National Institute for Health and Care Excellence

Centre for Public Health

Review decision: April 2014

Review of public health guidance (PH4) –
Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people

1 Background information

Guidance issue date: 2007
First review date: 2010
Current review date: 2014

2 Process for reviewing guidance

Public health guidance is reviewed every 3 years to determine whether all or part of it should be updated.

- NICE convenes an expert group to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantively different recommendations. The expert group consists of selected members (including co-optees) of the original committee that developed the guidance, the review team that produced the original evidence reviews, and representatives of relevant government departments.

- NICE consults with stakeholders on its proposal for updating the guidance.
• NICE may amend its proposal, in light of feedback from stakeholder consultation.

• NICE determines where any guidance update fits within its work programme, alongside other priorities.

The assessment of the evidence by the expert group for this guidance will also inform an Evidence Update on this topic.

Evidence Updates are produced by NICE and are currently published on NICE’s Evidence Search website, a service that enables access to authoritative clinical and non-clinical evidence and best practice through a web based portal. Evidence Updates highlight new evidence relating to published NICE guidance, where that evidence supports current guidance, or where new evidence is identified that may be of interest to practitioners. They are based on the scope of the particular guidance they relate to, and provide a commentary on a selection of new articles published since the guidance was issued. They do not replace the guidance.

More information on the process and methods used to produce evidence updates can be found here. The Evidence Update on this topic will be published alongside the final review decision for this guidance.

3 Consideration of the evidence and changes in policy and practice

The expert group met in December 2013 to discuss published research of relevance to the current recommendations, informed by literature searches. They also discussed changes to policy and organisations that might affect the recommendations.

Literature searches, selection and appraisal

The literature was searched to identify studies and reviews relevant to the scope. Searches covered the dates 6 April 2006 (the end of the search period of NICE public health guidance 4) to 6 September 2013. The search terms

1 http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates
used in the original review conducted as part of the work on PH4 were also used for these searches, with the addition of key new drug terms proposed by the Chair of the expert group and the Centre for Public Health relating to drugs which had become more common since 2006.

Following a literature search based on the specified search terms, a total of 6,008 pieces of evidence were initially identified. Following removal of duplicates and a series of automated and manual sifts, a sifted list of 117 papers was prepared. The literature was narrowed down by focusing on the papers that constituted the highest level of evidence, specifically systematic reviews and RCTs, and by using papers that addressed issues most relevant to the PH4 guidance.

The Chair of the expert group prioritised papers from this shortlist which resulted in a final set of 30 papers for consideration and discussion by the expert group (see References).

**Recommendation 1 and 2 (local strategy, and screening and assessment)**

Expert group discussions included the issues of whether each of the recommendations in the current version of PH4 were still relevant and based on the best available evidence.

With respect to recommendations 1 and 2, the expert group agreed that the language of these recommendations was out of date, particularly with respect to age banding.

**Recommendation 3 (family-based programmes)**

The expert group felt that there was a clear need to look at more recent evidence.

The expert group noted that there is some new evidence to suggest that interventions of shorter duration may be effective (Pantin et al 2009; Prado et al 2012). They also focused on new evidence from studies that had some
success with interventions for specified vulnerable groups (Pantin et al 2009; Prado et al 2012).

**Recommendation 4 (aggressive or disruptive children)**

The expert group did not feel that any of the new evidence contradicts recommendation 4.

**Recommendation 5 (existing substance misusers)**

It was noted by the expert group that there are a variety of different groups of vulnerable children, and that motivational interviewing success could differ by sub-groups. For example, one type of sub-group classification is grouping by the seriousness of the problem. Children in different age bandings also constitute other sub-groups, for which the success of motivational interviewing might vary. Leading on from this, it was agreed that age groups should be disaggregated and spelt out in this recommendation.

The expert group noted that there is more evidence available about the content of these types of interventions and that it may be possible to provide more details in the guidance.

**4 Implementation and post publication feedback**

General feedback to the Implementation field team was that the guidance is seen as useful, respected, and easy to use. No specific quantitative studies on implementation were known to exist in the published literature.

No new evidence was identified through post publication enquiries or implementation feedback that would indicate a need to update the guidance.

**5 Stakeholder consultation**

The proposal put to stakeholders was that there appeared to be sufficient evidence to update several of the recommendations, and that there could also be standardisation of specified age group bandings to reflect current public sector practice. In addition, it was proposed that the language of the recommendations needs refreshing to reflect the current policy context and
delivery structures. Registered stakeholders were invited to comment on the proposal during a 2 week consultation in February 2014. There were nine responses to the consultation, including from the Department of Health, Public Health England, Public Health Wales, four Royal colleges, and two third sector organisations.

Both the Department of Health and Public Health England felt that sufficient time has passed for there to be an update to this guidance, and all other respondents either also explicitly endorsed this view, or it was implicit in suggestions they gave that there needed to be a revision of some kind.

There were some suggestions that there are new substance misuse interventions that could be considered by NICE. Some stakeholders disagreed with some of the individual studies and approaches endorsed by the existing guidance. Other than a further group of comments that were out of scope, no other substantive issues were identified by stakeholders.

6 Equality and diversity considerations

There has been no evidence to indicate that the guidance does not comply with anti-discrimination and equalities legislation.

7 Conclusion

Stakeholders confirmed the view of the expert group that there appears to be sufficient evidence to update several of the recommendations. While the related Evidence Update for this topic identified few studies which seemed likely to have a direct impact on the recommendations, it is based on a selection of RCT evidence and systematic reviews, rather than the wider evidence base used to develop NICE public health guidance. In addition, it is possible that the evidence base – in combination with the changes to policy context – is now so different from 2007 when the guidance was originally published, that an update will reveal other issues that need to be addressed.
The expert group and stakeholders also felt that there should be standardisation of specified age group bandings to reflect current public sector practice, and that in addition, the language of the recommendations needs refreshing to reflect the current policy context and delivery structures.

8  Review decision

The guidance will be updated.

March 2014
References considered by the Expert Group


