DRUG & ALCOHOL FINDINGS *Research analysis*

▶ An evaluation of the Government's Drug Strategy 2010.

HM Government
HM Government, 2017

"Contribut[ing] greatly to the evidence base for the Government's new Drug Strategy", an evaluation of the Drug Strategy 2010.

SUMMARY The featured publication evaluated the outcomes of the UK Government's *Drug Strategy 2010*. While some reports from 2016 and 2017 were included, most of the information and data gathered referred up to the end of 2015, leaving time for the findings to be fed into the development of the new strategy.

The following bullet points are based on headline findings about activities undertaken, evidence of effectiveness, spending, and value for money.

Early intervention activity

The Drug Strategy 2010 is structured around three themes:
- reducing demand;
- restricting supply; and
- building recovery in communities.

With two overarching aims:
- reducing illicit and other harmful drug use; and
- increasing the numbers recovering from their dependence.

A recap of the themes and aims of the Drug Strategy 2010

- Early intervention activities were central to achieving the *Drug Strategy 2010*'s aim of **reducing demand** for illicit drugs.
- Designed to tackle the risk factors associated with drug misuse and other risky behaviours, early intervention activities can prevent a wide range of adverse social outcomes relating to offending, family, education and employment.
- However, due to the time-lag between interventions taking place and their (desired) effect, there is a lack of evidence supporting their long-term impact.
- When implemented according to the broader evidence base of what works, early intervention activity can be effective in reducing risk factors associated with drug use, and in turn drug use itself.
- Approaches most likely to be beneficial are those targeted at multiple risk behaviours, as opposed to targeting drug use alone.
- Interventions most likely to be effective include pre-school and family-based programmes.
- There is promising evidence that interventions such as Personal Social Health And Economic (PSHE) education, family nurse partnership programmes, family intervention projects and MyPlace can positively impact on reducing risky behaviours and subsequently drug use. However, the strongest evidence typically comes from the United States of America (which has different health and education structures), with evidence from the UK tending to be less robust methodologically.
- Estimates suggest that central government spending on early intervention activity under the *Drug Strategy 2010* may have fallen from an estimated £269 million in 2010/11 to £215 million in 2014/15.
- Due to the absence of sufficient data (on expenditure, reach of early interventions, and drug use outcomes), it was not possible to produce value-for-money estimates for early intervention activities.

Media and information activity

• Media and information interventions fell under the **reducing demand** strand of the *Drug Strategy 2010*, and mainly consisted of creating awareness of the health issues related to drug use, and providing information and support to young people and their parents or carers.
• The Government has undertaken a range of different media and information activity over the life of the strategy. This included the continuation of the national drugs campaign FRANK, two targeted campaigns and work in prisons on new psychoactive substances, and the launch of the resilience-building Rise Above programme.
• Evidence suggests that well-designed media and information interventions can provide reliable information to a large number of individuals, increasing knowledge and challenging misconceptions. However, there is evidence that these types of activities in isolation are unlikely to directly reduce drug use.
• The evidence of what works is reflected in the design of recent government activity (FRANK and new psychoactive substance campaigns), which combine targeted media campaigns with universal information programmes, rather than traditional mass media approaches. Other online activity (Rise Above) aims to build resilience and improve life skills in young people.
• Government media and information activity has reached increasingly large numbers of people. However, there is insufficient evidence to assess whether such campaigns have led directly to behaviour change.

Enforcement and enforcement-related activity

• Enforcement and enforcement-related activities fell under the **restricting supply** theme of the *Drug Strategy 2010*.
• Enforcement activities are carried out by a range of law enforcement agencies to uphold the Misuse of Drugs Act 1971 and other more recent legislation, and enforcement-related activities can provide rehabilitative opportunities within the criminal justice system. Programmes such as liaison and diversion or drug testing on arrest can divert users into treatment, thus contributing to the strategy's aims of reducing drug misuse and extending recovery.
• It was not possible to determine what would happen in the absence of enforcement, and this meant there was a lack of high quality evidence to assess the impact of drug enforcement activities.
• Available evidence suggests that proportionate enforcement of the illegality of drugs raises prices, and that drug misuse reduces as prices rise.
• Illicit drug markets are resilient and can adapt to even significant drug and asset seizures. Though enforcement may cause wholesale prices to vary, street-level prices are generally maintained through variations in purity.
• There is evidence that some enforcement activities can contribute to the disruption of drug markets at all levels, thus reducing crime and improving health outcomes, but the effects tend to be short-lived. Activity solely to remove drugs from the market, for example, drug seizures, has little impact on availability.
• Potential unintended consequences of enforcement activity may include violence related to drugs markets, and an adverse impact from involvement with the criminal justice system.
• By diverting drug-using offenders into treatment through the criminal justice system, the benefits of treatment (including reductions in crime and improvements in health) can be realised.

Treatment

• Drug treatment was an essential component of the **building recovery in communities** strand of the *Drug Strategy 2010*, and for achieving the aim of increasing the numbers recovering from dependence.
• Since the strategy began there have been several changes to how treatment is delivered, including responsibility for commissioning moving to local authorities, and the creation of Public Health England.
• There is, to a large extent, robust evidence for the coverage and effectiveness of drug treatment in England and also evidence that, overall, treatment offers good value for money.
• Progress has been made with treatment outcomes, for example an increase in the proportion of clients leaving treatment free of dependency from before the start of the strategy (12% in 2009/10 to 16% in 2011/12).
• The figures from 2014/15 show that central government spending on adult drug misuse services was an estimated £541 million, of which £433 million was spent on structured treatment. A further £24 million was spent on substance misuse (including alcohol) services for those under 18 years old. In 2013/14 £109 million was spent on treatment in prisons (spending for 2014/15 was not available).
• Overall, spending on adult drug treatment remained stable for the first three years of the strategy, after which, there were signs that it may have fallen. This coincided with reports of

disinvestment in treatment services, but could also have been accounted for in part by the different method used to collect information on spending in 2013/14.
• The best available estimate shows that for every £1 spent on structured drug treatment it is likely £2.50 was saved to society. This leads to an estimated £1.1 billion in benefits from structured treatment spending in 2014/15 (excluding prison spending). It was not possible to produce a 'total benefit' figure for non-structured treatment. However, as there is good evidence for the effectiveness and cost-effectiveness of the specific interventions within non-structured treatment, it is likely that the total benefits of the treatment system may be even higher.

Non-treatment rehabilitative activity

• 'Non-treatment rehabilitative activity' is defined as initiatives (other than treatment) aimed at improving aspects of a drug user's life to help them to reach and sustain recovery and reintegrate into society where necessary. This supports the *Drug Strategy 2010*'s theme of **building recovery in communities** and reducing adverse social outcomes such as harms from lack of stable housing or unemployment.
• There is a growing body of evidence that non-treatment rehabilitative activity is beneficial to recovery and some positive indications that non-treatment rehabilitative activity initiatives, such as family drug and alcohol courts and recovery champions, may be improving outcomes for drug users.
• There is, however, a lack of robust evaluation evidence to assess the extent to which non-treatment rehabilitative activity initiatives under the strategy directly impact on outcomes.
• Non-treatment rehabilitative activity programmes by their nature are not targeted at drug users, so it is difficult to determine spending related to the strategy.
• The best estimate of spending on non-treatment rehabilitative activity was £240 million in 2013/14, when the majority of non-treatment rehabilitative activity initiatives under the strategy were running.
• Due to the absence of sufficient data on spending or impact on drug use outcomes, it was not possible to produce value-for-money estimates for non-treatment rehabilitative activity.

FINDINGS COMMENTARY Gaps in evidence about the impact of the *Drug Strategy 2010* left gaps in the conclusions that could be drawn from the evaluation, and arguably limited the degree to which the evaluation could inform subsequent revisions of the government's drug strategy (ie, the *2017 Drug Strategy*). Certainly when it came to estimates of cost-effectiveness or value for money, the picture was incomplete. Even the 'robust' estimate of benefits from structured treatment – the finding that spending £1 saved £2.50 – was based on questionable assumptions, as discussed in this Effectiveness Bank analysis and the accompanying background notes.

The *2017 Drug Strategy* makes many references to "evidence" and being "evidence-based", and this reportedly included being informed by the featured evaluation. However, the extent to which activities recommended in the *2017 Drug Strategy* were evidence-based is not always clear. One example is the lack of reflection on the complex findings around drug enforcement highlighted in the evaluation of the 2010 strategy:
• There is a lack of evidence and data to robustly measure the overall impact of enforcement or enforcement-related activity on levels of drug use and harm, or value for money.
• While there is little evidence for the impact of higher intensity enforcement in tackling established markets, enforcement may be effective at suppressing emerging markets of drugs.
• Activity solely to remove drugs from the market, for example, drug seizures, has little impact on availability.
• There may be unintended consequences, for example reductions in purity to maintain street prices may potentially increase offending or health harms, and incarceration may adversely impact on employment and other social outcomes.

As well as an overview and commentary of the *2017 Drug Strategy*, the Effectiveness Bank also features the new clinical guidelines. The top-level themes of the 2010 strategy (reducing demand, restricting supply, and building recovery in communities) are repeated in the 2017 strategy, along with a further ambition to drive global action.

Last revised 22 August 2017. First uploaded 11 August 2017

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