Drug misuse prevention

Review protocol for evidence review 1

	Details	Additional comments
Main review question for review 1	Which targeted interventions are most effective and cost effective in preventing drug misuse among groups of people most at risk?	See population section re. targeting.
Sub question 1 for review 1	How does effectiveness vary according to the content and framing of any message?	For example, harm minimisation compared with abstinence.
Sub question 2 for review 1	How does effectiveness vary according to mode of delivery?	For example, use of leaflets compared with text messages.
Sub question 3 for review 1	How does effectiveness vary according to who delivers it?	For example, health professionals compared with members of the peer group.
Sub question 4 for review 1	How does effectiveness vary according to where it is delivered?	For example, youth clubs compared with schools.
Sub question 5 for review 1	How does effectiveness vary according to intensity/duration of the intervention?	Not applicable.
Sub question 6 for review 1	How does effectiveness vary according to intended recipient?	For example, younger compared with older age groups.
Objective of review	The reviews will support the PHAC in developing recommendations for local authorities, service providers and commissioners about how best to commission and provide targeted interventions that prevent or delay drug use, or that prevent escalation of drug use in terms of frequency, volume and diversification of drugs used.	None.
Language	English only	None.
Study design	Effectiveness studies will be included if they *either* contain a comparison group receiving different	Sifting by study type will only be conducted at the full text stage. Studies that meet all other criteria except for

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	interventions (randomised or non-randomised) *or* present outcome data for both before and after the intervention. Systematic reviews of studies that fit the description above will be included. All types of qualitative primary studies, including survey studies will be excluded from this review but will be tagged for inclusion in the qualitative review (review 2). All conference abstracts will be excluded. Studies that do not meet the minimum criteria for applicability and methodological quality will be excluded. *Health Economics*: Relevant economic evaluations will be tagged by the NICE review team at the title & abstract sifting stage. A bibliography of tagged references will be passed to the HE review contractors. HE studies are eligible for tagging if it is suspected that they report full economic evaluations or both costs and health consequences of an interventions and comparator. The following study types could be tagged:	the need for a comparison group or before & after data will be kept to one side (e.g. evaluation studies that my only have asked participants to assess the intervention / provide outcomes after it has taken place) for consideration. This type of study may be included if it's the only type of data available for certain target populations / interventions.

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	Cost-consequences analysis; Cost-benefit analysis; Cost-utility analysis; Cost-effectiveness; Cost-minimisation. Costing studies, 'burden of disease' studies and 'cost of illness' studies will not be tagged.	
Setting	Social environments where drugs may be available such as nightclubs, pubs, festivals and music venues. Fitness environments such as gyms and sporting events. Environments where drugs may be used in a sexual context (for example, 'chemsex' parties). Online and 'virtual' environments, including social media. Youth clubs and youth organisations. Schools, colleges and universities. Health, social care and other environments where interventions may be delivered, for example, primary health care services, sexual health services and custody suites. Interventions in prisons and young offender institutions will be excluded. Universal school based interventions (i.e. those not targeted at any of the population groups described) will be excluded (see additional comments). Interventions set in the workplace will be excluded (other	Countries: as described, the reviews will only include studies from countries in the European Union, Switzerland, Iceland, Norway, USA, Canada, New Zealand and Australia. All other countries are considered to have significant cultural differences to the UK and are therefore excluded. Universal schools interventions: this topic was discussed thoroughly by the review team. During the step 1 title and abstract sift, systematic reviews of universal schools interventions were tagged and ordered. These studies were set aside for further consideration. It was decided that universal schools interventions. It was decided that for all other steps within the search, any studies relating to universal school interventions will be excluded.

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	NICE guidance covers workplace interventions). Included countries are: Australia, Austria, Belgium, Bulgaria, Canada, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, UK, USA.	
Population	Following discussion with Liverpool HE team on 25/06/15, it has been agreed that only at risk population groups will be considered for the purposes of targeting. Only the 10 following population groups will be included: people who have mental health problems people involved in commercial sex work or are being sexually exploited people who are lesbian, gay, bisexual or transgender people not in employment, education or training (including children and young people who are excluded from school or are regular truants) children and young people whose parents use drugs looked after children and young people children and young people who are in contact with young offender team but not in secure environments (prisons and young offender institutions) people who are considered homeless people who attend nightclubs and festivals people who are known to use drugs occasionally /	It is not possible to look at all populations who use drugs. The list identified represents the children, young people and adults who are most likely to start using drugs or who are already experimenting or who use drugs occasionally or who are risk of moving onto other drugs. The NICE team also considered if any particular ethnic groups should be included in the target population group list above. Based on 2013/14 statistics in Section 5 of the Crime Survey for England and Wales it was decided on 30/06/15 that ethnicity would not be covered in the population target group list.

	Details	Additional comments
	recreationally.	
Intervention	Interventions will be included that have a stated and measured aim of enhancing personal and social skills, improving their self-confidence, increasing knowledge and awareness about the risks of drug use and/or increasing knowledge and awareness about how to reduce the risks and harms of drug use:	
	group-based skills training or information provision using lessons, talks and activities	For example, targeted refusal skills training in schools and colleges.
	one-to-one skills training, information provision and advice given as part of planned outreach activities	For example, for young people at festivals.
	one-to-one skills training, advice and information provided using peer education initiatives	For example, with gay men in nightclubs.
	opportunistic skills training, advice and information provision	For example, provided by youth workers.
	using targeted print and new media for different groups at risk of drug misuse to influence social norms or enhance skills and provide information and advice	For example, magazines, websites, social media, text messages.
	family-based programmes providing structured support for children and young people at risk of drug misuse	For example, motivational interviewing for parents or carers and parental skills training.
	group-based behaviour therapy for children and young people who are at risk of drug misuse	Focusing on coping mechanisms, problem-solving and goal setting.
	parental skills training for parents or carers of children who are at risk of drug misuse	Focusing on stress management, communication skills, helping children develop problem-solving skills and setting behavioural targets.
Comparator	Other intervention	None.

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	No intervention or 'normal care' Before and after	
Outcomes	Any objective outcomes related to drug misuse prevention. For example: Quality of life measures. Drug-related morbidity and mortality (for example, hospital admissions). Objective measures of drug use (for example, blood or urine tests). Behavioural outcomes (many will be self-reported outcomes). For example: Person never uses drugs. Onset of drug use is delayed. Person uses drugs less frequently. Person stops using drugs. Co-morbid measures (for example, alcohol use).	During the review process, enough drug outcomes were reported in the studies that the use of alcohol use as a co-morbid measure was not deemed an important outcome.
Searches [See Appendix 2A for the search for each step]	An iterative approach using the following steps will be taken. This protocol may therefore be updated after each stage has been completed. Searches will follow a iterative, step-wise approach. Individual search steps are outlined below. The same set of results will be sifted for reviews 1 and 2.Note that steps 1-6 represent the original search outline. Subsequent steps (7-11) were added to the process after the amount of time available for sifting was revised. Where a search step was dependent on prior steps the decisions made as to	An initial search using a 'classical' search approach indicated that in excess of 36,000 papers would be retrieved in Medline alone, even with a relatively small set of search terms. The team decided it would not be appropriate to use this type of approach for this guideline. The iterative, step-wise approach outlined below aims to balance precision and sensitivity without producing an unmanageable volume of results. This is in accordance with the guidance set out in the NICE guidelines development manual, section 5.1. In

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	which direction to adopt are either noted below or in the relevant section of appendix 2A.	particular it should be noted that preventative programmes (as described in the NICE scope) are not always flagged as such in the relevant literature.
	Step 1: Search for systematic reviews only from 1995 to 2015 using the following databases: Cochrane Database of Systematic Reviews (CDSR) Database of Abstracts of Reviews of Effectiveness (DARE) HealthEvidence.org Campbell library DoPHER NIHR systematic reviews programme website Guidelines: Guidelines.gov will be searched and any guidelines identified during the scoping exercise for this work will also be factored in. Any systematic reviews identified in any relevant guidelines will be ordered.	Some sources will be browsed rather than searched where this approach is considered more time-efficient than searching. Reviewer A and B will sift all the search results (100% double sifting) for step 1.
	Step 2: All relevant systematic reviews identified in step 1 will be entered into Web of Science and a backward citation search will be performed to produce a database of included studies. Timeline: search results available 7th July to review team.	Note that only those references which can be automatically downloaded from the Web of Science Core Collection (including Medline) will be downloaded. This is therefore not “pure” citation searching, though it is expected to be far more efficient in terms of time. We expect subsequent protocol steps will help to address some of the deficit in retrieval compared to pure citation searching.

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	Step 3: Given the time lag between the publication of a primary study and its potential inclusion in a published systematic review, the following sources will be searched from 2010 in order to identify recent primary evidence. Cochrane Central Register of Controlled Trials (CENTRAL) HTA database Embase MEDLINE/MEDLINE in Process Social Policy and Practice Social Care Online PsychInfo TrOPHI	The search strategy at this stage is likely to be broad but not comprehensive. In particular, we may choose to run less comprehensive searches on Embase and PsychInfo as the incremental yields from these databases are likely to be low once other sources are factored in.
	Step 4: A more focused search of the databases in step 3, ranging back to 1995. This step is carried out as a back-stop in the event that we identify gaps in coverage for the evidence retrieved steps 1-3.	Following sifting of evidence from previous search steps the review team decided to focus on identifying additional evidence relating to evidence review 2 (acceptability of interventions) at this stage. Material retrieved was still sifted for potential inclusion in either review 1 or review 2.
	Step 5: Web searching In addition, the following websites will be searched: NIHR Public Health Research Programme Advisory Council on the Misuse of Drugs European Monitoring Centre for Drugs and Drug Addiction	None.

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	UN Office on Drugs & Crime Organization of American States Relevant material identified by the review team via other routes (for example during the scoping exercise for this review) will also be included at this stage.	
	Step 6: Named programme search. A list of specific programmes (for example the "good life approach") will be compiled by the review team during steps 1-5. An additional search of Medline will be carried out using the names of these programmes as keywords in order to identify any additional, named articles.	None.
	Additional citation searching in Web of Science, based on included references or selected, topic-relevant but non-includable material identified during previous search steps.	None.
	Any additional references included in NICE guideline PH4 or the subsequent Evidence Update document, which also meet the date limits for the present guideline, will also be submitted for sifting.	None.
Data screening	All references from the database searches in each step will be downloaded, deduplicated and screened on title and abstract against the criteria above. Where no abstract is available, a web search will be used to locate one; if none is found, references will be screened on title alone. For all search steps described previously, except step 1, a randomly selected sample of 10% of records at title	None.

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	and abstract level will be screened by two reviewers (A and B) independently. The rate of agreement will be recorded. Disagreement will be resolved through discussion and with the arbiter as necessary. All records will be screened at title and abstract level by reviewer A. Where abstracts meet all the inclusion criteria, or if it is unclear from the study abstract whether it does, the full text will be retrieved and re-screened. Full-text screening will be carried out by two reviewers (A and B) independently and any differences resolved by discussion and with the arbiter if necessary. Inter-rater reliability will be recorded. Studies that are excluded at the full paper stage will be recorded along with the reason for their exclusion.	
Data extraction and QA	Quality assessment and data extraction for all included studies will be conducted using the tools in Developing NICE guidelines: the manual. All studies will be quality assessed and data extracted by one reviewer, with all data checked in detail by a second reviewer. Details of all extracted data will be entered into comprehensive evidence tables.	None.
Data synthesis	Data will be synthesised narratively in the first instance. If sufficiently homogeneous and high-quality data are located, meta-analysis may be considered, although this is unlikely.	None.
Subgroup analysis	Where possible, the effectiveness of interventions for subgroups will be disaggregated and reported, along	None.

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	with any differential effect on different subgroups.	
Other information/criteria	The review will report on any unintended consequences or adverse outcomes.	None.