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Complete Summary

GUIDELINE TITLE

Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people.

BIBLIOGRAPHIC SOURCE(S)

National Institute for Health and Clinical Excellence (NICE). Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 Mar. 46 p. (Public health intervention guidance; no. 4). [22 references]

GUIDELINE STATUS

This is the current release of the guideline.

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SCOPE

DISEASE/CONDITION(S)

Substance misuse

GUIDELINE CATEGORY

Assessment of Therapeutic Effectiveness
Counseling
Prevention

CLINICAL SPECIALTY

Family Practice
Nursing
Pediatrics
Psychiatry
Psychology

INTENDED USERS

Advanced Practice Nurses
Hospitals
Nurses
Physician Assistants
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Public Health Departments
Substance Use Disorders Treatment Providers

GUIDELINE OBJECTIVE(S)

To reduce substance misuse among vulnerable and disadvantaged children and young people

TARGET POPULATION

Vulnerable and disadvantaged children and young people under age 25 who are at risk of misusing substances including:

- Those whose family members misuse substances
- Those with behavioural, mental health or social problems
- Those excluded from school and truants
- Young offenders
- Looked after children
- Those who are homeless
- Those involved in commercial sex work
- Those from some black and minority ethnic groups

INTERVENTIONS AND PRACTICES CONSIDERED

1. Screening and assessment to identify young people misusing or at risk of misusing substances
2. Brief interventions in educational or other community settings
3. Family-based programme of structured support
4. Family therapy
5. Group-based behavioural therapy (for children)
6. Group based training in parenting skills (for parents/carers)
7. Motivational interviews

MAJOR OUTCOMES CONSIDERED

- Prevention of substance misuse
- Reduction of problematic substance misuse

- Cost effectiveness of community-based interventions

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Key Questions

Key questions were established as part of the scope. They formed the starting point for the reviews of evidence and facilitated the development of recommendations by the Public Health Interventions Advisory Committee (PHIAC). Refer to appendix D in the original guideline document for a list of key questions.

Reviewing the Evidence of Effectiveness

A review of effectiveness was conducted.

Identifying the Evidence

The following databases were searched for primary studies and reviews published between 1990 and April 2006:

- ASSIA
- CINAHL
- Cochrane CENTRAL
- Cochrane Database of Systematic Reviews (CDSR)
- Database of Abstracts of Reviews of Effects (DARE)
- Embase
- ERIC
- Medline
- PsycINFO
- Sociological Abstracts

Further details of the search terms and strategies are included in the review report available at http://guidance.nice.org.uk.

Selection Criteria

Studies were included if they:

- Described *selective* or *indicated* small scale, community-based interventions that aimed to prevent, delay the initiation of, reduce or stop substance use
- Targeted vulnerable or disadvantaged children and young people up to the age of 25

Studies were excluded if they described an intervention that:

- Was delivered to all children and young people, regardless of their likelihood of misusing substances
- Focused on preventing or reducing the adverse physiological and psychological effects of substance use
- Aimed to prevent or reduce alcohol or tobacco use alone, unless it was delivered as part of a broader strategy to reduce concurrent use of multiple substances (including illicit drugs).

Economic Appraisal

The economic appraisal consisted of a review of economic evaluations and a cost-effectiveness analysis.

Review of Economic Evaluations

A systematic search was carried out on the National Health Services Economic Evaluation Database (NHSEED) and Health Economic Evaluation Database (HEED) databases. This was supplemented by material found in the accompanying effectiveness review, as well as studies identified via the Economic and Social Research Council (ESRC) Evidence Network and consultation with experts. Five studies met the inclusion criteria applied to the accompanying effectiveness review. These were assessed for quality using a checklist based on the criteria developed by Drummond and colleagues (1997). Studies were then given a score (++, +, -) to reflect the risk of potential bias arising from their design and execution (see Appendix E in the original guideline document).

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Study Type

- Meta-analyses, systematic reviews of randomized controlled trials (RCTs), or RCTs (including cluster RCTs)
- Systematic reviews of, or individual, non-randomised controlled trials, case-control studies, cohort studies, controlled before-and-after (CBA) studies, interrupted time series (ITS) studies, correlation studies
- Non-analytical studies (for example, case reports, case series)
- Expert opinion, formal consensus

Study Quality

++ All or most of the criteria fulfilled. Where they have not been fulfilled the conclusions are thought very unlikely to alter.

+ Some criteria have been fulfilled. Those criteria that have not been fulfilled or not adequately described are thought unlikely to alter the conclusions.

- Few or no criteria fulfilled. The conclusions of the study are thought likely or very likely to alter.

The interventions were also assessed for their applicability to the UK and the evidence statements were graded as follows:

A. Likely to be applicable across a broad range of settings and populations
B. Likely to be applicable across a broad range of settings and populations, assuming they are appropriately adapted
C. Applicable only to settings or populations included in the studies – broader applicability is uncertain
D. Applicable only to settings or populations included in the studies

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Quality Appraisal

Included papers were assessed for methodological rigour and quality using the National Institute for Health and Clinical Excellence (NICE) methodology checklist, as set out in the NICE technical manual "Methods for Development of NICE Public Health Guidance" (see "Availability of Companion Documents" field in this summary). Each study was described by study type and graded (++, +, -) to reflect the risk of potential bias arising from its design and execution.

Summarising the Evidence and Making Evidence Statements

The review data was summarised in evidence tables (see full review).

Effectiveness was assessed at five intervals:

- Immediate term (up to and including 7 days)
- Very short term (8–31 days)
- Short term (1–6 months)
- Medium term (6 months to 1 year)
- Long term (1 year or more)

The findings from the studies were synthesised and used as the basis for a number of evidence statements relating to each population, type of intervention, primary and secondary outcomes. The evidence statements reflect the strength (quantity, type and quality) of evidence and its applicability to the populations and settings in the scope.

Cost-effectiveness Analysis

An economic model was constructed to incorporate data from the reviews of effectiveness and cost effectiveness. The aim was to estimate the cost effectiveness of all interventions which met the inclusion criteria.

A number of assumptions were made which could underestimate or overestimate the cost effectiveness of the interventions. The results are reported in "Public Health Interventions Advisor Committee 5.4a: Modelling the cost effectiveness of community-based substance misuse interventions for vulnerable young people." (Matrix RCL) and "PHIAC 7.5b: Modelling the cost effectiveness of community-based substance misuse interventions for vulnerable young people – Supplementary analysis" (Matrix RCL). They are available on the National Institute for Health and Clinical Excellence Web site at: http://guidance.nice.org.uk/.

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Informal Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

How Public Health Interventions Advisor Committee (PHIAC) Formulated the Recommendations

At its meetings in September and October 2006, the Public Health Interventions Advisor Committee **(**PHIAC) considered the evidence of effectiveness and cost effectiveness. In addition, at its meeting in January 2007, it considered comments from stakeholders and the results of fieldwork to determine:

- Whether there was sufficient evidence (in terms of quantity, quality and applicability) to form a judgment
- Whether, on balance, the evidence demonstrates that the intervention is effective or ineffective, or whether it is equivocal
- Where there is an effect, the typical size of effect

PHIAC developed draft recommendations through informal consensus, based on the following criteria.

- Strength (quality and quantity) of evidence of effectiveness and its applicability to the populations/settings referred to in the scope
- Effect size and potential impact on population health and/or reducing inequalities in health
- Cost effectiveness (for the National Health Service and other public sector organisations)
- Balance of risks and benefits
- Ease of implementation and the anticipated extent of change in practice that would be required

Where possible, recommendations were linked to an evidence statement(s) – see appendix A in the original guideline document for details. Where a

recommendation was inferred from the evidence, this was indicated by the reference 'IDE' (inference derived from the evidence).

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

It was judged that the recommended interventions are likely to be cost effective. See "Modelling the cost effectiveness of community-based substance misuse interventions for vulnerable young people" (main and supplementary reports) for further details. They are available from http://guidance.nice.org.uk/.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The draft guidance, including the recommendations, was released for consultation in November 2006. The guidance was signed off by the National Institute for Health and Clinical Excellence (NICE) Guidance Executive in March 2007.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

This document constitutes the Institute's formal guidance on community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people. The recommendations in this section are presented without any reference to evidence statements. Appendix A in the original guideline document repeats the recommendations and lists their linked evidence statements.

Community-based interventions are defined as interventions or small-scale programmes delivered in community settings, such as schools and youth services. They aim to change the risks factors for the target population.

For the purposes of this guidance, substance misuse is defined as intoxication by – or regular excessive consumption of and/or dependence on psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs (including alcohol when used in combination with other substances).

Recommendation 1

Who is the target population?

Any child or young person under the age of 25 who is vulnerable and disadvantaged

Who should take action?

Local strategic partnerships

What action should they take?

- Develop and implement a strategy to reduce substance misuse among vulnerable and disadvantaged people aged under 25, as part of a local area agreement. This strategy should be:
    - Based on a local profile of the target population developed in conjunction with the regional public health observatory. The profile should include their age, factors that make them vulnerable and other locally agreed characteristics
    - Supported by a local service model that defines the role of local agencies and practitioners, the referral criteria and referral pathways.

Recommendation 2

Who is the target population?

Any child or young person under the age of 25 who is vulnerable and disadvantaged

Who should take action?

Practitioners and others who work with vulnerable and disadvantaged children and young people in the National Health Service (NHS), local authorities and the education, voluntary, community, social care, youth and criminal justice sectors. In schools this includes teachers, support staff, school nurses and governors.

What action should they take?

- Use existing screening and assessment tools to identify vulnerable and disadvantaged children and young people aged under 25 who are misusing -- or who are at risk of misusing – substances. These tools include the Common Assessment Framework and those available from the National Treatment Agency.
- Work with parents or carers, education welfare services, children's trusts, child and adolescent mental health services, school drug advisers or other specialists to:
    - Provide support (schools may provide direct support)
    - Refer the children and young people, as appropriate, to other services (such as social care, housing or employment), based on a mutually agreed plan. The plan should take account of the child or young person's needs and include review arrangements.

Recommendation 3

Who is the target population?

- Vulnerable and disadvantaged children and young people aged 11–16 years and assessed to be at high risk of substance misuse
- Parents or carers of these children and young people

Who should take action?

Practitioners and others who work with vulnerable and disadvantaged children and young people in the NHS, local authorities and the education, voluntary, community, social care, youth and criminal justice sectors. In schools this includes teachers, support staff, school nurses and governors.

What action should they take?

- Offer a family-based programme of structured support over 2 or more years, drawn up with the parents or carers of the child or young person and led by staff competent in this area. The programme should:
    - Include at least three brief motivational interviews (see glossary) each year aimed at the parents/carers
    - Assess family interaction
    - Offer parental skills training
    - Encourage parents to monitor their children's behaviour and academic performance
    - Include feedback
    - Continue even if the child or young person moves schools.
    - Offer more intensive support (for example, family therapy) to families who need it.

Recommendation 4

Who is the target population?

- Children aged 10–12 who are persistently aggressive or disruptive and assessed to be at high risk of substance misuse.
- Parents or carers of these children.

Who should take action?

Practitioners trained in group-based behavioural therapy.

What action should they take?

- Offer the children group-based behavioural therapy over 1 to 2 years, before and during the transition to secondary school. Sessions should take place once or twice a month and last about an hour. Each session should:
    - Focus on coping mechanisms such as distraction and relaxation techniques
    - Help develop the child's organisational, study and problem-solving skills
    - Involve goal setting

- Offer the parents or carers group-based training in parental skills. This should take place on a monthly basis, over the same time period described above for the children). The sessions should:
    - Focus on stress management, communication skills to help develop the child's social-cognitive and problem-solving skills
    - Advise on how to set targets for behaviour and establish age-related rules and expectations for their children.

Recommendation 5

Who is the target population?

Vulnerable and disadvantaged children and young people aged under 25 who are problematic substance misusers (including those attending secondary schools or further education colleges).

Who should take action?

Practitioners trained in motivational interviewing.

What action should they take?

- Offer one or more motivational interviews (see glossary), according to the young person's needs. Each session should last about an hour and the interviewer should encourage them to:
    - Discuss their use of both legal and illegal substances
    - Reflect on any physical, psychological, social, education and legal issues related to their substance misuse
    - Set goals to reduce or stop misusing substances

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type and quality of supporting evidence is identified and graded for each recommendation (see Appendix A of the original guideline document).

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Prevention and reduction of substance misuse among vulnerable and disadvantaged individuals under the age of 25 years

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The Healthcare Commission assesses the performance of National Health Service (NHS) organizations in meeting core and developmental standards set by the Department of Health in "Standards for Better Health" issued in July 2004. The implementation of National Institute for Health and Clinical Excellence (NICE) public health guidance will help organisations meet the standards in the public health (seventh) domain in "Standards for Better Health." These include the core standards numbered C22 and C23 and developmental standard D13. In addition, implementation of NICE public health guidance will help meet the health inequalities target as set out in "The NHS in England: the operating framework for 2006/7."

Integrated Support for NICE Guidance On Substance Misuse

NICE will provide integrated support to help implement the recommendations made in this guidance and two related clinical guidelines on drug misuse (on psychosocial interventions and detoxification). The latter are due to be published in July 2007. (Clinical guidelines are recommendations by NICE on the appropriate treatment and care of people with specific diseases and conditions within the NHS.)

The following are available on the NICE website (www.nice.org.uk/PHI004) (see also "Availability of Companion Documents" field).

- A costing statement outlining the approach being taken to create a joint costing report and template for both the clinical guidelines and the public health intervention. It will also describe costing work completed on two technology appraisals on drug misuse published by the Institute in January 2007.
- An implementation briefing statement which describes the future support being planned for practitioners who use this guidance.

At the launch of the two clinical guidelines (due to be published in July 2007) the following will be available on the NICE website.

- Costing tools
    - A national costing report which estimates the resource impact of implementing all three pieces of guidance
    - A local costing template: a simple spreadsheet that can be used to estimate the local cost of implementation.

Approximately 10 weeks after the launch of the two clinical guidelines the following will be available on the NICE website.

- A slide set to support awareness raising activities and outlining key messages for local discussion

- Implementation advice offering practical ways to overcome potential barriers to implementation
- Audit criteria to help organisations review and monitor practice against NICE guidance

IMPLEMENTATION TOOLS

Quick Reference Guides/Physician Guides
Resources

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

National Institute for Health and Clinical Excellence (NICE). Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 Mar. 46 p. (Public health intervention guidance; no. 4). [22 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2007 Mar

GUIDELINE DEVELOPER(S)

National Institute for Health and Clinical Excellence (NICE) - National Government Agency [Non-U.S.]

SOURCE(S) OF FUNDING

National Institute for Health and Clinical Excellence (NICE)

GUIDELINE COMMITTEE

NICE Project Team
Public Health Interventions Advisory Committee (PHIAC)

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

NICE Project Team Members: Professor Mike Kelly, CPHE Director; Simon Ellis, Associate Director; Dr Nichole Taske, Analyst; Dr Amanda Killoran, Analyst; Dr Louise Millward, Analyst; Chris Carmona, Analyst; Dr Alastair Fischer, Health Economics Adviser

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

All members of the Public Health Interventions Advisory Committee are required to make an oral declaration all potential conflicts of interest at the start of the consideration of each public health intervention appraisal. These declarations will be minuted and published on the National Institute for Health and Clinical Excellence (NICE) website.

Members are required to provide in writing an annual statement of current conflicts of interests, in accordance with the Institute's policy and procedures.

Potential members of the Public Health Programme Development Groups (PDG), and any individuals having direct input into the guidance (including expert peer reviewers), are required to provide a formal written declaration of personal interests. A standard form has been developed for this purpose which also includes the Institute's standard policy for declaring interests. This declaration of interest form should be completed before any decision about the involvement of an individual is taken.

Any changes to a Group member's declared conflicts of interests should also be recorded at the start of each PDG meeting. The PDG Chair should determine whether these interests are significant. If a member of the PDG has a possible conflict of interest with only a limited part of the guidance development or recommendations, that member may continue to be involved in the overall process but should withdraw from involvement in the area of possible conflict. This action should be documented and be open to external review. If it is considered that an interest is significant in that it could impair the individual's objectivity throughout the development of public health guidance, he or she should not be invited to join the group.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) format from the National Institute for Health and Clinical Excellence (NICE) Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Interventions to reduce substance misuse among vulnerable young people. Quick reference guide. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 Mar. 6 p. (Public Health Intervention Guidance 4). Available in Portable Document Format (PDF) from the National Institute for Health and Clinical Excellence (NICE) Web site.
- Implementation and costing statement: public health guidance on substance misuse interventions. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 Mar. 2 p. (Public Health Intervention Guidance 4). Available in Portable Document Format (PDF) from the NICE Web site.

- Methods for development of NICE public health guidance. London (UK): National Institute for Health and Clinical Excellence (NICE); 2006 Oct. 131 p. Available in Portable Document Format (PDF) from the NICE Web site.

Print copies: Available from the National Health Service (NHS) Response Line 0870 1555 455. ref: N1187. 11 Strand, London, WC2N 5HR.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on June 20, 2007. The information was verified by the guideline developer on July 17, 2007.

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