

If drug prevention in schools is ineffectual, as the ACMD's new report suggests, what lessons can we learn? Action on Addiction invited experts to give their perspectives at a 'new directions' conference this week. DDN reports.



What's the way forward for drug education?

'Be open to new ways'

'Rhetoric is not good enough. We need evidence on what works, and individual prevention initiatives,' said Professor John Strang, director of the National Addiction Centre.

There's evidence of a flop, he said – 'and that flop is our huge prevention programme throughout the world'. Were there other ways of prevention for young people?, he asked.

Prof Strang suggested that we need to go 'from flop to Fosbury Flop', and summoned the example of Dick Fosbury's inspirational new way of tackling the high jump at the 1968 Olympic Games. His message was that we need to be open to ways of doing things differently.

Drug prevention meant noticing alcohol and tobacco as well as

tabloid coverage, he stressed. There were many different ways of looking at prevention, but all depended on understanding the nature of the relationship between drug use and harm. Not all harms could be associated with dependence – drink driving for example.

Clues to consumption levels were found in the price of both licit and illicit drugs: data for tobacco showed an extraordinarily close relationship, and heroin now costs about a third less than it did 25 years ago, he pointed out.

New work was being done on prevention approaches, with harm reduction a guiding principle. Prof Strang underlined the ACMD report's recommendation that any drug prevention initiative should be designed with evaluation in mind.

'Evaluation is essential'

Dr John McLeod of the University of Birmingham examined what we know about substance misuse patterns in young people, and concluded that the UK evidence base is rather scant.

'We need evidence from large longitudinal studies – and studies that measure consequences. Also cross-sectional surveys and snapshots,' he said.

What we do know is that drug use reflects availability, he pointed out, and tends to peak in the mid to late teens. The number of alcohol users are stable, he said, but overall consumption of alcohol is up.

'We're now at a situation where most young people use alcohol, and about a third smoke. Cannabis use has increased substantially,' he added.

Risk factors for drug use were found

to be genes, parental drug use and smoking, but it was hard to explain the huge increase in drug use, using these individual factors.

'A lot of use is by young people who are not identified with risk factors – which is why a lot of prevention is not a success,' Dr McLeod explained.

While the health risks of taking drugs or drinking more than 21 units of alcohol a week were becoming well charted, it was not known how to prevent problem drug use effectively. But Dr McLeod said this was no excuse for not rising to the challenge of finding preventions that do more good than harm, and called for evaluated research.

He suggested that a logical direction would be to focus preventative efforts on those experiencing adversity and social disadvantage in early life – a key recommendation of the ACMD report.

'Young people need accurate and credible information'

Dr Laurence Gruer, director of public health science at MHS Health Scotland and a member of the ACMD, gave insight to the report's 'elephantine gestation', involving civil servants representing key government departments.

The result, he believed, gave a fresh look at patterns and trends, including tobacco and alcohol for the first time, as they are 'no less harmful'. The report aimed to recommend practical ways of reducing use, gave evidence of how easy it is to get different drugs, looked at ways of prevention, and weighed up implications of research for policy.

'If we compare ourselves to the rest of Europe, we have some of the highest drug use,' he pointed out. 'We need to look and see if we can learn.'

The ACMD had been particularly concerned about trends on alcohol consumption, particularly among young women, he said. They had looked closely at substance misusers' circumstances and home background, and the effect of substances being cheap and easy to obtain, despite substantial efforts by police. A picture had emerged of Britain as a 'dangerously tempting and inviting environment'.

Looking at evidence of school-based initiatives, many were flawed, said Dr Gruer, with little information on exactly what's done. Most school programmes had great variability and gave a very mixed picture, accompanied by few evaluations of effectiveness.

Dr Gruer highlighted rigorously researched, evidence-based policy as the way forward, underpinned by accurate and credible information for young people on risks of substances. Tough measures on enforcing age limits, raising duties to affect prices, and restricting advertising for legal substances should be complemented by the report's initiatives on targeting vulnerable children, supporting those from disadvantaged backgrounds and recognising the value of good parenting.

Adding alcohol and tobacco to the ACMD's remit had given a more integrated approach to all psychoactive drugs, he added.

'Engage with partners to develop solutions'

Elaine Runswick, director of student support and partnerships at Barnet College in London, gave insight to developing drug intervention programmes in further education.

It was a chance to facilitate social inclusion, particularly among the large proportion of students from disadvantaged areas, she said. The further education sector included more than 250 colleges in England, with over 3m learners annually engaging in a variety of activities, from AS/A levels to employment skills. Many were looking for a second chance at education and skills.

Drug problems don't manifest themselves very easily in the college environment, Ms Runswick explained. Her own college had experienced problems of people coming into the grounds to deal and they had to work with police and security guards. 'It can

be a challenge making sure students are safe,' she said.

The college had developed a drug and alcohol prevention policy, and disciplinary procedures for when things went wrong. Every student has a personal tutor who looks after welfare and personal support, and they can have access to counsellors, welfare advice staff, learning mentors, a youth and community team, and staff to guide them on careers and education. In addition they have good partnership working with Connexions and Impact.

A rise in drug usage in a local estate triggered the initiative of an agency coming into college to work with them, said Ms Runswick. They now helped with training, further development of drug and alcohol prevention programmes, and worked directly with young learners.

'We all need to be engaging in developing solutions,' she commented.

'Start by looking at what already works'

Nicola Singleton is principal research officer at the Home Office crime and drugs analysis research programme. She explained that the evidence-based education programme 'Blueprint' is now in its final stages of developing a model of best practice for drugs education.

'We're trying to get people out of silos and focusing on kids' needs across the board,' she said, explaining that the programme had taken on alcohol, tobacco and volatile organic substances as well as illegal drugs.

'Blueprint wasn't trying to reinvent the wheel. It was developed from an evi-

dence base and evaluation was integral to the process,' stressed Ms Singleton.

A starting point had been looking at key features of education programmes that worked. 'We identified features that would meet the needs of schools as effectively as possible,' she said.

Young people's involvement needed to be interactive to give insight to their perceptions. 'Getting kids to evaluate what's going on highlights that there's not as much drug-taking going on as they think,' she revealed.

Fifteen lesson plans were developed with an editor of education material, then piloted with four areas in the East Midlands and North West England over two years. Findings from a four-year evaluation of the pilot will be due late next year.

'Take a multi-pronged approach'

Sara Skodbo, Home Office senior research officer, added that involving parents in Blueprint had been difficult, but had been attempted through homework exercises. Media sessions had been held for local journalists, to encourage a positive local culture around drug education.

Involving the community had entailed engaging schools, retailers, health policies, media, parents, local DATs, and the Parent Trust, among others.

'A multi-pronged approach will maximise outcomes,' she explained.

Findings have already been used in developing key stage 3 resources in schools; the evaluation questions include the basic question to teachers and young people: do you think Blueprint works? **DDN**

How would you move forward? Responses from the panel to audience questions

Dr Laurence Gruer:

'We have identified a massive dilemma: how draconian should you try to be? Do you go as far as preventing drug users from having kids? Do you take kids away? Or do you support families? The latter would be desirable. We're trying to help parents as much as possible.'

'I would put up the price of alcohol. I would make a ban on smoking in public places active in England – it would stop young people from starting to smoke.'

'I would not consider that the benefits of drug testing would outweigh the disadvantages. There are false positives and vast apparatus. If we took it to disadvantaged areas it would be hugely chaotic.'

Professor John Strang:

'There are very simple things we can do; our approach should be to quantify the effects. Science ought to be able to inform our thinking better... it's well worth trivial investments for a large return.'

'I would make good shrewd investment in strategic research. And more investment in causing the change for people who want to get out of the situation they're in. Most change occurs through own self-initiative, not treatment – so we need something that guides that.'

I agree [with the doubts about drug testing]. If you have what seems like a good idea, you need to think it through. You can even buy sachets of clean urine on the net in the US. I want to know how big an impact things have; what I'm not happy about is seeing investment without evidence of impact.'

Dr John McLeod:

'We need to clarify pathways. Parents share genes – but this doesn't lend itself to intervention strategy. So it makes sense to focus on disadvantages, not drug use.'

'I would like to see more funding for research and more evaluation of policy – policies directed at redressing disadvantages in young children. I want a war on childhood disadvantage.'

'I've no idea how we make drugs unfashionable. Drug testing is a screening intervention – there's no basis to say it's useful at the moment. I hope it'll be evaluated for harm if it's introduced.'

And a comment from the floor...

'The strength of alcoholic beverages was 2.5 per cent several years ago. It's now difficult to buy less than 4.5 per cent. Binge drinking blames the consumer.'