



# UKDPC

UK DRUG POLICY COMMISSION

**A response to the consultation paper  
'Working Together to Reduce Harm:  
The Substance Misuse Strategy for Wales 2008-2018'**

**Briefing**  
May 2008

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UKDPC is a registered charity, established to provide independent and objective analysis of drug policy and find ways to help the public and policy makers better understand the implications and options for future policy.

UKDPC has been set up with support from the Esmée Fairbairn Foundation, initially for three years. Our objective is to analyse the evidence and explore options for drug policy which can improve the health, well being and safety of individuals, families and communities.

**Honorary President:** John Varley, Group Chief Executive of Barclays Bank

**Commissioners:**

**Dame Ruth Runciman** (Chair): Chair of the Central & NW London NHS Foundation Trust & previously Chair of the Independent Inquiry into the Misuse of Drugs Act and member of The Advisory Council on the Misuse of Drugs

**Professor Baroness Haleh Afshar** OBE: Professor of Politics & Women's Studies, University of York

**Professor Colin Blakemore** FRS: Professor of Neuroscience at the Universities of Oxford and Warwick.

**David Blakey** CBE QPM: formerly HM Inspector of Constabulary, President of ACPO & Chief Constable of West Mercia

**Annette Dale-Perera:** Director of Quality at the National Treatment Agency for Substance Misuse

**Professor the Baroness Finlay of Llandaff:** Professor of Palliative Care, University of Wales & President of the Royal Society of Medicine.

**Daniel Finkelstein** OBE: Comment Editor at *The Times*

**Jeremy Hardie** CBE: Trustee of Esmée Fairbairn Foundation

**Professor Lord Kamlesh Patel** OBE: Head of the Centre for Ethnicity & Health at University of Central Lancashire & Chairman of the Mental Health Act Commission

**Professor Alan Maynard:** Professor of Health Economics at the University of York

**Adam Sampson:** Chief Executive of Shelter.

**Professor John Strang:** Director of the National Addiction Centre, Institute of Psychiatry, Kings College London

**Dawn Austwick** OBE (Observer): Director, Esmée Fairbairn Foundation

**Chief Executive:** Roger Howard, formerly Chief Executive of Crime Concern & DrugScope

## **About this paper**

The UK Drug Policy Commission, in its response to the UK Drug Strategy consultation 'Drugs: Our Community, Your Say', referenced a wide range of both domestic and international evidence and made many observations which are relevant to all drug strategies in the UK.<sup>1</sup> Therefore we are submitting that document to the Welsh Assembly Government for consideration and read-across as part of its consultation, and supplement it with this short paper providing key points relating specifically to the Welsh strategy consultation strategy: 'Working Together to Reduce Harm.'

## **The overall focus of the strategy**

- The new strategy covers substance misuse, including illicit drugs, alcohol, volatile substances and prescription only and over-the-counter medicines. Whilst the UK Drug Policy Commission is primarily concerned with illicit drugs and this is our focus in this paper, we welcome a strategy that seeks to address all substance misuse.
- The overall focus on reducing harm is welcomed as it is well supported by the evidence, as is the emphasis on making support for substance misusers the 'cornerstone' of the strategy.

## **Prevention**

- Generally, the evidence for drug education as a strategy for reducing drug use is weak which makes evaluation of outcomes (including unintended consequences) from schemes especially important.
- School-based prevention activity should be informed by the promising international research supporting normative techniques in school and college environments and evidence suggesting skills-based approaches are most effective in school prevention programmes. Some knowledge-based programmes have had negative impacts, including an increase in drug use. The final impact report from the Home Office's Blueprint drug education pilot is also expected to be available later this year and, together with the long-term evaluation of outcomes of the 'All Wales School Programme', will help the further development of secondary school programmes.
- We recognise that risk and protective factors can help identify the most vulnerable young people and can inform the design of appropriate interventions. However, there are very few, if any, examples of good outcome evaluations for targeted intervention programmes using risk and protective factors, including those which utilise diversion activities. Therefore thorough evaluation of current and future programmes is vital.

## **Support for substance misusers**

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<sup>1</sup> *A response to Drugs: our community, your say consultation paper*, UK Drug Policy Commission, 2007.  
[http://www.ukdpc.org.uk/resources/Drug\\_Strategy\\_Consultation\\_Response.pdf](http://www.ukdpc.org.uk/resources/Drug_Strategy_Consultation_Response.pdf)

- The evidence supports a range of treatment options as envisaged in the strategy and this is an area which is likely to give the greatest return on investment and where evidence of positive outcomes is strongest.
- We welcome the focus on re-integration, and the fact that 'wrap-around' services are considered in the strategy to be just as important as treatment for many substance misusers. The UK Drug Policy Commission has recently commissioned research considering how to get problem drug users (back) into employment, with a particular focus on employers. Findings will be available later this year and we hope they will be of interest to the Welsh Assembly Government.
- When considering support for adult offenders the strategy recognises the difficulties of dealing with substance misuse problems in a fully-stretched prison system. This echoes our findings in the UK Drug Policy Commission's report, 'Reducing Drug Use, Reducing Reoffending'<sup>2</sup> as does reference to the need for transitional support on release.
- However, there is no discussion of the role of community sentences which would appear to be a serious omission. In our report we concluded that community sentences are likely to be more appropriate and less damaging than prison sentences for many drug-dependent offenders.

### **Supporting families**

- There is a welcome focus on families in the strategy, in particular targeting young children from a child protection or prevention angle.
- However, less is proposed for supporting adult family members of problem drug users. The evidence suggests carers can usefully be involved in supporting family members in treatment but also have support needs themselves. More emphasis could be placed on this.

### **Tackling availability**

- Although the strategy states that "Interrupting the flow of drugs into Wales has an impact upon availability within communities" no evidence for this is provided and international evidence suggests that, in general, enforcement effort has little impact on reducing availability.
- Although the evidence in this area is generally weak, approaches similar to that of 'Tarian' which have coordinated, multi-agency community-based components have the strongest evidence base.
- We would support the conduct of impact assessments as described, and encourage the inclusions of genuine outcome measures as opposed to proxy measures of availability (e.g. street-level price and purity estimates) or measures of activity (e.g. drugs or assets seized or number of criminals prosecuted). In line with the overall aim of the strategy to reduce harms, it would be appropriate to consider enforcement activity in this light and assess its impact (both positive and negative) against a range of harms. The UK Drug Policy commission will be

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<sup>2</sup> Reducing Drug Use, Reducing Reoffending: Are programmes for problem drug-using offenders in the UK supported by the evidence?, UK Drug Policy Commission, 2008. [http://www.ukdpc.org.uk/resources/RDURR\\_Full\\_Report.pdf](http://www.ukdpc.org.uk/resources/RDURR_Full_Report.pdf)

working with UK enforcement agencies to consider how they can contribute towards reducing drug-related harm.

### **Research and evaluation**

- There are a number of references throughout the strategy to developing the research programme and placing greater emphasis on externally led reviews. This is to be welcomed but it must be recognised that research and evaluation needs to be adequately resourced and co-ordinated.
- In our response to the UK Government Drug Strategy consultation we identified key gaps in the evidence and considered a framework for the use and development of the knowledge base. This will also apply to the Welsh context.
- It is important that research and evaluation is not just co-ordinated within Wales, but also with other UK administrations (and where appropriate with Europe) to provide studies of sufficient size and other economies of scale and to build on existing knowledge.
- The focus on outcomes and developing an outcome measuring tool is also to be welcomed. We would hope that this would allow for comparative analysis with outcome data from the rest of the UK. For problem substance misusers, outcomes should encompass the most important elements of recovery and should not be narrowly confined to drug misuse and offending rates. The UK Drug Policy Commission is developing a definition of 'recovery' which we hope will be a useful reference when considering outcomes.

### **Further information**

For further information about the UK Drug Policy Commission and to access UKDPC reports, please visit [www.ukdpc.org.uk](http://www.ukdpc.org.uk). We would also be very willing to discuss the issues raised in our submission in more detail and to support the Welsh Assembly Government as the strategy develops.

**UKDPC May 2008**