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, new psychoactive substances ('legal highs'), solvents and image- and performance-enhancing drugs. It will consider alcohol and tobacco in the context of multicomponent interventions that mainly aim to reduce drug misuse.

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 gyms, 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

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, for example, those who:

- have mental health problems
- are involved in commercial sex work or are being sexually exploited
- are lesbian, gay, bisexual or trans
- are not in employment, education or training (including children and young people who are excluded from school or are regular truants).

It also includes children and young people whose parents use drugs or who are looked after.

1.2 Settings

Settings that will be covered

The interventions may take place in the following settings:

- 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 suites.

Settings that will not be covered

- Prisons and young offender institutions.

1.3 Activities, services or aspects of care

Key areas that will be covered

This guideline will examine targeted interventions that aim to:

- Prevent or delay drug use.
- Prevent people who are already using some drugs from moving on to other drugs.
- 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:

- Enhance personal and social skills, for example, by developing people's interpersonal skills and improving their self-confidence.
- Increase knowledge and awareness about the risks of drug use.
- Increase knowledge and awareness about how to reduce the risks and harms of drug use.

These aims may be achieved through:

 - group-based skills training or information provision using lessons, talks and activities (for example, targeted refusal skills training in schools and colleges)
 - one-to-one skills training, information provision and advice given as part of planned outreach activities (for example, for young people at festivals)
 - one-to-one skills training, advice and information provided using peer education initiatives (for example, with gay men in nightclubs)
 - opportunistic skills training, advice and information provision (for example, provided by youth workers)
 - using targeted print and new media (for example, magazines, websites, social media, text messages) for different groups at risk of drug misuse to influence social norms or enhance skills and provide information and advice
 - family-based programmes providing structured support for children and young people at risk of drug misuse (including motivational interviewing for parents or carers and parental skills training – see Interventions to reduce substance misuse among vulnerable young people NICE guideline [PH4])
 - group-based behaviour therapy for children and young people who are at risk of drug misuse (focusing on coping mechanisms, problem-solving and goal setting – see Interventions to reduce substance misuse among vulnerable young people NICE guideline [PH4])
 - parental skills training for parents or carers of children who are at risk of drug misuse (focusing on stress management, communication skills, helping children develop problem-solving skills and setting

behavioural targets – 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[1] or misuse[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 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:

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

[2] 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.

- 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 its potential effect on performance at work.

8 Co-morbid measures (for example, alcohol use).

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

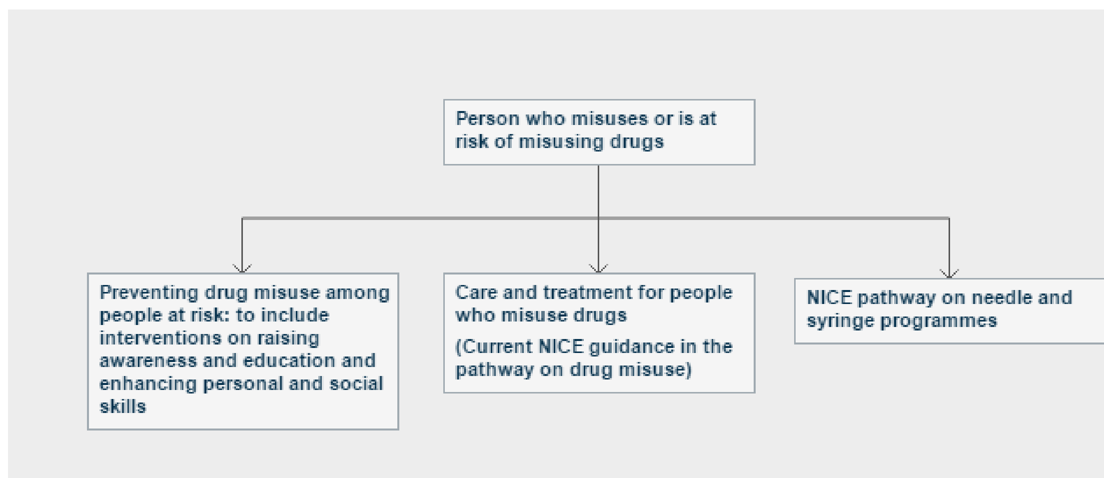
When this guideline is published, the recommendations will be added to NICE Pathways. NICE Pathways bring together all related NICE guidance and associated products on a topic in an interactive, topic-based flowchart.

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 2013 to 2014 Crime Survey for England and Wales (Home Office):

- Around 8.1% of adults had taken an illicit drug (excluding mephedrone) in the last year. This more than doubles to 18.9% among those aged 16 to 24. More than one-third of adults (35.6%) have, at some point, taken an illicit drug.
- Cannabis was the most commonly used drug in the last year, with 6.6% of those aged 16 to 59 using it (up from 6.4% in 2012/2013).
- The next most commonly used drugs were powder cocaine (2.4%) and ecstasy (1.6%). These figures are slightly higher than for 2012/13 (1.9% and 1.3% respectively).
- Among those aged16 to 59, 3.1% were defined as frequent drug users (having taken an illicit drug more than once a month, on average, in the past year). Among young adults aged 16 to 24 this figure more than doubled (6.6%).

Use of both traditional illicit drugs and new psychoactive substances seems to be highest among those who regularly visit pubs and clubs. For example, use of any class A drug in the 12 months prior to interview was around 8 times

higher among those who had visited a nightclub at least 4 times in the past month (17.1%). This is compared with those who had not visited a nightclub in the past month (2%). A similar pattern was found for those visiting pubs and bars more frequently.

Gay and bisexual adults were more likely to have taken an illicit drug in the last year than heterosexual adults. In particular, gay and bisexual men were most likely to have taken any illicit drug in the last year (33% had taken drugs in the last year compared with 22.9% of gay or bisexual women) There is also evidence of high levels of new psychoactive substance use among gay and bisexual adults.

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.
- Benzofurans
- NBOMe hallucinogens
- Tryptamines
- LSD-related compounds
- MT-45 and AH-7921 (synthetic opioids)
- 4,4'-DMAR (a stimulant).

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

4 Further information

This is the final scope incorporating comments from registered stakeholders during consultation.

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.