Drug misuse prevention: targeted interventions

Appendix 3 to Evidence Review 2

Contains:

- Application of scope inclusion and exclusion
- Summary of acceptability evidence

National Institute for Health and Care Excellence

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Appendix 3A: Application of scope - inclusion and exclusion criteria

Criteria	Application in evidence review	Notes	
Inclusion criteria			
English language published in 1995 or later			
Studies conducted in Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Luxembourg, Netherlands, New Zealand, Norway, Poland, Portugal, Spain, Sweden, Switzerland, Turkey, UK or the USA			
Studies describing interventions that prevent or delay drug use, or that prevent escalation of drug use in terms of frequency, volume and diversification of drugs used	Drug misuse prevention had to be a primary aim or joint primary aim. Interventions that aren't specifically aimed at preventing drug misuse were not included, even if they report outcomes related to drug misuse (e.g. HIV reduction programmes aimed primarily at reducing risky sexual behaviour but that also include drug prevention elements).	The scope notes that interventions in the following settings will be included • Social environments where drugs may be available such as nightclubs, pubs, festivals and music venues. • Fitness environments such as gyms and sporting events. • Environments where drugs may be used in a sexual context (for example, 'chemsex' parties). • Online and 'virtual' environments, including social media. • Youth clubs and youth organisations. • Schools, colleges and universities. • Health, social care and other environments where interventions may be delivered, for example, primary health care services, sexual health services and custody	
Studies which report relevant outcomes (e.g. drug use, intention to use drugs, knowledge and awareness, and personal and social skills)	Where a joint aim, drug outcomes have to be reported separately.	suites. Activities listed in scope (abridged): skills training (group or 1-1), information provision (e.g. lessons	

Criteria	Application in evidence review	Notes
Inclusion criteria	1011011	
		or talks) or advice as part of outreach activities • peer education initiatives • opportunistic skills training, advice and information provision • targeted print and new media to influence social norms or enhance skills and provide information and advice • family-based programmes (covered in PH4) • group-based behaviour therapy for children and young people (covered in PH4) • parental skills training (covered in PH4)
Studies of interventions which are targeted at 1 or more of the 10 groups of interest	 The groups are: people who have mental health problems people involved in commercial sex work or are being sexually exploited people who are lesbian, gay, bisexual or transgender people not in employment, education or training (including children and young people who are excluded from school or are regular truants) children and young people whose parents use drugs looked after children and young people who are in contact with young offender team but not in secure environments (prisons and young offender institutions) people who are considered homeless people who attend nightclubs and festivals people who are known to use drugs occasionally / recreationally. 	Interventions targeting particular ethnic groups were not included unless participants fell into one of the target populations of interest Studies that focused on one gender or age group were not included unless participants fell into one of the target populations of interest. To note, given that we have to focus on drug misuse prevention as a primary aim, we are unable to consider more general issues related to e.g. homelessness, truancy, parenting, sexual exploitation. To note that severe mental illness and misuse of substances is under remit of guidance being developed on 'dual diagnosis'. The guideline scope defines severe mental illness as schizophrenia, schizotypal and

Criteria	Application in evidence review	Notes
Inclusion criteria		
		delusional disorders bipolar affective disorder severe depressive episode(s) with or without psychotic episodes.
		The scope identified only children and young people as a target group, and not adults in contact with offender teams. This was most likely a consequence of being developed from the scope for PH4. However, the review team did not identify any studies of drug misuse prevention interventions in adults in contact with offender teams but not in secure environments during the sift.
Exclusion criteria		
Studies relating to the treatment of drug dependence or misuse or disorder	The study was excluded where the title or abstract was clear that the study was focused on treatment. The exception was for studies describing adolescents as drug abusers – these were included. To note, that if there was any uncertainty, the full text was considered. Interventions aiming to prevent relapse among people who had previously been treated for drug misuse were also excluded.	
Studies relating to pregnant women		
Studies undertaken in workplaces or custodial settings		
Interventions related to law enforcement or restricting the supply of drugs.		To be mindful of this when considering issues re night time economy more generally (or in relation to expert testimony)
Studies of interventions to promote safer injecting or preventing overdose or preventing relapse		NICE has issued guidance on needle and syringe programmes
Studies of universal interventions or interventions which involve universal screening	Schools-based interventions were not included unless they make explicit reference to a target population of interest.	To be mindful of this when considering recommendations - can only consider aspect of targeted approach within

Criteria	Application in evidence review	Notes
Inclusion criteria		
	Studies targeted at children in US continuation or alternative high schools were not included. Children attend these schools for a wide variety of reasons so we cannot be confident that they are a proxy for target group 4. Papers relating to SBIRT (screening, brief intervention and referral to treatment) were not included because it was clear that the intervention would not be possible to run without screening OR the interventions were primarily aimed at identifying groups for treatment. To note that NICE cannot	wider approach. The review team carefully considered interventions where a questionnaire / screening / assessment tool was used to identify individuals to take part. Papers were considered in more detail and potentially included if there was any doubt. The implications for final implementation were considered and whether screening was an essential aspect of the intervention.
	make recommendations about any screening programmes.	

Appendix 3B: Summary of acceptability evidence

B.1 Key to groups

- 1. People who have mental health problems
- 2. People involved in commercial sex work or who are being sexually exploited
- 3. People who are lesbian, gay, bisexual or transgender
- 4. People not in employment, education or training

- 5. Children and young people whose parents use drugs
 6. Looked after children and young people
 7. Children and young people who are in contact with young offender teams but not in secure environments
- 8. People who are considered homeless
- 9. People who attend nightclubs and festivals
- 10. People who are known to use drugs occasionally/recreationally

B.2 Acceptability of interventions

Intervention	Acceptable	Not acceptable
Scope activities		<u> </u>
Group based skills training or information	Weak (ES2.33)	-
Opportunistic skills training, advice and information	Weak (ES2.39)	-
Web-based interventions (new media)	Moderate (ES2.41)	-
Text messages (new media)	Moderate (ES2.42)	-
Group-based behaviour therapy for children and	Weak (ES2.46)	-
young people	,	
Skills training		
Skills training	Weak (ES2.16, group 8)	-
Group information sessions and skills training	Weak (ES2.13, group 7)	-
Brief interventions		
Brief interventions (oral and written)	Moderate (ES2.27, group 10)	-
Motivational interviewing		
Brief motivational interviewing	Moderate (ES2.11, 2.15;	-
	group 6, 8)	
Motivational enhancement therapy		
Motivational enhancement therapy	Moderate (ES2.25, group 10)	-
Brief motivational enhancement therapy with mobile	Moderate (ES2.26, group 10)	-
self-monitoring and responsive text messaging		
Combined and other interventions		
Brief interventions with skills training	Moderate (ES2.28, group 10)	-
Public health advertising campaigns	Weak (ES2.5, group 3)	-
Mass media campaign (harm minimisation approach	Weak (ES2.20, group 9)	-
including posters and information booklets)		
Web-based assessment and feedback	Weak (ES2.29, group 10)	-
Web-based decisional balance and behaviour	Moderate (ES2.30, group 10)	-
change intervention		
Harm prevention and reduction measures	Weak (ES2.21, group 9)	-
Self-administered health and social risk assessments	Weak (ES2.22, group 9)	-
of substance use		
Educational outreach event	Weak (ES2.23, group 9)	-

B.3 More effective interventions

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Intervention	Improvement	Evidence	
Scope activities		I (=====)	
Group-based skills	Provide information on housing.	Weak (ES2.34)	
training			
Opportunistic skills	Provide information on housing.	Weak (ES2.40)	
training			
Targeted print and	Text messages would be a culturally relevant way to	Moderate (ES2.43)	
new media	communicate with young people.		
Family-based	Family members should be included in future	Weak (ES2.45)	
approaches	interventions.		
Group-based	Take a gender neutral approach; include discussions	Moderate (ES2.47)	
behaviour therapy	on differences and similarities with heterosexual peers,		
for children and	sex and sexuality, and perceived adult lifestyles.		
young people			
Skills training			
Skills training	Importance of gender neutrality, areas of difference	Moderate (ES2.6,	
	and commonality with heterosexual peers,	group 3)	
	incorporation of topics of sex and sexual identity, and		
	addressing an interest in perceived adult lifestyles.		
	Provide resources, for example, on housing; formal and	Weak (ES 2.17, group	
	informal support from role models, mentors,	8)	
	counsellors, and family, provide normative data on drug	,	
	use; use a harm reduction approach based on		
	cognitive behavioural techniques; use a non-		
	judgemental facilitator; support women to make better		
	decisions and take care of themselves		
	Provide information on housing.	Moderate (ES2.19,	
	3	group 8)	
Brief interventions		3 - 1 - 7	
Brief interventions	Tailor information to the person receiving the	Moderate (ES2.31,	
(oral and written)	intervention by providing specific, individualised, and	group 10)	
(0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	concrete advice. Written information should be	g. 5 a.p . 5)	
	provided in a more interactive and attention-grabbing		
	format; formal tone and language should be adapted to		
	make it more relevant for young people.		
Motivational intervi			
Brief motivational	Interventions should be engaging, relevant and	Moderate (ES2.12,	
interviewing	creative. Foster care staff should not deliver	group 6)	
lincorviounig	interventions. Information about substance use could	g.oup o _j	
	be helpful if it was tailored to the individual and		
	discussions were not forced or mandatory.		
Other suggestions	aloudonerio word not rerect or manatery.		
	employment as well as engaging them in activities such	Moderate (ES2.18,	
	rt, music or film to create messages that might dissuade	group 8)	
	becoming interested in initiating drugs. Expose young	group o)	
people to the realities of drug misuse (for example, by arranging for them to			
speak to homeless drug-users).			
Text messaging is a culturally preferred way to communicate with foster Moderate (ES2.12,			
		group 6)	
	rmation on the risks of ecstasy use.	Weak (ES2.32, group	
Trovide general illio	imation on the hara of ecatasy use.	10)	
		1 10)	