

**Quick reference guide**

## **Interventions to reduce substance misuse among vulnerable young people**

This quick reference guide presents the recommendations on 'Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people'. It is for NHS and non-NHS practitioners and others who have a direct or indirect role in – and responsibility for – reducing substance misuse. This includes those working in local authorities and the education, voluntary, community, social care, youth and criminal justice sectors.

**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).

**Vulnerable and disadvantaged children and young people** aged under 25 who are at risk of misusing substances include:

- 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.

### **NICE public health intervention guidance 4**

NICE public health guidance makes recommendations on the promotion of good health and the prevention of ill health. This guidance represents the views of the Institute and was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities and the wider public, voluntary and community sectors should take it into account when carrying out their professional, managerial or voluntary duties.

## Recommendations

### 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 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<sup>1</sup> 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 years 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 (as described above for the children). The sessions should:
  - focus on stress management, communication skills and how 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.

<sup>1</sup> A brief psychotherapeutic intervention.

## 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<sup>1</sup> 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.

## Implementation tools

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](http://www.nice.org.uk/PHI004)).

- 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.

Once the two clinical guidelines are published, the following will also 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.
- 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.

## Further information

You can download the following documents from [www.nice.org.uk/PHI004](http://www.nice.org.uk/PHI004)

- A quick reference guide (this document) for professionals and the public.
- The guidance, which includes all the recommendations, details of how they were developed and evidence statements.
- Supporting documents, including an evidence review and an economic analysis.

For printed copies of the quick reference guide, phone the NHS Response Line on 0870 1555 455 and quote N1187.

## Related NICE guidance

### Published

- Methadone and buprenorphine for the management of opioid dependence. NICE technology appraisal guidance 114 (2007). Available from [www.nice.org.uk/TA114](http://www.nice.org.uk/TA114)

- Naltrexone for the management of opioid dependence. NICE technology appraisal guidance 115 (2007). Available from [www.nice.org.uk/TA115](http://www.nice.org.uk/TA115)
- Brief interventions and referral for smoking cessation in primary care and other settings. NICE public health intervention guidance 1 (2006). Available from [www.nice.org.uk/PHI001](http://www.nice.org.uk/PHI001)

### Under development

- Drug misuse: opiate detoxification of drug misusers in the community and prison settings. NICE clinical guideline (due July 2007).
- Drug misuse: psychosocial management of drug misusers in the community and prison settings. NICE clinical guideline (due July 2007).
- The most appropriate generic and specific interventions to support attitude and behaviour change at population and community levels. NICE public health programme guidance (due October 2007).

- The optimal provision of smoking cessation services, including the provision of nicotine replacement therapy (NRT), for primary care, pharmacies, local authorities and workplaces, with particular reference to manual groups, pregnant smokers and hard to reach communities. NICE public health programme guidance (due November 2007).
- Community engagement and community development approaches including the collaborative methodology and community champions. NICE public health programme guidance (due February 2008).

## Updating the recommendations

In March 2010, this guidance will be reviewed and the state of the evidence base at that time will be reassessed. A decision will then be made about whether it is appropriate to update the guidance. If it is not updated at that time, the situation will be reviewed again in March 2012.

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