Addiction and Lifestyles in Contemporary Europe: Reframing Addictions Project (ALICE RAP)

Adolescents as customers: Policy Database

Deliverable 16.2, Work Package 16

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1.Introduction

This document describes the deliverable D16.2 'Adolescents as customers' online database. The database underpins a website that is available at http://alice-rap.prevention-standards.eu/ .

The aim of the website is to provide an accessible summary of the evidence on the effectiveness of those young people's addictive behaviour's policy components that were identified through the policy mapping exercise included in D16.1. Evidence of the effectiveness of these approaches was subsequently drawn from national policy evaluations and a systematic review of reviews – both of these pieces of work were also included in D16.1.

The target audience for the website are those professionals with an interest in young people's addictive behaviours. The summary nature of the work means that although it will provide a useful reference point for researchers, the main target group is policy makers and advocates of evidence based interventions. The website is only currently available in English, and there are no plans at the moment to provide versions in other languages.

2. Development of the website

In accordance with the ALICE-RAP Description of Work document, the objective of the website database was to provide:

"*…a searchable database* [*will be*] *populated and published online. The database will allow users to search for specific information on* [effectiveness of] *relevant policies for each of the member states. Source data will be extracted from the information obtained in Objective 1* [policy mapping and review of reviews, submitted in D16.1]. *Basic and advanced searches will allow interrogation of the data by variables such as policy priorities, structures of delivery, population target, geography (e.g. urban v rural), and specified targets*."

However, the limited availability of high quality evidence of effectiveness for young people's policy approaches identified in D16.1 meant that provision of such a comprehensive search facility was not possible. Briefly, and as described fully in D16.1 although we successfully mapped the content and development of EU addictive behaviour policy across many Member States, none of these had been subject to high quality evaluation, and so it was not possible to determine effectiveness of Member State approaches. Furthermore, policy scales and indices had not, at the time of writing, been developed to assess strategies specifically targeting young populations (*cf* policy scales for adult behaviours such as the AMPHORA scale to measure the strictness and comprehensiveness of alcohol policies; Alcohol Policy Index; Tobacco Control Scale). Therefore, whilst D16.1 and the website include a wide variety of approaches and actions under addictive behaviour policy approaches, sections on evidence for effectiveness are sparsely populated.

This finding was not unexpected; and as was confirmed through the mapping exercise, young people's addictive behaviours policies are complex, cut across multiple activity domains, and are not easily amenable to empirical investigation. As this was partly anticipated, we also undertook a systematic review of reviews of investigations into the effectiveness of the approaches identified in national policies. We deliberately set a high methodological quality threshold in this review. This was primarily to ensure that any recommendations arising from the work were based on robust evidence, and the likelihood of bias was minimised. However, this meant that those high quality (primary) studies that had been poorly reviewed, reported non-behavioural outcomes in young people (e.g. behavioural intentions compared with substance use), or were of insufficient number to warrant review were not included. Pertinent exclusions included minimum unit pricing strategies for alcohol, and standardised packaging for tobacco products. Whilst the public health case for policy change is strong for both these examples, the review level evidence is relatively weak with respect to the impact on young people's substance use behaviour. For example, although alcohol pricing modelling strongly predicts that minimum pricing will differentially affect adult alcohol drinkers according to levels of consumption and harm, this analysis has not been yet extended to young people. Of course, today's young people may become harmful drinkers in the future, and so such policies are relevant to the young, but we could not justify inclusion of such an approach in our recommendations without young people specific evidence. Similarly, although small scale experimental, observational, and qualitative studies suggests that young people are less likely to initiate and maintain smoking with the introduction of standardised packaging, as this is a

new policy (with Australia being the only country to have thus far implemented it) there is currently no available evidence to suggest that it affects youth smoking rates. Hence this was not included in our review.

In light of the lack of high quality and relevant evidence, it was decided to take a more pragmatic and static approach to the presentation of evidence and recommendations. We therefore adopted the model of the EMCDDA's 'Best Practice Portal' (http://www.emcdda.europa.eu/best-practice) which is a useable and useful resource for professionals, policymakers and researchers in the illegal drug field. Whilst recognising limitations and weaknesses in accordance with an explicit methodological process, the Portal provides information on the available evidence on drug-related prevention, treatment and harm reduction. Pages are structured around intervention and policy approaches (e.g. drug courts) under broad work areas (e.g. drug treatment, social reintegration). This model was compatible with the policy framework we had developed in D16.1.

The D16.2 website was programmed in Wordpress using a bespoke visual design and pages are described below. The LJMU researchers (Sumnall, Brotherhood) collaborated with an independent web designer, Matija Strlekar, of 2GIKA (www.2gika.si) who was responsible for the programming. All scientific information was adapted from the D 16.1 *Adolescents as Customers* reports by LJMU and prepared for online publication by Strlekar. The website has been tested on all major browsers (Internet Explorer, Firefox, Safari, Chrome) as well as equivalent mobile/tablet systems. No proprietary plugins are required.

The website was formally activated on 1st February 2014 and will be initially disseminated through ALICE-RAP and LJMU research networks. Visitor numbers have not yet been analysed, although this data is collected.

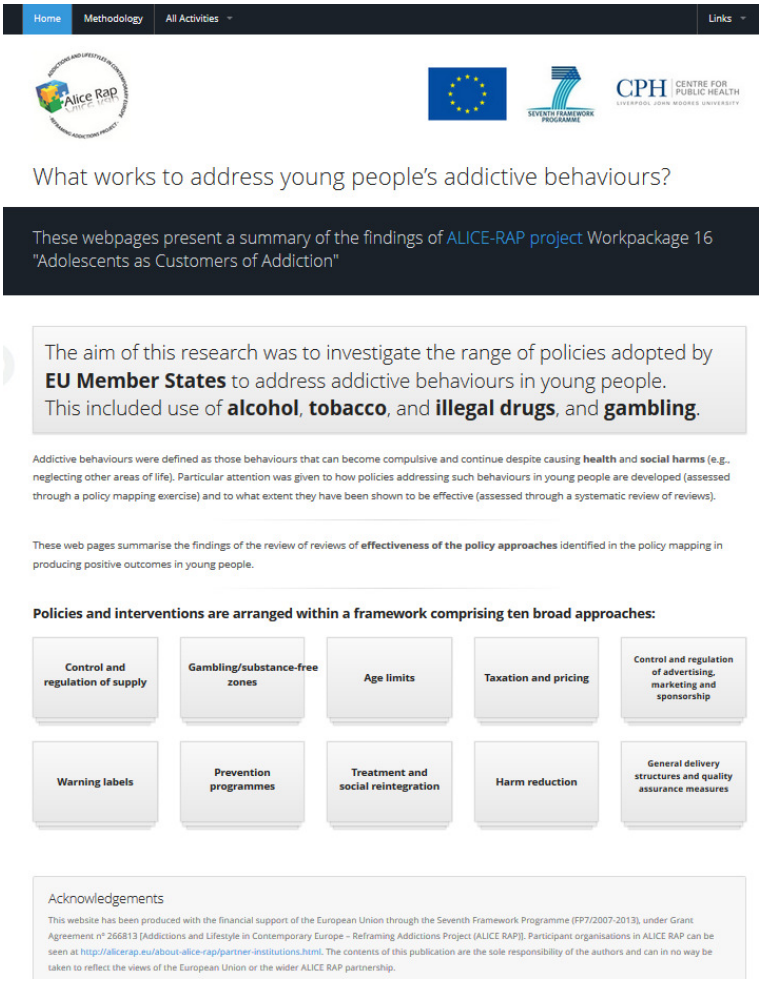
3. Website overview

3.1 Home Page

The Home Page provides a brief overview of the function and purpose of the website. The ten broad policies and intervention approaches identified in D16.1 are placed in boxes. Clicking on these provides a brief description of the approach and the instruction to click for a full summary of the approach (see 3.3 *Approach* pages)

Links are provided to a number of key organisations and projects including FP7, ALICE-RAP, EMCCDA, Centre for Public Health at LJMU, European Society for Prevention Research, and the Mentor Prevention Hub.

The project home page clearly displays the ALICE-RAP and European commission branding. A standard text box at the bottom of the page acknowledges the Commission's funding, and notes that the contents of the website are the responsibility of the authors only.

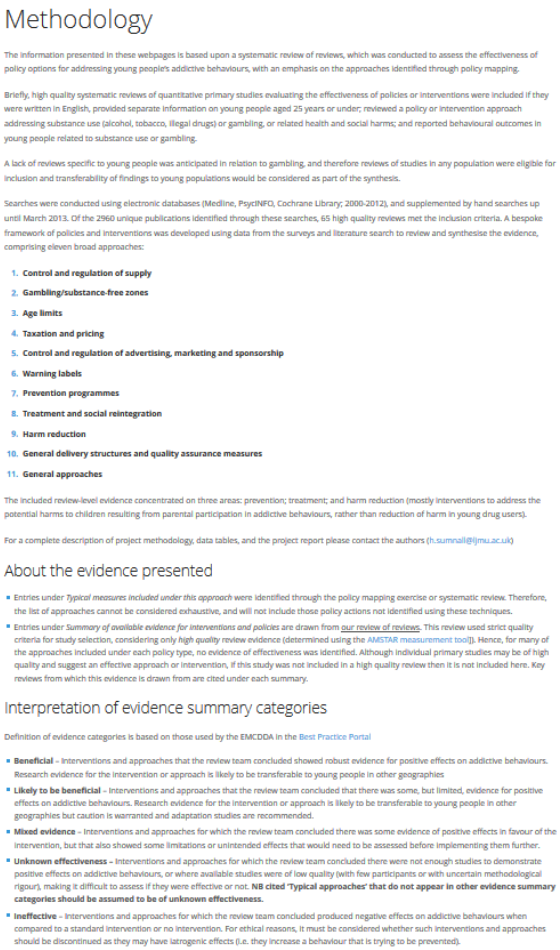


3.2 Methodology

The methodology page provides an overview of the methodology used to construct the webpages. The text indicates that the full methodology, data tables, and project report is available from the authors. As this was designed to be a summary website, it was decided not to upload or link to the full reports, which will become available on the main ALICE-RAP project website.

Two important explanatory sections are included on this page. The first (*About the evidence presented)* describes how the approaches were selected for inclusion (systematic review and policy mapping). Definitions of evidence summary categories are then described. These were based on the categories included in the EMCDDA Best Practice Portal, and adapted in accordance with the language requirements and scope of the current project. Although some of the *Ineffective* approaches identified were associated with iatrogenic outcomes, these tended to be at the level of the intervention rather than a review conclusion of the approach, hence this has not been included as a separate evidence summary category.

It is important to note that, as described earlier in this report, although many different approaches were identified, there was little evidence of effectiveness for these. Hence, more approaches are described than evidence presented.



Methodology

The information presented in these webpages is based upon a systematic review of reviews, which was conducted to assess the effectiveness of policy options for addressing young people's addictive behaviours, with an emphasis on the approaches identified through policy mapping.

Briefly, high quality systematic reviews of quantitative primary studies evaluating the effectiveness of policies or interventions were included if they were written in English, provided separate information on young people aged 25 years or under; reviewed a policy or intervention approach addressing substance use (alcohol, tobacco, illegal drugs) or gambling, or related health and social harms; and reported behavioural outcomes in young people related to substance use or gambling.

A lack of reviews specific to young people was anticipated in relation to gambling, and therefore reviews of studies in any population were eligible for inclusion and transferability of findings to young populations would be considered as part of the synthesis.

Searches were conducted using electronic databases (Medline, PsycINFO, Cochrane Library; 2000-2012), and supplemented by hand searches up until March 2013. Of the 2960 unique publications identified through these searches, 65 high quality reviews met the inclusion criteria. A bespoke framework of policies and interventions was developed using data from the surveys and literature search to review and synthesise the evidence, comprising eleven broad approaches:

1. **Control and regulation of supply**
2. **Gambling/substance-free zones**
3. **Age limits**
4. **Taxation and pricing**
5. **Control and regulation of advertising, marketing and sponsorship**
6. **Warning labels**
7. **Prevention programmes**
8. **Treatment and social reintegration**
9. **Harm reduction**
10. **General delivery structures and quality assurance measures**
11. **General approaches**

The included review-level evidence concentrated on three areas: prevention; treatment; and harm reduction (mostly interventions to address the potential harms to children resulting from parental participation in addictive behaviours, rather than reduction of harm in young drug users).

For a complete description of project methodology, data tables, and the project report please contact the authors (h.sumnall@ljmu.ac.uk)

About the evidence presented

- Entries under *Typical measures included under this approach* were identified through the policy mapping exercise or systematic review. Therefore, the list of approaches cannot be considered exhaustive, and will not include those policy actions not identified using these techniques.
- Entries under *Summary of available evidence for interventions and policies* are drawn from our review of reviews. This review used strict quality criteria for study selection, considering only *high quality* review evidence (determined using the AMSTAR measurement tool). Hence, for many of the approaches included under each policy type, no evidence of effectiveness was identified. Although individual primary studies may be of high quality and suggest an effective approach or intervention, if this study was not included in a high quality review then it is not included here. Key reviews from which this evidence is drawn from are cited under each summary.

Interpretation of evidence summary categories

Definition of evidence categories is based on those used by the EMCDDA in the Best Practice Portal

- **Beneficial** – Interventions and approaches that the review team concluded showed robust evidence for positive effects on addictive behaviours. Research evidence for the intervention or approach is likely to be transferable to young people in other geographies
- **Likely to be beneficial** – Interventions and approaches that the review team concluded that there was some, but limited, evidence for positive effects on addictive behaviours. Research evidence for the intervention or approach is likely to be transferable to young people in other geographies but caution is warranted and adaptation studies are recommended.
- **Mixed evidence** – Interventions and approaches for which the review team concluded there was some evidence of positive effects in favour of the intervention, but that also showed some limitations or unintended effects that would need to be assessed before implementing them further.
- **Unknown effectiveness** – Interventions and approaches for which the review team concluded there were not enough studies to demonstrate positive effects on addictive behaviours, or where available studies were of low quality (with few participants or with uncertain methodological rigour), making it difficult to assess if they were effective or not. **NB cited 'Typical approaches' that do not appear in other evidence summary categories should be assumed to be of unknown effectiveness.**
- **Ineffective** – Interventions and approaches for which the review team concluded produced negative effects on addictive behaviours when compared to a standard intervention or no intervention. For ethical reasons, it must be considered whether such interventions and approaches should be discontinued as they may have iatrogenic effects (i.e. they increase a behaviour that is trying to be prevented).

3.3 Approaches

The ten Approaches pages are identically structured but differ with respect to the type of approaches included and the evidence for effectiveness. For example, *Control and regulation of supply*, describes a number of frequently used approaches used to regulate or control the availability of addictive goods/behaviours. These include broad approaches such as the prohibition of illegal drugs under international/national law, to locally specific approaches such as local monitoring of adherence to tobacco access ordinances. However, all approaches cited are considered to be of *Unknown effectiveness*. In contrast, *Prevention programmes* describes a frequently implemented and well-research policy domain. A large number of approaches are described and a number of *beneficial* and *likely to be beneficial* approaches identified. Importantly, this was a policy area in which it was also possible to include a number of *Ineffective* approaches.

Each page provides a *brief* and more detailed *description* of the approach. *Typical measures included under this approach* were identified through the policy mapping exercise or systematic review. Therefore, the list of approaches cannot be considered exhaustive, and will not include those policy actions not identified using these techniques. Approaches were classified according to the framework presented in D16.1. The summary of evidence is presented under those categories defined under *3.2 Methodology*, and finally links to data extraction tables of key reviews (PDF format) are provided.

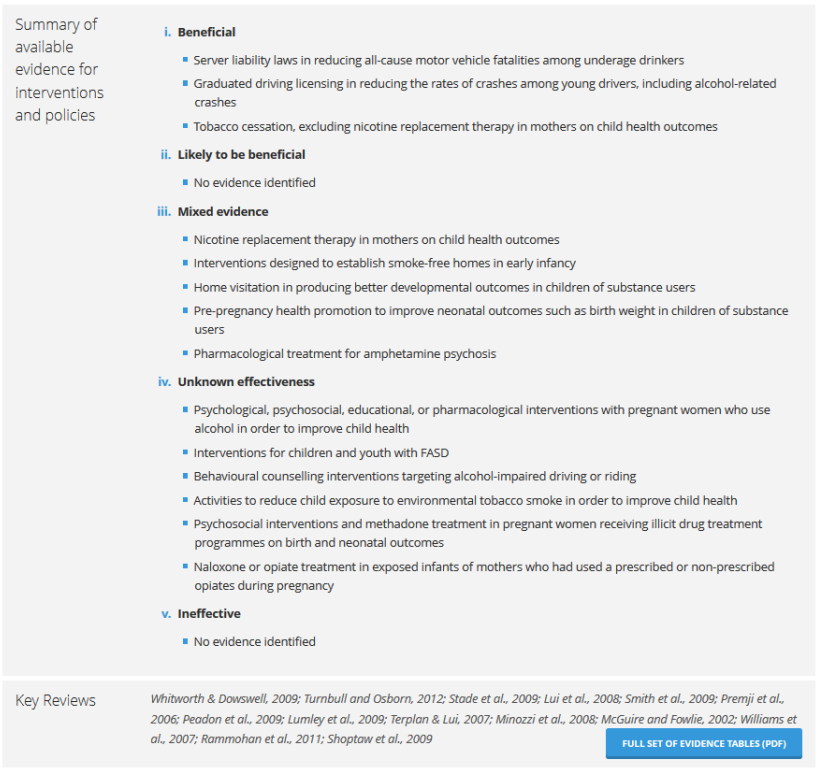
The linked PDF documents present full review details including: bibliographic details; funding sources; a description of the approach(es) reviewed using the participants, interventions, comparisons, outcomes, and study design (PICOS) criteria; the number of studies included in the review and quality assessment of those studies; and a summary of the review findings and author conclusions. Each individual review summary is accessible through PDF bookmarks.

Harm reduction

Last updated: January 27, 2014

Print

Section title	**Harm reduction**
Brief definition of policy approach	Approaches which do not necessarily seek to prevent or reduce young people's participation in addictive behaviours per se, but whose primary aim can be seen as the reduction of harms resulting from young people's own or others' participation in addictive behaviours.
Description of policy approaches	Approaches which do not necessarily seek to prevent or reduce young people's participation in addictive behaviours per se, but whose primary aim can be seen as the reduction of harms resulting from young people's own or others' participation in addictive behaviours. This includes approaches addressing parental/familial smoking, prevention of alcohol related violence and injury (including specific road safety measures), disease and overdose prevention and treatment (particularly in relation to illegal drugs), as well as measures to prevent gambling-related debt.
Typical measures included under this approach	i. **General harm reduction measures** ▪ Multiple behaviours – outreach programmes; low threshold services ii. **Approaches addressing parental/familial participation in addictive behaviours** ▪ Multiple behaviours – Health promotion interventions targeted at women of childbearing age which aim to identify and modify risk factors before pregnancy ▪ Alcohol – Psychosocial interventions to address alcohol use in pregnancy or following child birth; interventions for children and youth with foetal alcohol spectrum disorders (FASD); support for children of alcohol dependent people ▪ Tobacco – Psychosocial interventions to address tobacco use in pregnancy or following child birth; pharmacological treatment to address tobacco use in pregnancy; approaches to reduce children's exposure to environmental tobacco smoke ▪ Illegal drugs – Psychosocial interventions to address drug use in pregnancy or following child birth; pharmacological treatment to address drug use in pregnancy; interventions for opiate exposed newborns; support for young people whose parents use illegal drugs ▪ Gambling – No approaches identified iii. **Road safety measures** ▪ Alcohol – Drink driving laws and enforcement techniques; maximum limit for BAC-level; different BAC limits based on age and driving experience; graduated driver licensing; information campaigns; behavioural counselling; community mobilisation; designated driver and safe-ride programmes; coordination of public transport and venue closing times; court-mandated treatment for recidivist drink-drivers ▪ Tobacco – No approaches identified ▪ Illegal drugs – Drug driving laws and enforcement techniques ▪ Gambling – No approaches identified iv. **Violence and injury prevention** ▪ Alcohol – Restrictions on retail of alcoholic beverages to the intoxicated; alcohol server liability for damages caused by actions of patrons; late-night lockouts of licensed premises; safer drinking environments; safe glassware (polycarbonate glassware); safety-orientated design of premises; bar policies for preventing intoxication; trained security staff in bars; specific delivery structures and quality assurance measures ▪ Tobacco – No approaches identified ▪ Illegal drugs – No approaches identified ▪ Gambling – No approaches identified v. **Disease and overdose prevention** ▪ Multiple behaviours – Public education about the care of intoxicated persons at risk of fatal overdose ▪ Alcohol – Thiamine fortification of drinks and flour ▪ Tobacco – No approaches identified ▪ Illegal drugs – Needle and syringe programmes; provision of injecting equipment; regulations on paraphernalia for injecting drug use; Hepatitis B vaccinations; HIV prevention/education; HIV/Hepatitis testing; supervised drug consumption rooms; overdose prevention; substitution treatment; prison harm reduction; treatment for psychiatric comorbidities ▪ Gambling – No approaches identified vi. **Other approaches** ▪ Alcohol – No approaches identified ▪ Tobacco – No approaches identified ▪ Illegal drugs – Civil penalties (e.g., fines, community service, loss of benefits) to reduce harms arising from criminal penalties ▪ Gambling – Financial participation limitations; compulsory 'deposit limit setting' by customers; minimum waiting time for increasing deposit limits; Restrictions on cash machine location and withdrawal limits; cash machines equipped with programmes to block access to cash advances; restrictions on the use of credit; restrictions on cheque cashing and cash payment of prizes; debt-related or money-management counselling



Summary of available evidence for interventions and policies

i. **Beneficial**
- Server liability laws in reducing all-cause motor vehicle fatalities among underage drinkers
- Graduated driving licensing in reducing the rates of crashes among young drivers, including alcohol-related crashes
- Tobacco cessation, excluding nicotine replacement therapy in mothers on child health outcomes

ii. **Likely to be beneficial**
- No evidence identified

iii. **Mixed evidence**
- Nicotine replacement therapy in mothers on child health outcomes
- Interventions designed to establish smoke-free homes in early infancy
- Home visitation in producing better developmental outcomes in children of substance users
- Pre-pregnancy health promotion to improve neonatal outcomes such as birth weight in children of substance users
- Pharmacological treatment for amphetamine psychosis

iv. **Unknown effectiveness**
- Psychological, psychosocial, educational, or pharmacological interventions with pregnant women who use alcohol in order to improve child health
- Interventions for children and youth with FASD
- Behavioural counselling interventions targeting alcohol-impaired driving or riding
- Activities to reduce child exposure to environmental tobacco smoke in order to improve child health
- Psychosocial interventions and methadone treatment in pregnant women receiving illicit drug treatment programmes on birth and neonatal outcomes
- Naloxone or opiate treatment in exposed infants of mothers who had used a prescribed or non-prescribed opiates during pregnancy

v. **Ineffective**
- No evidence identified

Key Reviews

Whitworth & Dowswell, 2009; Turnbull and Osborn, 2012; Stade et al., 2009; Lui et al., 2008; Smith et al., 2009; Premji et al., 2006; Peadon et al., 2009; Lumley et al., 2009; Terplan & Lui, 2007; Minozzi et al., 2008; McGuire and Fowlie, 2002; Williams et al., 2007; Rammohan et al., 2011; Shoptaw et al., 2009

FULL SET OF EVIDENCE TABLES (PDF)

4. Further development

The WordPress platform on which the website is based means that the content can be easily updated. Although the formal workpackage participation of LJMU ends with this deliverable, we intend to maintain and update the content of the website for at least the life cycle of the wider ALICE-RAP project (up to March 2016). This is important as although there is currently limited high quality review level evidence on the effectiveness of young people's policy, new publications, including those generated by the ALICE-RAP partnership, will lead to a better understanding of this topic, and the evidential; status of the interventions described may be updated.

Although the main URL will remain http://alice-rap.prevention-standards.eu/ and the website will always be accessible through this address, this may be 'masked' in future to allow for better integration with other sites and ALICE-RAP products. For example, the project leads may decide that the main ALICE-RAP website should link to all online resources emerging from the work (e.g. http://www.alicerap.eu/whatworks).