FORTH VALLEY ADP

PREVENTATIVE AGENDA – SUBSTANCE MISUSE

INTRODUCTION

Forth Valley ADP invests in a tiered approach to prevention. The approach is summarised here in three main programmes of work which extend across the life course. Firstly, universal prevention provisions in our secondary schools seeks to delay the onset of substance use as well as providing measurable early intervention for pupils already reporting a level of use. Secondly, our Alcohol Brief Intervention (ABI) work takes a population based approach to reducing hazardous drinking amongst our adult population. Local ABI impact is best seen in published data for alcohol related deaths. Thirdly, we invest in tertiary prevention through our recovery work. These programmes include community recovery programmes, recovery oriented systems of care, public awareness initiatives which aim to address stigma and focus public perception on recovery and not on addiction. Each of these approaches along with their impact is described in detail from page 2 of this report.

A range of complementary programmes support the 3 primary programmes mentioned above. While these will not be mentioned in detail here a more detailed description is available on request. These programmes include a comprehensive communication plan corporately branded ‘Rethink your drink’ which are widely disseminated during the festive and summer periods as well as university and college fresher weeks. In keep with the effective elements of our ABI initiatives, every campaign is supported by an appropriate alcohol (self) screening tool which gives immediate personalised feedback to participants on how their consumption compares with the health guidelines of 14 units per week. We also host 2 ‘Resolve’ courses a year for the prevention of solvent abuse and a combined tobacco and cannabis programme.

To support our tertiary drug prevention work our naloxone programme is enhance by an overdose awareness course for families affected by drug use and, for organisations that provide support and care to drug users. In addition, Forth Valley ADP hosts an annual prevention and remembrance event for anyone affected by drug related deaths.
1. PRIMARY PREVENTION: THE SOCIAL INFLUENCE PROGRAMME

For several years, Forth Valley ADP has tested and refined the original American ‘Social Norms’ approach to prevention to improve its ‘fit’ within a Scottish school context. Combined data from 7 Secondary Schools are presented below. These data were gathered between 2014 and 2017.

Theoretical basis for the programme

When asked about the ‘social norm’ for risk behaviours such as tobacco, alcohol and drug use, young people often overestimate social acceptability and use among their peer group. This tendency to overestimate negative behaviours among peers is referred to in the literature as ‘misperceptions’ in youth and adolescent culture (1-4).

Perception is important for theoretical and practical purposes; it provides information on pupil beliefs about peer group approval of substance use and, by extension, how peer groups expect members to behave (5). Where important differences between reality and perception are found the theory predicts that, over time, negative behaviours will increase (2,3,4). These increases in negative behaviours results as a consequence of pupils feeling pressure to conform to a false peer group norm (5,6,7,8).

The theory also explains that the minority who regularly engage in negative behaviours may do so believing that they are just like everyone else. This group may be most likely to change their behaviours for two reasons; firstly their motivation to continue is not strong and based on a false understanding of the norm and, secondly, the behaviours are not yet well established or habitual. Theoretically speaking, the approach has the potential to work well both for early intervention and delaying the onset of substance using behaviours. This is important given the known impact of substances on the developing brain and nervous system and their impact on mental and physical health (9).
Putting the theory into practice

In order to determine the existence of so called ‘misperceptions’ in universal settings such as mainstream secondary schools, two sets of data are required. Firstly a measure of pupils’ own attitudes and behaviours and, secondly, a measure of pupils’ beliefs about peer norms. These two data sets provide a comparative measure of reality’ (actual pupil responses) and their ‘perception’ of the peer norm.

Data are gathered using anonymous individual survey booklets which pupils analyse as part of their first lesson. This provides instant, real time, personalised feedback on how each pupil’s own behaviour compares with the majority of their peers. This process is thought to strengthen both credibility and pupil ownership of the data; data do not leave the classroom, there are no time delays and pupils work in small groups using simple worksheets to analyse and reflect upon their own findings.

Two further lessons are delivered one week apart. Lesson 2 focuses on developing social norms marketing campaigns to promote the true class norm and to challenge both adult and pupil misperceptions. The final lesson seeks to consolidate critical thinking skills by ensuring pupils understand the causes and consequences of ‘misperceptions’.

Analysing impact

Impact is measured six weeks after the final lesson when pupils repeat the original survey. Partners from NHS FV’s Health Promotion Service then analyse pre and post survey data and report on change.

Pooled data are presented below by year group. Improvements to the survey questions have been made over the life of the programme (2014-2017) therefore, only those behavioural questions consistent across the time frame are reported here.

Outcome measure

- Reported use of tobacco, alcohol, drunkenness and cannabis use decrease.
Participants

Data from 7 Secondary Schools across the Forth Valley area are shown in Table 1, below.

Table 1

<table>
<thead>
<tr>
<th>Year Group</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td>191</td>
</tr>
<tr>
<td>S2</td>
<td>300</td>
</tr>
<tr>
<td>S3</td>
<td>350</td>
</tr>
<tr>
<td>Total</td>
<td>841</td>
</tr>
</tbody>
</table>

Survey questions and response options

Table 2

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last 30 days how often did you smoke tobacco?</td>
<td>I don’t smoke tobacco</td>
<td>Once or twice</td>
<td>Weekly or more</td>
</tr>
<tr>
<td>In the last 30 days how often did you drink alcohol?</td>
<td>I don’t drink alcohol</td>
<td>Once or twice</td>
<td>Weekly or more</td>
</tr>
<tr>
<td>In the last 30 days how often did you get drunk?</td>
<td>I don’t get drunk</td>
<td>Once or twice</td>
<td>Weekly or more</td>
</tr>
<tr>
<td>In the last 30 days how often did you smoke cannabis?</td>
<td>I don’t smoke cannabis</td>
<td>Once or twice</td>
<td>Weekly or more</td>
</tr>
</tbody>
</table>

Combined data from all year groups

Table 3, below, summarises the main impact on 841 participants

Table 3

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>Pre intervention</th>
<th>Post intervention</th>
<th>Positive Change</th>
<th>Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Use</td>
<td>74</td>
<td>36</td>
<td>38</td>
<td>51%</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>161</td>
<td>86</td>
<td>75</td>
<td>46%</td>
</tr>
<tr>
<td>Drunkenness</td>
<td>65</td>
<td>38</td>
<td>27</td>
<td>42%</td>
</tr>
<tr>
<td>Cannabis Use</td>
<td>28</td>
<td>19</td>
<td>9</td>
<td>47%</td>
</tr>
</tbody>
</table>
Table 3, above, combines all year groups, however, change was not uniform across the three cohort groups. Closer examination of sub-groups indicate that lowest substance use and lowest misperceptions were found amongst the youngest cohort (S1). It is generally accepted that substance use increases with age and data reported here are no exceptions. Increased use and increased misperceptions were found in S2 with greatest use and greatest misperceptions reported by the oldest cohort (S3). However, in all cases, substance use remained minority behaviours across all year groups.

**Findings by year group**

**Chart 1. Tobacco Use by year group and post intervention change**

**Chart 2. Alcohol Use by year group and post intervention change**
Chart 3. Drunkenness by year group and post intervention change

Chart 5: Cannabis Use by year group and post intervention change

Summary of findings: social influence approach in secondary education

Data across several years, three local authority areas and three year groups consistently demonstrate:

- Delayed onset of use: no increase in use was reported at follow-up
- Early intervention: reduced use was greatest amongst S2 and S3 cohorts where baseline use and exaggerated believes about peer norms were found
References


Interesting debates

Video Links: Scottish Parliamentary debate on social norms: https://europeansocialnormsinstitute.wordpress.com/resources/social-norms-videos/
2. ALCOHOL BRIEF INTERVENTIONS (ABI)

Forth Valley Delivery of ABI

ABI delivery in Forth Valley forms part of a co-ordinated approach to alcohol misuse prevention and is reported as part of the NHS Local Delivery Plan (H4 standard). ABI delivery also supports two of the four strands of the alcohol framework: to reduce alcohol consumption, and to promote positive public attitudes and positive choices.

The Health Efficiency Access and Treatment (HEAT) standard, H4, states that NHS Forth Valley and its ADP partners will deliver an agreed number of Brief Interventions using a screening tool appropriate to the delivery setting.

Current Scottish Government guidance outlines that alcohol brief interventions will count towards the ‘priority’ national standard if they are delivered by:

- Doctors and nurses in the primary care setting
- Midwives, GPs and obstetricians in a primary care, community or hospital setting
- Doctors or nurses as part of Keep Well health checks
- Doctors or nurses as part of a patient’s care initiated in an A&E department

Wider setting delivery of ABIs may also be effective but the level of evidence is weaker.

Activity to deliver HEAT 4 Standard

NHS Forth Valley standard is 3,410 ABIs delivered in priority settings i.e. those listed above, with 20% (682) from wider setting partners. Local delivery has always exceeded the standard and, to ensure a sufficiently skilled and competent workforce, online and face to face development and refresher sessions are provided across priority and wider setting workforces.

Impact

In 2016, Platt\textsuperscript{(1)} published a systematic review to quantify the impact of ABIs on alcohol consumption. These investigators used multilevel meta-analysis to estimate pooled effect sizes and concluded that ABIs have a small but
significant effect in reducing levels of alcohol consumption among hazardous drinkers i.e. those regularly drinking more than the health guidelines. No effect was found in relation to frequency of drinking.

ScotPHO\(^{(2)}\) alcohol profiles show that reported ABI delivery in Forth Valley has consistently been among the highest in Scotland. ScotPHO data also shows that while the number of hospital stays have remained stable over the last 10 years; taking a 5 year average there were 1,402 stays between 2012-2016 compared with 1,400 between 2007-11, alcohol related deaths show a small reduction with an average of 57 deaths (2012-2016) compared with an average of 61 deaths (2007-2011). In terms of both hospital stays and alcohol related deaths, Forth Valley data are consistently lower than the national average.

While it is impossible to quantify the contribution that ABIs have made to the data above, it is likely that ABI delivery has made, as indicated by Platt \(^{(1)}\), a small but significant impact.

References
