Substance Misuse Education and Prevention Interventions in Scotland: Rapid Review Mapping Exercise

Introduction

1. In November 2016, the Scottish Government and the Partnership for Action on Drugs in Scotland launched a mapping exercise of substance misuse education and prevention interventions taking place across Scotland for school-aged children and young people (under 25). This mapping exercise comprised a short qualitative survey issued to named persons within all Local Authorities and Alcohol and Drug Partnerships (ADPs) in Scotland; it posed a series of questions designed to elicit the known types of intervention typically taking place within these authorities' respective localities. This document sets out our findings and an analysis of the results, including some recommendations for next steps.

2. The mapping exercise flows directly from an identified need to better understand the evidence on the effectiveness of substance misuse prevention activity and whether the activity that is routinely taking place is informed directly by the latest trends in the extant evidence. It is part of a package of activity, including a review of existing literature, which has been designed to ensure that the Scottish Government’s education and prevention policy priorities are firmly aligned with key recommendations emerging from rigorous and peer-reviewed sources. A key priority of our policy approach, as articulated in our National Drugs Strategy, Road to Recovery (2008) is to prevent substance misuse and the uptake of drug use in children and young people. Equally, we seek to elicit best value from existing resource inputs in this area and will use the findings of this exercise to review where the Scottish Government directly supports the delivery of Education and Prevention Interventions. In July 2017, the Minister for Public Health and Sport, Aileen Campbell MSP, announced a refresh of the existing drugs strategy. It is anticipated that the findings and recommendations contained in this mapping exercise will prove useful in informing the on-going direction of travel.

3. Both the Report of the Special Working Group on Prevention (2012) and the National Research Framework for Problem Drug Use and Recovery (2015) identified a need to generate a contemporary understanding of current prevention activity in Scotland. The analysis of the evidence presented herein is accordingly a useful starting point in generating that contemporary picture, nevertheless, it must be acknowledged at the outset that the findings presented do not fully represent the whole story. Some limitations were presented by the scope and scale of the exercise that we were able to undertake within available resource and time constraints. Furthermore, the ‘picture’ generated is heavily dependent on the comprehensiveness of the survey responses received; acknowledging also that not all Local Authorities and ADPs responded. Further substantive detail is provided in the analysis of responses set out later in this report.
Context

4. It is recognised that trends in adolescent substance misuse in Scotland show a general decline over time. We understand that this is the case elsewhere in the UK and Ireland also. The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) shows that the proportion of pupils who reported that they had used drugs in the last month has been gradually decreasing since 2002, subject to intermediary fluctuations in self-reported drug use amongst 15 year old boys, which shows a slight increase between 2013 and 2015. Across, drugs, alcohol and tobacco, prevalence in young people has remained largely stable since 2013, against a wider backdrop of considerable decline over the last two decades.

5. This general trend is to be welcomed, though there is little understanding currently as to why this is the case and what the specific contribution of drug prevention education has played in this. Though this question cannot be fully answered by this mapping exercise, some inferences can be drawn as to the value of existing interventions in relation to how closely they correspond with the international evidence base on what works in drug education and prevention. Accordingly, it is strongly recommended that the results presented herein are read alongside the corresponding literature review: “What works’ in drug education and prevention?”, published by the Scottish Government Health and Social Care Research Unit in December 2016.

Approach

6. It was initially hoped that we would directly survey all secondary schools in Scotland, in order to build a detailed picture of what is taking place in each school and identify, within authorities, variances in approach. Nevertheless, operational, logistical and resource constraints prevented this, and a much smaller exercise has been undertaken. In conjunction with colleagues from Education Scotland and the Learning Directorate, we identified that Quality Improvement Officers for Health and Wellbeing (based within Local Authority Education Services Departments), would be well placed to provide a descriptive overview of the activity taking place across secondary schools within their authority. As such, we revised a number of the proposed survey questions to allow respondents to provide free-text responses, thus enabling them to appropriately differentiate as between particular schools and or service offerings, where relevant, thereby producing a more nuanced and valuable picture.

7. In addition to surveying Local Authorities on behalf of Schools, we also surveyed Chairs and Coordinators of Alcohol and Drug Partnerships (ADPs). We chose to include ADPs specifically for a number of reasons: 1) Their role includes the delivery of education and prevention activity; 2) They may be better placed than schools to undertake targeted interventions with specific vulnerable groups (including those aged 16-25, a significant transitional period during which risk factors related to substance misuse may be exacerbated); 3) It is likely that a number of ADPs have commissioned a third party organisation or organisations to deliver and education and prevention interventions, and; 4) We were aware that number of ADPs have worked with broader NHS partners, and Education Services Departments, on inter-agency tools to co-ordinate the dissemination of key education and prevention messages.
8. The questions posed asked respondents to describe the dominant methods used to deliver substance misuse education and prevention activity, who (i.e. which person/organisation) is principally responsible for delivering interventions, their duration and intensity. Additionally, we asked about the reach of these interventions in relation to the target age groups and the number of young people to whom a given intervention had been delivered. Further, we asked a question concerning whether any specific or specialist interventions had been offered to vulnerable groups. Finally, we posed questions about whether any specific activities (either delivered in-house or commissioned externally) had been evaluated, and if so, whether the authority concerned would be prepared to share that evaluation with us.

9. The questions posed for both surveys were designed in conjunction with colleagues in the Health and Social Care Research Analytical Services Unit, Education Scotland and the Learning Directorate. As indicated above, we posed predominantly open and descriptive questions; a sample survey template is annexed to this report (Annex A). Given certain differences in the education and prevention remit of ADPs, as compared with Local Authorities and schools, the ADP survey asked about interventions designed for children and young people under 25, as it was felt that this slightly broader age category might elicit information about specific interventions for post school-age and vulnerable groups, for instance. Additionally, as the evidence demonstrates, schools are not the only appropriate places through which to disseminate education and prevention activity.

Defining Substance Misuse Education and Prevention Activity

10. There is no commonly accepted definition of ‘substance misuse education and prevention’. Nevertheless, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) define ‘drug prevention’ as: “evidence-based socialisation, where the primary focus is individual decision making with respect to socially appropriate behaviours. Its aim is not solely to prevent substance use, but also to delay initiation, reduce its intensification or prevent escalation into problem use.” Ostensibly, this definition includes all psychoactive substances, both freely available and controlled.

11. Using the EMCDDA definition, we defined substance misuse, for the purposes of the survey, to include: “drugs, alcohol, tobacco, medicines, volatile substances (including aerosols, solvents, glue or petrol) and new psychoactive substances”. Equally, we defined education and prevention activity so as to include: “any lesson, sequence or programme of work […] It can be delivered either by teachers or an external organisation, across the whole school or to particular classes/year groups. It can have a substance-specific focus or be focussed more broadly on developing the life-skills that allow pupils to manage risky situations and make choices to support their own physical and psychological health and wellbeing.”

12. Substance misuse prevention activities can be targeted towards whole populations, subpopulations and/or individuals. Equally, they may also address common factors which reduce vulnerability to drug use or which promote healthier lifestyles more
generally. Though drug ‘prevention’ and ‘education’ are terms that are discussed interchangeably, it is important to recall that there is a difference between the two. Principally, drug education aims to provide factual information on composition of substances, the circumstances in which they might be taken and the consequences for individual health and wellbeing, and for the wellbeing of society as a whole. Drug prevention however is focussed more explicitly on promoting resilience and behavioural change, in order to ensure that individuals are best placed to make informed choices. Nevertheless, prevention activity can have a strong educational component, and in fact, access to comprehensive and objective information about substances and their effects is an important precursor to undertaking social norms and social competences based interventions, which seek to disabuse participants of misperceptions, promote capacity and build resilience.

13. For the purposes of the survey, we sought to be able to discriminate between different types of education and prevention activity taking place within an area and draw inferences as to their effectiveness. To do this, we based questions about the types of intervention taking place on the descriptors adopted by Fagiano et al (2014) in their review, “Universal school-based prevention for illicit drug use”. Accordingly, we asked respondents to characterise the types of education and prevention interventions taking place within their area, by categorising as follows:

(a) Information provision on the dangers of substance misuse (standalone)
(b) Information provision in combination with other approaches
(c) Social competence approaches
(These teach problem solving and decision-making skills, skills for increasing self-control and self-esteem, coping strategies and general social, communication and assertiveness skills.)
(d) Social Norms approaches
(These correct young people’s overestimates of the drug use rates of others, help them to recognise high-risk situations, increase awareness of media, peer and family influences, and teach and practice refusals skills.)
(e) A combination of social competence, social norms and information provision
(f) Fear-based approaches
(g) None of the above
(h) Other (please indicate).

Substance Misuse Education and the Curriculum

14. Substance misuse education and prevention activity within schools is delivered under the auspices of the Health and Wellbeing components of Curriculum for Excellence. The curriculum is intended to foster four core capacities in all young people, in order that they might become: successful learners, confident individuals, responsible citizens and effective contributors. A broad general education is provided through to S3, thereafter a more specialised curriculum is pursued, leading to national qualifications at S4 and Highers/Advanced Highers in fifth and sixth years. This broad curriculum is delivered across eight curriculum areas, of which Health and
Wellbeing, Literacy, and Numeracy, are core subjects, which must be reflected in lesson planning and delivery in other subject areas.

15. Each curriculum area is planned around ‘experiences’ and ‘outcomes’, which set out the knowledge, skills, attributes and capabilities of the four capacities that young people are expected to develop. The experiences and outcomes are organised around expectations and aspirations, the particular experiences and outcomes that are relevant to the planning of learning, teaching and assessment and the benchmarks to support practitioner professional judgement at relevant stages of the curriculum. Relevant experiences and outcomes for substance misuse seek to ensure that children and young people can appropriately differentiate between substances, understand the action that needs to be taken in unsafe situations, can make informed choices, and can understand the implications of risk-taking behaviour. We asked about substance misuse education activity across the secondary curriculum, as this covers the ages and stages at which resilience, in addition to knowledge-focused experiences and outcomes, are prioritised. A copy of the relevant standards can be found at: https://www.education.gov.scot/Documents/all-experiences-and-outcomes.pdf

Components of Interventions: Methods of Delivery¹

16. The “What Works” literature review identifies that not only is the model of education important, but relevant delivery mechanisms are significant also to assessments of the effectiveness of education and prevention interventions. As such, determining the effectiveness of education and prevention activity is influenced by whom and to whom specific interventions are delivered.

- **Interactive programmes** prioritise student participation, through discussion, brainstorming, skills practice, and peer mentoring. Whilst there can be significant variability in the quality of interactive programmes, there is evidence that student to student interaction and active learning are more effective at influencing drug use behaviour, as compared with equivalent passive programmes.

- **Multi modal** programmes (i.e. those that have a curriculum component alongside a media component or parental involvement etc.) are also more likely to be successful that equivalent single component programmes targeting only the individual. Alongside this, it is important to consider the potential for positively influencing the school-teaching environment.

17. Other relevant factors include whether interventions are **age appropriate** and whether ‘manualised’ activities are delivered with **implementation fidelity**. Furthermore, the evidence suggests that all interventions must be of sufficient duration and intensity to appropriately elicit behavioural change. We asked respondents to think about the substance misuse programmes that they were aware of within their local authority, or which they have commissioned/supported within their ADP area, and describe how these are delivered and by whom. We also asked how

¹ Evidence drawn predominantly from Stead & Angus (2004) and Faggiano et al (2014)
widespread these particular interventions are and the age groups most likely to 
receive these interventions/programmes. Furthermore, we asked whether there were 
significant variations in duration and intensity in relation to particular programmes or 
settings, in order to try and draw inferences about the components of interventions 
and whether these were likely to be effective, based on the extant evidence.

Analysis of Survey Responses:

The Local Authority Survey

18. We received survey responses from the following local authorities: Angus, 
Clackmannanshire, East Ayrshire, East Dunbartonshire, Highland, Midlothian, Perth 
and Kinross, Stirling, Scottish Borders, Shetland Islands, South Ayrshire, Western 
Isles.

19. In response to the first substantive question, “does your authority offer any specific 
advice, guidance or lesson planning support to secondary schools in your area, in 
relation to substance misuse education?”, 9 of the 12 respondent authorities indicated 
that they offered specific learning support. When asked to describe what this 
guidance or lesson planning support consists of, not all respondents provided 
substantive detail. Of those that did, the majority of authorities indicated that specific 
lesson ideas or sequences were made available by the authority to inform teach 
practice, most commonly through the GLOW network. Three of these authorities 
specifically mentioned that their teaching support resources were kept routinely under 
review by a multi-agency partnership, with staff from the Local Authority and the NHS 
participating in routine updates of the material. Little formal substantive detail was 
provided on the actual content of these suggested lesson sequences.

20. Four of the respondent authorities also indicated that they provided schools with 
access to established branded or manualised programmes, with pre-written lesson 
materials and/or presentations delivered by external partners. These included 
Choices for Life; NHS Forth Valley’s Gone resource (described as a drugs education 
programme); Rory and Oh Lila (resources developed by Alcohol Focus Scotland for 
use with primary school aged children to develop awareness and emotional literacy, 
including signalling where another person’s drinking affects them); WISE (a drugs 
education and skills programme looking at new psychoactive substances, first-aid 
skills and the impact of substance misuse on families); the ASSIST smoking 
prevention programme. Further, these authorities, and others indicated that they 
worked with local partners and the third-sector to supplement the Curriculum for 
Excellence offer, chiefly with the children’s charity Barnardo’s and/or the local ADP. It 
was also indicated that this “supplementary” activity though this also included the use 
of travelling theatre and drama groups.

21. Authorities within Greater Glasgow and Clyde indicated that they were undertaking a 
substantive review of the Substance Misuse Framework and materials that they have
developed alongside the NHS, and which are hosted to all schools via a dedicated platform. Officials from the Scottish Government’s Substance Misuse Unit followed up with these authorities, to ask about the materials their content and the roll-out of the revised programme. The programme is supported by direct financial investment and staff training within schools, including e-learning modules on alcohol and drugs. The framework takes a universalist approach to vulnerabilities and promotes a diffuse “risk and resilience” approach to substance misuse education, with suggested lesson content and supports to assist non-specialist practitioners. In addition to making use of local resources and existing manualised interventions, these local authorities also supported the delivery of Police Scotland’s “Shared Responsibility” project and the use of senior pupils to undertake peer education projects.

The types of substance misuse activity undertaken and the methods of delivery...

22. Using the descriptors provided by Faggiano et al (2014), as set out at paragraph 13, we asked local authorities to indicate the types of activity that were routinely undertaken within the substance misuse programmes offered by local secondary schools. All of the respondent authorities indicated that programmes routinely used information provision in combination with other approaches, typically social competence approaches to teaching problem solving and decision-making skills, and social norms approaches to correct young people’s overestimates of substance use rates. A number of authorities also indicated that information provision on the dangers of substance misuse was also provided as a standalone intervention. Three of the 12 respondent authorities indicated that fear-based approaches were used, though one respondent also indicated that there had been a difference of opinion within the authority about whether fear appeals were used or not.

23. In addition to asking about information provision, social competence approaches, social norms approaches, combination approaches and fear-based approaches, authorities could indicate where other approaches were used. One respondent highlighted specifically the peer-education models used within that authority, though typically these would fall within the ambit of social norms based approaches, depending upon their design and content. Another respondent indicated that the supporting framework for teachers was non-prescriptive and based upon the principles of the experiences and outcomes framework of Curriculum for Excellence, accordingly, it is anticipated that a variety of blended learning models routinely take place, depending upon the priorities of the teaching professional.

24. Respondents indicated that routinely a range of practitioners were involved in the delivery of substance misuse interventions. In addition to teachers, the majority of respondents indicated that Police Scotland are involved in delivering interventions. Two respondents specifically mentioned the use of travelling theatre groups and one respondent authority highlighted that interventions delivered by “ex-addicts” were used. Three respondents suggested that peer education approaches were routinely used to deliver interventions. In response to the question of how common specific interventions were across secondary schools within a given authority, all but one of the respondents indicated that the full range of interventions they had listed were routinely available across all secondary schools within the area.
25. It is acknowledged that responses to these questions in particular may have been affected by the publication of the “What Works?” literature review, by the Scottish Government in December 2016. The literature review specifically highlights, from existing international evidence, the negligible and/or potentially negative effects associated with the use of fear appeals. Additionally, that literature review identifies a number of other factors relating to the content and delivery of interventions which may be associated with no or negative outcomes. In all instances, the relevant authority should consider how appropriate the content and the method of delivery is for the intended classroom audience, taking into account the age and stage of the learners involved.

The age groups routinely receiving substance misuse education...

26. We asked all respondents which secondary age groups (S1-S6) are most likely to receive substance misuse education and whether there are any significant variations, by age group in the duration and intensity of interventions. All but two respondents indicated that substance misuse interventions routinely took place across multiple years of the secondary curriculum, typically S1-S4, with the majority further indicating that interventions took place in S5 and S6 also. Only one respondent indicated that interventions took place on a needs-driven basis, to be determined by individual schools and practitioners; accordingly, they did not indicate that interventions routinely took place in any given year. Finally, one respondent indicated that interventions predominantly took place in S2.

27. A number of respondents suggested that an integrated range of lessons were delivered in S1-S4, with 4-5 respondents indicating that interventions were focussed in S2 and S3 in order to impart the skills that allow younger pupils to be able to make informed decisions as they approach adulthood. A couple of authorities indicated that “senior conference days” and follow-up activities were offered to S5 and S6 pupils, to cement learning that had taken place earlier. No respondent commented specifically on the duration and intensity of specific interventions in terms of the number of hours, days, weeks or terms over which a particular programme is delivered. This may be indicative of the integration of substance misuse outcomes within broader health and wellbeing curriculum frameworks, through which substance misuse education is delivered as a diffuse component of broader interventions designed to promote risk and resilience and healthy behaviours. However, it could also indicate that specific focus and attention on substance misuse elements is not routinely measured. Nevertheless, it should be kept in mind that officers at a local authority level are disadvantaged here and they would only ever be able to provide aggregated data for schools across the authority.

The targeted interventions offered to vulnerable groups...

28. Two-thirds of all respondent authorities indicated that there was some form of targeted or specialist activity offered to vulnerable pupils. Specific interventions exist around smoking cessation (including cannabis) in two respondent authorities, whilst others indicated that the Take A Drink PACE and Clearer Choices projects are
delivered in conjunction with health improvement and third-sector partners, focussing on alcohol and drugs respectively. Of the authorities that indicated specific interventions for vulnerable groups exist, many specified that these would be picked up by pastoral leaders and/or children’s support workers on an ad hoc basis, and often in response to specific events, such as an A&E referral for substance misuse etc. One authority specifically indicated that interventions take place for vulnerable and looked after children.

29. In follow-up discussions with some authorities, issues were raised about defining vulnerability in the context of providing a universalist service, where all pupils might potentially be regarded as vulnerable at some point during their school career. In addition to the need to provide interventions that respond variously to the need of individual pupil needs, it was also suggested that where vulnerability had been identified, a bespoke intervention should be offered; additionally some sensitivities were raised in the context of labelling specific groups of pupils as vulnerable.

**The manualised programmes on offer and the evaluation of interventions...**

30. Eight of the respondent authorities indicated that particular organisations or packages were commonly in use within the local authority area. Of that eight, two indicated that standardised or licensed packages had been commissioned. However, these 2 respondents subsequently went onto list particular organisations who were active within the local authority area, as opposed to licensed programmes that had been commissioned. Typically, the types of organisations who were active included Police Scotland, who deliver the Choices 4 Life programme, and CREW 2000, an Edinburgh based drugs charity. Respondents subsequently listed a number of packages and resources that are routinely employed including ASSIST, resources produced by ReSolv, a drama pack by Interact and a life skills programme called Do:Be. Finally, authorities reported using locally developed packages, including Spice, developed by East Ayrshire.

31. Four authorities indicated that no external standardised or licensed packages had been commissioned; equally, respondents were not aware of any particular organisations or packages used commonly within the local authority area.

32. All respondents indicated that they were not formally aware of any formal evaluation any licensed or local programmes and packages of activity, and evaluation of interventions was highlighted in follow-up discussions as a particular gap. Authorities in Greater Glasgow and Clyde, led by Glasgow City Council have been working with partner to develop a suite of best practice resources to use in schools. In discussions it was also indicated that this guidance would sit alongside an existing Toolkit of resources and there were also proposed inputs for staff. Glasgow has adopted a Health Improvement in Education Group to ensure consistency and equality, with links to health improvement staff based within NHS GGC and the education sub group of the local ADP to quality-check and validate resources. Nevertheless, follow-up discussions highlighted perceived difficulties in undertaking evaluation of interventions in schools-based settings, particularly in relation to measuring the longer term impact of interventions in relation to changes in attitudes and behaviours.
The Alcohol and Drug Partnerships Survey

33. We received responses from the following Alcohol and Drug Partnerships: Aberdeen City; Aberdeenshire; Angus; Dumfries and Galloway; Dundee; East Renfrewshire; Fife; Forth Valley; Highland; Inverclyde; Midlothian and East Lothian; Moray; Lanarkshire; North Ayrshire; Orkney; Renfrewshire; Shetland; South Ayrshire; Western Isles.

The advice, guidance and support offered to secondary schools by alcohol and drug partnerships...

34. Of the responses we received from ADPs, all indicated that the ADP provided advice and/or assistance with the delivery of substance misuse outcomes. When asked to provide a description of the activity on offer, not all respondents provided further substantive detail, though all did indicate that support is offered to schools, either in the form of teaching guidance materials, or in the form of assistance with the delivery of interventions, or both. Typically, the content of any teaching guidance included suggested lesson topics and activities, and knowledge based materials to allow teachers to become comfortable with relevant topics.

35. Where further substantive detail was provided responses indicate that the comprehensiveness of the teacher guidance pack varied by area. In East-Renfrewshire for instance, it was noted that the ADP uses the Greater Glasgow and Clyde Alcohol and Drug Prevention and Education Model, a multi-agency and multi-authority, designed and delivered resource that provides quality assured teaching materials and resources to both primary and secondary schools, in line with the requirements of Curriculum for Excellence and GIRFEC (Getting it Right for Every Child). (Further evidence about the Greater Glasgow and Clyde model was provided in a submission by Glasgow City Council's Quality Improvement Officer and in conversations with the authority, see above) Equally, in Aberdeen, Aberdeen City, Aberdeenshire and Moray ADPs have collectively produced a teaching guidance pack aligned with CfE Substance Misuse experiences and outcomes. This has been supported by continuing professional development training for teachers within the local authority and support is also provided in the delivery of interventions by Aberdeen City’s Community Development Team. By contrast, some ADPs reported that they provided only light-touch and/or targeted guidance to schools, including the provision of ad hoc advice on the delivery of interventions, responding to isolated substance misuse issues in schools, and supporting interventions offered to vulnerable groups.

36. A particularly notable programme has been devised and delivered by Forth Valley ADP, who work directly with secondary schools to provide an interactive social influence behaviour change programme. The primary aim of the programme is to encourage young people to reflect on what is ‘normal’ behaviour across a range of substance use behaviours. The programme is delivered over multiple sessions, students are supported to analyse survey data captured from amongst their peers and use this in ‘media’ campaigns to disabuse fellow pupils of perceived or false norms.
37. Four of the respondent ADPs explicitly noted that they provided primary and secondary schools in their area with access to manualised resources including Rory, Oh Lila, Jump2it and ASSIST, further described at paragraph 20, above. Additionally, a number of respondent ADPs indicated that they had developed specific localised programmes or packages of resources, including SPICE in Ayrshire (Substance Misuse Prevention in Community Education) and interventions delivered via ALEC (Aberdeen Life Education Centres) in Aberdeenshire. A quarter of all respondent ADPs cited working with Police Scotland the Choices 4 Life programme to support interventions in schools. Finally, approximately half of all respondents indicated that they had commissioned programmes and/or interventions with a schools based element in both primary and secondary schools. This included both nationally and locally available resources and individual sessions delivered by third-sector organisations, predominantly focussing on alcohol or drugs. Examples include: Boozebusters (Young Addaction), Gone and Nae Danger. A small number of respondents also disclosed that they funded drama tour activities in partnership with schools and the NHS.

The types of education and prevention activity/resources commissioned by ADPs and the dominant methods of delivery...

38. As described at paragraph 9, the ADP survey had a marginally broader remit, insofar as it asked about activity commissioned or delivered to children and young people less than 25 years of age. This reflects the different role that an ADP has in delivering education and prevention activity, when compared with secondary schools. Seventeen of the 20 respondent authorities indicated that they had commissioned specific activities and/or programmes, where 2 respondents declined to answer and 1 ADP indicated that it had not directly commissioned any activity. Further, a number of respondents also indicated that commissioned activity was being delivered in partnership with, or on behalf of one or more other ADPs.

39. Using the descriptors at paragraph 13, we asked ADP respondents to think about the activity they had commissioned and state the dominant methods that these interventions used. Twelve respondents indicated that the activity they had commissioned engaged a range of methods including the provision of standalone information, social competence approaches and social influence approaches, along with mixed approaches. Five respondents indicated that the activities they had commissioned utilised specified methods, with a slight preponderance in favour of social influence approaches. One respondent indicated that, amongst other approaches, fear appeals were used; one respondent declined to answer and one respondent indicated ‘other’, indicating that workforce skills and competence, along with the effectiveness of interventions were currently being reviewed by an external academic partner. In the interim, no further services had been commissioned. Once again, it is important to recall that although the preponderance of respondents indicated that mixed methods were being used, the “What Works?” literature review was published in December 2016.
40. In addition to asking about the activities that ADPs had commissioned in the context of the descriptors provided by Faggiano et al, we asked ADPs to provide a descriptive overview of the methods used in delivery, i.e. whether they are lesson/lecture based, or interactive and whether they are delivered by a teacher or an external partner etc. Fourteen respondents explicitly detailed that they provided lesson/lecture based interventions; though many qualified that the packages of lessons provided included interactive elements and were not exclusively based on imparting knowledge. Additionally, the majority of these respondents indicated that they also provided other forms of intervention including peer-education projects (5 respondents). There was little substantive evidence of pure social norms/social competence interventions, though a number of respondents did indicate that they provided risk awareness and risk management interventions, either in relation to specific topics such as new psychoactive substances, or more diffusely. As discussed at paragraph 36 above, Forth Valley exclusively provides a social norms programme.

41. Two respondents indicated that they provided no specific classroom interventions, but provided guidance through the resource pack that they had developed in partnership with the Local Authority and or NHS. Equally, five respondents indicated that they provided continuing professional development sessions to teachers either in addition to, or in place of, direct classroom interventions or often in support of a specific resource package produced by the ADP. Almost half of respondents indicated that interventions were delivered in partnership with other authorities, including third-sector organisations, though the most common partner cited was community police officers (and 5 respondent mentioned specifically the Choices for Life Programme in that regard). Two respondents mentioned the use of “ex addicts” whilst three mentioned the use of drama groups or tours. In each instance however, this was caveated with the suggestion that these types of interventions were used as appropriate.

The reach of ADP interventions within the locale and the delivery of non-commissioned activity...

42. Seven respondents indicated that interventions were delivered to all primary schools within the local authority area. Equally, one respondent indicated that interventions were delivered to all secondary schools. The remainder indicated that interventions were offered to all secondary and/or primary schools, but only delivered in some schools, with the exception of the two respondents who indicated that they provided no specific classroom interventions. Responses varied, though approximately a quarter of all respondents (5) indicated that they delivered interventions to the majority of secondary schools in their local authority area (i.e. over two-thirds of schools). Larger ADPs in urban areas found it materially more difficult to deliver interventions in all schools, owing to the increased material and human resource inputs required. Nevertheless, all respondents indicated that resources and information had been made to all schools, though these vary in quality and comprehensiveness, as discussed at paragraph 35, above. It was apparent that four of the respondents predominantly provide targeted interventions, as opposed to generic prevention interventions delivered to a universal audience.
43. In addition to asking about the reach of ADP’s own commissioned interventions, we asked whether ADPs were aware of interventions that had been delivered within their respective locales, but which they had not necessarily commissioned. Three respondents indicated that they were not aware of any non-commissioned activity within their local area and a further respondent indicated that only curriculum-based (i.e. school based) inputs were offered. Two respondents noted that twelve step/ex addict programmes were offering interventions. Eight respondents indicated that a mixture of activities were offered, including interventions focussed on promoting culture change and diversionary projects (including art, music and sport), whilst five indicated that Choices 4 Life was the predominant non-commissioned intervention taking place in the local area. Finally one respondent indicated that they were aware of schools making repeated requests for one-off interventions, as opposed to embedded delivery of substance misuse education and prevention activity within the curriculum.

**The targeted interventions offered by ADPs...**

44. Seven of twenty respondents indicated that no specific targeted interventions were offered to particular groups, with three explicitly citing resource constraints preventing more targeted work. The remaining thirteen respondents indicated that a mixture of targeted activity was taking place in many locales, both commissioned and non-commissioned activity. Five authorities explicitly mentioned interventions delivered by local authority or third sector youth-services (including the Prince’s Trust), focussing on the provision of targeted alcohol and or drugs education, including social norms interventions. Two respondents cited target work undertaken by street theatre companies, another cited targeted counselling services and two respondents mentioned work undertaken with the homeless, looked-after children and vulnerable young women, predominantly focussing on alcohol interventions in each instance.

**Findings**

45. As intimated at paragraph 6, it had been anticipated that a larger scale interactive mapping exercise would be undertaken, providing more detailed evidence of the types of intervention taking place across Scotland along with their principle methods. This smaller scale exercise has not been able to undertake that granular analysis by locality, in part owing to the fact that not all Local Authorities or Alcohol and Drug Partnerships responded. Nevertheless, it has been possible to extrapolate dominant themes and from those themes make some recommendations for improvement.

46. It is apparent from both the Local Authority and ADP surveys that there is generally a rounded understanding of the components of substance misuse education and prevention interventions, including recognition that the evidence on effectiveness suggests that knowledge and information based interventions should be supported with skills development, to enhance competences. There is also evidence of some social norms based activity taking place across the country, and peer-led education sessions featured as a component of the learning in a number of responses. The presence of these approaches is perhaps a result of the fact that the Curriculum for
Excellence prioritises a diffuse risk and resilience approach to all aspects of health and wellbeing education and that the curriculum is now well embedded. Equally, ADP respondents demonstrated a strong theoretical understanding of the relative levels of effectiveness of different types of education and prevention intervention.

47. Routinely, both local authorities and ADPs are engaging with schools and it is apparent that in many localities there are existing resource supports and inputs designed to help teachers deliver interventions, though the quality and comprehensiveness of these resources will vary. In a number of locales however, resources have been developed in partnership between the local authority, ADP, NHS and other partners. Further, in some instances, efforts have been made to quality assure these resources. Overall, it would appear that there is an overwhelming array of material in circulation; in addition to resources developed locally, there are also manualised programmes being used and resources have been developed by local, national and international third-sector organisations. There is also strong evidence of partnerships between schools and other organisations, particularly with community police, who respond to incidents and deliver interventions through the Choices 4 Life programme. The use of some or all of these resources and partnerships may be valuable; however, it is apparent that the choice available makes it difficult for front-line practitioners to discriminate between them, particularly where that practitioner is not a specialist, as will often be the case in School settings. Equally, given the strong relationships between Schools, ADPs and partners, and the police, (who deliver funded interventions to supplement schools based activity) attention should be paid to the quality of interventions offered by the police and other partners.

48. Our findings indicate that many existing resources and interventions are limited in terms of their duration and intensity, albeit that many cited interventions were delivered over multiple school years. Free-text responses also suggested that many interventions are predominantly knowledge focussed, perhaps owing to constraints on curriculum time, which was cited by some as a factor limiting the comprehensiveness and effectiveness of interventions. Knowledge focussed interventions are designed to teach students about the properties of drugs and alcohol, and often focus on the dangers associated with their consumption. Whilst knowledge based interventions are a pre-requisite to other methods of delivery, the evidence for their effectiveness as a standalone intervention is mixed. It is also possible, that such knowledge based interventions also directly, indirectly or inadvertently resort to fear appeals, and thus the use of fear appeals may well be more widespread than was openly disclosed by survey respondents. Equally, a small number of survey respondents indicated that “ex addicts” and “12 step programmes” were sometimes used within their localities, typically the evidence for the effectiveness of these interventions is not particularly strong and there is some concern that these interventions awaken latent interest amongst susceptible or vulnerable groups, and/or resort to fear appeals.

49. Notwithstanding curriculum time constraints, as cited by a number of respondents, the available evidence would suggest that in a number of instances, substance misuse interventions could be more varied and that more effective use of the available classroom time could be made. The mapping also revealed some evidence of external partners being used to deliver one-off interventions to different groups of
students, these interventions took a variety of formats, including travelling drama and theatre groups. There is little evidence demonstrating the effectiveness of one-off interventions. Equally, in evidence presented before the Education and Skills Committee of the Scottish Parliament, pursuant to a **roundtable discussion on Personal and Social Education**, it was suggested that school-based interventions were repeatedly delivered over successive years, with a strong focus on the dangers associated with drug consumption in particular. Support to break this cycle, where it exists, could be delivered through increasing the quantity of interventions delivered directly to frontline practitioners (a practice that was cited by a number of ADP respondents). Increasing practitioners’ confidence with the subject matter and encouraging schools not to rely solely on existing “tried-and-tested” inputs might promote variance and indirectly prompt a focus on mixed methods delivery, including more focus on social norms and social competences based interventions.

50. In terms of targeted interventions, the mapping responses suggested that ADPs either deliver or are aware of more targeted interventions, which tend to be delivered through youth services; this may be a result of the fact that the ADP survey had a slightly broader remit. The local authority responses focused more exclusively on universal provision, with targeted intervention often taking place reactively, i.e. in response to a substance misuse incident etc. It was not possible to identify whether and to what extent the targeted interventions that are delivered map across to the descriptors we used from Faggiano et al to define different types of intervention. It was also not possible to identify how widespread targeted provision is, though respondents did indicate that all provision is subject to available resources and that, in some instances, provision had diminished in recent years.

51. Finally, in terms of the evaluation of interventions, it is apparent from the responses that evaluations are not routinely undertaken in school settings. This is perhaps owing to the fact that evaluation does not routinely feature as a component of curriculum delivery. Additionally, evaluation activity is comparatively resource intensive and there are competing pressures on curriculum time. Survey responses indicate that ADPs are more likely to have evaluated interventions, perhaps as a component of the commissioning process, though these are likely to focus on experiential questions, including whether participants enjoyed the interventions, as opposed to an evaluation of the learning that took place and/or any attitudinal change as a result. Respondents did indicate difficulties in establishing appropriate and rigorous methodologies for evaluating interventions in terms of attitudinal/behavioural change. Some also indicated that they would welcome further support and guidance in this area.

**Recommendations**

52. The findings presented immediately above suggest a number of small-scale improvements could be delivered to improve the quality of existing interventions and to ensure that interventions are oriented towards what works. These include:

- Short-form guidance, based on the findings of this mapping exercise and the prior literature review “What Works?” might orient practitioners’ attention to
the types of interventions which typically evaluate more effectively. It might also help a non-specialist to discriminate between existing available resources and promote a little more variety.

- Short-form guidance may also assist ADPs and Local Authority commissioners of services when purchasing interventions, resources or programmes to interrogate whether the product provides, or supports the delivery of evidence-based interventions.

- A review of existing directly funded activity should take place to ensure that the interventions delivered through funded programmes deliver evidence-based interventions.

- Consideration should be given to the provision of evaluation supports, including the provision of guidance and training to encourage further evaluation and increase the existing evidence base for what works. Attention should be paid to how light-touch behavioural/attitudinal evaluation in particular might be supported.

- Further research and evidence might be undertaken to explore the value of targeted interventions, to map their provision and to examine any differences in the evidence base for what works in universal and targeted settings.

- Existing relationships between ADPs and schools should be encouraged and maintained, ADPs may be able to provide assistance to schools in discriminating between high quality and poor quality resources.

- Equally Local Authorities and ADPs should be encouraged to share good practice and resources, to prevent the unnecessary duplication and multiplication of resources across Scotland.
Throughout, the phrase **substance misuse** includes drugs, alcohol, tobacco, medicines, volatile substances (including aerosols, solvents, glue or petrol) and new psychoactive substances.

By **education and prevention activity**, we mean any lesson sequence or programme of work that you are aware of. It can be delivered either by teachers or an external organisation, across the whole school or to particular classes/year groups. It can have a substance-specific focus or be focussed more broadly on developing the life-skills that allow pupils to manage risky situations and make choices to support their own physical and psychological health and wellbeing. Finally, we are interested in both universal and targeted provision and would be interested in hearing about any specific provision you are aware of is being offered to vulnerable groups.

1. On behalf of which Local Authority are you responding?  
   [OPTIONALLY] What is your current job role/title?

2. Does your authority offer any specific advice, guidance or lesson planning support to secondary schools in your area, in relation to substance misuse education?  
   Yes  
   No  

If ‘Yes’, can you briefly describe what this consists of:
3. We are interested in the substance misuse programmes that take place in secondary schools within your local authority area. Please indicate by checking ‘Yes’ or ‘No’ whether the **types of activity** listed below are taking place in your area.

- (a) Information provision on the dangers of substance misuse (*standalone*)
- (b) Information provision in combination with other approaches
- (c) Social competence approaches
  (these teach problem solving and decision-making skills, skills for increasing self-control and self-esteem, coping strategies and general social, communication and assertive skills).
- (d) Social Norms approaches
  (these correct young people’s overestimates of the drug use rates of others, help them to recognise high-risk situations, increase awareness of media, peer and family influences, and teach and practice refusals skills).
- (e) A combination of social competence, social norms and information provision
- (f) Fear based approaches
- (g) None of the above
- (h) Other (please state below)

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4. **Methods of delivery** - Thinking about the substance misuse programmes that take place in secondary schools within your local authority area, **how** are these delivered and **by whom**?
 (e.g. are these lesson/lecture based or are they interactive?; are these delivered by a teacher or an external partner - doctor, police, ex-addict, theatre/drama group; is peer-to-peer learning used etc.)
5. Please indicate which of the types of substance misuse programmes you selected in your answer to Q3 are most common in secondary schools in your authority? (e.g. are these delivered in all, the majority, approximately half or only within selected schools within your authority?)

6. Thinking about the interventions that take place, please indicate which age groups are most likely to receive substance misuse education? Please tick all that apply.

S1  S2  S3  S4  S5  S6

7. Are you aware of any significant variations by age group in the duration and intensity of substance misuse education interventions in secondary schools? Please add in any detail in the box below about the age at which substance misuse interventions are delivered within your authority.

8. Do schools in your local authority offer any targeted substance misuse interventions that focus on vulnerable groups of pupils? Please briefly describe anything you are aware of.

9. Are you aware of:
Any external organisation or standardised/licensed package of substance misuse education that your local authority has commissioned on behalf of (some or all) of its secondary schools?

Yes  No

Particular organisations or packages that are used commonly within your area?

If you answered ‘Yes’ to either of the questions above, please name the examples that you are aware of being commissioned and/or being used in the authority, and say a little about the organisation i.e. who they are and where they are based etc.?
10. Do you know if these have been evaluated?

Yes __________
No __________

If you are aware of a written evaluation of the intervention(s) or programme(s), would you be prepared to share this with the Scottish Government?

(This would inform our understanding of the types of programmes and interventions being delivered in Scotland).

Yes __________
No __________

11. If you have any other comments that you would like to add about substance misuse education in your authority area (including wider community based prevention initiatives you might know about), or if you would like to discuss this further, please indicate this in the box below.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.