Drug misuse prevention

Consultation on draft scope
Stakeholder comments table

04/03/15 to 01/04/15

ID	Type	Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
		Adfam		General	Alcohol does not appear to be included; this is the substance most commonly used by young people, albeit often taken together with other drugs, typically cannabis. It would help if the scope were clear about which drugs are to be considered, particularly at a time when so called legal highs are in common use on a recreational level- again not defined in the scope – and widely available -	Thank you. This guideline is about drug misuse prevention, and therefore will only include alcohol in the context of other drug use (for example, multicomponent interventions that tackle drug and alcohol prevention). Several existing NICE guidelines address alcohol use. The scope includes new psychoactive substances ('legal highs') as detailed on p.1.
		Adfam		3	It is a pity that drug treatment is not included in the areas to be covered; evidence demonstrates that getting paretns to access treatment is one of the best ways to prevent harm to children (Hidden Harm, ACMD, 2003)	Thank you. If evidence is found that reports on the effectiveness of interventions with parents at preventing drug misuse in their children, then that would fall within the scope of this guideline.
		Adfam		6	We are pleased to see that children and young people whose parents use drugs are included as a group in the scope. However, we believe that the challenges facing these children and young people are complex and wide ranging, including safeguarding and young carers. Information provision is not sufficient to prevent these children from misusing substances – or indeed, it could be argued from preventing any young people from using drugs.	Thank you. The purpose of this guideline is to assess the evidence for a range of interventions and to report on their effectiveness. This will include information provision alongside a range of other interventions as detailed in section 1.3 of the scope. We have reworded the section to clarify that information provision is only one aspect of drug misuse prevention that will be looked at.
		British Association of Sexual Health and HIV (BASHH)	General		We are pleased to see the recognition of MSM as a risk group, explicit mention of Chemsex and sexual health services as a site of service delivery.	Thank you.
		British	4	Section	We would welcome reference to specific harms including risk of	Thank you. This guideline is focused on targeted

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		Association of Sexual Health and HIV (BASHH)		1.3	sexually transmitted infection and blood-borne viruses. Provision of STI testing, HIV and HepC testing, PEP following sexual exposure and or high risk injecting and brief behavioural interventions to reduce sexual risk should also be included.	interventions to prevent drug misuse. The sequelae and common co-morbidities of drug misuse are beyond the scope of this guideline.
		British HIV Association (BHIVA)	General		We welcome this guidance and are pleased to see the broad scope (recognising the increasing concern re MSMS and chem-sex) and the specific inclusion of sexual health services.	Thank you.
		British HIV Association (BHIVA)	2	15	Suggest also include associated harms as for e.g. some drug use is associated with sexual ill health and adverse outcomes but causation has not been proved and hence 'leading to' would not capture this	Thank you. The list of outcomes is not exhaustive.
		British HIV Association (BHIVA)	2	22 onwards	include LGBT*	Thank you. We have changed the wording of this section quite substantially, however it remains a list of examples, not an exhaustive list.
		British HIV Association (BHIVA)	3	7-8	Children and young people who are LGBT*/undecided/at risk of homophobic bullying	Thank you. We have changed the wording of this section quite substantially, however it remains a list of examples, not an exhaustive list.
		British HIV Association (BHIVA)	3	19	add relevant geospatial apps	Thank you. These would be included under "Online and 'virtual' environments, including social media".
		British HIV Association (BHIVA)	3	20	Including those aimed at young LGBT*	Thank you. We have changed the wording of this section quite substantially, however it remains a list of examples, not an exhaustive list.
		British HIV Association (BHIVA)	3	22	Include HIV specialist clinics	Thank you. We have changed the wording of this section quite substantially, however it remains a list of examples, not an exhaustive list.
		British HIV Association (BHIVA)	4	Section 1.3	General comment for this section – should also aim to identify any harms that have already occurred/likely to occur –include this as part of increasing knowledge and awareness and also in the provision of information section e.g. high risk sexual behaviour and	Thank you. This guideline is focused on targeted interventions to prevent drug misuse. The sequelae and common co-morbidities of drug misuse are beyond the scope of this guideline.

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					consequences, advise to screen for STIs including HIV, provide safer sex advice specifically relating to particular drugs/associated behaviours etc	
		Cannabis Skunk Sense		1.3 line 25	Sessions on 'targeted refusal skills', peer-group pressure, bullying, self-esteem etc should all be part of a prevention strategy. As should help and support with academic work and relationships etc.	Thank you. We will examine the evidence for all of these interventions.
		Cannabis Skunk Sense	1	18	The title of this consultation should be: Drug use prevention, not Drug misuse prevention. Drug misuse - I always think presupposes that drug use is OK. Prevention means PRE-EVENT so for prevention to work properly, i.e. to STOP children from ever using illegal substances, then the MAIN group must be teachers. Here they are relegated to 'other professionals'. Children in school provide a 'captive audience' for strong anti-drug messages and they need to receive these BEFORE they ever start. Children DO NOT WANT to used drugs. I spent over 30 years as a biology teacher in a grammar school for boys and this is the message I got time and time again. They want straightforward complete, accurate and up-to-date information about drugs and the harms they can do, scientifically explained (age appropriate) to use as a reason not to take drugs	Thank you. The title of the guideline is drawn from a referral to NICE and is not subject to change. We will examine evidence of targeted interventions delivered by teachers to prevent drug misuse.
		Cannabis Skunk Sense	2	1.1	ALL children MUST be targeted. See above.	Thank you. Interventions for all children are universal interventions rather than targeted ones and therefore would be outside of the remit of this guideline.
		Cannabis Skunk Sense	2	15	The guideline SHOULD refer to 'occasional or experimental drug use' ANY use of drugs is unacceptable – DRUGS ARE ILLEGAL! Or is occasional use to be tolerated? Are we to turn a blind eye? If this group were targeted with the truth about drugs, the possibility of stopping them would be very good.	Thank you. The purpose of this guideline is not to examine legislation about drug misuse, nor to evaluate the ethics of drug misuse. This guideline will examine interventions that aim to prevent, delay or reduce drug misuse.
		Cannabis Skunk Sense	3	1.2	Schools must be the foremost setting. See above.	Thank you. Targeted interventions in schools are included.
		Cannabis Skunk	4	1.3	'delay drug use' is fundamentally flawed. As drug use is illegal the crime has simply been deferred till a later date. 'Increase knowledge	Thank you. The purpose of this guideline is to investigate targeted interventions to prevent

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		Sense			and awareness about the risks of drug use' is a laudable aim but unfortunately with the Government's FRANK being the official source of drug information for the general public, this is NOT going to happen. FRANK'S website information on cannabis is alarmingly inconsistent and needs updating in line with research evidence. Many of the harmful risks and effects are omitted. For other drugs, in some instances "safer usage" advice is given. This directly contravenes Article 33 of The Rights of the Child, an International Treaty which states that 'children should be protected from the illicit use of narcotic drugs and psychotropic substances', i.e protected from the drugs themselves - NOT given tips on how to use more safely. This is the 'green light' to experiment. Death from cannabis use is not covered at all. Research has strongly linked cannabis use with strokes and heart attacks in otherwise healthy people. Coroners are now linking fatal road accidents, suicides from cannabis-induced depression, and violent homicides to cannabis use. Figures for the true strength of skunk, now 80.8% of the market and average 16.2%THC (tetrahydrocannabinol) are not given. Hash (resin), average THC 5.9%, makes up most of the rest (2008 Home Office Potency report). Old herbal cannabis in the sixties/seventies had a THC content of 1-2% and is virtually unobtainable now. Hash also had anti-psychotic CBD (cannabidiol) that helps to balance the psychoactive THC content, but in 2008 CBD was found to be almost (0.1%) absent from skunk, making it even more powerful. No warning is given on the website that THC, persisting for weeks impairs the total functioning of the brain. Essential connections especially during increased development at adolescence are not made. Negative personality changes can occur and teens who continue to use can drop on average 8 IQ points – permanently. Recent scans have shown reduced volume in some areas, some permanent. THC damages the DNA of new cells. The immune and reproductive systems are badly affected. Fewer and abnormal white blood cells	drug misuse. Crime and enforcement of the law is beyond the remit of this guideline. NICE has no responsibility for, or authority over, the FRANK website. We suggest you flag your concerns directly with them.

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					mean people are more vulnerable to disease, impotence and infertility can occur in males and babies may have cognitive and/or behavioural problems as they grow up. Cannabis dependence is THE most challenging of all drug addictions to treat. 1 in 6 teenagers will become addicted. The increase in the number of hospital and rehabilitation admissions should ring loud alarm bells! Skunk users are 3 times more likely to suffer from psychosis, daily users – 5 times. In one South London area, 24% of first-time psychotic cases were due to skunk. Despite increasing evidence for its existence, the gateway theory is ignored. These are the kind of facts that my pupils wanted and they are not being publicised. In a 2013 Nottingham survey of schoolchildren, only 2% had visited the site and only 1% thought it helpful.	
		Cannabis Skunk Sense	4	1.3 line 11	'how to reduce the risks of drug use' – NO NO NO! It needs to be 'how to avoid using the drugs themselves'.	Thank you. Reducing the risks and harms of drug misuse is an important part of drug misuse prevention.
		Cannabis Skunk Sense	6	1.5 1	Abstinence MUST be the message. Harm reduction is against Article 33 and has no place with children who have not used drugs and who don't want to use them. Messages are best delivered by word of mouth, by teachers in school, frequently reinforced and to all groups (age-appropriate). They should be backed up by reliable leaflets giving full unbiased and preferably simple scientific information on drugs, with a clear message that they are illegal and drug-taking is NOT the norm. Regular (at least once/month) drug use in the UK stands at around 3% of the general population, in 11 to 15s it has been stuck at 6% for the last 3 years – far too high!	Thank you. Targeted interventions to promote abstinence will be looked at as part of this guideline.
		Cannabis Skunk Sense	6	1.5 2	School drug education still has a harm reduction policy in spite of the promise to restore prevention by this Coalition Government in the 2010 Drugs Strategy. The phrase 'informed choice/decision' occurs throughout. Not only are the children not properly informed by the completely inadequate FRANK service but they are not physically or psychologically able to choose/decide. Brains do not finish their development till the twenties and the 'risk-taking' area develops before the part responsible for inhibition. Would we give them the	Thank you for your comment.

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					choice to spray graffiti or to pilfer from the corner shop? It's amazing how the illegality of drugs fails to be mentioned time and time again. No, instead they are given harm reduction tips on safer use by FRANK. – the green light to 'have a go'. If this is not condoning drugs then I don't know what is.	
		Cannabis Skunk Sense	7	1.6 4	The only 2 behavioural outcomes acceptable to anyone who is genuinely trying to prevent drug use are 'person never uses drugs' and 'person stops using drugs'.	Thank you. The literature reports many more outcomes relating to drug use prevention and we would not wish to restrict our chances of finding effective interventions by overly restricting the outcomes we are willing to consider.
		Cannabis Skunk Sense	7	1.6 5	'Intention not to use drugs' and 'to stop use' are acceptable but not 'reduce drug use'. 1.6 numbers 6 and 7 are acceptable.	Thank you. The literature reports many more outcomes relating to drug use prevention and we would not wish to restrict our chances of finding effective interventions by overly restricting the outcomes we are willing to consider.
		Cannabis Skunk Sense	8	3.1	I would add to the list – 6% of 11 to 15s have been regular users of drugs for the past 3 years.	Thank you. The context section has been updated.
		Cannabis Skunk Sense	10	Policy	The Drug Strategy review for 2014-15 has been published. It continues to extol the virtues of FRANK and continues 'to tackle the harms caused by illicit drugs' (Lynne Featherstone), instead of tackling the drugs themselves. ADEPIS (Alcohol and Drug Prevention Information Service) is a school drug education service run by Mentor UK which is in charge of drug education in schools. It is called a 'prevention' charity but has a harm reduction policy.	Thank you. The context section has been updated.
		Department of Health	General	General	Given the interest in them, it seems odd to not include image and performance enchanting drugs and 'recreational' use of prescription drugs.	Thank you. Since the guideline is focussed on interventions to prevent drug misuse, it will de facto cover the use of psychoactive prescription drugs in a recreational way. It will not cover the misuse of prescription drugs when the person for whom they are prescribed self-medicates with them, nor will it cover, for example, the informal distribution of antibiotics among families

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						and friends. This aspect of medicines management is beyond the scope of this guideline. Following feedback from stakeholders, we have included image and performance enhancing drugs in the final scope.
		Department of Health	8 - 9	General	Some of the data used is taken from the 2012/13 Drug misuse: findings from the Crime Survey for England and Wales report, while some is taken from the 2013/14 report.	Thank you. We have updated all of the figures following the release of the 2013/14 CSEW
		Department of Health	8	4	The scope references the 2012/13 Drug misuse: findings from the Crime Survey for England and Wales report; the 2013/14 report has recently been published and should be used	
		Department of Health	9	First para	The first paragraph is incorrectly referenced as coming from the 'Annual report on the Home Office Forensic Early Warning System (FEWS): a system to identify new psychoactive substances in the UK', but is actually from the Drug misuse: findings from the Crime Survey for England and Wales report.	Thank you. The context section has been updated.
		Department of Health	9	21	The 'Drug strategy annual review: 2012 to 2013' is quoted, but the 2014 to 2015 annual review was pub in Feb 2015 (although the 2012 to 2013 review may be being used as it is the one that "highlights the key role local authorities", and not the 2014 to 2015 annual review).	Thank you. The context section has been updated.
		Department of Health	10	3 and 4	These lines note that "The Drug strategy second annual review was published in December 2013." The third annual review was published in February 2015.	Thank you. The context section has been updated.
		Doncaster Metropolitan Borough Council	General	General	The scoping document appears to cover all the necessary points – particularly in my focus area of children and young people. Clear evidence based guidance is required for all agencies involved in commissioning/delivering preventative work/education as current practice and approach can vary greatly.	Thank you.
		DrugScope	3		Groups that will not be covered include those in treatment, and while we can understand the reasoning for this it is important to note that many young people under 18 who see specialist services may not be dependent, and may benefit from selective prevention interventions.	Thank you. We have changed this. Targeted prevention interventions for those in treatment will now be included.
		DrugScope	3		Groups that will not be covered include those in prison young	Thank you. Prisoners are no longer excluded,

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					offender institutions. We hope the scope can be extended to include drug using prisoners who are not receiving treatment. There is strong evidence that many more prisoners than those in treatment services are accessing and using illegal and illicit drugs and may benefit from prevention interventions.	however will not be looking at interventions delivered in prison settings. Prisons and Young Offender Institutions are excluded because they are being addressed by a concurrent NICE guideline on the Mental health of adults in contact with the criminal justice system.
		DrugScope	4		Key areas includes raising awareness and knowledge of the risks of drug use. The ACMD have recently published a briefing on preventing drug and alcohol dependence which suggests that the provision of information that raises awareness and knowledge of the risks associated with drug use is unlikely to change behaviour and can therefore not be described as preventative.	Thank you. We will assess this evidence as part of our review process.
		DrugScope	5		Areas that will not be covered include universal or environmental interventions. We believe this is a missed opportunity to look at how the whole prevention system could be better aligned to reduce the harms associated with drug misuse. For example there has been recent US and Australian research which suggests that the use of exclusion from school could increase drug use - http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302421.	Thank you. We do not have the resources within a single guideline to consider both universal and targeted interventions. A pragmatic decision was made to address targeted interventions in this guideline. Universal interventions may be the topic of a future NICE guideline.
		DrugScope	5		We welcome the focus on the economic aspects of prevention, this is in line with the recommendations made by the ACMD's recovery committee in their recent prevention briefing.	Thank you.
		DrugScope	6		In the key issues and questions that you hope to address we hope you will also add a question about the ethical framework of the intervention. This would be in line with the European Drug Prevention Quality Standards - http://prevention-standards.eu/standards/	Thank you. This guideline will look at the effectiveness of interventions but will not address ethical issues.
		LGBT Foundation	-		Re. Equality Impact Assessment, please see two comments above.	Thank you. Please see the responses above.
		LGBT Foundation	General		A recent report from the Advisory Council on the Misuse of Drugs (https://www.gov.uk/government/publications/prevention-of-drug-and-alcohol-dependence) on preventing dependence assessed the effectiveness of many prevention programmes, and found evidence that the wrong approaches could inadvertently lead to more drug use. These findings should be considered in the scope	Thank you. The scope is not the place to consider these findings. The assessment of programmes will form the next stage of the process where this evidence is reviewed for a committee to discuss. Please see our manual for further details of how evidence is assessed and

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						synthesised.
		LGBT Foundation	2		Section 1.1 should include lesbian and bisexual women and trans people as a group to be covered. There is evidence to suggest that these groups are more likely to use drugs compared to their peers in the wider population, and this evidence should be considered in the scope. See Buffin et. al., 'Part of the Picture LGB people's drug and alcohol use in England' 2014 (www.lgf.org.uk/potp), and the Crime Survey for England and Wales (https://www.gov.uk/government/publications/drug-misuse-findings-from-the-2013-to-2014-csew/drug-misuse-findings-from-the-201314-crime-survey-for-england-and-wales) in relation to lesbian and bisexual women (and see further comment 4 below). See Eoin, 'All Partied Out? Substance Use in Northern Ireland's Lesbian, Gay, Bisexual and Transgender Community' 2012 (http://www.rainbow-project.org/assets/publications/All%20 Partied%20Out.pdf) in relation to trans people.	Thank you. We have changed the wording of this section quite substantially, however it remains a list of examples, not an exhaustive list.
		LGBT Foundation	3		Section 1.2 should include settings where people access information about substance use and support services. Evidence from 'Part of the Picture LGB people's drug and alcohol use in England' 2014 (Buffin et. al., www.lgf.org.uk/potp) indicates that lesbian, gay and bisexual people are more likely to access information, advice and support from the internet, family and friends rather than more formal sources or services.	Thank you. These settings form part of "Health, social care and other environments where interventions may be delivered, for example, primary health care services, sexual health services and custody suites."
		LGBT Foundation	4		The reference to gay men should refer to gay, bisexual and other men who have sex with men.	Thank you. The wording has changed in this section.
		LGBT Foundation	8		Section 3.1 cites evidence from the Crime Survey for England in relation to men who have sex with men, but does not cite evidence from the same study in relation to lesbian and bisexual women's drug use; this found that 22.9% of lesbian and bisexual women used an illicit drug in the previous year, compared to just 5.1% of heterosexual women. Although this figure is lower than for gay and bisexual men (who indicate 33% used within the past year compared to 11% of heterosexual men) the disproportion is greater (about 4 and a half times greater in women compared to 3 times greater in men). This must be included in Section 3.1 and the needs of lesbian	Thank you. The context section has been updated.

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					and bisexual women considered in the scope.	
		Mentor	3	16	The draft scope implies that 'chemsex' or 'slamming' parties are confined to men who have sex with men; however, we know that people with different sexual orientation engage in such high-risk drug-related behaviours. This comment is also relevant to page 2 line 24.	Thank you. We have changed the wording of this.
		Mentor	3	26	The draft scope excludes young people in prisons or young offender institutions. Mentor feels that there are no practical reasons for choosing not to carry out interventions in these settings, especially as we currently deliver prevention programmes in Polmont Young Offenders Institution. Young offenders are more likely than the general population to have experimented with drugs or be at risk of doing so; however, the numbers of young people in young offenders institutions who were drug dependent or regularly/excessive users is relatively low. This group would therefore benefit greatly from preventive interventions. This comment is also relevant to page 3 line 11.	Thank you. Prisoners are no longer excluded, however will not be looking at interventions delivered in prison settings. Prisons and Young Offender Institutions are excluded because they are being addressed by a concurrent NICE guideline on the Mental health of adults in contact with the criminal justice system.
		Mentor	4	General	The proposed content of interventions seems to focus excessively on information provision, which has only small (and sometimes negative) effects when delivered in isolation. Although opportunistic interventions are limited in scope, where possible interventions should be based on a combination of approaches that include information provision, skills development and normative education – effective prevention is based on a combination of key elements, none of which are as successful in isolation.	Thank you. It was not our intention to convey any emphasis on information provision. We have reworded this section in an attempt to better reflect that.
		Mentor	4	11	'Knowledge and awareness about the risks of drug use' might also include 'knowledge and awareness about the prevalence and acceptability of drug use among peers', as normative education is a key component of effective prevention.	Thank you. We will consider the evidence for this.
		Mentor	4	14	'Personal and social skills' might also include 'resistance skills', which give young people the confidence to make positive decisions around drug use and other risky behaviours This comment is also relevant to page 7 line 9.	Thank you. The wording in this section has been changed and hopefully better reflects your comment.
		Mentor	5	General	Group-based interventions might address health-related issues more holistically, exploring the correlation between risky behaviours and	Thank you.

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					building protective factors in relation to a broader range of issues for young people, including sexual health, relationships, alcohol and tobacco, as well as illicit drugs.	
		Mentor	6	General	1.5 Key issues and questions: Information in isolation (e.g. leaflets and flyers) has limited effectiveness; while it is appropriate in certain situations and for certain groups, interventions should focus on interactive and/or peer-led programmes that tackle social influence and skills development alongside information. There is some evidence that peer-led delivery is more effective than adult-led. Certainly a key component of effective prevention programmes is interactive delivery / learning, which is more easily facilitated in peer-based programmes. The success of interventions is directly related to their duration and intensity. Further, particularly with at-risk groups, the provision of follow-up sessions / support to reinforce learning and attitude change is hugely important.	Thank you. The aim of this guideline is to review this evidence and present the results of the review to an independent committee. They will interpret the evidence and make recommendations based on it.
		Mentor	6	21	There are a number of effective targeted interventions in the UK, such as the parent programme, Effekt, and the brief personality-based intervention, PreVenture. The Centre for Analysis of Youth Transitions and Early Intervention Foundation are useful repositories for evidence-based interventions targeting drug prevention. The key areas of concern are a) strengthening evidence of effectiveness, and b) widening the reach of prevention programmes so that more young people have the opportunity to engage with interventions.	Thank you. The aim of this guideline is to review this evidence and present the results of the review to an independent committee. They will interpret the evidence and make recommendations based on it.
		National LGB&T Partnership	-		Re. Equality Impact Assessment, please see two comments above.	Thank you. Please see the responses above.
		National LGB&T Partnership	General		A recent report from the Advisory Council on the Misuse of Drugs (https://www.gov.uk/government/publications/prevention-of-drug-and-alcohol-dependence) on preventing dependence assessed the effectiveness of many prevention programmes, and found evidence that the wrong approaches could inadvertently lead to more drug use. These findings should be considered in the scope	Thank you. The scope is not the place to consider these findings. The assessment of programmes will form the next stage of the process where this evidence is reviewed for a committee to discuss. Please see our manual for further details of how evidence is assessed and synthesised.

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		National LGB&T Partnership	2		Section 1.1 should include lesbian and bisexual women and trans people as a group to be covered. There is evidence to suggest that these groups are more likely to use drugs compared to their peers in the wider population, and this evidence should be considered in the scope. See Buffin et. al., 'Part of the Picture LGB people's drug and alcohol use in England' 2014 (www.lgf.org.uk/potp), and the Crime Survey for England and Wales (https://www.gov.uk/government/publications/drug-misuse-findings-from-the-2013-to-2014-csew/drug-misuse-findings-from-the-201314-crime-survey-for-england-and-wales) in relation to lesbian and bisexual women (and see further comment 4 below). See Eoin, 'All Partied Out? Substance Use in Northern Ireland's Lesbian, Gay, Bisexual and Transgender Community' 2012 (http://www.rainbow-project.org/assets/publications/All%20 Partied%20Out.pdf) in relation to trans people.	Thank you. We have changed the wording of this section quite substantially, however it remains a list of examples, not an exhaustive list.
		National LGB&T Partnership	3		Section 1.2 should include settings where people access information about substance use and support services. Evidence from 'Part of the Picture LGB people's drug and alcohol use in England' 2014 (Buffin et. al., www.lgf.org.uk/potp) indicates that lesbian, gay and bisexual people are more likely to access information, advice and support from the internet, family and friends rather than more formal sources or services.	Thank you. These settings form part of "Health, social care and other environments where interventions may be delivered, for example, primary health care services, sexual health services and custody suites."
		National LGB&T Partnership	4		The reference to gay men should refer to gay, bisexual and other men who have sex with men.	Thank you. The wording has changed in this section.
		National LGB&T Partnership	8		Section 3.1 cites evidence from the Crime Survey for England in relation to men who have sex with men, but does not cite evidence from the same study in relation to lesbian and bisexual women's drug use; this found that 22.9% of lesbian and bisexual women used an illicit drug in the previous year, compared to just 5.1% of heterosexual women. Although this figure is lower than for gay and bisexual men (who indicate 33% used within the past year compared to 11% of heterosexual men) the disproportion is greater (about 4 and a half times greater in women compared to 3 times greater in	Thank you. The context section has been updated.

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					men). This must be included in Section 3.1 and the needs of lesbian and bisexual women considered in the scope.	
		National Society for the Prevention of Cruelty to Children	3	1	Research suggests that the adverse impact of illicit substance misuse on children is linked with other personal, social and cultural factors (Taylor and Lazenbatt, 2014: p.19). The scope correctly identifies those with mental ill-health as vulnerable, but it should also include other prominent risk factors, such as domestic abuse. Many domestic abuse services have identified substance misuse among both perpetrators and survivors (Ibid). Proposed change: include people who are subject to or perpetrate domestic abuse as a vulnerable group. Taylor J. and Lazenbatt, A. (2014) Child Maltreatment and High Risk Families. Dunedin.	Thank you. We have changed the wording of this section quite substantially, however it remains a list of examples, not an exhaustive list.
		National Society for the Prevention of Cruelty to Children	3	9	The scope excludes people who "are already dependent on drugs or who use drugs regularly". While we recognise the preventative focus of this guidance, the exclusion of this group creates a conflict with the inclusion in the scope of work with the children of parents who misuse substances. Those parents may be regular users and interventions to respond to this group will be relevant to the outcomes of their children. Proposed change: The scope should include consideration of interventions that work with regular drug users, if they are a parent and where the objective is to improve outcomes for their children.	Thank you. We have deleted this section from the final scope.
		National Society for the Prevention of Cruelty to Children	8	5	The key facts and figures should also reference the number of children that are living with parents who misuse substances. This is important because this group is defined as one of the key groups within scope and the current context does not reflect the size of the problem. Estimates of the number of children living with substance misusing parents have been derived from the data linkage between main household and health surveys in the UK (Manning et al., 2009),	The context section aims only to provide a very brief overview of some of the key points. It is not intended to be an exhaustive epidemiological and demographic analysis of drug use.

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					suggesting that: • Up to 978,000 children live with an adult who has used illicit drugs. • 256,000 lived with a Class A drug user • 873,000 with a Class C drug user. • 72,000 children lived with an injecting drug user • a further 72,000 with a drug user in treatment • 108,000 with an adult who had overdosed. Proposed change: include reference to the number of children living with parents who misuse substances Manning, V., Best, D.W., Faulkner, N. & Titherington, E. (2009) New estimates of the numbers of children living with substance misusing parents: Results from UK national household surveys. BMC Public Health, 9.	
		North Bristol NHS Trust		3/general	1.1Who is the focus – could also target young people at risk of sexual exploitation and young offenders (on Community orders) – both are specific vulnerable groups with associated needs – could also include parents and other siblings who use drugs Have specific group as under 18yrs to therefore clearly highlight issues specific to child protection and safeguarding and experimental substance use	Thank you. All of these groups are included and we hope that this is clearer in the new wording.
		North Bristol NHS Trust		3	1.2 Settings: Could include sporting events/arenas as specific target setting Could also include Youth Offending Team settings in the community as regular contact with target group(s) is often ensured through Youth Offending Community orders	Thank you. Interventions in either of these settings would be included.
		North Bristol NHS Trust		4	1.3 Activities – key areas/aims – could include prevent diversification of substance use as this identified as risk factor in relation to development of problematic patterns of use	Thank you. We have added this.
		North Bristol NHS Trust		7	1.6 Main outcomes Pt 4 – could also include – person uses substance of less potency, person stops diversification of use, person changes environment of use in a manner that increases safety, person changes mode/technique (for example alters	Thank you. Section 1.6 lists some of the main outcomes. It is not an exhaustive list.

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					breathing/inhalation pattern when using cannabis) Pt 7 – add "knock on effects" on performance in in education or training setting	
		North Bristol NHS Trust	1	1/general	Guidance could also be aimed at other professionals including Youth Offending Team Officers	Thank you. These would be an example of 'other professionals' on p.1 of the scope.
		Public Health England	general	general	We're surprised that the guidance only focuses on drugs. We think that it needs to focus on alcohol as well since the evidence and interventions are difficult to disaggregate. Also, with many users particularly children and young people, substances are often used interchangeably or in combination. Similarly, we also think that performance enhancing drugs and prescription drugs should be included in the scope. The rationale for leaving these out is not clear.	Thank you. This guideline is a response to a referral NICE received for Drug Misuse Prevention. NICE has previously published many guidelines on alcohol use. Interventions that aim to prevent drug misuse and also have a component that addresses alcohol use will be included, and alcohol outcomes will be reported. Following feedback from stakeholders, we have included image and performance enhancing drugs in the final scope. Prescription drugs that were bought/sold/used as recreational drugs would fall into the remit of this guideline, however medicines management, in the sense of preventing people from misusing drugs prescribed for them, or the sharing of antibiotics among friends and family is clearly beyond the scope of this work.
		Public Health England	general	general	There is a lot of focus on information provision, which does not entirely fit with the evidence of their effectiveness as a standalone intervention. There is little evidence or data available on effectiveness. Also, at present there aren't robust mechanisms in place to capture and measure many of the stated outcomes in the draft scope. Measuring effectiveness and capturing outcomes on drug prevention is by definition a complicated long-term project. These are challenges which need to be addressed in the guidance.	Thank you. We have reworded many of the sections to make clear that we are interested in interventions that involve skills training, advice and information provision either together or separately.

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		Public Health England	general	general	The evidence of strongest effect is for general resilience building interventions, which build young people's social and personal capital and their capacity to make positive choices about their health, rather than focussing on the substance itself which evidence shows can be counterproductive. It would be helpful if the scope reflected this more clearly.	Thank you. We hope this is clearer now that we have changed the wording.
		Public Health England			Excluding universal interventions is a missed opportunity, particularly if the guidance is going to have relevance to children and young people. This may be another reason to have a separate guidance for under-18s which includes universal prevention. If universal interventions are not going to be included, the title of the guidance would have to reflect that, otherwise it could be misleading	Thank you. We agree that universal interventions are important, however we do not have the resource to adequately address them both in this guideline. We do not believe the title "Drug misuse prevention: targeted interventions" could be construed as misleading.
		Public Health England			Also, relating to young people, there is no mention of safeguarding children and the role of prevention within this system. Given recent CSE reviews and the clear links with substance misuse, this could be strengthened and may support local responses.	Thank you. Since safeguarding systems are already in place and are a legal requirement, we do not see the benefit in examining the evidence for them. However, if evidence is found that supports safeguarding as a means of preventing drug misuse then it will be reported in the evidence review.
		Public Health England	2/3	1.1	Although NEET and looked after children are specifically mentioned, no mention is made of children and young people in contact with the youth justice system. Given what is known about the high incidence of substance use (often escalating into misuse) among this group and the fact that they may have missed universal drugs education in schools, this seems to be an oversight.	Thank you. We have changed the wording of this section quite substantially, however it remains a list of examples, not an exhaustive list.
		Public Health England	2	1.1	The age range for the guidance is very wide, including children, young people and adults. We have some concerns that this may be too wide a remit. This guidance is supposed to be replacing PH4 which is young people-focused and results in no specific guidance on this topic for young people who often have different drug-related problems and issues than adults. This problem may not be insurmountable if there is a strong focus on children and young people in this guidance, which covers what works to improve	Thank you. We appreciate the complexities of guideline production, especially when it covers a broad range of interventions.

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					outcomes for children and young specifically. However, it may be better to have separate guidance for children and young people, an update to PH4, which already covers alcohol and drugs. The prevention needs of adults and young people are different. For instance, the chemsex and club drug cohort are very different to a group of 14 year olds and the prevention approaches need to be targeted and age/maturity appropriate.	
		Public Health England	4	4/5	Preventing harm from using drugs is a fundamental task of preventative work and I think should be acknowledged as an overarching aim in these first bullet points.	Thank you. We hope this is clearer in the scope now.
		Public Health England	4	11	Suggest an addition (marked in bold) to the bullet point…Increase knowledge and awareness about how to reduce the risks and harms of drug use. In this context the term risk refers to a potential, whereas harm refers to the actual, e.g. while a naïve individual may be at risk if they start to use drugs, an experimental user may be suffering harm as a result of their drug use, say, from the route of administration. Both require preventative intervention.	Thank you. We have added this.
		Public Health England	4	13	Suggest an addition (marked in bold) to the bullet point…Enhance personal and social skills and build resilience in children and young people. This is an overarching objective of work with vulnerable and at risk children and young people and reflected throughout national policy and guidance.	Thank you. The wording in this section has been changed and hopefully better reflects your comment.
		Public Health England	5	5/6 & 12	While appreciating that NICE guideline PH4 'Interventions to reduce substance among vulnerable young people' already refers to **'persistently aggressive children'**, it is not clear what informed this very specific reference in the guideline or in the current scope. While there is evidence that children and young people who exhibit challenging and disruptive behaviour are at higher risk of substance misuse, 'persistently aggressive children' will be a relatively small subset of these and it's not clear why they would be given such prominence, therefore some explanatory text would be useful.	The detail in the scope was copied directly from recommendations in the PH4 guideline, hence the wording is the same. We have modified it to remove the reference to persistently aggressive children in the scope.
		Public	8	3.1	Two reports which should be included in the Key facts and figures	The context section aims only to provide a very

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		Health England			section: • The HSCIC survey report Smoking, Drinking and Drug Use Among Young People in England. While both this report and the British Crime Survey have limitations, together they provide a reasonable overview. The data presented in the draft scope is related primarily to adults/young adults and doesn't cover children and young people. • The ACMD recovery committee's report Prevention of drug and alcohol dependence https://www.gov.uk/government/system/uploads/attachment_data /file/406926/ACMD_RC_Prevention_briefing_250215.pdf	brief overview of some of the key points. It is not intended to be an exhaustive epidemiological and demographic analysis of drug use.
		Public Health England	10	3.3	The reference to the 2012-13 drug strategy annual review, should be replaced with a reference to the latest one for 2013-14. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407334/Cross-Government_Drug_Strategy_Annual_Review.pdf which has a substantial section on prevention	Thank you. The context section has been updated.
		Public Health Wales			1 http://www2.nphs.wales.nhs.uk:8080/SubstanceMisuseDocs.nsf/($All)/93AF286F5AF199B780257C5B00588AB9/$File/Prevalence%20of%2C%20and%20risk%20factors%20for%20BBV%20infections%20among%20men%20who%20inject%20IPEDs.pdf?OpenElement 2 Anabolic–androgenic steroids and heroin use: A qualitative study exploring the connection 3 House of Commons - Drugs: new psychoactive substances and prescription drugs - Home Affairs Committee 4 http://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Drugs%20and%20diversity_%20LGBT%20groups%20(policy%20briefing).pdf 5 http://www2.nphs.wales.nhs.uk:8080/SubstanceMisuseDocs.nsf/85c50756737f79ac80256f2700534ea3/3cb5cd6327397b2280257e0c0033fd9b/$FILE/The%20Annual%20Profile%20of%20Substance%20Misuse%20in%20Wales%202013-14.pdf	Thank you for these references.
		Public	2-3	Section	Whilst this section is fairly comprehensive, given the changing nature	Thank you. We have changed the wording of

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		Health Wales		1.1 'This includes..'	of drug use and markets, the list may benefit from being more inclusive e.g. not just men who have sex with men but the wider Lesbian,Gay,Bi-sexual,Transgender,Questioning (LGBTQ) community – given the evidence of higher risk of and rates of problematic substance misuse in this population. In addition, use of a more general term like 'bar, club, free-party and festival goers' may be more relevant. Finally, there is increasing evidence in the growth of development of problematic drug use/drug misuse in later life (older adults and older people) and this should be reflected in this section.	this section quite substantially, however it remains a list of examples, not an exhaustive list.
		Public Health Wales	1	7-9	The draft scope indicates that the guidance is intended to cover 'illegal drugs and psychoactive substances' but will not include image and performance enhancing drugs (IPED) or prescription only medicines (POM). It is felt that sufficient and important evidence exists to indicate that IPED users also use other illicit and new psychoactive substances. In addition there is increasing evidence for the misuse of both 'Over the Counter' (OTC) and POMs. This guidance represents an opportunity to address the prevention of initiation as well as prevention of escalation to problematic use of all drugs including IPED, OTC and POM and as such these drugs, and those at risk of initiation, or currently using them (but non-dependent), should not be excluded.	Following feedback from stakeholders, we have included image and performance enhancing drugs in the final scope. Prescription drugs that were bought/sold/used as recreational drugs would fall into the remit of this guideline, however medicines management, in the sense of preventing people from misusing drugs prescribed for them, or the sharing of antibiotics among friends and family is clearly beyond the scope of this work. In terms of poly-drug use and the overlap between new psychoactives and IPED – we would include interventions for IPED users that aimed to prevent them from diversifying to psychoactive drugs, or interventions that aimed to prevent or delay both psychoactive and IPED use.
		Public Health Wales	2	12-15	The definition of 'drug misuse' uses the term 'excessive' which is highly subjective and not that useful from an operational perspective. The following wording is suggested for this section: 'For the purposes of this guideline, the term 'drug misuse' refers to dependence on, or regular consumption of, psychoactive substance(s), leading to physical, mental or social/behavioural	Thank you. It was our intention to use a subjective term since the definition of regular and excessive are likely to vary from one drug to another.

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					problems'. The guidance is therefore aimed at drug misuse prevention in individuals who have yet to initiate any drug use (be it IPED or psychoactive) as well as those those experimenting with or occasionally or recreationally using drugs.	
		Public Health Wales	2	Section 1.1 Line 20	In line with comment above, amend second bullet point under 'Groups that will be covered' to those experimenting, or using drugs occasionally or recreationally.	Thank you. We do not feel this is a necessary addition.
		Public Health Wales	3	9-10	The 'Groups not covered' section should repeat the definition used previously i.e. "People who have dependence on, or are regularly consuming psychoactive substance(s), leading to physical, mental or social/behavioural problems'. Use of the term 'excessively' is subjective and may not align with the definition so should be removed.	Thank you. This section is deleted from the final scope.
		Public Health Wales	3	Section 1.2 First bullet point	It is suggested that as it stands the settings are very specific and could be amended to read 'social venues and environments where drugs may be available'	Thank you. We have changed the wording of this.
		Public Health Wales	3	11	There is increasing evidence of the initiation and use of psychoactive substances, including POMs, and IPED in the prison and offender estates. It is recommended that these populations are included in the guidance as support in prevention of initiation of drug use as well as prevention of escalation to problematic drug use would be welcomed by both those working in prisons and offender institutions as well as those working in the community	Thank you. Prisoners are no longer excluded, however will not be looking at interventions delivered in prison settings. Prisons and Young Offender Institutions are excluded because they are being addressed by a concurrent NICE guideline on the Mental health of adults in contact with the criminal justice system.
		Public Health Wales	3	26	In line with Comment 5 above, recommend that prisons and young offender institutions are included.	Thank you. Prisoners are no longer excluded, however will not be looking at interventions delivered in prison settings. Prisons and Young Offender Institutions are excluded because they are being addressed by a concurrent NICE guideline on the Mental health of adults in contact with the criminal justice system.
		Public	4	Section	Agree that the interventions should aim to prevent or delay initiation	Thank you. NICE uses clear, simple English

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		Health Wales		1.3	of drug use but would suggest the inclusion/rephrasing of the second bullet point to: 'prevent or reduce escalation to problematic / dependent drug use in those who are experimenting or occasionally or regularly using drugs'	where possible so that our guidelines are available to the widest audience possible. We believe our wording conveys the same message more simply.
		Public Health Wales	7	2	It is suggested that under the 'Behavioural' section that the bullet point '- person uses drugs less harmfully e.g. route of administration' also be included	Thank you. The list of main outcomes is not intended to be exhaustive.
		Rotherham Public Health DAAT	1	23	We feel that vulnerable communities (eg ROMA) should be includeder	Thank you. Targeted interventions aimed at Roma communities would be included
		Royal College of General Practitioners	General	General	The consultation appears to be a comprehensive review on helping identify risks and prevention strategies to minimise drug misuse. My main comments are: 1. It is unclear why prison and young offenders institutions are excluded from the consultation. 2. I think the key stages to target are young peoples transition into and out of secondary school as protective factors may be low. 3. How to counter the threats posed by legal highs being sold in high street locations. 4. Consideration of lessons from other countries particularly the United States. The US National Institute on Drug Abuse has published "Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders, Second Edition booklet" http://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/chapter-1-risk-factors-protective-factors This publication has identified 16 principles, which are useful to review within the context of Public health in England.	Thank you. Prisons and Young Offender Institutions are excluded because they are being addressed by a concurrent NICE guideline on the Mental health of adults in contact with the criminal justice system. We will also consider evidence from a range of other countries, including the US. Thank you for the references.

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					Prevention Principles These principles are intended to help parents, educators, and community leaders think about, plan for, and deliver research-based drug abuse prevention programs at the community level. The references following each principle are representative of current research. Risk Factors and Protective Factors Principle 1 - Prevention programs should enhance protective factors and reverse or reduce risk factors (Hawkins et al. 2002). • The risk of becoming a drug abuser involves the relationship among the number and type of risk factors (e.g., deviant attitudes and behaviors) and protective factors (e.g., parental support) (Wills et al. 1996). • The potential impact of specific risk and protective factors changes with age. For example, risk factors within the family have greater impact on a younger child, while association with drug-abusing peers may be a more significant risk factor for an adolescent (Gerstein and Green 1993; Dishion et al. 1999). • Early intervention with risk factors (e.g., aggressive behavior and poor self-control) often has a greater impact than later intervention by changing a child's life path (trajectory) away from problems and toward positive behaviors (Ialongo et al. 2001; Hawkins et al. 2008). • While risk and protective factors can affect people of all groups, these factors can have a different effect depending on a person's age, gender, ethnicity, culture, and environment (Beauvais et al. 1996; Moon et al. 1999). Principle 2 - Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs (Johnston et al. 2002).	

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					Principle 3 - Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors (Hawkins et al. 2002). Principle 4 - Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness (Oetting et al. 1997; Olds et al. 1998; Fisher et al. 2007; Brody et al. 2008). Principle 5 - Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information (Ashery et al. 1998). Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement (Kosterman et al. 1997; Spoth et al. 2004). Parental monitoring and supervision are critical for drug abuse prevention. These skills can be enhanced with training on rule-setting; techniques for monitoring activities; praise for appropriate behavior; and moderate, consistent discipline that enforces defined family rules (Kosterman et al. 2001). Drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances (Bauman et al. 2001). Brief, family-focused interventions for the general population can positively change specific parenting behavior that can reduce later risks of drug abuse (Spoth et al. 2002b).	

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					Principle 6 - Prevention programs can be designed to intervene as early as infancy to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties (Webster-Stratton 1998; Olds et al. 1998; Webster-Stratton et al. 2001; Fisher et al. 2007). Principle 7 - Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills (Conduct Problems Prevention Research Group 2002; Ialongo et al. 2001; Riggs et al. 2006; Kellam et al. 2008; Beets et al. 2009): • self-control • emotional awareness • communication • social problem-solving and • academic support, especially in reading Principle 8 - Prevention programs for middle or junior high and high school students should increase academic and social competence with the following skills (Botvin et al. 1995; Scheier et al. 1999; Eisen et al. 2003; Ellickson et al. 2003; Haggerty et al. 2007): • study habits and academic support • communication • peer relationships • self-efficacy and assertiveness • drug resistance skills • reinforcement of anti-drug attitudes and • strengthening of personal commitments against drug abuse Principle 9 - Prevention programs aimed at general populations at	

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					key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community (Botvin et al. 1995; Dishion et al. 2002; Institute of Medicine 2009). Principle 10 - Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone (Battistich et al. 1997; Spoth et al. 2002c; Stormshak et al. 2005). Principle 11 - Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting (Chou et al. 1998; Hawkins et al. 2009). Principle 12 - When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention (Spoth et al. 2002b; Hawkins et al. 2009), which include: • structure (how the program is organized and constructed) • content (the information, skills, and strategies of the program) and • delivery (how the program is adapted, implemented, and evaluated) • Principle 13 - Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without follow-up	

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					programs in high school (Botvin et al. 1995; Scheier et al. 1999). Principle 14 - Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding (Ialongo et al. 2001; Kellam et al. 2008). Principle 15 - Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills (Botvin et al. 1995). Principle 16 - Research-based prevention programs can be cost-effective. Similar to earlier research, recent research shows that for each dollar invested in prevention, a savings of up to $10 in treatment for alcohol or other substance abuse can be seen (Aos et al. 2001; Hawkins et al. 1999; Pentz 1998; Spoth et al. 2002a; Jones et al. 2008; Foster et al. 2007; Miller and Hendrie 2009). References • Aos, S.; Phipps, P.; Barnoski, R.; and Lieb, R. The Comparative Costs and Benefits of Programs to Reduce Crime. Vol. 4 (1-05-1201).Olympia, WA: Washington State Institute for Public Policy, May 2001. • Ashery, R.S.; Robertson, E.B.; and Kumpfer, K.L., eds. Drug Abuse Prevention Through Family Interventions. NIDA Research Monograph No. 177. Washington, DC: U.S. Government Printing Office, 1998. • Battistich, V.; Solomon, D.; Watson, M.; and Schaps, E. Caring school communities. Educ Psychol 32(3):137-151, 1997.	

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					• Bauman, K.E.; Foshee, V.A.; Ennett, S.T.; Pemberton, M.; Hicks, K.A.; King, T.S.; and Koch, G.G. The influence of a family program on adolescent tobacco and alcohol. Am J Public Health 91(4):604-610, 2001. • Beauvais, F.; Chavez, E.; Oetting, E.; Deffenbacher, J.; and Cornell, G. Drug use, violence, and victimization among White American, Mexican American, and American Indian dropouts, students with academic problems, and students in good academic standing. J Couns Psychol 43:292-299, 1996. • Beets, M.W.; Flay, B.R.; Vuchinich, S.; Snyder, F.J.; Acock, A.; Li, K-K.; Burns, K.; Washburn, I.J.; and Durlak, J. Use of a social and character development program to prevent substance use, violent behaviors, and sexual activity among elementary-school students in Hawaii. Am J Public Health 99(8):1438-1445, 2009. • Botvin, G.; Baker, E.; Dusenbury, L.; Botvin, E.; and Diaz, T. Long-term follow-up results of a randomized drug-abuse prevention trial in a white middle class population. JAMA 273:1106-1112, 1995. • Brody, G.H.; Kogan, S.M.; Chen, Y.-F.; and Murry, V.M. Long-Term Effects of the Strong African American Families Program on youths' conduct problems. J Adolesc Health 43:474-481, 2008. • Chou, C.; Montgomery, S.; Pentz, M.; Rohrbach, L.; Johnson, C.; Flay, B.; and Mackinnon, D. Effects of a community-based prevention program in decreasing drug use in high-risk adolescents. Am J Public Health 88:944-948, 1998. • Conduct Problems Prevention Research Group. Predictor variables associated with positive Fast Track outcomes at the end of third grade. J Abnorm Child Psychol 30(1):37-52, 2002. • Dishion, T.; McCord, J.; and Poulin, F. When interventions harm: Peer groups and problem behavior. Am Psychol 54:755-764, 1999. • Dishion, T.; Kavanagh, K.; Schneiger, A.K.J.; Nelson, S.; and Kaufman, N. Preventing early adolescent substance use: A family centered strategy for the public middle school. Prev Sci 3(3):191-202, 2002.	

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					• Eisen, M.; Zellman, G.L.; and Murray, D.M. Evaluating the Lions-Quest "Skills for Adolescence" drug education program: Second-year behavior outcomes. Addict Behav 28(5):883-897, 2003. • Ellickson, P.L.; McCaffrey, D.F.; Ghosh-Dastidar, B.; and Longshore, D. New inroads in preventing adolescent drug use: Results from a large-scale trial of project ALERT in middle schools. Am J Public Health 93(11):1830-1836, 2003. • Fisher, P.A.; Stoolmiller, M.; Gunnar, M.R.; and Burraston, B.O. Effects of a therapeutic intervention for foster preschoolers on diurnal cortisol activity. Psychoneuroendocrinology 32(8-10):892-905, 2007. • Foster, E.M.; Olchowski, A.E.; and Webster-Stratton, C.H. Is stacking intervention components cost-effective? An analysis of the Incredible Years Program. J Am Acad Child Adolesc Psychiatry 46(11):1414-1424, 2007. • Gerstein, D.R., and Green, L.W., eds. Preventing drug abuse: What do we know? Washington, DC: National Academy Press, 1993. • Haggerty, K.P.; Skinner, M.L.; MacKenzie, E.P.; and Catalano, R.F.A. Randomized trial of parents who care: Effects on key outcomes at 24-month follow-up. Prev Sci 8:249-260, 2007. • Hawkins, J.D.; Catalano, R.F.; Kosterman, R.; Abbott, R.; and Hill, K.G. Preventing adolescent health-risk behaviors by strengthening protection during childhood. Arch Pediatr Adolesc Med 153:226-234, 1999. • Hawkins, J.D.; Catalano, R.F.; and Arthur, M. Promoting science-based prevention in communities. Addict Behav 27(6):951-976, 2002. • Hawkins, J.D.; Kosterman, R.; Catalano, R.; Hill, K.G.; and Abbott, R.D. Effects of social development intervention in childhood 15 years later. Arch Pediatr Adolesc Med 162(12):1133-1141, 2008. • Hawkins, J.D.; Oesterle, S.; Brown, E.C.; Arthur, M.W.; Abbott, R.D.; Fagan, A.A.; and Catalano, R. Results of a type 2 translational research trial to prevent adolescent drug use and delinquency: A test of communities that care. Arch Pediatr Adolesc	

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					Med 163(9):789-798, 2009. • Ialongo, N.; Poduska, J.; Werthamer, L.; and Kellam, S. The distal impact of two first-grade preventive interventions on conduct problems and disorder in early adolescence. J Emot Behav Disord 9:146-160, 2001. • Institute of Medicine. Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities. National Academies Press, Washington DC, 2009. • Johnston, L.D.; O'Malley, P.M.; and Bachman, J.G. Monitoring the Future National Survey Results on Drug Use, 1975-2002. Volume 1: Secondary School Students. Bethesda, MD: National Institute on Drug Abuse, 2002. • Jones, D.E.; Foster, E.M.; and Group, C.P. Service use patterns for adolescents with ADHD and comorbid conduct disorder. J Behav Health Serv Res 36(4):436-449, 2008. • Kellam, S.G.; Brown, C.H.; Poduska, J.; Ialongo, N.; Wang, W.; Toyinbo, P.; Petras, H.; Ford, C.; Windham, A.; and Wilcox, H.C. Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes. Drug Alcohol Depend 95 (Suppl 1):S5-S28, 2008. • Kosterman, R.; Hawkins, J.D.; Spoth, R.; Haggerty, K.P.; and Zhu, K. Effects of a preventive parent-training intervention on observed family interactions: Proximal outcomes from preparing for the drug free years. J Community Psychol 25(4):337-352, 1997. • Kosterman, R.; Hawkins, J.D.; Haggerty, K.P.; Spoth, R.; and Redmond, C. Preparing for the drug free years: Session-specific effects of a universal parent-training intervention with rural families. J Drug Educ 31(1):47-68, 2001. • Miller, T.R., and Hendrie, D. Substance abuse prevention dollars and cents: A cost-benefit analysis. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. Rockville, MD: DHHS Pub. No. (SMA) 07-4298, 2009. • Moon, D.; Hecht, M.; Jackson, K.; and Spellers, R. Ethnic and gender differences and similarities in adolescent drug use and	

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					refusals of drug offers. Subst Use Misuse 34(8):1059-1083, 1999. • Oetting, E.; Edwards, R.; Kelly, K.; and Beauvais, F. Risk and protective factors for drug use among rural American youth. In: Robertson, E.B.; Sloboda, Z.; Boyd, G.M.; Beatty, L.; and Kozel, N.J., eds. Rural Substance Abuse: State of Knowledge and Issues. NIDA Research Monograph No. 168. Washington, DC: U.S. Government Printing Office, pp. 90-130, 1997. • Olds, D.; Henderson, C.R.; Cole, R.; Eckenrode, J.; Kitzman, H.; Luckey, D.; Pettit, L.; Sidora, K.; Morris, P. and Powers, J. Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. JAMA 280(14):1238-1244, 1998. • Pentz, M.A.; Costs, benefits, and cost-effectiveness of comprehensive drug abuse prevention. In: Bukoski, W.J., and Evans, R.I., eds. Cost-benefit/cost-effectiveness research of drug abuse prevention: Implications for programming and policy. NIDA Research Monograph No. 176. Washington, DC: U.S. Government Printing Office, pp. 111-129, 1998. • Riggs, N.R.; Greenberg, M.T.; Kusche, C.A.; and Pentz, M.A. The mediational role of neurocognition in the behavioral outcomes of a social-emotional prevention program in elementary school students: Effects of the PATHS curriculum. Prev Sci 7(1):91-102, 2006. • Scheier, L.; Botvin, G.; Diaz, T.; and Griffin, K. Social skills, competence, and drug refusal efficacy as predictors of adolescent alcohol use. J Drug Educ 29(3):251-278, 1999. • Spoth, R.; Redmond, C.; Shin, C.; and Azevedo, K. Brief family intervention effects on adolescent substance initiation: School-level growth curve analyses 6 years following baseline. J Consult Clin Psychol 72(3):535-542, 2004. • Spoth, R.; Guyull, M.; and Day, S. Universal family-focused interventions in alcohol-use disorder prevention: Cost effectiveness and cost benefit analyses of two interventions. J Stud Alcohol 63:219-228, 2002a.	

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		Royal College of Nursing	General	General	The Royal College of Nursing welcomes proposals to develop this guideline. Members with responsibility for drug misuse were invited to comment on the draft scope on behalf of the RCN.	
		Royal College of Nursing	General	General	The RCN is pleased to note that the guideline will also cover psychoactive substances - 'legal highs'. Our members have commented that they are aware of reports in recent times regarding the increase in the use of 'legal highs' and the impact it is having on users. This is of great concern as more young people than ever are using	Thank you for signposting us to this resource.

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					these drugs, though they are indeed legal but cause severe harm including some deaths. Little is known about these substances as the manufacturers keep changing the formulation. The guideline developers may find Drug Scope a useful resource for further information on these substance: http://www.drugscope.org.uk/resources/drugsearchpages/New+psychoactive+substances.htm	
		Royal College of Nursing	General	General	The RCN as with our members are also concerned about existing drug users who are turning to these 'legal highs' as they carry less severe penalties but the harm remains. The RCN considers that NICE do need to develop guidelines in this area and would want to be involved in this process.	Thank you. Interventions to prevent people who already use from increasing their drug use (in terms of frequency or substance) are included in the scope, so any evidence for this will be examined.
		Royal College of Nursing	General	General	We hear from our members on ground of their concerns that the health of the target population is suffering especially after services have been re-tendered and the dwindling numbers of nurses working in drug services in the UK. We accept that this is possibly outside the scope of the guideline but feel that the impact that this could have in the effective implementation of guideline in this area should be acknowledged by the guideline developers.	Thank you. Part of the evidence we look for in effective interventions is about who should deliver those interventions, and this will be considered by the committee when they make recommendations.
		Royal College of Paediatrics and Child Health			Thank you for inviting the Royal College of Paediatrics and Child Health to comment on the NICE draft scope consultation – Drug misuse. We have not received any responses for this consultation.	Thank you.

Document processed	Stakeholder organisation	Number of comments extracted	Comments

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Registered stakeholders [Insert link]

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