NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Drug misuse prevention: targeted interventions

Topic

The Department of Health in England has asked NICE to produce guidance on drug misuse prevention.

This guideline will be used to develop NICE's quality standard on drug misuse prevention. It will also incorporate and replace NICE's guideline on interventions to prevent substance misuse as set out in the review decision (2014).

The guideline will cover illegal drugs and psychoactive substances ('legal highs') as well as solvents. It does not include the use of image- and performance-enhancing drugs, prescription drugs, alcohol or tobacco.

Who the guideline is for

- local authorities
- health and wellbeing boards
- commissioners of drug prevention and treatment services
- providers of drug prevention and treatment services (in the private, statutory and voluntary sector)
- practitioners with drug misuse prevention and treatment as part of their remit.

It may also be relevant for:

- other professionals such as teachers, youth workers, social workers or probation officers

- owners of and staff working in venues where drugs may be used (such as pubs, clubs or music events)
- people who use drugs, their families and carers and the public.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government and Northern Ireland Executive.

Equality considerations

NICE has carried out an equality impact assessment during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope, if this was done.

1 What the guideline is about

For the purposes of this guideline, the term 'drug misuse' refers to dependence on, or regular excessive consumption of, psychoactive substances, leading to physical, mental or social problems. It does not refer to occasional or experimental drug use.

1.1 Who is the focus?

Groups that will be covered

Children, young people and adults who are:

- most likely to start using drugs
- already experimenting or who use drugs occasionally.

This includes:

- People who frequent nightclubs or festivals.
- Men who have sex with men.
- Vulnerable groups, for example:

- people with mental health problems
- people involved in commercial sex work or who are being sexually exploited
- children and young people who are not in education or training, including those excluded from school and regular truants
- children and young people whose parents use drugs
- children and young people who are looked after.

Groups that will not be covered

- People who are already dependent[1] on drugs or who use drugs regularly and excessively.
- People in prison or young offender institutions.
- People on a drug treatment and recovery programme.

1.2 Settings

Settings that will be covered

The interventions may take place in the following settings:

- Nightclubs, pubs, festivals, music venues, 'chemsex' parties (drug use in sexual contexts by men who have sex with men) and other places where drugs may be part of the social scene.
- 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 suites.

Settings that will not be covered

- Prisons and young offender institutions.

[1] Dependence is a drug or substance habit or addiction characterised by physiological or psychological effects on withdrawal.

1.3 Activities, services or aspects of care

Key areas that will be covered

This guideline will examine interventions targeted at those most at risk (see section 1.2) that aim to:

- Prevent or delay drug use.
- Prevent someone moving from using drugs on an experimental or occasional basis to using them regularly and excessively, or becoming dependent on them.

This includes individual, group and community-based interventions that aim to achieve one or more of the following:

- Increase knowledge and awareness about the risks of drug use.
- Increase knowledge and awareness about how to reduce the risks of drug use.
- Enhance personal and social skills.

These aims may be achieved through:

  - information provision using targeted print and new media (for example, magazines, websites, social media, text messages) for different groups at risk of drug misuse
  - one-to-one information and advice given as part of planned outreach activities (for example, for young people at festivals)
  - one-to-one information provided using peer education initiatives (for example, with gay men in nightclubs)
  - opportunistic information provision (for example, provided by youth workers)
  - group-based information provision or skills training using lessons, talks and group activities (for example, targeted refusal skills training in schools and colleges)
  - family-based programmes providing structured support (including motivational interviewing for parents or carers and parental skills

training) for children and young people at risk of drug misuse (see Interventions to reduce substance misuse among vulnerable young people NICE guideline [PH4])

- group-based behaviour therapy (focusing on coping mechanisms, problem-solving and goal setting) for children who are persistently aggressive or disruptive and at risk of drug misuse (see Interventions to reduce substance misuse among vulnerable young people NICE guideline [PH4])
- parental skills training (focusing on stress management, communication skills, helping children develop problem-solving skills and setting behavioural targets) for parents or carers of children who are persistently aggressive or disruptive and at risk of drug misuse (see Interventions to reduce substance misuse among vulnerable young people NICE guideline [PH4]).

The guideline will also include a set of key messages appropriate for the interventions, populations and settings.

Areas that will not be covered

1 Universal interventions aimed at whole populations.

2 Interventions related to law enforcement or to restricting the supply of drugs.

3 Treatment of drug dependence[2]. This is covered by NICE's guidelines on treatment and care for people who misuse drugs.

4 Interventions to promote safer injecting. This is covered by NICE's guideline on needle and syringe programmes.

1.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and

[2] Dependence is a drug or substance habit or addiction characterised by physiological or psychological effects on withdrawal.

analysis. We will review the economic evidence and carry out economic analyses, using an NHS and PSS or public sector, local authority, societal or individual perspective, as appropriate.

1.5 Key issues and questions

While writing this scope, we have identified the following key issues and key questions related to them:

1 Which interventions (see section 1.3) are most effective and cost effective in preventing drug misuse among groups of people most at risk? How does effectiveness vary according to:
   - the content and framing of any message (for example, harm minimisation compared with abstinence)
   - mode of delivery (for example, use of leaflets compared with text messages)
   - who delivers it (for example, health professionals compared with members of the peer group)
   - where it is delivered (for example, youth clubs compared with schools)
   - intensity/duration of the intervention
   - intended recipient (for example, younger compared with older age groups)?

2 How acceptable are interventions that people currently receive, and what interventions and support do people feel might be more effective?

The key questions may be used to develop more detailed review questions which guide the systematic review of the literature.

1.6 Main outcomes

The main outcomes that will be considered when searching for and assessing the evidence are:

1 Quality of life measures.
2 Drug-related morbidity and mortality (for example, hospital admissions).

3 Objective measures of drug use (for example, blood or urine tests).

4 Behavioural:
   - person never uses drugs
   - onset of drug use is delayed
   - person uses drugs less frequently
   - person stops using drugs.

5 Intention not to use drugs, or to stop or reduce drug use.

6 Personal and social skills

7 Knowledge about drugs and drug-related harm, including the potential 'knock on effects' of taking drugs such as how it may affect performance in the workplace.

2 Links with other NICE guidance

2.1 NICE guidance

NICE guidance that will be updated by this guideline

- Interventions to reduce substance misuse among vulnerable young people (2007) NICE guideline PH4

2.2 NICE Pathways

When this guideline is published, the recommendations will be added to NICE Pathways. NICE Pathways bring together all related NICE guidance and associated products on a topic in an interactive, topic-based flowchart.

A draft pathway outline on targeted interventions to prevent drug misuse, based on the draft scope, is included below. It will be adapted and more detail added as the recommendations are written, during guideline development.

It will replace the pathway on reducing substance misuse among vulnerable children and young people and link to NICE's pathways on needle and syringe programmes, smoking and alcohol-use disorders.

The new NICE pathway will bring together recommendations from NICE guidelines on substance misuse prevention among vulnerable young people

and the care and treatment for people who misuse drugs (see NICE's pathway on drug misuse).

Drug misuse overview

3 Context

3.1 Key facts and figures

According to Drug misuse: findings from the 2012 to 2013 Crime Survey for England and Wales (Home Office):

- Around 1 in 12 (8.2%) adults had taken an illicit drug (excluding mephedrone) in the last year. This equates to around 2.7 million people. More than one-third of adults (35.9%) have taken an illicit drug.
- Cannabis was the most commonly used drug, with 6.4% of adults aged 16 to 59 using it in the past year and 30% having ever used it.
- The next most commonly used drugs in the past year were powder cocaine (1.9%) and ecstasy (1.3%). Along with cannabis, these were also the most used drugs in 2011/12.
- Among adults aged16 to 59, 2.8% were defined as frequent drug users (having taken any illicit drug more than once a month, on average, in the past year). This was almost twice as high (5.1%) among young adults aged 16–24.

Use of both traditional illicit drugs and new psychoactive substances seems to be highest among those who regularly visit pubs and clubs. For example, in 2012/13, people who had visited a nightclub 4 or more times in the past month were about 5 times more likely (32.5%) to have used an illicit drug in the past year, compared with those who had not (6.5%) (Annual report on the Home Office Forensic Early Warning System (FEWS): a system to identify new psychoactive substances in the UK Home Office).

There is evidence of high levels of traditional illicit drug and new psychoactive substance use among men who have sex with men. The Crime Survey for England and Wales shows that gay or bisexual men were the group most likely to have taken any illicit drug in the past year, with 33% reporting that they had done so.

Data from the Health and Social Care Information Centre show that, overall, there has been a 76.7% (6041) increase in hospital admissions for poisoning by illicit drugs since 2003/04. Numbers have increased from 7876 to 13,917 in 2013/14. Deaths from illicit drug use in England and Wales increased from 831 to 1957 between 1993 and 2013. This represents a 135% increase.

3.2 Current practice

From April 2013 local authorities, supported by health and wellbeing boards, became responsible for commissioning drug misuse treatment services (Health and Social Care Act 2012).

The Home Office's Drug strategy annual review: 2012 to 2013 highlights the key role local authorities play in helping to reduce both the supply of, and demand for, illicit drugs. This includes helping people to recover from drug addiction by providing education, housing, public health, social care and regulatory services.

3.3 Policy, legislation, regulation and commissioning

Policy

In 2010, the government published the national drug strategy for England. This set out its plans for helping people to live a drug-free life. Annual reviews report on progress and priorities for the coming year. The Drug strategy second annual review was published in December 2013.

Alongside the second annual review, the Home Office also published the Drug strategy evaluation framework outlining how the strategy's effectiveness and value for money will be evaluated.

Legislation, regulation and guidance

The Misuse of Drugs Act 1971 lists all illegal (or controlled) drugs in the UK and divides them into one of 3 'classes' – A, B and C – based on the harm they cause to people and society. Class A drugs are considered the most harmful.

Since 2010, the Misuse of Drugs Act 1971 has been amended to control new drugs, including a number of new psychoactive substances:

- a new range of synthetic cannabinoids, methoxetamine and other related compounds and O-desmethyltramadol
- desoxypipradrol (2-DPMP), its related compounds and phenazepam
- naphyrone and other synthetic cathinones, tapentadol and amineptine.

The new guideline will support existing legislation by aiming to reduce the number of people who misuse drugs.

4 Further information

This is the draft scope for consultation with registered stakeholders. The consultation dates are 4 March to 1 April 2015.

The guideline is expected to be published in January 2017.

You can follow progress of the guideline. Our website has information about

how NICE guidelines are developed.