Adfam
Families, drugs and alcohol

Adfam discussion paper: Demand reduction, drug prevention and families

Autumn 2012

On September 5th 2012, Adfam convened a roundtable discussion on reducing demand for drugs and alcohol, attended by a variety of policymakers, campaigners, charitable organisations and service providers. This briefing has been informed by the discussions from this meeting, and also draws on previous relevant research.

The aim of the roundtable was to explore the broad themes of demand reduction and prevention within the current financial and political environment, and with a particular focus on the role and influence of parents and families.

What is demand reduction?

In the words of the UK Drug Strategy, reducing demand consists of 'creating an environment where the vast majority of people who have never taken drugs continue to resist any pressures to do so, and making it easier for those that do to stop'[1]. Attendees at the roundtable broadly agreed with this vision of demand reduction, though a subtle distinction was noted between a positive concept of prevention – people making a free choice not to use drugs – and the more negative idea of simply resisting pressures to do so, or being deterred through legal means. It was added that delaying the onset of young people's drug use is a reasonable goal in its own right, as is wanting those people who do use drugs to use *less* rather than not at all; these, however, are less politically acceptable as they do not reflect the same level of ambition as stopping all drug use.

Approaches to demand reduction are different in the Government's national Alcohol Strategy, which focuses more intensively on the negative consequences of drinking excessively (particularly antisocial behaviour) than on preventing it per se. And whereas the Drug Strategy takes a broad, 'whole life approach' to demand reduction with a focus on support, environment and culture, the Alcohol Strategy is predicated more on the introduction of legal measures such as minimum unit pricing, tighter controls on multi-buy discounts, the restriction of licensed premises and more robust enforcement of under-age sales. The roundtable group posited that demand reduction is a very long-term prospect which will outlast successive Governments, despite previous attempts to change culture through legislation such as 24-hour licensing.

[1] HM Government (2010) *Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life*

When do we undertake demand reduction, and who is it aimed at?

Demand reduction activities are often thought to be best aimed at young people in educational settings – common images being the person in recovery telling schoolchildren not to repeat their mistakes, the parent addressing a class on the impact of substance use on their family, the presentation of the 'drug box' by a teacher or a policeman speaking about local criminal activity. However, the roundtable discussion was much broader, with consensus that effective and holistic demand reduction should not only apply to young people and those who do not already use drugs. A spectrum of activities should cover efforts to stop people who have never used drugs from starting in the first place, but also include reducing problematic users' demand for drugs and extend all the way into recovery. Although the Department of Health's Payment by Results outcomes definitions for drug treatment do not put a premium on intentions – simply specifying 'freedom from drugs of dependence' as the aim[2] – it is generally accepted that recovery is 'voluntarily sustained'[3] and 'self-directed'[4], meaning that it has demand reduction at its core.

Understandably, reducing young people's desire to use substances (including alcohol) was highlighted by participants as of particular importance. But 'young people' are not one homogenous group and the idea of 'targeting' certain people – for example based on age, disadvantage or truancy – over others provoked much debate. Participants suggested that different approaches would be needed to be effective for different groups of young people, appropriate to their age, gender, and the risk factors they may be exposed to.

For example:

- Early years work (such as that provided through Health Visitors and Family Nurse Partnerships), which might manifest itself as prevention later in childhood – by building a strong foundation of resilience, for instance – can be useful for all children, but more targeted demand reduction explicitly related to drugs may become more important as they grow older.
- There is a sliding scale between prevention and demand reduction, on which different groups of people may sit: for younger children and those who have never taken drugs, approaches geared towards prevention and resilience may be the most appropriate, but at the other end there is a group already using drugs and alcohol frequently for whom 'prevention' as such is not relevant. In the middle are those who are 'at risk' of substance use, or who are experimenting or using infrequently. This is recognised in the Government's Drug Strategy, which states that 'drug and alcohol interventions need to respond incrementally to the risks in terms of drug use, vulnerability and, particularly, age'.
- Although it may be politically unpopular, it should be implicit that work focused strictly on prevention is not appropriate for everyone, including some young people, and approaches could be better focused on reducing the harms and consequences of existing substance use.
- Some young people may have specific vulnerabilities relating to drugs and alcohol and therefore require more targeted or intensive interventions – if their parents use drugs, for instance. It was also suggested that girls at risk of exploitation by gangs, or of controlling behaviour by

[2] Department of Health (2012) *Recovery PbR Pilots – Final Outcome Definitions*
[3] UK Drug Policy Commission (2008) *A vision of recovery: UKDPC recovery consensus group*
[4] UK Recovery Federation Principles. Source: www.recoverywalk2012.org.uk/about-us

boyfriends, may need drug prevention support in the last year of primary school and early in their secondary school education.

These points raise fundamental questions about demand reduction: is it better to selectively target specific groups who are 'at risk' of substance use harms or, taking demand for drugs and alcohol as a function of wider culture, should approaches be aimed at everybody? There is potentially a disconnect in that if prevention work is only delivered in targeted or specialist services then only children with wider vulnerabilities are reached; but a universal approach, by definition, would have to involve every teacher, social worker and parent in the country, which given the political appetite for localism and a lack of resources, may be difficult to implement.

In looking at demand reduction as an aspect of culture – especially among young people – it became clear that reducing demand for drugs could be a product of much wider agendas unrelated to substance use as a specific issue. This could include, for example, greater participation in sports, music or other productive recreational activities, enhanced self-esteem and resilience, and educational attainment. Participants felt that general physical and emotional wellbeing can influence someone's desire to use drugs so a huge number of initiatives and activities could easily fall under the 'demand reduction' banner, whether they intend to or not. As has been identified by the UK Drug Policy Commission, cuts to generic services for young people can have a knock-on effect on substance misuse issues, and this issue may be being overlooked[5].

- **Demand reduction in treatment settings**

At the roundtable, it was put forward that young people's treatment is often about working on a mixture of wider needs, and substance use in isolation may not be the critical issue or focus of the support work undertaken. The level of substance use could be accompanied by other vulnerabilities such that, taken as a whole, intensive support is necessary. Drug use in young people can be the 'tip of the iceberg' pointing to other issues such as mental ill health, attachment disorders, material disadvantage, offending behaviour (the largest referral source for young people's treatment is the criminal justice system, it was stated) and more generally dysfunctional childhoods.

The remit of young people's treatment, therefore, was said to go much wider than simply reducing substance use; consequently the reported disinvestment in these services was a serious concern for roundtable attendees. A recent survey found that 41% of Drug Action Teams reported a significant decrease in funding for young people's substance misuse services[6]: due to the mix of needs addressed by these services, this could mean a gap in provision which extends far wider than just substance use issues and, in turn, presents a risk that these young people bounce up against more intensive services as the years go by.

[5] UK Drug Policy Commission (2012) *Domino Effects: The impact of localism and austerity on services for young people and on drug problems*
[6] Ibid.

Where does guidance come from?

Culture is a mixture of such a broad set of considerations that no one body can ever be said to be 'in charge' of it; creating a society with less demand for drugs, then, is not the 'responsibility' of any one group, and it is difficult to argue that anyone in particular is accountable for it. However there was much discussion on where demand reduction information comes from, and whether the nature of the source is a predictor of how well it is received. That is – is it the message itself, the messenger, or their approach which decides the effectiveness of attempts to reduce demand?

There was some scepticism of the Government's ability to 'enforce' demand reduction and how well received advice from national 'experts' is compared with people's personal experiences, especially with alcohol. It was mentioned that guidelines for parents on not giving children alcohol[7] failed to create a positive reaction from parents or gain their support: in this case roundtable participants thought that the Chief Medical Officer, despite being an independent expert, was too closely associated with the Government to be taken to heart by the nation's parents.

So who the guidance is coming from, and who it is aimed at, can be key considerations over and above the actual content of the message – though attendees were in agreement that in terms of overall approach, promoting positive attitudes to health and wellbeing are more effective than negatively targeting bad behaviour. Official figures[8] show that young people cite teachers, parents and television as the most helpful sources of information on drugs, more so than friends, police and the internet; as mirrored by the direction of conversation at the roundtable, this suggests that schools, parenting and the media are key levers of change in demand reduction approaches. For parents in particular, maintaining an open and honest dialogue with their children around substance use can be beneficial in itself: this does not necessitate an identical, 'perfect' message by all parents, but is a function of a positive overall relationship between parent and child.

The role and influence of parents

Harnessing the role of parents as the key conduit of knowledge, guidance and information for their children was commonly cited by attendees as a crucial element of any effective demand reduction approach. In particular, the role of parents in embedding more responsible attitudes towards alcohol and setting and reinforcing boundaries around substance use were noted as essential elements of young people's learning about drink and drugs.

- **Drugs**

Services providing support for families affected by substance use have reported increasing numbers of enquiries from parents concerned about a rapidly shifting and unfamiliar drug market, including the growth of legal highs. This is backed up by YouGov polling which asked parents about their concerns around young people's substance use and the discussions they have had with their own children (13-18): 68% were very confident talking to their children about illegal drugs, but this

[7] Chief Medical Officer/Department of Health (2009) *Guidance on the consumption of alcohol by children and young people*

[8] NatCen/Health and Social Care Information Centre (2012) *Smoking, drinking and drug use among young people in England in 2011*

dropped to 49% for 'legal highs'; similarly, 78% had talked to their child about taking illegal drugs, but only 28% about legal highs. Children do look to their parents for information on drugs, with two-thirds of 11-15 year-olds seeing them as a helpful source of information[9].

- **Alcohol**

Setting boundaries around alcohol can be a more difficult task for parents than discussions about drugs, which are perceived to be more black and white due to their illegality. Participants suggested that parents may struggle to formulate a consistent message for their children due to uncertainties around their own use of alcohol, and how to square this with attempts to set boundaries for their children. Attendees felt that 'do as I say, not as I do' was not a credible model to present to young people, and parents can be unsure of if, when and how much alcohol to provide for teenagers, with many of the mind that 'I'd rather my children got it from me' or 'at least I know how much they have if I give it to them'.

The difficulty for police in engaging parents in demand reduction activities around alcohol use was also mentioned, for example through prevention initiatives delivered in partnership with schools. Again, parents may be unwilling to hold a mirror up to their own use, or to confront the impact that it may have on their children; this reluctance may set in further with the possibly threatening presence of services as 'official' as the police.

Schools

It is important that the debate about demand reduction is not reduced to a question of drug education delivered in schools. However, schools remain at the centre of young people's lives. They represent their most regular and continuous contact with services to support them around a variety of needs, whether through all-round pastoral care, effective links with other local support services or, indeed, dedicated drug education initiatives. Official guidance advises that schools establish relationships with local children and young people's services, health services and voluntary sector organisations to ensure support is available to pupils affected by drug misuse, and also that 'drug education is part of a well-planned programme of Personal, Social and Health Education [PSHE] delivered in a supportive environment' – though this guidance is not statutory[10]. Schools and teachers, if well attuned to the personalities, vulnerabilities and family situations (not to mention age) of children and young people, may also be best placed to identify what kind of approach is needed for different groups of young people.

A greater emphasis on drug education in schools was a key priority for several roundtable attendees, and there were calls to include substance use information in compulsory PSHE – though great pessimism as to the chances of this happening in the current environment. It was noted that schools may be put off addressing substance use issues in a proactive manner because it might 'advertise' that there is a 'drug problem'; but equally, much good drug education does not consist of

[9] NatCen/Health and Social Care Information Centre (2012) *Smoking, drinking and drug use among young people in England in 2011*

[10] Department for Education/Association of Chief Police Officers (2012) *DfE and ACPO Drug Advice for Schools*

information purely about drugs, their effects and risks, but is more about life skills, a positive school environment, self-esteem and resilience.

It was thought that there could be a vacuum in leadership of the drug education agenda – funding for the Drug Education Forum, for example, has been cut, although much of its learning is still available online. The ongoing diversification of the state school system could also be a challenge to the implementation of an effective, evidence-based, country-wide approach to drug education, with more Academies and Free Schools operating outside local authority leadership in a growing number of areas.

This may be particularly true of ensuring that drug education is delivered according to the best available evidence, rather than simply on what people assume to be effective. For example, it was put forward that police officers have been visiting schools for years on the basis that it's the 'right thing to do' rather than knowing that it's effective in reducing demand for drugs. It was also suggested that there is more success in reducing harm than there is in sustaining abstinence for young people; but even sustaining abstinence for a relatively short time or delaying the onset of substance use can be significantly positive outcomes in their own right.

Mixed messages: substance use, the media and society

Several attendees spoke of the mixed messages young people receive about both alcohol and drug use. Young people drinking in city centre bars tend to be covered negatively in the media compared to older people drinking in 'traditional' pubs, and sponsorship of the decriminalisation agenda by celebrities and ex-establishment figures contributes to uncertainty about the harms of drug use. The inconsistency of media coverage was noted not only for its impact on young people but also for the confusion it can cause in parents, for example about the health benefits of red wine and the place of the local pub in community life; it was commented that 'messages are so mixed, people just bury their heads in the sand and believe what they want to'. The Government's Alcohol Strategy does note that 'there is known to be a link between advertising and people's alcohol consumption', but its response is sanguine ('we have not seen evidence suggesting a ban on alcohol advertising is a proportionate response') and asserts the effectiveness of current regulations in preventing advertising which targets young people[11].

There was also debate about the differences between demand reduction for different types of drug – both legal and illegal – and particularly education around alcohol, which can be a thornier issue due to its legal status and prevalence within individual families and wider society. One attendee thought that 'tobacco is *still* the first gateway drug', implying that reducing demand for smoking may have positive knock-on effects on demand for other substances too, but this tends not to be a fixture in wider debates about the misuse of drugs.

[11] HM Government (2012) *The Government's Alcohol Strategy*

Unpicking demand reduction: establishing causality

Discussions of demand reduction are often assumed to take place in an environment of spiralling substance use and 'youth gone wild'. However, it is worth noting that young people's drug use is actually *declining*: figures for 2011 show that 17% of 11-15 year-olds have ever taken drugs, compared with 29% in 2001[12]. But even when it looks like *something* has worked – the long-term decline in cannabis use, for example – the picture may not be so simple, as particular drugs may simply be replaced by others (including alcohol and legal highs) whilst demand for substances overall remains static or even rises. Finding out what causes change, and therefore how to replicate it over the long-term, is very complex.

Central to all of these discussions is determining the 'active ingredients' in parenting, media and education which contribute to effective demand reduction and prevention initiatives. There is an inherent difficulty in evaluation: it's hard to figure out what has worked in the past and why, and to what extent different factors lie behind changing trends in drug use. And in times of squeezed budgets, a historical lack of effective impact measurement can significantly harm the chances of securing funding.

A rod for its own back? Conflict in the debate for drug-specific support and education

There may be unintended consequences to the quite welcome debate that young people's substance use is a result of wider vulnerabilities which can be identified, tackled and (ideally) eliminated from an early age. The more their drug or alcohol use is characterised as a consequence of a variety of different risk factors unrelated to substance use itself, the more the argument is weakened that young people's substance misuse services are vital pillars of the local support structure, or that education on drugs specifically is necessary. The greater the number of initiatives invoked as instruments of 'drug prevention', the more the importance of *specific* drug and alcohol services may be diluted.

There also may be a risk that too much focus on early intervention could divert focus away from existing substance use by young people. This generation should not be forgotten in attempts to protect the next, and efforts to prevent demand in the future should be mixed in with work to reduce it in the present.

Drug prevention in context

These discussions take place in an environment of across-the-board spending cuts where drug and alcohol support is hardly alone in feeling the pinch of reduced budgets and decommissioning. However, evidence has pointed to a particular risk to demand reduction activities: recent research found that 51% of Drug Action Teams reported a significant decline in substance use prevention activity funding, and 44% said there had been a significant drop in funding for other services that

[12] NatCen/Health and Social Care Information Centre (2012) *Smoking, drinking and drug use among young people in England in 2011*

might have an impact on young people's drug use[13]. As well as this, half of all local authorities are making 'disproportionate' cuts to the voluntary and community sector[14].

At the roundtable, it was generally thought that demand reduction has not been the recipient of much financial, institutional or Governmental support in its own right - noting in particular the Coalition's decision to end funding for the Drug Education Forum**.** There was some pessimism in the group about the chances of pushing forward demand reduction and prevention measures on a systemic level; for example, it was seen as an 'easy cut' (or continued omission) in squeezed budgets, and without a Public Health Outcomes Indicator[15] aimed directly at reducing young people's drug use, it may struggle to gain emphasis as local areas decide on their priorities.

There was much discussion, therefore, of how to 'get creative' with prevention work, incorporate it into other areas and demonstrate its relevance wider than just the drugs agenda: for example how it might support educational attainment in schools, contribute to improved life expectancies and reduced health inequalities, and impact on work with 'troubled families'. The as-yet unknown approach of Police and Crime Commissioners to drug issues was also suggested as a route to local and national inconsistencies about how much emphasis is put on substance use, including as a contributing factor to antisocial behaviour.

The overall conclusion of this discussion was that the wider implications of drug use on crime and health measures need to be stressed in order to demonstrate how prevention and demand reduction initiatives are not only important in themselves, but also contribute to savings elsewhere and in the future.

Summary and conclusions

1. Even if preventing young people from ever using drugs is the long-term goal, there is still a role for demand reduction alongside absolute prevention. Support should be available for young people who have already developed problems with drugs or alcohol, to reduce their use and the subsequent harms.

2. Demand for the use of drugs, alcohol and tobacco exist in the same spectrum of motivations and pressures for young people, and demand reduction initiatives should focus on the root causes of these behaviours rather than the use of particular substances – for example, by working around self-esteem and healthy relationships.

3. Who transmits demand reduction messages can be as important as what the message actually is. Parents are seen by young people as a credible source of information on substance use, and can present consistent messages in the face of changing of changing Government and media narrative. The focus should be on engaging them positively in demand reduction.

[13] UK Drug Policy Commission/DrugScope/Mentor (2012) *Domino Effects: The impact of localism and austerity on services for young people and on drug problems*
[14] NCVO (2012) *Counting the cuts: The impact of spending cuts on the UK voluntary and community sector*
[15] See Department of Health (2012) *Healthy lives, healthy people: Improving outcomes and supporting transparency*

4. Demand reduction is not the sole preserve of drug education in school, but this does present the opportunity for consistent, available and evidence-based interventions with most young people.

5. Young people's substance use is mixed in with a large variety of other vulnerabilities, and cuts in funding for both drug-specific and more generic support services can have knock-on effects on their use of drugs and alcohol.

Recommendations

National Government:

- Should support the Relationship, Drug and Alcohol Education (Curriculum) Bill. The ongoing delays in the Personal, Social and Health Education (PSHE) review represent a vacuum in leadership of this very important issue, which has been taken up by Diana Johnson MP in opposition. The new Bill calls for drug education to be included in the National Curriculum as part of a broader approach to building healthy relationships, confidence and self-esteem in young people.
- Should drive forward the sharing of good practice on demand reduction and make the most up-to-date learning centrally available, so that local initiatives can be designed and implemented according to the best available evidence.
- Should provide parents and families with appropriate information and support to discuss substance use issues with their children proactively.

Local authorities, commissioning boards and schools:

- Must recognise that cuts to young people's services in general can have knock-on effects on vulnerabilities impacting on substance use, and introduce appropriate measures to stem this flow.

Demand reduction campaigners and providers:

- Have a responsibility to demonstrate the effectiveness of their proposed activities, according to the best available evidence. This requires collaboration in the demand reduction community across the country, including in voluntary sector networks.

Moving on

Adfam will be convening further roundtable discussions to build upon the conclusions of this event, drive forward the demand reduction agenda to a growing audience and act as a forum for the sharing of new information.

- **Adfam** is undertaking its own research into legal highs and club drugs in response to demand from family support services.

- **The Angelus Foundation** will be calling for the inclusion of drugs education in the national curriculum, and campaigning specifically on the issue of legal highs, aiming to educate parents about the facts, risks and dangers.
- **DrugScope** and the **UK Drug Policy Commission** have a particular interest in establishing the causes behind observed reductions in young people's substance use, though the latter will wind up its activities at the end of 2012.
- **Government** activity includes working on a database to collect information on the effectiveness of education schemes, as well as reducing underlying risk factors for young people through Family Nurse Partnerships and new approaches to school exclusions.
- **Mentor UK** is continuing its work in researching the evidence base for effective drugs education, and aiming to establish which elements of prevention approaches have the most effect.
