

Assessing the UK's 1-Year Review of 'From Harm to Hope': Successes and Limitations

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A briefing by the Conservative Drug Policy Reform Group

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Foreword

The first annual report of the Government's drug strategy (From Harm to Hope) is, necessarily, more a narrative review of work in development than a data-driven evaluation of outcomes. Although some developments are already up and running, no data yet exists for many of the outcomes and metrics outlined in the Drug Strategy's National Combatting Drugs Outcomes Framework (OF), against which such developments could be evaluated.

I have been surprised and impressed by the seriousness of the UK Government's response to Dame Carol Black's hair-raising, two-part Independent Review on Drugs. The significant investment of funding that HMG has committed is, of course, essential, but the structural changes are no less important. 'Tough on crime' rhetoric remains the cornerstone of Government communication on drugs, but behind the gruff language there have been significant developments in how drugs policy is developed and implemented with the effect of moving toward an integrated, whole-system approach that better incorporates health, employment, education, and housing perspectives.

While sounding rather like a military division, the Joint Combating Drugs Unit (JCDU) brings together six departments of state to collaborate on tackling the harms of drug use. Political leadership, accountability, and joined-up working at the ministerial level is achieved through the Drugs Strategy Ministerial Forum. These central governance structures represent a significant step forward in cross-government communication and collaboration. Robust efforts have also been made to improve local coordination and implementation, as well as vertical integration between local areas and central government. The development of local Combating Drugs Partnerships, with named Senior Responsible Owners, allows for better joined-up working at the front lines while also establishing a higher level of local accountability. I have also been encouraged to see the extent of consultation and collaboration with non-government organisations and the public in the development, implementation, and evaluation of the Drug Strategy.

However, it is not all roses. As addressed below in detail by the CDPRG's Director of Research, Alex Piot, there are a number of uncomfortable omissions and misrepresentations in the Drug Strategy's first annual report.

For instance, the unexamined assumption that increasing measures of law enforcement activity equates to more effective suppression of criminal activity and drug supply. This is a fallacy. If a fisherman has bigger catches this year compared to last year, his success might be a measure of his brand-new fishing net but it might also be a measure of more fish in the sea. A greater catch means that the fisherman has taken more fish out of the sea, but it does not necessarily mean that there are fewer fish left swimming as a result. If fish go up, so do the catches.

The Government's first annual report rightly comments on the importance of reducing stigma, but fails to reflect on how the continued use of aggressive, crime-oriented communications, as well as new policies such as the routine drug-testing of arrestees will serve to reduce the stigma faced by drug users. This policy will likely have disproportionately negative consequences for the black and minority communities who already experience over-policing, such as the significant racial disparities in the use of stop-and-search.

The Government's communications and policies still fail to recognise the fact that most moderate drug use is not substantially harmful to the individual and there remains some confusion about when drug use is misuse. Reference to a "zero-tolerance approach to drug misuse" in the Ministerial foreword to the annual report suggests that 'misuse' is recreational use (note the increasing diversion of dependent users to treatment rather than the criminal justice system). In the subsequent foreword by Dame Carol Black, 'misuse' is a chronic health condition for which recovery is a long-term process.
There is still no middle ground for drug users between 'social pests in need of admonishment' and 'people with chronic health conditions in need of treatment'. It is difficult for governments to be honest about the relatively low social and individual impacts of non-problematic drug use while also trying to curb drug demand, but the continued misrepresentation of all drug use as harmful is itself difficult to reconcile with attempts to reduce stigma.

The report extols the virtues of international cooperation and vigilance in effective drug control, but does not mention the UK's withdrawal from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), nor the EU Early Warning System, both of which are much missed by UK drug researchers. The authors also highlight the need for the UK to be adaptable to change, which brings to mind the increased probability of fentanyl analogues entering the UK opioid markets since the mass suppression of Afghan heroin exports by the Taliban. The comparative harms of fentanyl analogues have been difficult to research in the UK due to the overregulation of research with Schedule 1 drugs, thus reducing the adaptability of our drug control system.

My final observation is that the current drug strategy and the associated OF do not outline clear measures to assess cost-effectiveness. Absence of evidence for cost-effectiveness in UK drug policy was identified by the National Audit Office (NAO) in 2010, prompting the Public Accounts Committee to demand that drug policies include frameworks for evaluating and reporting value for money. This recommendation has never been routinely implemented and I suspect that further calls for cost transparency will be made when the NAO publish their review of UK drug strategy this Autumn.

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Overview

1) The 1-year evaluation of the drug strategy fails to acknowledge significant shortcomings and limitations, particularly regarding efforts to reduce drug demand and break drug supply chains. Notably, many supporting metrics from the National Combatting Drugs Outcomes Framework (OF) remain unevaluated, with insufficient focus on establishing a robust data infrastructure.

2) The government's efforts to improve the treatment and recovery system are commendable. Substantial changes will take more than a year to materialise. Increased central guidance and funding will help Local Authorities reach their objectives. Regarding the objectives of reducing drug demand and breaking drug supply chains, the evidence presented is in places misleading and does not accurately measure the outcomes they attempt to. Greater reporting on the metrics provided in the OF is necessary.

3) To better assess the strategy's impact, additional metrics should also be considered, such as taking into account the known number of drug users, drug prices/purity, the availability of precursor chemicals, user reported feedback on the availability of drugs and analysing them according to the principles of supply and demand.

4) Future annual reports on drug strategy should include data on the success rates of rehabilitation and diversion programs to assess their effectiveness in reducing the demand for drugs. Continuing to engage independent experts and researchers in the evaluation and reporting process will enhance the credibility and objectivity of the findings, leading to more informed decision-making.

Introduction

In December 2021, His Majesty's Government published their latest 10-year Drug Strategy, "From harm to hope: A 10-year plan to cut crime and save lives" [1]. The key ambitions of this strategy are: i) breaking drug supply chains, ii) delivering a world-class treatment and recovery system, and iii) achieving a generational shift in the demand for drugs. It is of interest that the previous 10-year drug strategy held very similar aims. Throughout the previous 10-year drug strategy's lifetime, drug-related deaths, hospital admissions, and drug dependence continued to rise to all-time highs [2,3]. Concurrently, overall drug use remained steady [4,5], and the number of people in treatment for crack cocaine and/or opioid addiction progressively declined [6]. In 2017, another rather short-lived iteration of the drug strategy was published, and the issues and aims of this strategy remained largely the same [7].

It may therefore have seemed sensible to surmise that a change in approach was necessary and that objectives or measures implemented in the preceding drug strategy may have been misguided, or at least required a different approach to achieve. It is therefore commendable to observe significant advancements in the current strategy. For the first time in nearly two decades, we witness a robust architecture for cross-departmental, cohesive policy-making. This commitment to central, horizontal coordination represents a monumental step forward. At the local level, innovative structures have been instituted, aiming to ensure oversight and both local and vertical coordination. Furthermore, the infusion of substantial funding and the development of a clear accountability framework at each level can't be overlooked. Although there's a resemblance to previous strategies, it is evident that the renewed focus—especially on harm reduction, diversion strategies, and an emphasis on evidence-based measures rooted in education, health, and housing—demonstrates a constructive evolution in the realm of drug policy. Furthermore, an evaluation of the drug strategy and its impact is certainly a welcome and necessary step in improving the accountability of cross-departmental ministers.

While the government's 1-year review of its drug strategy has, on balance, made a laudable attempt at self-reflection, it's vital that we continue to scrutinise and understand its broader implications. On issues such as drug recovery, sensible progress seems to have been made (albeit following a decade of underfunding and budget cuts), the situation is lucidly appraised, limitations are acknowledged, and the government has indeed fulfilled its commitment to increase investment into this much-needed area. However, certain areas in the review could have benefited from more transparency. With regard to the objectives of reducing drug demand and breaking drug supply chains, the evidence presented can be misleading and do not accurately measure the outcomes they attempt to. Concerningly, critical indicators of drug harms such as the number of hospitalisations and drug-related deaths are missing from the report. Furthermore, the review could have been more forthright at several junctures, such as in addressing the incongruence between promoting the UK as a global leader and its decision to leave the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and EU Early Warning System. Moreover, the Advisory Council on the Misuse of Drugs' (ACMD) stance on reclassifying nitrous oxide is misrepresented. Most importantly, the majority of measures outlined in the government's National Combatting Drugs Outcome Framework (OF)[8], which clearly appraises their limitations and offers a broader perspective than the currently employed measures, have not been utilised. Finally, the review omits a detailed analysis of the cost-effectiveness of the policies, a crucial aspect when assessing the long-term sustainability and impact of any strategy.

We acknowledge that this report has been issued following only the first full year of the strategy's implementation and must therefore focus more on progress in implementation rather than on the effectiveness of the strategy itself. Furthermore, the evaluation recognises certain areas in need of improvement and some areas where data is missing, although more effort would be welcome on this front.

Breaking drug supply chains

When evaluating the impact of the 10-year strategy on the drug supply chain, it is crucial to consider the final Peelian Principle, which emphasises that the true measure of police efficiency lies in the absence of crime and disorder, rather than the visible evidence of police actions[9]. While the disruption of criminal activities is certainly a success, we must acknowledge **that the closure of county lines or the quantity of drugs seized does not paint an accurate picture of the overall drug market or the extent of ongoing criminal operations.** In fact, an increase in these statistics might indicate the emergence of more county lines and higher rates of illegal drug imports, resulting in a proportional rise in seizures and disruptions. Moreover, a comprehensive review has indicated limited high-quality scientific evidence available to determine the actual impact of law-enforcement mechanisms such as supplier arrests and seizures on a myriad of drug-related outcomes[10]. For example, while cocaine seizures have increased by 50% globally, the drug is increasingly pure, and being produced in record quantities[11–13]. Additionally, the review notes a record seizure of 18.8 tonnes of cocaine in '21/'22, a staggering 68% increase from the previous year. Yet only modest, non-significant decreases observed in cocaine use among both 16-24 and 16-59 year-olds were observed over the same period[14]. It is essential to address these limitations, as they are acknowledged in the National Combatting Drugs Outcome Framework [8] but regrettably overlooked in the strategy's evaluation.

Moreover, criminal organisations have amassed considerable experience and resources, allowing them to adapt to changing law enforcement landscapes; importantly, they also exist in fierce competition, ever-ready to fight for expansion into territories opened up by significant busts[15]. For every county line that is shut down, others may be opening up in its place. Therefore, the current metrics provide little direct insight into the actual size of the drug market or the extent to which the government’s efforts have disrupted criminal activities, making it challenging to gauge the effectiveness of the 10-year drug strategy by these standards.

To better assess the strategy's impact, complementary metrics should be considered. Taking into account the known number of drug users, drug prices/purity, the availability of precursor chemicals, and measures of availability as reported by those purchasing drugs, could offer significant insights. By analysing these factors according to the principles of supply and demand, we can develop a more precise estimate of the market size, and gauge the effectiveness of the strategy in disrupting the supply chain.

Combining several of these metrics and analysing trends over time to form a comprehensive evaluation of the government's efforts to disrupt the drug supply chain would be useful. Effective drug policy requires a multi-faceted approach that addresses supply/demand, public health, and economic factors while considering the complex and evolving nature of the drug trade. Above all, efforts should focus on reducing the harms caused to the population, which should include acquisitive crime linked to drugs (rather than non-specific “neighbourhood crime” metric employed). Furthermore, it is notable that drug-related homicides increased in the time considered by the evaluation despite significant disruptions to organised criminal groups. Future evaluations should also report metrics on the harms from the illegal drugs themselves, such as the prevalence of blood-borne viruses and

hospital admission attributable to drugs, both outcomes which have been proposed in the government's outcome framework[8]. Additionally, a crucial aspect that seems to have been overlooked in the evaluation is the cost-effectiveness of drug policing, which is pivotal in determining the value and impact of resources allocated towards this initiative compared to the outcomes achieved.

Recommendations:

- **Availability and Purity of Drugs:** Monitoring changes in the availability (e.g. through surveillance systems, user surveys, wastewater analysis) and purity of drugs on the market can provide insights into the success of supply chain disruptions. A decrease in the availability and purity of illegal drugs may indicate that enforcement actions are impacting the drug supply chain. As well as singular indicators, combining several metrics may provide a more realistic picture of the effect of police enforcement on disruptions to the drug supply chain.

- **Reviewing Cost-Effectiveness:** Mandate routine cost-effectiveness analyses of drug policing and interventions, comparing the financial inputs against tangible outcomes in terms of reduced drug-related harms, societal improvements, and overall drug market disruptions.

Delivering a world-class treatment and recovery system

It is commendable that the government has made significant investments in improving the treatment and recovery system. Nonetheless, it is important to acknowledge that these investments follow a period of, in the words of Dame Carol Black, "deep cuts to prevention, treatment and recovery programmes"[16]. Considering the nature of this work and the various factors involved such as the extensive training required for a large number of staff and the establishment of new facilities, substantial changes will take more than a year to materialise.

Furthermore, the government has openly acknowledged the impact of timescale compression and the cost of living crisis on limiting progress. This admission demonstrates humility and the willingness to address challenges. The continued commitment to addressing these key obstacles is laudable.

The goal of supporting an additional 54,500 individuals into treatment by 2025 is both ambitious and welcome. It is essential, however, to contextualise this goal by noting the stable number of treatment places from April 2022 to March 2023, as the review acknowledges, citing the initial focus on recruiting staff. In this regard, progress appears to have been made but there is a conspicuous absence of data regarding how many current staff exited services during that period. To truly grasp the net growth or decline in the workforce, a comprehensive view that includes both new hires and attrition is vital. The publication of the first-ever workforce census in March 2022 was a positive step. It would be beneficial to compare the data to gauge genuine shifts in workforce dynamics when the subsequent census is published. Undoubtedly, commendable efforts are underway to rejuvenate our treatment services, yet the challenges inherent in these ambitious objectives should not be overshadowed.

Meeting the target of having 5000 more young people in treatment by 2024/2025 will help construct a world-class treatment system and ultimately reduce the demand for drugs in future generations. In addition, the inclusion of people with lived experience in the care system is supported by evidence [17–20] to aid in recovery, as are the increased efforts to help recovering individuals find housing [21–23] and employment [24–26]; essential areas where progress is being made. Finally, the national drug and alcohol treatment and recovery census published in March 2022 [27] represents a valuable tool for monitoring progress on this front.

To enhance the effectiveness of drug treatment programs, it would complement existing approaches to adopt more ambitious and evidence-based approaches such as Diamorphine Assisted Therapy (DAT) and Overdose Prevention Centres (OPCs). While these services require important upfront funding they have been shown to work and reduce medium and long-term demand on public expenditure [28–33]. Furthermore, these treatments increase contact with the medical system for people who are not yet prepared to enter more “traditional” forms of treatment and address many of the harms of drug use for users and society as a whole. **Steady funding streams and central support are vital to ensure the sustainability of these programs**, and nationally coordinated guidance can provide a unified and cohesive framework.

Looking into the future, addressing drug-related issues in prison settings is a critical concern that requires attention. Furthermore, anticipating an increasingly poisoned drug supply is another challenge that demands urgent action to prevent the increased harms observed abroad. To support this effort, DAT, Opioid Agonist Therapies and OPCs, as well as drug testing facilities are essential components of change. Finally, continuing to expand the availability and use of naloxone can be a life-saving measure in case of opioid overdoses, as was acknowledged in the 2022 Expanding Access to Naloxone report [34].

Furthermore, the review underlines the significance of treatment referrals from primary care, yet the OF omits both headline and supporting metrics pertaining to GP drug treatment referrals. This is particularly concerning given that many GPs are hindered from referring patients to third-sector drug and alcohol services due to the prevalence of self-referral systems. Additionally, the absence of metrics in the OF concerning 'increasing engagement in treatment' based on self-reporting by experts-by-experience stands in contrast to the review's emphasis on the importance of improving intervention quality and service user experience to foster sustained treatment engagement. While the government underscores the role of service users in policy development and evaluation, there seems to be a gap in the commitment to user-driven outcomes. Data challenges also persist: while we see ambitious initiatives in drug treatment, community data shows stable treatment numbers, and comparative data on treatment completions or progress remains absent. The omission of the UK's exit from the ECMDDA and the EU Early Warning System, despite acknowledging the need to refine toxicology and surveillance, raises questions.

In conclusion, the government's efforts in improving the treatment and recovery system are commendable. Acknowledging the existing challenges is an important step in the right direction. By adopting more ambitious and evidence-based programs, ensuring steady funding, and providing national coordination and guidance, progress in this field can be further enhanced. Furthermore, improving data collection on future concerns, such as

prison-related issues and the safety of the drug supply, will contribute to building a more comprehensive and effective drug treatment system.

Recommendation:

- **Ambitious and Evidence-Based Programs:** Encourage Local Authorities to implement more ambitious and evidence-based drug treatment programs and harm reduction measures such as DAT and OPCs through improved central guidance and funding, to enhance the effectiveness of the treatment and recovery system and increase contact with the medical system.

Achieving a generational shift in the demand for drugs

Similar to the goal of breaking drug supply chains, the question may be asked whether achieving a generational shift in the demand for drugs is feasible using the current framework, as this ambition has also been held since the 10-year drug strategy published in 2008. Throughout this period the rates of drug use have remained stable [4,5]. Nevertheless, the rates of drug use in young people ages 16 to 24 have been decreasing, reaching a historic low, offering hope for the future delivery of this goal[5]. Furthermore, the increased emphasis on education, community outreach and diversion schemes is certainly a step in the right direction. While most projects implemented have yet to be reported on in this annual report, we hope to see significant progress being made in subsequent iterations.

It is unfortunate however that the government touts the banning of nitrous oxide despite expert advice from the Advisory Council on the Misuse of Drugs, a complete lack of evidential basis for the cost-effectiveness of this policy, and the relative merits of this expenditure set against other drug policy goals with respect to both use and harms from illegal drugs.

Furthermore, the report continues to promote a prohibitionist perspective that a "zero-tolerance" policy to drug use will help to decrease the rates of drug use. There is no evidence, more than 50 years after the implementation of the Misuse of Drugs Act, that this approach is effective. In fact, rates of heroin use have increased more than 25-fold over this period and, there are now more than 3 million people in the UK who use drugs [35,36]. The government's own investigation into the effectiveness of the classification system concluded that *" [With respect to the ABC classification system] We have found no convincing evidence for the deterrent effect, which is widely seen as underpinning the Government's classification policy, and have criticised the Government for failing to meet its commitments to evidence based policy making in this area."*[37]. Other **approaches such as the provision of drug testing facilities at festivals or the implementation of DAT have been proven to decrease the demand and intake of illegal drugs**[28,38]. However, it is worth noting that the Home Office's stance on drug testing and DAT has made the provision of these services more challenging, which stands in contrast to HMG's stated goal of achieving a generational shift in the demand for drugs.

The trial practice and proposed rollout of drug testing individuals upon arrest may pose significant problems within the current framework. The goal of achieving a generational shift in drug demand is ambitious, and relying on drug testing upon arrest may be an ineffective approach. It goes against the trend of identifying the best operational police practice of keeping drug users when first identified out of the criminal justice system. Additionally, no substantial evidence supports the assumption that drug testing can effectively reduce drug use rates or prevent future drug-related offences. Such testing will disproportionately impact vulnerable and socially isolated communities, perpetuating social inequalities and stigmatisation. Drug testing all offenders may inadvertently heighten this stigma, especially among criminal justice professionals, by falsely correlating drugs and crime. Many will test positive for drugs even if their offence had no drug connection, potentially reinforcing misleading stereotypes. With documented evidence of over-policing in low-income areas and known racial disparities in stop-and-search, arrest, and sentencing[39,40], there is a tangible risk that an increased drug focus could amplify these systemic injustices. Ministers must also recognise that a significant proportion of today's young adults will have used illegal drugs, perhaps a consequence of the government's continued failure to curb the demand for drugs. Testing upon arrest or involving every non-problematic drug user in the criminal justice system risks overwhelming an already stretched service, and concomitantly subject drug users to the severe ramifications of a criminal record. This will only serve to drive drug users into closer association with the illegal market and solidify the perception that the state is an enemy rather than a source of support. It is crucial to continue exploring comprehensive approaches that address the root causes of drug use. These include addiction treatment, mental health support, and community-based interventions.

The annual report on drug strategy fails to include key metrics that could provide valuable insights into the effectiveness of current drug policies. One of the critical metrics missing from the report is the success rate of rehabilitation (although this is openly acknowledged) and diversion programs. These programs play a pivotal role in helping individuals recover from substance abuse and reintegrate into society, yet their outcomes are not effectively measured and reported. Additionally, the report lacks data on harm reduction initiatives such as supervised injection facilities and needle exchange programs (as noted in the ministerial foreword), which have proven to be effective in reducing drug-related harm without increasing drug use rates[41–43]. Furthermore, comprehensive data on the allocation of funds for drug prevention, treatment, and harm reduction efforts is essential to evaluate the government's commitment to evidence-based policymaking.

Recommendations:

- **Implementation of better metrics:** The government should prioritise measuring and reporting the success rates of rehabilitation and diversion programs in future reviews to assess their effectiveness in reducing the demand for drugs. Increasing the engagement of independent experts and researchers in the evaluation and reporting process will enhance the credibility and objectivity of the findings, leading to more informed decision-making.

- **Evidence based strategies for reduction in drug use:** Policymakers should increasingly prioritise implementing comprehensive approaches that address the underlying factors of drug use, such as addiction treatment, mental health support, and community-based interventions. Continuing to emphasise education and community outreach will be beneficial in raising awareness about the consequences of drug use and promoting healthier lifestyle choices.

- **Increased focus on harm reduction:** The annual report on drug strategy should include data on harm reduction initiatives to assess their impact on public health and safety accurately. Expanding access to harm reduction services, such as supervised injection facilities and needle exchange programs, will ensure that more individuals in need can benefit from these interventions and reduce rates of drug use. Promoting public awareness and understanding of harm reduction initiatives is essential to reduce stigma and misconceptions surrounding these approaches.

Conclusion

The government's efforts to combat drug-related issues have achieved progress in various areas. These include increasing funding for drug treatment and recovery programs, implementing evidence-based diversion schemes, enhancing both vertical and horizontal collaboration, and promoting accountability. Furthermore, these efforts have paved the way for a more cohesive and integrated approach to addressing the complex challenges of drug policy. However, there are significant limitations and challenges that must be addressed. The report lacks comprehensive data and metrics to evaluate the effectiveness of current drug policies accurately. To develop a more comprehensive and effective drug strategy, it is imperative to incorporate key metrics that capture the real impact of drug policies on individuals and communities, particularly those enumerated in the National Combatting Drugs Framework. First and foremost, the report should include data on the success rates of rehabilitation and diversion programs to determine their efficacy in reducing recidivism and supporting recovery. Furthermore, tracking and reporting the utilisation and outcomes of harm-reduction initiatives can shed light on their effectiveness in reducing drug-related harm and promoting public health. Additionally, the report should provide a transparent breakdown of government funding for drug prevention, treatment, and harm reduction efforts to assess whether resources are appropriately allocated and aligned with evidence-based practices. Continuing to engage independent experts and researchers in the evaluation and reporting process can enhance the credibility of the findings and ensure a more objective assessment of drug policies. Including more objective measures of drug use, such as wastewater analysis, or anonymous analysis of health records would provide better insights into the current levels of drug use in the population. Moreover, the report should provide a transparent breakdown of government funding for drug prevention, treatment, and harm reduction efforts to assess whether resources are appropriately allocated and aligned with evidence-based practices. By implementing these recommendations, policymakers can make more informed decisions and move towards a more evidence-based approach to addressing drug-related issues. If Ministers can get these things right, the 10-year drug strategy stands to be the most successful effort to improve drug policy outcomes in a generation.



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