

# **‘What works’ in drug education and prevention?**

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*Evidence-Informed Practice: Drugs and  
Alcohol, Inverness*

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# Overview

- Background to the work
- Approach
- Literature review and key findings
- Mapping exercise
- Next steps
- Conclusions



# Background

- Need for better understanding of the evidence on effectiveness of substance misuse prevention activity, especially for young people in schools.
- Lack of knowledge around current shape, scope and scale of prevention activity being delivered in Scotland.



# Approach

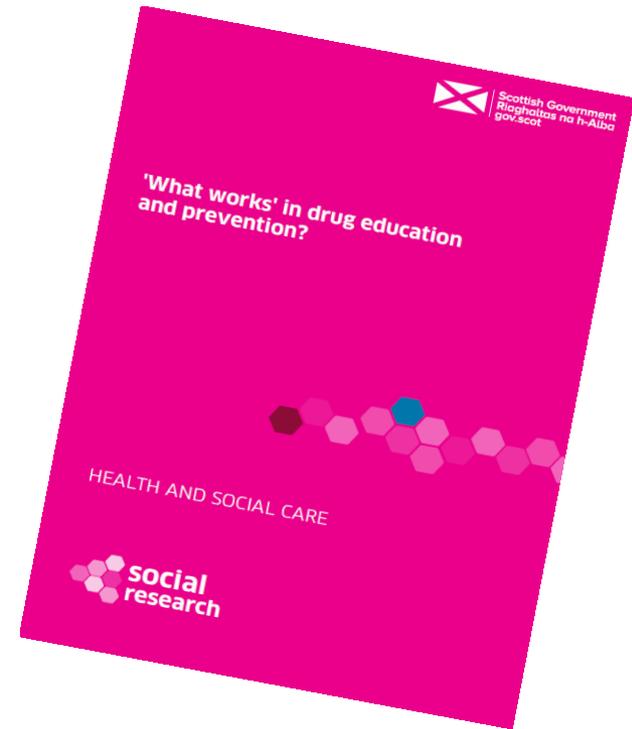
A package of work, including:

- Literature review on ‘what works’ in drug education and prevention
- Mapping exercise of substance use education and prevention activity in Scotland
- Good practice guidance for schools and commissioners
- Review of SG funded prevention activity
- Evaluation support



# Literature review

- Aim
- Approach
- Scope and limitations
- Read and reviewed by key partners and experts
- Published December 2016



<http://www.gov.scot/Publications/2016/12/4388>



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# Classification of approaches

- **Knowledge-focussed** curricula
- **Social Competence** curricula
- **Social Norms/Social Influence** approaches
- **Combined methods** – draw on knowledge-focused, social competence and social influence approaches together.



# Findings - What 'works' in schools-based prevention programmes

- A **combination** of social competence and social influence approaches
- Generic programmes that target multiple risk behaviours, help self-esteem and develop life skills
- Success with some manualised activities.
- Interactive methods of delivery
- Sufficient intensity and duration to influence change – not one-off sessions
- Delivered by trained facilitators – including trained peers.



# UNODC evidence of effectiveness

	Prenatal & infancy	Early childhood	Middle childhood	Early adolescence	Adolescence	Adulthood
Family	Prenatal infancy & visitation ★★		Parenting skills ★★★★			
	Interventions for pregnant women with substance abuse disorders ★					
School		Early childhood education ★★★★	Personal & social skills ★★★	Personal & social skills & social influences education ★★★		
			Classroom management ★★★		Addressing individual vulnerabilities ★★	
			Policies to keep children in school ★★	School policies & culture ★★		
				Alcohol & tobacco policies ★★★★★		
Community		Community-based multi-component initiatives ★★★				
				Media campaigns ★		
				Mentoring ★		
				Entertainment venues ★★		
Workplace				Workplace prevention ★★★		
Health sector				Brief intervention ★★★★		

Background to the work:

[www.unodc.org/unodc/en/prevention/prevention-standards.html](http://www.unodc.org/unodc/en/prevention/prevention-standards.html)



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# Evidence based prevention programmes

- CAYT (the Centre for Analysis of Youth Transitions)
- CAYT database of impact studies – evidence on ‘what works’
- <http://cayt.mentor-adepis.org/evidence/>
- Challenges in successfully implementing evidence based programmes.



# Findings - What doesn't 'work' in schools-based prevention programmes

- Knowledge-focussed/information provision when used as a **standalone** activity
- Using non-interactive methods
- Fear arousal approaches – adverse effects
- Using ex-drug users as testimonials in the classroom
- Using police officers to deliver education/prevention programmes



# UNODC – Evidence on ineffective approaches

## *Characteristics associated with no or negative prevention outcomes*

Available evidence indicates that the following characteristics are associated with no or negative prevention outcomes:

- ✗ Utilizing non-interactive methods, such as lecturing, as a primary delivery strategy
- ✗ Information-giving alone, particularly fear arousal

Moreover, programmes with no or negative prevention outcomes appear to be linked to the following characteristics:

- ✗ Based on unstructured dialogue sessions
- ✗ Focusing only on the building of self-esteem and emotional education
- ✗ Addressing only ethical/moral decision making or values
- ✗ Using ex-drug users as testimonials
- ✗ Using police officers to deliver the programme

# Mapping substance use education and prevention activity in Scotland

- Short questionnaires issued to Local Authority Health and Wellbeing Leads and to ADP Chairs/Coordinators.
- Survey designed around qualitative questions; free-text responses encouraged.
- Questions focused on the nature, duration & intensity of interventions, including whether programmes are routinely evaluated.



# Mapping substance use education and prevention activity in Scotland

Findings indicate:

- Broad awareness of need to undertake multi-modal interventions.
- Strong focus on “risk and resilience” approach prioritised within Curriculum for Excellence.
- Some “ineffective” activity is still taking place.
- Interventions are not routinely evaluated – highlights a possible skills gap/resources issue.



# Next Steps

Shaping and supporting future education & prevention provision, prioritising ‘what works’:

- Sharing the findings of the mapping exercise
- Disseminating the good practice guidance for schools and commissioners
- Review of ‘Choices for Life’
- Evaluation support



# Good Practice Guidance

## School-based alcohol and drug education and prevention – what works?

This briefing paper is **part of a series** produced by Mentor-ADEPIS to support the delivery of effective alcohol and drug education and prevention in schools and other settings.

### About Mentor

Mentor promotes best practice around building young people's resilience in order to prevent alcohol and drug misuse.

### About ADEPIS

The Alcohol and Drug Education and Prevention Information Service (ADEPIS) is a platform for sharing information and resources aimed at schools and other professionals working in drug and alcohol prevention.

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 Mentor



This briefing paper intends to equip and guide those working in educational settings when considering which alcohol and drug education and prevention programme they should run. It outlines some approaches that evidence shows work and cautions on some that don't. The briefing paper aims to enable educationalists to make a more informed decision when selecting an approach that will ensure maximum impact and ensure young people receive the appropriate education and prevention programme that will enable them to build their resilience to risks.

### This briefing paper is for:

- ◆ Teachers
- ◆ PSHE coordinators
- ◆ Head teachers
- ◆ Headmasters
- ◆ Governors
- ◆ Staff in education

### 'What works' in drug education and prevention?

#### Summary of Findings – What works?

1. The most recent Cochrane review on universal schools-based prevention for illicit drug use shows that a **combination of social competence and social influence approaches** are most likely to be effective in preventing drug use.
2. Prevention programmes for young people are more likely to be effective if they combine social and personal development, resistance skills and normative education techniques (which correct misconceptions of their peers' substance use and behaviours). Programmes that provide an opportunity to practise and learn a range of personal and social skills, specifically coping, decision making and resistance skills are more likely to be effective<sup>1</sup>.
3. However, not all programmes that use these combined approaches are guaranteed to be successful and some programmes show more positive results than others. It is difficult to disentangle to key elements of an effective approach (see 11 below).
4. Programmes need to be of **sufficient intensity and duration to influence change** and no reviews suggest the use of a one off single session. The UNODC recommend a series of structured sessions (10-15) once a week, with booster sessions over multiple years<sup>2</sup>.
5. The method of delivery is integral to the success of a drug education or prevention programme. The use of **interactive learning and practising skills** (include all participants, participation between peers, with active learning - discussion, brainstorming and skills practice) are more effective at influencing drug use behaviour than non-interactive (passive and didactic) programmes<sup>3</sup>.
6. Prevention programmes are more likely to be effective if they are delivered by **trained facilitators**, including also trained peers.
7. **Multisectoral programmes with multiple components (including the school and community)** that include a school curricula as well as other components (e.g. a media campaign, parent programme or policy activity) or those which target a young person's environment (school, family or community) are more likely to be effective than single component programmes that target just the individual.
8. The timing of interventions is important and need to be **age appropriate**. The timing of drug education should be influenced by drug prevalence data for the target student population.
9. Evidence suggests that wider and **more generic programmes** delivered in schools, which do not necessarily focus on drugs but target multiple risk behaviours, help build self-esteem and life skills are more likely to be effective in preventing drug use, as well as other risky behaviours. This suggests a departure from drug specific education.
10. Whilst the evidence suggests that drug prevention is better embedded in more holistic strategies that promote healthy development and wellbeing, drug-specific prevention interventions for those **young people most at risk of harm**, or already misusing drugs

<sup>1</sup> UNODC (2015)

<sup>2</sup> UNODC (2015)

<sup>3</sup> Stead and Angus (2004); MentorADEPIS (2015)



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# Review of Choices for Life

- Objective: to ensure the Choices programme is fully aligned with current evidence base.
- A rapid review (6 months) of all core aspects of the Choices programme, to be led by Mentor UK.
- Findings will include recommendations for improvement, where appropriate.
- Review will explicitly look to elicit best-value from existing resource commitments of the Scottish Government and Police Scotland.



# Conclusions

- An on-going package of work
- Now have evidence of ‘what works’
- Improved knowledge of what’s being delivered in Scotland
- Next steps - encouraging evidence informed practice
- Key challenges ahead



# Questions and Discussion

- How do we successfully support a change in the content and delivery of interventions both in and outside of schools?
- How do we maintain the goodwill and commitment of partners whilst introducing real change?
- What is the best approach to offer robust yet realistic evaluation support?
- What works, for who and when?



# Thank You

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