Greater Glasgow and Clyde

Alcohol and Drug Prevention and Education Model

Collated evidence base (2008 – 2011)

WORKING TOWARDS A MODEL OF GOOD PRACTICE

2011 - 2014 Review Date - 2017

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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 Action Team / Drug Action Team. The five key aims of the Greater Glasgow and Clyde Alcohol and Drug Prevention and Education Model is

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, prevention and education tiered model, 12 evidenced 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.

It was hoped that the Prevention and Education Model would create 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 would then inform the future planning and delivery of alcohol and drug prevention and education work, in turn, providing the opportunity for partners to facilitate a move towards developing prevention and education structures fit for purpose that can address issues around 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. 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.

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Foreword (continued)

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 then maintained. 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 evidence base and further progress the model. The individuals involved in the 2011-12 Greater Glasgow and Clyde Alcohol and Drug Prevention and Education Model review reference group are as follows -

- Stephen Birrell, Service Manager (Alcohol, Drugs and Communities), Glasgow Community and Safety Services
- Sarah Brady, Health Improvement Senior (Youth), Greater Glasgow and Clyde NHS Board, North West Sector
- Catherine Chiang, Consultant in Public Health, Greater Glasgow and Clyde NHS Board, Public Health Directorate
- Susan Clocherty, Health Improvement Lead (Alcohol and Drugs), Greater Glasgow and Clyde NHS Board, Renfrewshire CHCP
- Lee Craig, Health Improvement Senior (Alcohol, Drugs and Tobacco), Greater Glasgow and Clyde NHS Board, South Sector
- John Donnelly, Planning and Development Officer, East Dunbartonshire Council
- Laura Kemp, Health Improvement Lead (Alcohol, Drugs and Tobacco), Greater Glasgow and Clyde NHS Board, North East Sector
- Ailsa King, Health Improvement Lead (Alcohol), Greater Glasgow and Clyde NHS Board, West Dunbartonshire CHCP
- Fiona MacDonald, Health Improvement Lead (Alcohol and Drugs), Greater Glasgow and Clyde NHS Board, East Renfrewshire CHCP
- Linda Malcolm, Health Improvement Lead – (Alcohol and Drugs - GGC), Greater Glasgow and Clyde NHS Board, Mental Health Services
- Adam Smith, Inverclyde Alcohol Service Manager, Inverclyde

Previously involved:

- Carole Anderson, Health Improvement Senior (Alcohol), Greater Glasgow and Clyde NHS Board, West Dunbartonshire CHCP
- Rowan Anderson, Health Improvement Senior (Alcohol), Greater Glasgow and Clyde, North East Sector

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Foreword (continued)

To ensure the review was evidence based and up to date, the reference 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 2011, 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 U.S.

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 (P&E) 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 P&E 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 behavior, 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

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The identification of key words to be used in the search incorporated the 12 core elements and also the following key words: prevention, education, drugs alcohol, harm reduction, harm minimisation, multi-faceted, multi-disciplinary, knowledge, digital technology, innovative approaches. After each draft chapter was submitted, the researcher liaised with the steering group to determine any other key words of relevance (e.g. for harm minimisation drugs – key words also included needle exchange, public injecting etc.).

Stage 2 - Keyword searches of electronic databases and publication search sources

This included sources such as Ingenta Connect, the Social Science Citation Index, Google, Science Direct, Medline, PubMed, PsychINFO (on line version of PsychLIT), International Bibliography of the Social Sciences (IBSS), and The Cochrane Library.

Stage 3 - A snowballing approach

This snowballing approach was used so that initial data searches highlighted further relevant articles and authors. Thus, reference and bibliography lists in key documents were scanned for further useful materials.

Stage 4 – Review and summarising

Each piece of literature was reviewed and summarised using an analysis framework which included the following: field, theory or practice, approach (single, multi-component), study type (cohort, survey), area research conducted, respondent details, intervention/details of project, evidence and outcomes, applicability, generalisability).

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.

Dr Judith Harkins, Dudleston Harkins Social Research Ltd.

Linda Malcolm, Health Improvement Lead (Alcohol and Drugs) - GGC (October 2012)