

DRUG & ALCOHOL FINDINGS



Upgrading the effectiveness of Britain's response to drug and alcohol problems; linking research to practice, practice to research

*The Substance Misuse
Advisory
Service*



Action on Addiction

Sponsors include

SUBSTANCE MISUSE ADVISORY SERVICE

ACTION ON ADDICTION

A collaborative project involving
leading UK drug and alcohol
research and practice centres:

NATIONAL ADDICTION CENTRE

ALCOHOL CONCERN

STANDING CONFERENCE ON DRUG ABUSE

NATIONAL
ADDICTION
CENTRE



Alcohol Concern



DrugScope

DRUG & ALCOHOL FINDINGS

project proposal ● key points

- **NEED** In the drug and alcohol fields communication channels between practice and evidence of its effectiveness are constricted, unreliable or inappropriate; **practice is divorced from research.**
- **AIMS** To upgrade the **effectiveness** of service planning and practice through the incorporation of relevant, up to date evaluation and research findings from Britain and across the world. To create a practitioner constituency committed to evidence-based progress and a research community sensitive to practical needs.
- **BENEFITS** Cost-effectiveness: **maximising** the real-world impact of the £100,000s being spent on research in the UK and elsewhere; steering the allocation of £1 billion per annum on drug and alcohol interventions in accordance with evidence of effectiveness.
- **CORE TARGETS** UK **drug and alcohol** service practitioners, planners and commissioners, and related researchers.
- **STRATEGY** Engaging major UK and overseas research centres and key practitioner bodies in a **cooperative venture** to create a communication vehicle beyond the reach of any one centre working in isolation.
- **CORE PRODUCT** A quarterly periodical plus cumulative index with spin-off electronic information products geared to the assimilation and **implementation** of evidence of effectiveness, on subscription from the representative bodies for drug and alcohol services in England and Wales.
- **MEASURABLE OUTCOMES** Sales; the degree of **interaction** generated between research and practitioner communities; instances of research findings being tested or implemented; reader feedback.
- **DETAILS** On the following pages with full project plans and financial projections also available.
- **FUNDING** A total of **£50,000** in the first two years after which the project will be self-financing; an input amounting to less than 0.01% of the resources on which the project will exert leverage.



£1 billion spent on interventions?

At least £165 million was spent in England alone in 1993/4¹ on drug treatment, prevention and education interventions. Throughout the UK the total probably now exceeds £500 million.² No one knows how much is spent in addition on alcohol interventions,³ but it is a reasonable guess that, with local expenditures, perhaps a billion pounds are allocated to drug and alcohol interventions together.

Problems extensive, damage severe

A ballpark estimate of £1 billion p.a. to combat drug and alcohol problems amounts to just £420 a year for each severely problematic drug or alcohol user in Britain⁴ and considerably less for the population at risk of such problems. It is essential that these resources are spent imaginatively and above all effectively, because the problems they address place a burden on Britain's health and welfare systems – and damage its communities and families – out of all proportion to the numbers involved.

A recent study commissioned by a government task force found that in the three months before entering treatment a typical sample of just 1110 problem drug users committed 70,000 crimes costing their victims £17 million a year. This grosses to possibly an annual £3 billion cost to society from this source alone – but in the past year over half had *also* attended an accident and emergency unit and a quarter had been admitted to hospital.⁵ Alcohol misuse costs industry an estimated £2 billion per year and research shows that offenders are intoxicated in 30% of sexual offences, 33% of burglaries, 50% of crime in the street, and 85% of crime in pubs or clubs.⁶

It is clear that a multi-billion pound problem is being tackled with limited resources.

£100,000s allocated to assessing effectiveness

There is then a clear need for this investment to be guided by evidence of effectiveness – evidence that the interventions it funds really do help prevent drug and alcohol problems and protect the community from resultant nuisance and crime, and that they do so more cost-effectively than alternative approaches. This need is increasingly acknowledged. Literally uncounted £100,000s are allocated by government, academic centres and other funders for research intended to improve the effectiveness of drug and alcohol interventions. In-house and local evaluations of practice are now commonly integrated into service planning and funding structures.

A landmark in the drugs field was the National Treatment Outcome Research Study set up by Department of Health, which is continuing to provide evidence of treatment effectiveness.⁷ Straddling both alcohol and drugs sectors is the new Substance Misuse Advisory Service with its enhanced focus on “evidence-based clinical practice” in the advice it provides to service commissioners and planners.⁸ In both social and health sectors, the purchaser/provider split and the commissioning process it entails has created an new emphasis on objective justification of expenditures, supported in the health sector by the Cochrane process of collating and reviewing evidence of treatment efficacy.

Experience, professional judgment, intuition – even hunch and inspiration – will continue to be important, but their effectiveness too will increasingly be subject to codification and measurement.

Missing link – small, but crucial

So far we have portrayed a reasonably satisfactory picture of needs recognised, at least partly met, and funded substantially if inadequately on both sides – the interventions themselves, and evaluations of those interventions. But there is a problem: *precisely because it is the core business of neither side to link up with the other*, these two significant categories of funding are divided by a constricted communications bottleneck which perversely minimises the impact of research findings on practice, and of practical needs on the research agenda.

Researchers talk to each other in academic journals, publishing their findings often many years beyond the point when (even if these had been read by practitioners and commissioners) they might profitably have been incorporated into practice. In-house and local evaluations of practice are more integral to the services they assess – communications are usually direct and unimpeded – but local practitioners are neither mandated nor equipped to broadcast their findings to the broader service and planning communities. Once again, perversely the impact of their work is muted rather than amplified.

Practitioners do read professional magazines, but in the last full year the major UK drug sector magazine devoted just 10% of its column inches to research, and the corresponding alcohol information and research bulletin is able to devote relatively little space to the effectiveness of interventions.

This is no criticism – the policy ferment and volume of statistics, experience, opinions and debate in this field mean a multi-purpose outlet cannot do justice to the ‘what works’ issue. Practitioner and planner forums, newsletters, libraries,



information services and other communication vehicles provide parts of what's needed, but through multiple outlets and obscured by other content.

Conversely, there is no vehicle through which practitioners can communicate research needs to researchers – and offer the cooperation researchers need to garner samples and document practice. Within the practice sector, service-level evaluation techniques may be dismissed as too difficult to establish or needlessly re-invented: there is no mechanism to disseminate and develop feasible and effective methodologies. Domains which should be intimately related are isolated.

We neither belittle nor deny the communication efforts made by workers and institutions for whom this activity is secondary to their core vocations,⁹ but with the inevitable focus of researchers on research and practitioners on practice, these efforts remain limited. For the sake of a relatively modest link – in the proposals here, amounting to less than 0.1% of the expenditure it would help to steer – we risk rendering our expenditure on evaluation and on intervening in drug and alcohol problems ineffective. Tradition, conviction and intuition may have led to an optimal pattern of expenditure, but this seems unlikely. On both sides the innovation and talent in these fields is impressive – the challenge is to marry them into a modern approach to rising problems.

Findings will make the links

The need for a link between practice and evaluations of practice is clear and urgent. The reason why this has nevertheless not been created also is clear – it is simply no one's business to create it. The **FINDINGS** project exists to make this its business. Appropriately, **FINDINGS** is the result of a collaboration between the major national research and practice organisations in the drugs and alcohol fields, mirroring the links it intends to create.

The project's aims flow directly from the needs identified above. By creating a regular, systematic and appropriate two-way link between practice and evidence of its effectiveness, **FINDINGS** will upgrade the effectiveness of practice and planning related to tackling alcohol and drug problems in Britain, from education at primary school level through to treatment and protecting the community from alcohol or drug-related crime and nuisance. In the process **FINDINGS** will foster a practitioner constituency committed to evidence-based progress and a research community sensitive to practical needs.

It will do this initially via the most straightforward vehicle – the paper and print methodology which though lacking glamour remains the best way to reach the most people. A 24-page quarterly periodical available on subscription, backed by the credibility of the principal collaborators and promoted through their extensive networks.

The core readers will be personnel significantly involved in purchasing, planning and implementing interventions in the drug and alcohol fields, including prevention, education, treatment, rehabilitation, infection control and community safety, plus those involved in evaluating or researching such interventions.

SAMPLE ENTRY

2.3. School-based education may be ineffective without community involvement

Findings Three years later a sample of 1200 9–14-year-old school-children who had received a school drug prevention programme were half as likely to be regularly using cannabis as those who had not been through the programme – but only if the lessons were supplemented by parental and community activities. Pupils were recruited in 1987 from similar rural US districts in New Hampshire. In one the pupils received a drug education curriculum which aimed to reinforce skills to resist social pressures; in another this was supplemented by parenting courses and a community task force which attempted to influence adult attitudes and role models; in the third – the control group – all interventions were withheld.

By 1990 and ages 12–17 the proportion starting cannabis use was highest in the control group and least in the community programme group, but differences were not statistically significant. With regular cannabis use results were in the same order – but the finding that the community programme sample were less than half as likely as controls to use regularly was statistically significant.

Expert comment This is one of several recent studies (see Links) to indicate that widely accepted patterns of drugs use are resistant to prevention programmes – perhaps because their impact is 'swamped' by social norms – but that less accepted patterns can be affected. The key role of community and parental involvement has also been seen elsewhere. However, where parental acceptance of the targeted form of drug use is already low, then intervening with parents may be less important.

Practice implications A feature of this programme was its success in recruiting 'high-risk' parents to its parenting courses but the authors acknowledge the difficulties. These may be daunting in socially disrupted urban communities. Even in these seemingly socially homogenous rural communities, the researchers input annual doses of further training to maintain the impetus. A potentially costly and long-term commitment to community mobilisation may well be required which cannot be subsumed under core school budgets. But without this the schools' input may be rendered less effective or ineffective and these community and parental elements could create 'collateral' benefits in other areas, such as support for treatment and other prevention initiatives.

Main sources 2.3.1 Stevens M. M. et al. "Three-year results of prevention programs on marijuana use: the New Hampshire study." *Journal of Drug Education*: 1996, vol 26 no 3.p. 157–273. Presents the main findings.

2.3.2 Stevens M. M. et al. "Smokeless tobacco use among children: the New Hampshire study." *American Journal of Preventive Medicine*: 1996, vol 9 no 3.p. 160–167. Describes the *Here's Looking at You 2000* education programme and the other interventions.

Contact points Dr M. Stevens, Dartmouth Medical School, Hanover, New Hampshire 03755, USA, phone 00 1 603-650-8039, e-mail Marguerite.Stevens@dartmouth.edu.

Links Findings **1.3 1.4** and in this issue **2.7**.



The core content will be brief, systematic summaries of recent research or evaluation projects with implications for interventions in the UK – see sample entry on the previous page.¹⁰ Each entry will draw out the practice implications of the findings and indicate the level of reliability to be attached to them. To bring readers up to speed on particularly crucial or current topics, we will also provide thematic reviews of the evidence on the effectiveness of a particular class of interventions, enabling the latest findings to be placed in context. By engaging the cooperation of major UK research centres and key overseas players we will be able to present the interim findings of research or evaluation in progress or before formally published, and alert planners that key findings are on the way.

A contacts page and other vehicles will enable practitioners to seek partners to evaluate their interventions and researchers to seek interventions and research subjects to meet their research agendas, which themselves will be shaped by the needs expressed and opportunities offered by practitioners and planners.

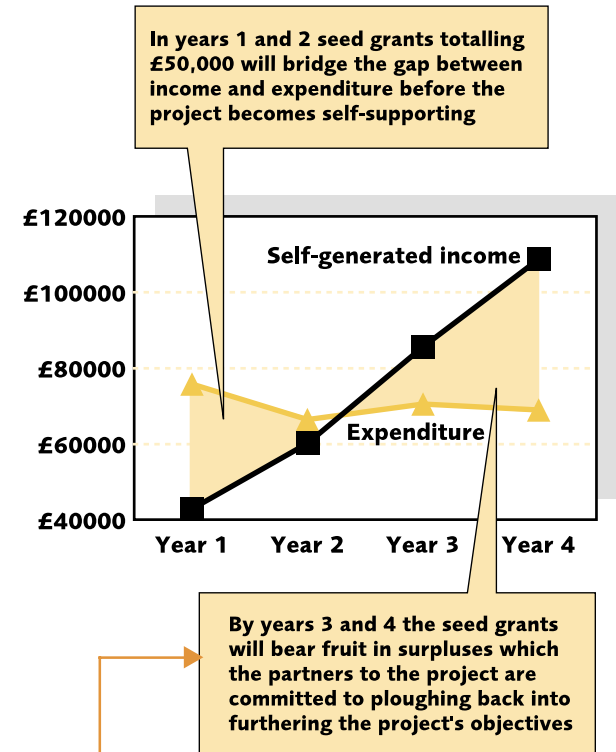
Once established in print the credibility of the **FINDINGS** brand can be used to launch spin-off services which support the project's core aims. Obvious initiatives include electronic access to the **FINDINGS** database and contacts and **FINDINGS** seminars and conferences, the results of which will feed into the core vehicle. But we will remain open to the needs expressed by our customers and the ideas of our supporters. After an initial period of subsidy we expect the periodical to make significant surpluses which the collaborators are committed to ploughing back into the project to extend its reach and methodologies.

Creating Findings

The principal collaborators in this venture are the Standing Conference on Drug Abuse and Alcohol Concern – respectively the major national service sector coordination bodies in the drugs and alcohol fields – and the National Addiction Centre, the UK's most prestigious drugs and alcohol research centre. Minding the operational level is the UK's most experienced and respected specialist communicator in the drugs field, Mike Ashton, for 10 years editor of *Druglink* at the Institute for the Study of Drug Dependence and editor of the first two reports on drug problems in Europe from the European Union's drugs monitoring centre.

These agencies have had the vision to reach beyond their traditional remits and see the need for cross-sector links. In turn we are seeking supporters with the vision to see beyond the usual split of funding *either* research or practice, who appreciate that funding in these sectors risks being wasted unless the connections are made between them.

We estimate that £50,000 in total over the first two years will bring **FINDINGS** to break-even point from which it can then generate its own surpluses.¹¹ Throughout this time we will monitor sales and feedback from readers, partly via a specially recruited readers' panel, and adjust our work accordingly. It is possible that despite this, uptake will be insufficient and research input inadequate. We are not treading a familiar path with a track record to fall back on but breaking new ground with all the uncertainty that entails. **FINDINGS** is partly an expression of faith that planners and practitioners care about making the most of their efforts, and that researchers care about the real-world impact of their studies.



But it is faith backed by evidence that the key major national bodies in both sectors are committed enough to establish the project. In the nature of their respective remits, neither side can devote resources donated either for practice or research to a project which straddles both – a Catch 22 situation. This is why we are making a specific fundraising effort to find partners who can unlock this bind and take us to the point where the project can support itself.

More information

We are keen to make available to potential supporters the full internal papers on which the project is based – your comments can help validate our projections and fine-tune our plans. Available on request are:

- Detailed financial projections
- A copy of the agreement between the collaborators detailing the planned content of the magazine and management of the project.

For these or further information or to discuss how you may be able to help shape and launch **FINDINGS**, contact the **FINDINGS** coordinators at:

- National Addiction Centre, phone 0171 740 5745;
- Standing Conference on Drug Abuse, 0171 928 9500;
- Alcohol Concern, 0171 928 7377; or the editor
- Mike Ashton, 0181 888 6277

1. *Tackling Drugs Together*. HMSO, 1995.
2. Home Office minister George Howarth speaking at the Cranstoun Drug Services presentation and reception, 11 November 1997.
3. NHS responses to alcohol-related health problems cost an estimated £150 million per year but there is no estimate for other expenditures. Alcohol Concern, 1997.
4. ISDD's *Drug Misuse in Britain 1996* estimates 70,000 people are in contact with drug services in a six-month period. Grossing this up over a year and multiplying by a factor to account for problem users not in touch with services we can guess that there are perhaps 200,000 problem drug users in the UK. A psychiatric morbidity survey quoted by Alcohol Concern (personal communication 7 November 1997) estimates that 4.7% of adults are dependent on alcohol amounting to roughly 2,180,000 people.
5. Polkinghorne J. *Task Force to Review Drug Services: a final report*. Department of Health, 1996.
6. Alcohol Concern, 1997.
7. Polkinghorne J. op cit and NTORS op cit.
8. Department of Health Press Release 96/337, 31 October 1996.
9. Particularly fine examples are the *Executive Briefings* series from the Centre for Research on Drugs and Health Behaviour, the ACQUIRE bulletin from Alcohol Concern and SCODA's briefings for its members.
10. Detailed specification available.
11. Detailed projections available.

The FINDINGS partnership



National agency working to reduce alcohol misuse and improve services for problem drinkers and their families. England's prime source of information and comment on a wide range of matters related to alcohol.



Base for a network of clinicians, researchers and clinical teachers sharing a commitment to excellence in work directed at the prevention and treatment of substance misuse. Key aim – to make science and scholarship useful.



National voice for drug services in England and Wales. Seeks to reduce the harmful effects of drug use through informed debate, promoting best practice and through effective, comprehensive services



Mike Ashton (Editor)

Inaugural editor of *Druglink* at the Institute for the Study of Drug Dependence and of the first two reports on drug problems in Europe from the European Union's drugs monitoring centre.

