RESEARCH SUMMARY - FEBRUARY 2025

WHAT IS A PUBLIC HEALTH PREVENTION APPROACH TO HARMFUL ALCOHOL AND DRUG USE IN LOCAL POLICY AND PRACTICE?

A public health prevention approach is recognised as being needed to address the health harms of alcohol and drug use, but what should this involve in practice locally?

Alcohol and drug use is a **key public health** concern **nationally** and in many **local authorities** given the health and social harms it can have for people and society. Prevention is recognised as important, but national and local policy approaches to address harmful use in England **tend to focus on treatment** and/or **criminal justice,** policing and enforcement. While this action is important, it can sometimes take place ***after*** health harms have occurred.

Over 300.000 users of **opiates** and **crack cocaine** in England, 2019-2020

Over 750,000 adults with **alcohol dependency** in England, 2019-2020

More effective prevention is **needed** to protect public health, but the UK does **not** have a functioning drug prevention programme or sufficient policy investment in prevention infrastructure. It is also **unclear** what a public health prevention approach to alcohol and drug use **means or** could **involve** in ***local practice.***

"The UK lacks a functioning drug prevention system"
Advisory Council on the Misuse of Drugs, 2022

Key points

If local areas want to take a strategic approach to prevention, **a clear framework, shared language** and **understanding** will be **needed** to ensure its **success**. We have developed a definition focused on **enabling people to thrive** and a **'BETRR'** framework that could be discussed and considered to guide the approach.

Public health **prevention** involves **five features** that could guide strategic action:

1) understanding **social groups** at risk, including during **key life transitions**
2) reducing health harms via a **'cycle of BETRR prevention' framework** (**B**efore and **E**arly, and **T**reatment to prevent **R**elapse in **R**ecovery)
3) taking a **multi-sectoral systems approach** involving **communities**;
4) ensuring decisions are **evidence-informed**
5) focusing on **equity**, participation, addressing stigma and human rights

Five intervention **pathways to prevention** could be mapped against current good practices locally to identify gaps and future solutions

Potential opportunities for local policy and practice

1

Key strategic local partnerships (e.g. for public health, safety, violence, homelessness) could consider the value of adopting the definition of public health prevention and the 'cycle of BETRR prevention' framework to guide strategic action on reducing the health harms of alcohol and drugs

2

Key strategic local partnerships could discuss if the 'cycle of BETRR prevention' framework and five intervention pathways to prevention could be mapped against current partnership work and good practices at a local level to identify gaps and inform discussion about future solutions

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RESEARCH IN BRIEF

Rapid evidence review

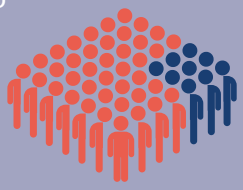
We completed a **rapid review** of **published evidence** to develop a definition and framework for understanding what a **public health prevention approach** to addressing harmful alcohol and drug use is and what it **involves in practice**. We **screened 5000+** papers and **included 18 peer-reviewed papers** that were the 'most rich in detail'.

A PUBLIC HEALTH **PREVENTION** APPROACH HAS **FIVE** FEATURES

1

Understand which social groups are more at risk or least protected from harms to health, including being mindful of key transitions in people's lives

- Identify which populations are more at risk or least protected from harms to health
- Explore how multiple risks linked to living conditions shape risks of health harms
- Understand how life transitions affect stressors in peoples lives, which impact on resiliency to the harms of alcohol and drug use on health



2

Reduce health harms through a continuous cycle of BETRR prevention to change people's living conditions and enable everyone to thrive

- Intervene in multiple ways and settings (health, education, workplaces, commercial settings) to change the conditions that drive risk or protect from harm
- Ensure there is a continuum of prevention **B**efore harms occur; **E**arly to detect and prevent further harm if it starts to occur; and **T**reating harms to prevent **R**elapse in **R**ecovery

BETRR prevention cycle-continuum
Prevent **B**efore and **E**arly, and **T**reat to prevent **R**elapse in **R**ecovery

Prevent health harms **B**efore they occur	Act **E**arly to prevent further harms to health	**T**reat harm to prevent **R**elapse in **R**ecovery

3

Collaborate in a multi-sectoral partnership system, including community connections and people with lived and living experiences

- Work with diverse partners at strategic and operational levels - sharing resources and jointly planning and coordinating a comprehensive response, including on related issues like poverty, suicide, mental health, violence, homelessness, social isolation, and discrimination
- Make sure people with living experiences are key partners, involved in identifying issues, strengths and knowledge gaps, setting priorities, and co-developing solutions

4

Be led by evidence-informed decision-making about what could work or is happening in practice

- Make sure decisions are informed by evidence about: 1) the nature of the problem and public health impacts (including inequity in risks across social groups); 2) which initiatives can be implemented effectively to prevent harms across the BETRR continuum of action, including in treatment and recovery; and 3) how implementation is going and for whom to support continuous learning (evaluation)
- Find ways to involve and use the evidence of practitioners and communities in decision-making

5

Focus on equity, participation, addressing stigma and human rights

- Prioritise addressing inequitable living conditions and discrimination, and enable people to realise their aspirations and rights to healthy and fulfilling lives
- Embed the right to participation and involvement in prevention programming - creating space for people with lived experience to effect change, including reshaping services and the welfare-criminal justice system
- Ensure all services are trauma- and violence-informed, and culturally-safe - treat people who use alcohol and drugs with dignity, respect and non-judgement
- Address stigma to remove barriers to people learning about how to protect their health if using alcohol or drugs, and to seeking support and health care
- Recognise that action on alcohol and drugs, like many public health interventions, can have negative effects and lead to inequalities if they benefit some groups more than others: ensure effects are not disproportionate to the harms of alcohol and drug use itself

A **BETRR** FRAMEWORK IS NEEDED TO **GUIDE** A PUBLIC HEALTH PREVENTION APPROACH IN PRACTICE LOCALLY

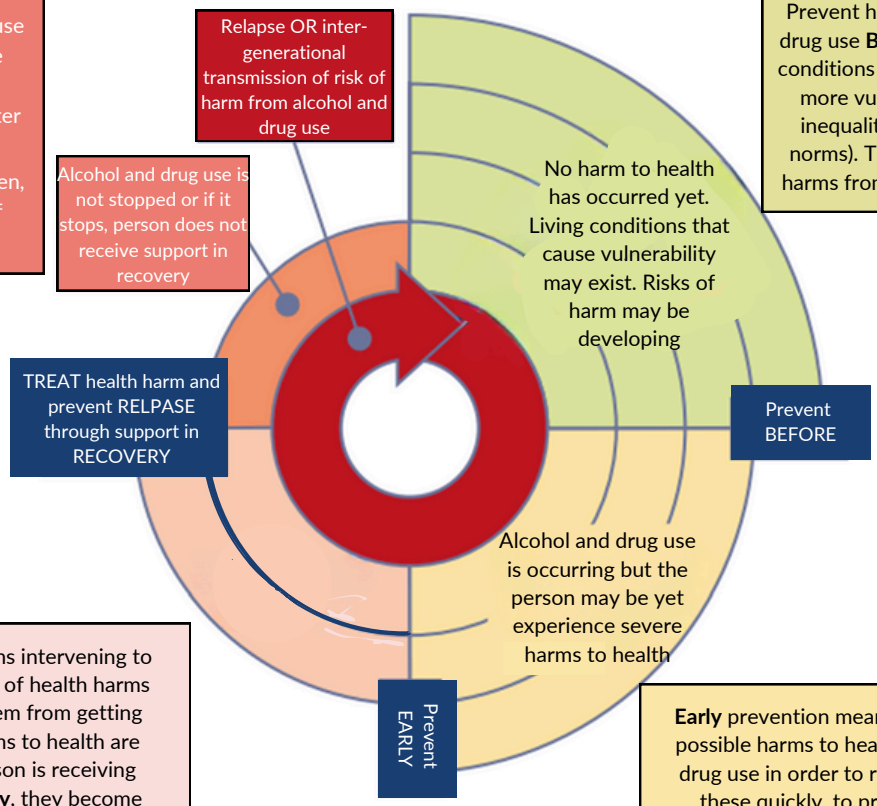
Development of both a **definition** and **framework** to pursue a public health prevention approach is needed to ensure its **success**:

*"Public health prevention is an **ongoing process** of **protecting** people from, and **minimising** the **health harms** of, alcohol and drug use **throughout their lives.** This can be achieved by intervening **before** harms occur, intervening **early**, and **treating** harms and preventing **relapse** through providing support in **recovery**. Prevention involves **changing people's daily lives** and **living conditions**, and **enabling** people to exercise **choice** and **control** in their lives, and to **thrive**."*

BETRR prevention cycle-continuum
Prevent **B**efore and **E**arly, and **T**reat to prevent **R**elapse in **R**ecovery

If a person's alcohol and drug use ends but they do not receive treatment and/or support in recovery, they may be at greater risk of relapse.

If they have a partner or children, they will be at greater risk of experiencing health harms.



Prevent health harms from alcohol and drug use **Before** by addressing the living conditions that make some social groups more vulnerable (e.g. due to income inequality, housing insecurity, social norms). This reduces the risk of health harms from happening in the first place.

Treating harm means intervening to reduce the severity of health harms and preventing them from getting worse. When harms to health are treated and a person is receiving support in **recovery**, they become less vulnerable to **relapse**.

Early prevention means early detection of possible harms to health from alcohol and drug use in order to reduce and minimise these quickly, to prevent any further harms to health from happening

5 pathways to BETRR public health prevention across this cycle (with examples of initiatives)

Pathway to prevention	What this involves	Examples of preventative initiatives
1. Access to life's essentials	Ensuring everyone has access to life's fundamentals (e.g. housing security, adequate income, safety, dignity, rights, healthcare) throughout their lifecourse	Living wage employment; employment, welfare & rights services; housing support; pregnancy interventions; screening, brief intervention, and referral to treatment; wrap-around care
2. Education, development, literacy, skills	Enabling children and young people's development, and adult literacy and skills, including knowledge about how to protect health from harmful alcohol and drug use	Universal education; best start interventions (e.g. 1001 days); after-school programmes; mental health literacy programmes; workforce and skills training; alcohol and drugs education; overdose prevention training
3. Power & control	Building individual and community capabilities to exercise choice and control to protect health against harmful alcohol and drug use	Peer support; peer street outreach; user-led organisations; community-led action; youth work; Youth Council; anti-racism work; anti-stigma actions (optimal contact); navigator models
4. Disruption and regulation	Disrupting and/or regulating supply chains and commercial interests, through e.g. law enforcement or actions on availability, quality, marketing and/or pricing,	Price controls and marketing restrictions on alcohol; controls on opioid prescribing/prescription monitoring; medication take backs; police-run events; drug quality testing/checking
5. Partnership	Partnership activities that enhance the preventative response through coordination and pooling of resources	Multi-sector partnership, joint workforce development (i.e joint recruitment and leadership development work), joint action on poverty, violence, racism, mental health; shared systems for surveillance, monitoring, evaluation

The methods of the rapid review and the public health prevention framework were informed by the prevention research of and BETRR prevention cycle in: Such, Aminu, Barnes et al (2022) Prevention of adult sexual and labour exploitation in the UK: What does or could work? Research Summary March 2022. Available at: https://modern-slavery.files.svdcdn.com/production/assets/downloads/Modern-Slavery-PEC-Prevention-Research-Summary-final.pdf?dm=1646749698 and Such E et al (2020) Modern slavery and public health: a rapid evidence assessment and an emergent public health approach. Public Health. 180:168-179. doi: 10.1016/j.puhe.2019.10.018.

This work was completed as part of the Bradford Council Health Determinants Research Collaboration (HDRC) which is funded by the National Institute for Health and Care Research PHR programme (NIHR151305). Barnes is funded by the NIHR Yorkshire and Humber Applied Research Collaboration [reference NIHR200166] and Barnes and Kennedy have received funding from the UK Prevention Research Partnership Collaboration (MRC) - ActEarly [reference MR/S037527/1]. The York Policy Engine is supported by the UKRI Research England Development Fund.

RESEARCH BRIEFING
FEBRUARY 2025

WHAT IS A PUBLIC HEALTH PREVENTION APPROACH TO HARMFUL ALCOHOL AND DRUG USE IN LOCAL POLICY AND PRACTICE?

Context

Alcohol and drug use is a **key public health concern** given the health and social harms that it can have for people and society. National and local approaches to address harmful alcohol and drug use in the UK **tend to focus on treatment** and/or **criminal justice**, policing and enforcement. While this kind of action is important, it can take place ***after*** **health harms have occurred**.

More effective prevention is needed to protect public health, but the UK does not have a functioning drug prevention programme or sufficient investment in prevention infrastructure. It is also unclear what a public health prevention approach to alcohol and drug use means, and what it could involve in local practice.

What did we do?

Rapid evidence review

We completed a **rapid review** of **published evidence** to develop a better understanding of the **key characteristics** of a **public health prevention approach** to addressing harmful alcohol and drug use, and what it **involves in practice** locally.

We **screened 5000+** papers and **included 18 papers** that were the 'most rich in detail'.

Definition and prevention framework

We brought the review together into a **definition** of prevention and developed a **public health prevention framework** to inform discussions about strategic action on alcohol and drug use.

What did we find out?

Arguments for a public health approach and a prevention approach were evident, but what a public health prevention approach involves in practice is **not clearly stated** and there are **few clear definitions** of prevention.

The **need** for prevention was however, **consistently highlighted** due to: the **scale** of **health harms** of alcohol and drug use; the **complexity** of reducing health harms given different ways in which alcohol and drugs are used by different people over time; and issues with **criminal justice-focused** approaches that can **stigmatise** and isolate people from accessing support, which risks consolidating harms to health and frustrating public health prevention.

Development of both a **definition** and **framework** to pursue a public health prevention approach is **needed** to **ensure its success** in Bradford.

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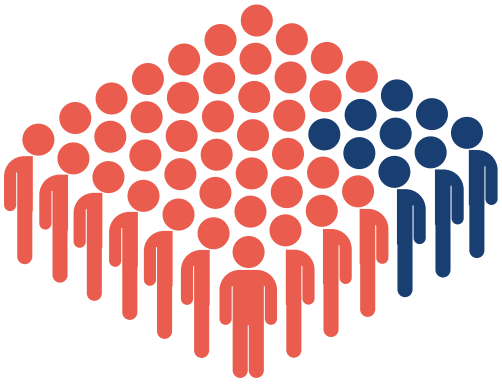
We identified 5 key features of a public health prevention approach to address harms of alcohol and drug use locally

1 Understand which social groups are more at risk or least protected from harms to health, including being mindful of key transitions in people's lives

Public health prevention means identifying and understanding the **distribution** of **risks** for, and **protective factors** against, the ***health*** **harms** of alcohol and drug use **across society (social groups);** not focusing on individual-level factors or treating individual cases.[1,2,6,8,12]

This includes understanding how multiple and interrelated risks linked to people's **living conditions** (e.g. income/housing security, social status and relationships, violence, racism, gendered expectations, commercial dynamics) can affect the vulnerability of different social groups to harmful health effects of alcohol and drug use, at different points across the lifecourse.[1,2,6,9,11,16]

Life transitions (e.g. childhood into adolescence, developmental transitions in adulthood - entering work, becoming a parent, changing or losing a job, getting married, caring for relatives, bereavement) can be marked by significant **stressors** and **changes** in people's **social** or **economic conditions**, affecting risks of and resiliency to harms of alcohol and drug use on health.[2,3,9,11]



2 Reduce health harms through a continuous cycle of BETRR prevention - Before and Early, and Treatment to prevent Relapse in Recovery - to change people's living conditions and enable people to thrive

Public health prevention involves intervening in multiple **different ways** and **settings** across society (e.g. education, health care, media, workplaces, commercial environments and supply chains) with a focus on **changing people's daily lives** and the **conditions** that drive risks for, or protect against, health harms for different social groups: from pregnancy and early childhood, into adolescence and adulthood.[2,4,6,8,13,16,17]

It means **creating the conditions** for **people to thrive**.[17]

To achieve this, a continuum of action is needed to prevent health harms from alcohol and drug use **Before** they occur; **Early** action to detect, reduce and minimise harms if they start to emerge; and **Treating** health harms to reduce their severity and action to prevent Relapse through providing support in **Recovery**.[1,5,8]

We call this **BETRR prevention** (see page 5).[19]

BETRR prevention cycle-continuum
Prevent **B**efore and **E**arly, and **T**reat to prevent **R**elapse in **R**ecovery

Prevent health harms **B**efore they occur	Act **E**arly to prevent further harms to health	**T**reat harm to prevent **R**elapse in **R**ecovery

Redressing **difficult living conditions**, including **stressors** and **trauma** in communities' and people's lives, is important across the continuum of prevention.[1,2,4,9,17]

This includes **in treatment** and **recovery** as issues of poverty, income/housing insecurity, violence, racism and commercialisation/consumerism, and creating opportunities for learning, workforce development, living wage employment, local economic development, and social connection **all impact** people and families affected by the health harms of substance use, and in treatment and recovery.[4,6]

Prevention-focused treatment and recovery involves **wrap-around care** to ensure people have access to **essentials in life** (e.g. rights, income and housing security, friendship, agency-autonomy, purpose, freedom from stress).[4,17]

3 Collaborate in a multi-sectoral partnership, including community connections and people with lived and living experiences

Public health prevention goes beyond the health sector and health services to involve a **multi-sectoral partnership,** which **shares resources** (e.g. time, knowledge, evidence) and **plans** and **coordinates a comprehensive response** to address health harms of alcohol and drug use, including joint action on related issues: poverty, suicide, mental health, homelessness, social isolation, discrimination and violence reduction.[1,2,15]

Important partners include: local government (i.e. public health, child welfare, social care, parks, youth service), schools, health services (i.e. primary care, mental health, emergency services), faith leaders, law enforcement agencies, employers, trade unions, media organisations, researchers, non-governmental organisations, community and advocacy groups, and people with lived and living experiences of substance use.[4,12,14,16,17,18]

Prevention **partnerships operate** at a **strategic level** (e.g. joint strategic plans and governance and accountability mechanisms for results, joint workforce development) and **operational level** (e.g. joint case management).[1]

Across these levels, diverse community members - especially those who have **lived** or **living experiences** of the **health harms of alcohol and drug use** - must be involved across the BETRR continuum of prevention: to **identify issues, strengths** and **knowledge gaps, set priorities,** and **co-develop solutions**.

Partnership is **not easy**: **ownership** of alcohol and drug prevention across partners and having **time** and **resources** for collaboration can be issues.[13] Developing a common understanding, language and **conceptual framework for prevention** can be helpful, as can **roles** that work across **boundaries** (e.g. prevention coordinators), but where they are located is important.[13]

4 Be led by evidence-informed decision- making about what could work or is happening in practice

A public health prevention approach is led by evidence. Evidence needs to go beyond traditional health data (e.g. on treatment services, alcohol/drug-related deaths), to support understanding of:

- the nature of the problem and public health impacts across different social groups at different time points in their lives (i.e. inequity in risks, hardships, and protective factors, incidence/prevalence of mental health issues, use patterns, knowledge of the effects of different substances; [2,4,9,12]
- which initiatives (interventions) can be developed and implemented to effectively prevent health harms, before they happen or to address early harms, and/or in treatment and recovery;[2] and

- how implementation is going and for whom, (including strengths, barriers, issues), so as to support continuous learning and improvement (e.g. rigorous evaluation with opportunities for feedback).[2,3]

Practitioners and communities need to be involved in evidence processes as trusted partners.[9] Effective systems for sharing different types of evidence are also needed across partners (e.g. research, community intelligence, surveillance and monitoring data) with shared commitment to learn about how to improve people's lives and living conditions together.[12,15]

5 Focus on equity, participation, power and human rights

A public health prevention approach addresses **inequitable living conditions** and **discrimination**, enabling people to **realise their rights** and aspirations, and to have **healthy** and **fulfilling lives**,[1,17] including in treatment and recovery. It places people with lived and living experiences at the forefront of preventative action to reduce harms.[4,8,10,14,18]

Adhering to this **right to participation and involvement** opens space for people who use alcohol and drugs to **effect change** in the institutions that (may intentionally or unintentionally) **marginalise** them (e.g. health services, welfare and criminal justice systems);[8,10] thus helping to ensure that treatment and recovery services are, for example, **trauma- and violence- informed, anti-oppressive** and **culturally-safe**.[4,18]

Other key principles of prevention include a right to be treated with **dignity**, **respect** and **non-judgement,** and a right to **autonomy** and **self-determination.**[8,12,17,18]

Addressing **stigma** and **discrimination** is also key to prevention and central to ensuring the right to health: stigma and discrimination undermines **trust** and prevents people from learning about how to protect their health and seeking support, including accessing healthcare. It is also a **barrier** to people achieving their **aspirations** (e.g. relating to work, independent living).[5,18]

Finally, a public health prevention approach recognises the **power** of policy action to be a force for good, yet also to **create harms** for people using alcohol and drugs (e.g. restrictions can lead to the stigmatization of users which undermines efforts to prevent and reduce further harm).[6,12]

To this end, prevention means a commitment to ensure that any harms associated with policy action are not disproportionate to the health harms of alcohol and drug use itself.[12]

A definition

These insights bring us to a **definition** of prevention that could be **discussed** and **refined** through discussion with local partners, including people with lived experience, to explore its value in guiding strategic action:

> *Public health prevention is an **ongoing process** of protecting people from and minimising the health harms of alcohol and drug use throughout their lives. This can be achieved by intervening **before** harms occur, by intervening **early**, and by **treating** harms and preventing **relapse** through providing support in **recovery**.*
>
> *Prevention involves **changing people's daily lives** and **living conditions**, and enabling people to **exercise choice** and **control** in their lives, and to **thrive**.*

The definition combines a traditional public health prevention message - stopping or reducing harms to health - with a strength-based, health promoting one: prevention is about people's power to realise their aspirations and have healthy and fulfilling lives.[19]

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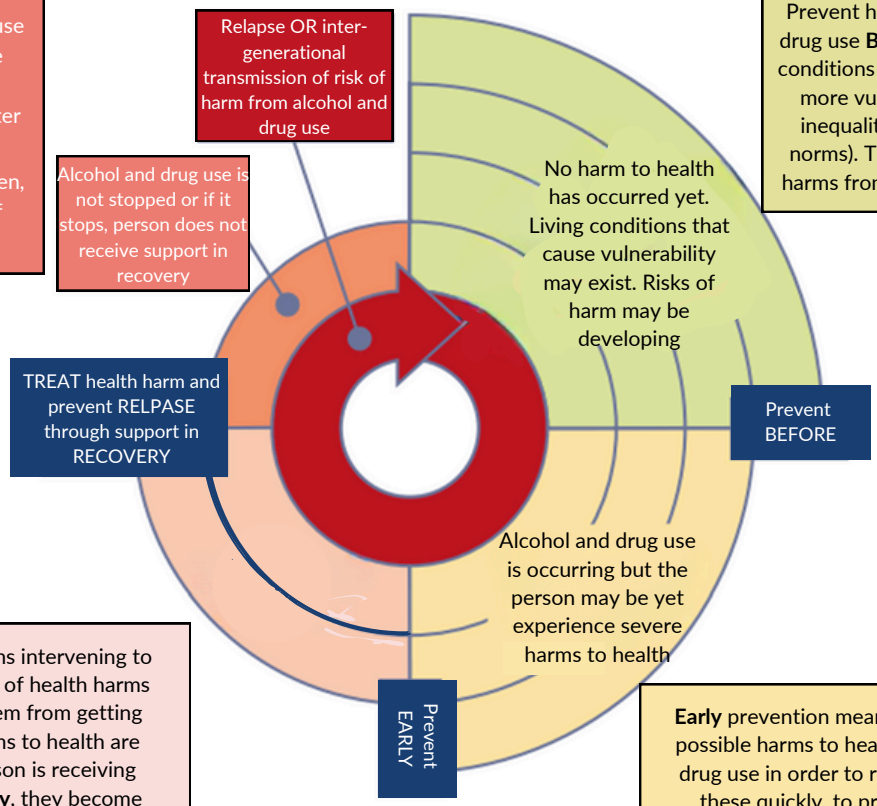

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5 pathways to BETRR public health prevention across this cycle (with examples of initiatives)

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5. Partnership	Partnership activities that enhance the preventative response through coordination and pooling of resources	Multi-sector partnership, joint workforce development (i.e joint recruitment and leadership development work), joint action on poverty, violence, racism, mental health; shared systems for surveillance, monitoring, evaluation

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The methods of the rapid review and the public health prevention framework were informed by the prevention research of and BETRR prevention cycle in: Such, Aminu, Barnes et al (2022) Prevention of adult sexual and labour exploitation in the UK: What does or could work? Research Summary March 2022. Available at: https://modern-slavery.files.svdcdn.com/production/assets/downloads/Modern-Slavery-PEC-Prevention-Research-Summary-final.pdf?dm=1646749698 and Such E et al (2020) Modern slavery and public health: a rapid evidence assessment and an emergent public health approach. Public Health. 180:168-179. doi: 10.1016/j.puhe.2019.10.018.

This work was completed as part of the Bradford Council Health Determinants Research Collaboration (HDRC) which is funded by the National Institute for Health and Care Research PHR programme (NIHR151305). Barnes is funded by the NIHR Yorkshire and Humber Applied Research Collaboration [reference NIHR200166] and Barnes and Kennedy have received funding from the UK Prevention Research Partnership Collaboration (MRC) - ActEarly [reference MR/S037527/1]. The York Policy Engine is supported by the UKRI Research England Development Fund.

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