

# PREVENTION APPROACHES IN SCOTLAND - WHERE TO NOW?

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DRNS 2019 Annual Conference  
Parallel Session: Prevention

# Key Questions

- What do we want prevention to address?
- Where and by whom is prevention best carried out?
- Do we know enough about what is effective prevention?
- Do we need a dedicated, better trained prevention workforce in Scotland?
- What are the next steps in developing prevention policy, practice and **research**?

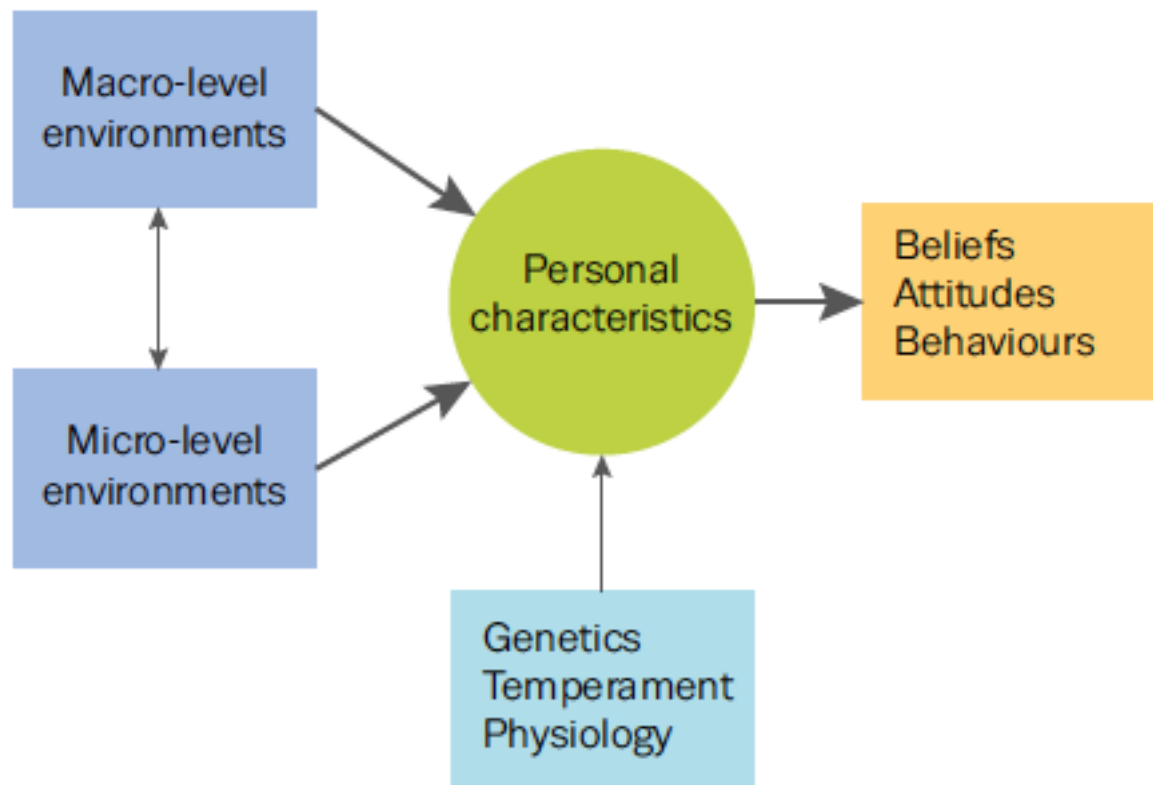
# Defining 'Prevention'

Substance use prevention aims to stop or delay people from beginning to use psychoactive substances. It can also help those who have started to use to avoid the development of substance use disorders and associated health and social problems. Prevention also has a broader intent: to encourage the healthy and safe development of children and young people, so they can realise their talents and potential. It does this by helping them positively engage with their families, schools, peers, workplace and society.

EMCDDA (2019) *A handbook for decision-makers, opinion-makers and policy-makers in science-based prevention of substance use*. P13.

[http://www.emcdda.europa.eu/publications/manuals/european-prevention-curriculum\\_en](http://www.emcdda.europa.eu/publications/manuals/european-prevention-curriculum_en)

FIGURE 4  
The aetiology model



Source: Based on UNODC, 2013

FIGURE 5

Risk factors that can be addressed by prevention interventions

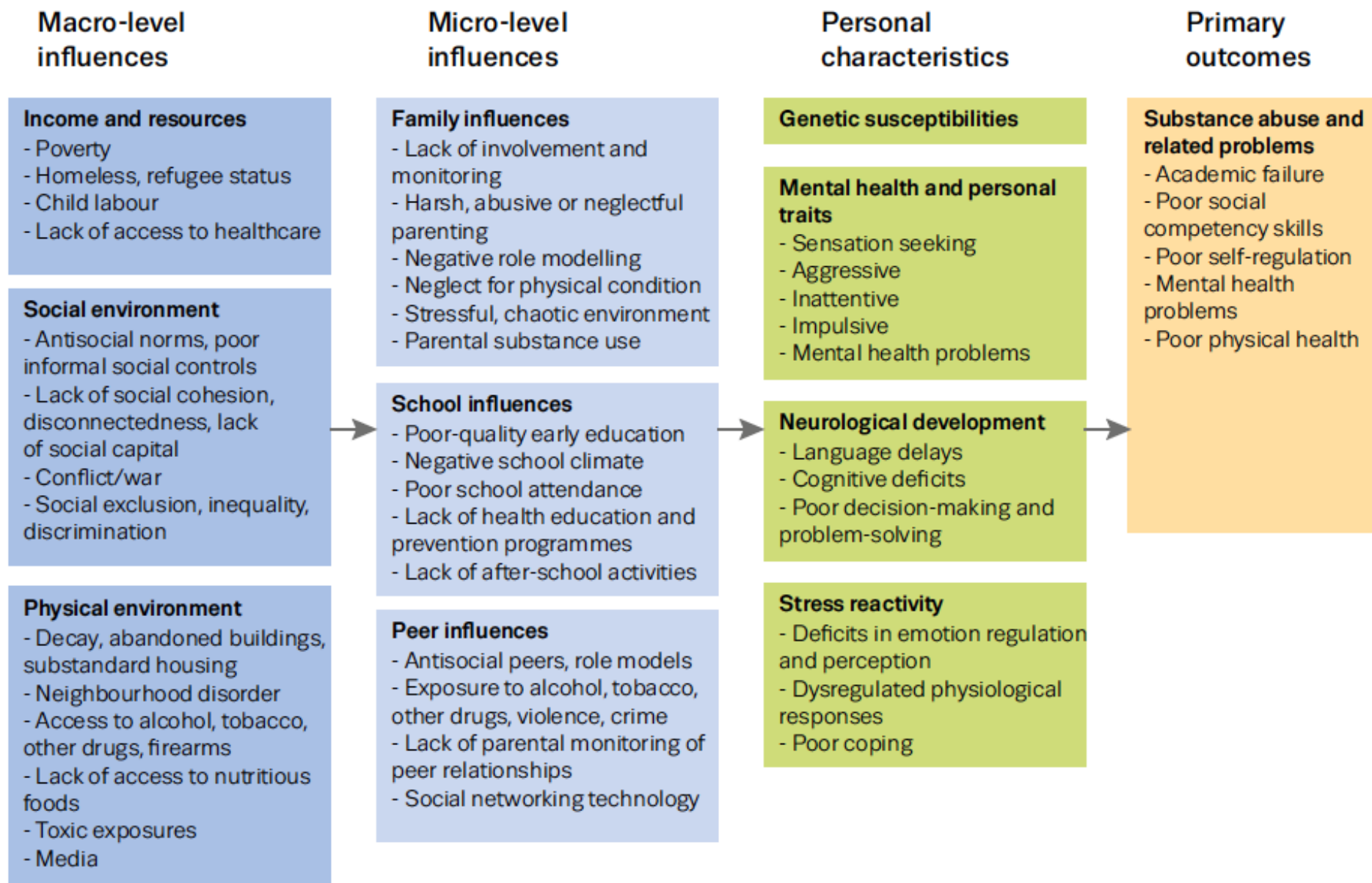


FIGURE 6  
Pathways of substance use

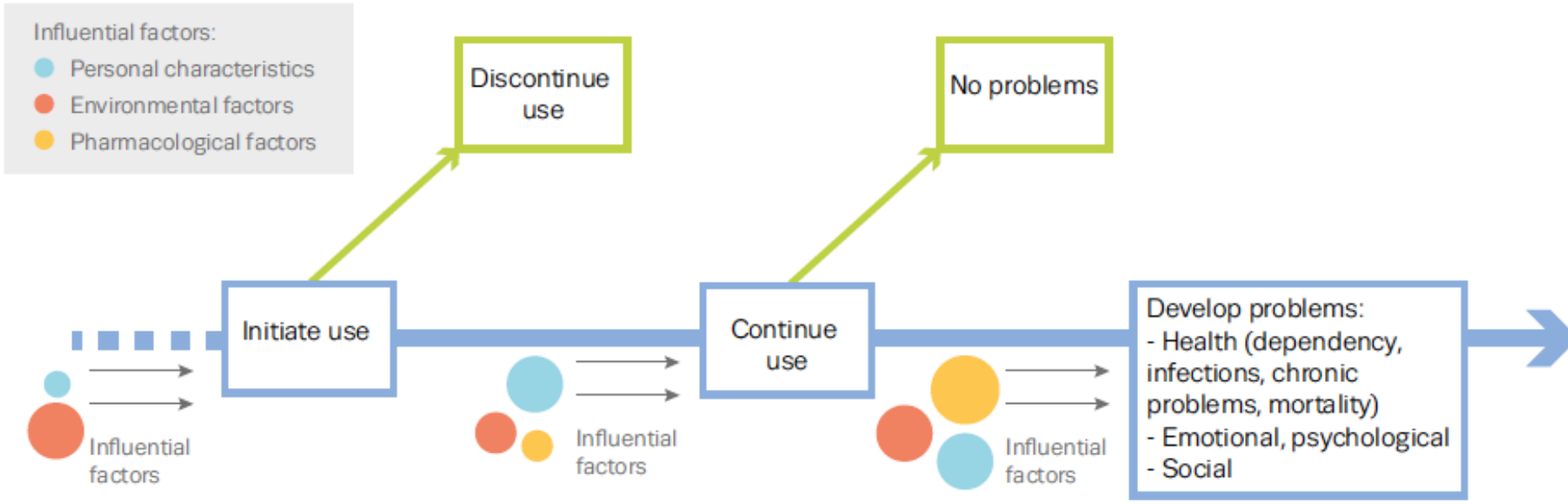
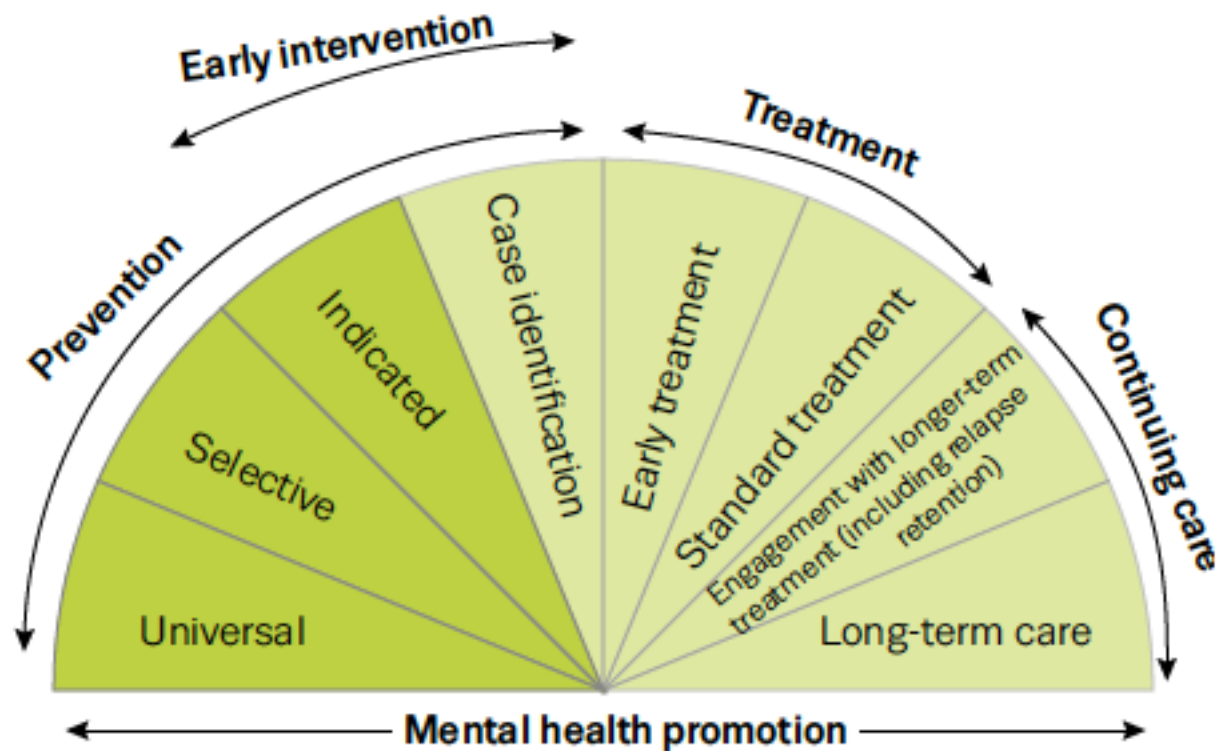


FIGURE 7

Diversity in responses to substance use problems



Source: Adapted from Mrazek and Haggerty, 1994

# What is effective prevention?

- ‘Evidence-based practice’
- ‘Best Practice’
- EMCDDA ‘best practice portal’  
[http://www.emcdda.europa.eu/best-practice\\_en](http://www.emcdda.europa.eu/best-practice_en)
- The European Society for Prevention Research defines prevention science as ‘a multi-disciplinary endeavour to consider aetiology, epidemiology, intervention design, effectiveness and implementation for the prevention of a variety of health and social problems’. EMCDDA (p42)



# Scotland: Schools

- ***‘What works’ in drug education and prevention?***  
Scottish Government (2016)

Review: Focus on school based education: lack of knowledge around what prevention/ educational interventions were currently being carried out in schools.

Cited:

- (Stead et al., 2007, based on 2004/5 data) - found that while the majority of schools were providing drug education, information provision predominated; drug education lessons were not as interactive as they could be; a minority of lessons used social influence approaches; virtually none used normative education approaches.

# Role of the ADPs

- 1) includes the delivery of education and prevention activity
- 2) may be better placed than schools to undertake targeted interventions with specific vulnerable groups (e.g. aged 16-25; school excludees)
- 3) may commission a third party organisation to deliver prevention interventions
- 4) likely to work with partners e.g.NHS, Education Services Departments, on the dissemination of key education and prevention messages.
- 5) provide local response to/ implementation of Ministerial priorities ( documented in their annual ADP reports)

# National level

**Rights Respect and Recovery.** *Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths* Scottish Government

(Delivery Plan 2019-2021)

- focus on prevention which will reduce the individual, family and societal (risk) factors
- an evidence informed approach - appropriately involves academic evidence, the voice of lived and living experience, family members, those with professional experience and other intelligence
- arrangements for continuous improvement in delivery across the Scottish Government, Health Boards, Local Authorities, Police Scotland, the Scottish Prison Service, the Third Sector and other key organisations (Partnership approach)

# CH 4: Prevention and Early Intervention

## Identified Actions:

- Our **workforce development** framework will set out levels of skills, competencies and understanding for those working with children and young people experiencing drug related harm.
- Our public health **surveillance data** will enable us to understand the risks and harm linked to problem drug use by young people.
- **Local** areas will develop and improve specialist services in response to **local evidence** of need.

# Key Questions for Discussion

- What do we want prevention to address? **Narrow or broad definition?**
- Where and by whom is prevention best carried out? **universal/ selective/indicated; partners?**
- Do we know enough about what is effective prevention? **Weight given to research based evidence vs. professional /lay knowledge/ experience? Cultural relevance.**
- Do we need a dedicated, better trained prevention workforce in Scotland? **Who should be trained?**
- What are the next steps in developing prevention policy, practice and **research?**