machines and pharmacy-based syringe access (as a means of increasing accessibility to such a service by reducing stigma). The concept of satellite exchange has also been discussed as a means of collaborating with people who already use an exchange to deliver needles and other supplies to those unable to access the exchange. Supervised Injection Facilities (which offer nurse-delivered safer injection education) have also been shown to have the potential to reduce risks associated with injecting drugs by offering unique public health services that are complementary to other interventions.

It should be noted however, that while each intervention alone will achieve modest achievements in harm reduction, there is a need for high coverage and combined approaches.

Harm Reduction - Drugs

Implications for Practice

- **A continued focus on HCV prevention is necessary**

The literature generally indicates that harm reduction strategies appear to have been successful in preventing an HIV epidemic, the results in relation to HCV are less positive, highlighting the need to focus on interventions that will reduce HCV transmission amongst the IDU population.

- **There is a need for harm reduction services**

Discussion of the benefits of NSP have highlighted the need for there to be services for drug users who are not ready to enter treatment and substantially change their drug use behaviours, but are ready at this time to simply focus on harm reduction. In the longer term these services may potentially lead to other types of services for drug users, who may eventually decide to enter treatment, but initially the primary focus needs to be on reducing harmful behaviours amongst those who engage in risky behaviours.

- **A focus on harm reduction programmes such as Naloxone is vital in reducing the number of IDU having an overdose**

Naloxone programmes delivered to service users aimed at reducing drug overdose have proven to be associated with improved overdose response behaviour, as well as unforeseen benefits such as reductions in personal drug use.

Greater Glasgow and Clyde

Alcohol and Drug Prevention and Education Model

Collated evidence base (2008 – 2012)

For more information on the Greater Glasgow and Clyde Alcohol and Drug Prevention and Education Model collated evidence base contact:

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