

The Cross-Government Drugs Research Strategy

February 2010

**TACKLING
DRUGS
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Summary

Background

The Government is committed to making good use of scientific evidence in establishing the rationale for drugs policies and evaluating the effectiveness of interventions. The 2008 Drug Strategy, which sets out the Government's response to the problems of drug use, made a commitment to improving the development and use of the evidence base by taking steps to better co-ordinate drugs research across Government. To this end, new co-ordination arrangements, entitled the Cross-Government Research Programme on Drugs (CGRPD), were put in place.

The CGRPD consists of two bodies: a Strategic Board, which oversees the programme, and a Delivery Group, which was tasked with developing this Research Strategy. Membership of the Strategic Board includes representatives from key government departments as well as the UK Research Councils, the Association of Chief Police Officers (ACPO) and the Advisory Council on the Misuse of Drugs (ACMD).

One of the first tasks for the CGRPD was to produce a cross-government drugs research strategy.

Aims of the strategy

The overall objective of the strategy is to:

Provide the foundation, direction and guidance for collaboration within Government, and between Government and other stakeholders, in the development of a robust scientific evidence base for the Government's drug policy in the short- and long-term.

This strategy describes the policy context within which government research on drugs takes place, and sets out research challenges in this field from a government perspective. It summarises highest priority areas for drugs research and outlines a number of key

commitments. Priorities were identified through advice provided by participating government departments, which was considered and discussed by the Strategic Board overseeing the CGRPD.

Research priorities

The priority topic areas for research identified by the CGRPD are as follows.

1. To strengthen our understanding of drug use: aetiology, incidence, prevalence and patterns of use in the population.
2. To further strengthen our knowledge of drug use and needs amongst a number of groups, including young people, black and minority ethnic (BME) groups, families, and drug-using offenders.
3. To review our knowledge and measures of drug-related harms.
4. To develop our understanding of treatment, prevention, and other demand-side interventions.
5. To review and strengthen understanding of UK drug markets, and interventions to tackle them.
6. To strengthen our understanding of public confidence, perceptions, and behaviour.

In some instances, work to address these priorities is either already under way or planned.

Delivering the strategy

While individual departments and organisations retain responsibility for commissioning and funding the research and analysis necessary to support their policy and operational requirements, the CGRPD will oversee collective progress towards meeting the aims of the Research Strategy. Research activities and plans will be assessed against the goals of both the research strategy, and

the main Drug Strategy and its associated Action Plans. Progress will be reported to the senior government body responsible for delivering the main Drugs Strategy (the Drug Strategy Group). The Research Strategy will be refreshed at least annually, and an updated version will be published in 2012.

1. Introduction

1.1 The Cross-Government Research Programme on Drugs

The Cross-Government Research Programme on Drugs was established in the autumn of 2008 following the commitment under the Drug Strategy 2008¹ to improve the quality and use of the drugs evidence base by better coordinating drugs research across Government. CGRPD members come from across Whitehall departments and UK Research Councils, as well as the Association of Chief Police Officers and the Advisory Council on the Misuse of Drugs (see Chapter 4 for overview). The CGRPD reports to the Inter-departmental Ministerial Group on Substance Misuse via the Drug Strategy Group (DSG) (the senior policy group responsible for the delivery of the Drugs Strategy).

The CGRPD contributes to the delivery of the Drugs Strategy by:

- enabling strategic research, identifying gaps in knowledge, prioritising topics requiring further research and providing a map of current research activity;
- ensuring that policy development and delivery is informed by the evidence base, facilitating knowledge management across Government and beyond, and enabling effective dissemination of existing research evidence and new findings;
- providing a forum for review and discussion – including identifying risks, opportunities and unintended consequences in the delivery of the Drug Strategy.

One of the first tasks of the CGRPD was to produce a drugs research strategy.

1.2 Aims of the Drugs Research Strategy

The cross-government drugs research strategy has the overall objective to:

Provide foundations, direction and guidance for collaboration within Government, and between Government and other stakeholders, in the development of a robust scientific evidence base for Government drug policy in the short- and long-term.

There are a number of sub-aims within this work. They are:

- to develop and communicate a shared vision across Government of the future direction of drugs research;
- to develop and communicate a list of prioritised drug research needs for the short- and longer term;
- to develop and communicate an overview of existing and planned Government research into drugs.

The current research strategy covers short-term commitments for the period covered by the Drugs Strategy's first Action Plan², and also considers some longer-term priorities. It covers a broad range of science types, including social research and economics, statistics and physical sciences.

Inevitably there are research priorities that can only be fully addressed over the longer term, beyond the timescale of the current drugs strategy. This research strategy seeks to provide a balance of those longer-term needs and shorter-term requirements. The list of related research priorities is not exhaustive. In addition, it is, of course, focused primarily on the evidence needs of government policy and delivery. As such, it does not purport to reflect the totality of views and areas of interest in drugs research.

In line with the main policy strategy, this research strategy covers illicit drug use. Alcohol (and related research) is covered

¹ *Drugs: protecting families and communities – 2008 Home Office 2008* (<http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-strategy-2008?view=Binary>). See Action point 82 in the attached associated Action Plan (<http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-action-plan-2008-2011>).

² Accessed via: <http://drugs.homeoffice.gov.uk/drug-strategy/overview/>

separately under the Alcohol Strategy and this current research strategy document does not, therefore, address alcohol explicitly³, although many of the issues identified will also be of relevance to alcohol at a number of points. In addition, the focus of the current strategy is largely limited to research related to domestic drug policy and does not cover international drugs research issues. In the main, the geographical coverage of this strategy reflects that of the Drug Strategy 2008 which covers England and, in some aspects, Wales.

The strategy sits alongside and complements other government science and innovation strategies⁴.

1.3 Developing the CGRPD Research Strategy

The Research Strategy was developed by the two bodies of the CGRPD: the Strategic Board, which oversees the programme and sets the high-level content and direction of the strategy, and the Delivery Group, whose members provided the detailed content. The Research Strategy development was based on discussion between research and policy leads across central government departments and agencies, as well as Research Councils and enforcement agencies. Work was carried out to review all existing government research commitments against the Drug Strategy Action Plan 2008-2011. This review provided the basis for discussion and the further prioritisation carried out by the strategic board.

Once agreed by the CGRPD, the strategy was signed off by the Drug Strategy Group which oversees the delivery of the government's Drug Strategy. The Research Strategy was also shared with key stakeholders (DrugScope, Joseph Rowntree Foundation and United Kingdom Drugs Policy Commission) prior to

publication, and will provide the basis for future consultation with stakeholders in the field of drugs research.

1.4 The structure of the current document

Chapter 2 describes the context within which government drugs research takes place. Chapter 3 considers priority research needs to support delivery of the individual actions outlined in the Drugs Strategy 2008 Action Plan, as well as the current suite of Public Service Agreements (PSAs)⁵. Chapter 4 considers government science and research structures and how we deliver.

³ Safe, Sensible, Social: Next steps for the government's national alcohol strategy, Home Office, June 2007, (<http://www.homeoffice.gov.uk/documents/alcohol-strategy-2007?view=Binary>)

⁴ See e.g. Home Office science and innovation strategy available at: <http://www.homeoffice.gov.uk/documents/science-strategy?view=Binary>

⁵ See http://www.hm-treasury.gov.uk/pbr_csr07_public_service_agreements.htm for overview.

2. The context

2.1 The Government Drug Strategy

Drugs are associated with a wide range of harms in society, ranging from drug-related deaths to organised crime. The Government is committed to reducing the harms caused by drugs, and its policy response to drug use is set out in its 2008 Drug Strategy⁶. The four main strands of the Drug Strategy are:

1. protecting communities through robust enforcement to tackle drug supply, drug-related crime and anti-social behaviour;
2. preventing harm to children, young people and families affected by drug misuse;
3. delivering new approaches to drug treatment and social reintegration;
4. public information campaigns, communications and community engagement.

Key actions under each strand of the Drug Strategy 2008 are described in Box A.

Box A: Drug Strategy – key actions

3.1 Protecting communities through robust enforcement to tackle drug supply, drug-related crime and anti-social behaviour.

Key strategy actions

- Use multi-agency and intelligence-based approaches to identify the drug-misusing offenders at greatest risk of causing the most harm and improve our responses to divert them out of crime.
- Embed action to tackle drugs within the Neighbourhood Policing approach, responding to community concerns about drugs, acting on intelligence provided by the community and giving feedback on how such intelligence was used.
- Support communities who wish to take action against drug dealing by promoting local campaigns such as 'Rat on a Rat'.
- Create more international partnerships to intercept drugs being trafficked to the UK and to implement border controls in countries of departure.
- Extend asset seizure powers, including entering asset-sharing agreements with other countries to allow the seizure of criminal assets sequestered overseas, and introducing powers to seize high-value goods at arrest.

3.2 Preventing harm to children, young people and families affected by drug misuse.

Key strategy actions

- Ensure prompt access to treatment for all drug-misusing parents with a treatment need, with parents who are problem drug users and whose children are at risk having rapid access, and all assessments taking account of the needs of the family.

⁶ Home Office, *Drugs: protecting families and communities* - 2008 see <http://drugs.homeoffice.gov.uk/drug-strategy/overview/> and <http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-action-plan-2008-2011> for the associated *Action Plan*.

- Deliver a package of interventions for families at risk, to improve parenting skills, helping parents to educate their children about the risks of drugs, supporting families to stay together and breaking the cycle of problems being transferred between generations, drawing on learning from innovative programmes and providing intensive interventions where needed.
- Support kin carers, such as grandparents caring for the children of substance-misusing parents, by exploring extensions to the circumstances in which local authorities can make payments to carers of children classified as 'in need', backed up by improved information for carers and guidance for local authorities.
- Support parents with substance-misuse problems so that children do not fall into excessive or inappropriate caring roles.

3.3 Delivering new approaches to drug treatment and social re-integration.

Key strategy actions:

- Develop pilots to test new approaches which can provide better end-to-end management through the system, including a more effective use of pooled funding and individual budgets, and with a sharper focus on outcomes.
- Develop a package of support to help drug users, and particularly those causing the most harm, to access and complete treatment and to reintegrate into society.
- Use opportunities presented by the benefits system to provide support and create incentives to move towards treatment, training and employment.
- Ensure treatment is personalised and outcome-focused, making full use of new treatment approaches that are shown to be effective.
- Draw on significant new funding to support research into developing better forms of treatment.

3.4 Public information campaigns, communications and community engagement

Key strategy actions

- Extend the use of FRANK to provide access to support and interventions, to support local campaigns and school-based education, and to target key audiences.
- Improved support and information for parents. We will bring together a partnership of leading organisations pledging to support and provide information for parents.
- Develop better community-based communications to build community confidence and engagement in the work being done to tackle drug misuse.

2.2 Public Service Agreements (PSAs)

Alongside the commitments in the Drug Strategy, the Government sets Public Service Agreements (PSAs), which establish the key priority outcomes the Government wants to achieve in the current spending period (2008-2011)⁷.

There are a number of PSAs relating to drug use but the most central to drugs research, and with measures explicitly concerned with drugs issues, are PSA 25 and PSA 14 (Box B).

Box B – Key drug-related PSAs

PSA 25	Reduce the harm caused by alcohol and drugs	The number of drug users recorded as being in effective treatment
		The rate of drug-related offending
		The percentage of the public who perceive drug use or dealing to be a problem in their area
PSA 14	increase the number of children and young people on the path to success	The proportion of young people frequently using illicit drugs, alcohol or volatile substances

2.3 Scientific evidence – drugs research and analysis in Government and why it matters.

The Government is committed to making good use of scientific evidence in developing its policy and operational response to drug use. Understanding and applying the best available evidence is crucial to developing policies that work and that provide good value for money. The primary purpose of Government drugs research is to inform and improve progress in delivering the current drug strategy and the objectives of the Government's Public Service Agreements, and to contribute to development of future drug strategies. Government scientists – economists, social researchers, physical scientists, operational researchers, statisticians, performance analysts and others – provide evidence-based, objective advice on drugs to ministers and policy makers. Through a broad range of activities they work

closely with policy and operational colleagues to develop policy interventions that take into account the best available knowledge about what works, and what provides the best value for money. These activities include:

- production of scientific evidence through evaluating policies and commissioning/ carrying out research and analysis into particular issues;
- collaboration with academic and other colleagues outside of Government to establish networks and a shared understanding of policy needs;
- reviewing existing evidence and making it available for policy development;.
- dissemination of research results internally and externally to ensure the contribution of evidence to the policy-making and delivery process.

⁷ See http://www.hm-treasury.gov.uk/pbr_csr07_public_service_agreements.htm for overview.

The Government analytical community is organised differently in different departments, but generally there are five different groups:⁸

- Economists (members of the Government Economic Service)
- Operational Researchers (members of the Government Operational Research Service)
- Social Researchers (members of the Government Social Research Service)
- Statisticians (members of the Government Statistical Service)
- Scientists and engineers.

Government research is carried out across the health, criminological, technological and social research spheres, and is regularly published on departmental websites.

The importance of high-quality work and use of the best available evidence has long been recognised as central to the work of policy makers, and the government scientific community has a number of professional bodies that work to ensure that standards of evidence are continually raised and maintained.

2.4 Other research partners

While this strategy focuses on the Government's research needs and priorities, much leading research and development activity in the drugs field is undertaken outside of Central Government, and spans both publicly and privately funded research. Important recent examples of such work in the drugs field include the following.

- The establishment by the Medical Research Council (MRC) of an addiction and substance- misuse strategy as one of the public health themes under OSCHR

(Office for Strategic Coordination of Health Research).

- Related to above, the decision by the MRC and Economic and Social Research Council (ESRC) to establish addiction research clusters to improve capacity in the field and to address some of the most important research question in the field of addiction and substance-misuse.
- Significant research on drugs topics by non-governmental organisations such as the United Kingdom Drug Policy Commission (UKDPC), DrugScope, the Joseph Rowntree Foundation, and others.
- Research carried out by international agencies, such as the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), and the UN Office on Drugs and Crime (UNDOC). For example, EMCDDA regularly collate and publish statistics across the member states as well as carrying out and commissioning cross-European research⁹.
- The Advisory Council on the Misuse of Drugs reports on the harms of specific drugs and on focused topics related to substance-misuse following analysis of the research evidence base, and research recommendations (considered in the development of the current strategy).
- The recent (2008) Academy of Medical Science report on brain science, addiction and drugs.

In addition, a wide range of both academic and practitioner-focused research is routinely funded either directly by the Government or by other publicly funding bodies. For example, the National Institute for Health and Clinical Excellence (NICE) has an important role in providing clinical and public health guidance

⁸ http://www.gsr.gov.uk/downloads/resources/analysis_use_of_evidence_brochure_july08.pdf provides a good overview of Analytical services within Government.

⁹ The EU Drugs Action Plan includes an action which requires Member States to further improve and fully implement the EMCDDA's five key epidemiological indicators.

to the NHS and others, while the National Institute for Health Research (NIHR) funds clinical research that can often involve the NHS and front-line practitioners.

It is against the backdrop of these and many other activities that the current strategy was developed, and we look forward to continuing our engagement with all these organisations. The selection of both the key research councils in this field (ESRC and MRC) to be members of the CGRPD's strategic board highlights the importance of our relationship with external bodies, and ensures that the wider research community's views are represented. The Government does and will continue to rely on externally commissioned and funded work to help fulfil its scientific priorities and it is hoped that the current research strategy will help all partners and stakeholders to understand better the research needs of the Government.

3. The Research Strategy

3.1 The research priorities

The following section sets out our current highest priority issues for drugs research. The priorities identified here are those that are considered most pressing, either because they represent a long-standing gap in key knowledge or because they are needed to meet Government policy needs during current period of the Drug Strategy and the current Drug Strategy Action Plan. As evidence is required to support all areas of government drugs policy, prioritisation has meant distilling a shortlist from the enormous breadth of current drugs issues identified as relevant to government policy, in order to highlight those areas which are most important to research further and are likely to bring the greatest value to policy.

This chapter does not identify a definitive list of required research; rather, it identifies those key areas that we will be giving particular emphasis to in the immediate and near future. This list of key priorities will be refreshed annually; priorities will inevitably change with the changing delivery landscape, political priorities and the needs of society.

The chapter also highlights specific work or commitments by government departments (sometimes in partnership with other organisations) relevant to the identified priorities, and those areas where further work needs to be concentrated in the future.

The key research priorities identified are as follows.

1. To strengthen our understanding of drug use: aetiology, incidence, prevalence and patterns of use in the population.
2. To further strengthen our knowledge of drug use and needs amongst a number of groups, including young people, black and minority ethnic (BME) groups, families, and drug-using offenders.
3. To review our knowledge and measures of drug-related harms.
4. To develop our understanding of treatment, prevention, and other demand side interventions.
5. To review and strengthen understanding of UK drug markets, and interventions to tackle them.
6. To strengthen our understanding of public confidence, perceptions, and behaviour.

These priorities are developed below (and summarised in text boxes at the end of each heading), along with reference to any current or planned work addressing them (with lead department(s) in parentheses). Further work to attend to these priorities will be taken forward through each lead department's research business planning processes, in collaboration and consultation with the CGRPD (see Chapter 4).

All six topic areas are of crucial importance, but particularly the understanding of effectiveness of interventions; the pressures on public finances in coming years mean we particularly need a continued focus on which interventions do (and do not) work, and their relative value for money.

3.2 Key research priorities and commitments

1. Strengthen understanding of drug use: aetiology, incidence, prevalence and patterns of use.

In order to deliver the Drug Strategy, Central Government is dependent upon having the best possible information on the scale and complex nature of the drug-using population. Prevention, harm reduction, treatment, criminal justice interventions and rehabilitation must be targeted and tailored to meet the needs and characteristics of the population of concern. To achieve this, further effort is needed to map the

drug-using population including stock and flow of people into drug use (particularly habitual or problematic use) as well as integrating the implications of emerging research into the neurobiological aspects of addiction.

Available data on prevalence are comparatively strong; surveys such as the British Crime Survey (BCS; household population aged 16-59) and the smoking, drinking and drug-use survey (SDD; pupils aged 11-15) provide trend data on drug use, while Problem Drug User (PDU) estimates in England have provided good understanding of the prevalence of crack and opiate use. However, there are gaps and work is needed to properly inform policy in this area, in particular, more evidence on incidence (i.e. understanding the number of new drug users¹⁰) and desistance from drug use.

We will work with national partners to improve estimates of problem drug use right across the UK (Home Office (HO), Department of Health (DH)/Focal Point). The absence of comparative estimates across Europe will also be addressed through discussion with EMCDDA (HO). We will ensure that the emergence of new drugs and changing patterns of drug use continues to be captured by surveys such as the BCS (HO), and that better use is made of existing administrative data (e.g. information on drug use amongst treatment seekers and those entering CJS interventions such as the Drug Interventions Programme) to assess and understand drug-using offending groups (HO).

Our ability to track currently less prevalent but emerging drugs, including 'legal high' drugs, will be assessed through the BCS (HO) while specific research into, for instance, khat use and cocaine (HO) will also be important to understand the impact of emerging drug types

and patterns. The BCS will also be used for exploratory analysis to look at incidence, as well making innovative use of existing administrative data sources (HO).

Summary

- Work with partners to improve UK-wide estimates of problem drug use.
- Work towards provision of robust comparative estimates of PDU prevalence across Europe.
- Map and monitor the emergence of new drugs and changing patterns of drug use.
- Make better use of existing administrative data.
- Develop evidence on incidence and desistance.

2. Strengthen our knowledge of drug use and needs amongst a number of groups, including young people, Black and Minority Ethnic (BME) groups, families, and drug-using offenders.

In addition to the requirement to improve general understanding of incidence, prevalence and patterns of drug use there is a need to improve our understanding of, and information about, drug use amongst a number of specific groups. In particular we need to improve understanding of drug use and how it affects young people, BME groups, families, and offenders, and to identify the particular needs that these groups have.

Young people: pathways in and out of drug use, risk and resilience factors, prevention, and treatment.

We need to strengthen our understanding of the target groups for tailored interventions with young people. More work is needed to exploit existing longitudinal surveys, alongside the use of administrative data to better map the characteristics of young people entering

¹⁰ Incidence refers to the frequency with which drug use appears as a **new** episode; i.e. what is the number of new cases during a specific time period. Prevalence in contrast refers to the total number of drug users in existence in any given time period.

problem drug use (the MRC and ESRC research clusters represent an opportunity here) and to strengthen our understanding of where interventions should be targeted. To this end, our evidence on pathways and resilience should also be strengthened.

The evidence on young people-specific treatment will be assessed by the National Treatment Agency (NTA).

BME populations: patterns of drug use, treatment and prevention needs.

We shall improve our understanding of the prevalence and incidence of drug use, and the related needs, of black and minority ethnic groups.

A range of work is underway or planned to meet this goal. A review of available drug-related data on BME groups is being undertaken (HO), and assessments of BME drug use prevalence will also take place (HO). Assessments of diversity in drug treatment are being undertaken (NTA). Current work on khat use will also improve our understanding of treatment and broader policy needs (HO). Assessment of data on BME contact with CJS and treatment will also take place (HO). Ethnicity information will be gathered in a broad range of surveys (Ministry of Justice (MoJ), Department for Children, Schools and Families (DCSF), HO).

Families and drug use needs.

Better evidence is needed to understand and tackle the negative impacts drug use may have on wider family structures and members, particularly the children and parents of drug users.

Exploratory work will be carried out to examine existing administrative data to assess numbers of children of drug users in contact with the criminal justice system (CJS) or treatment (HO).

Offenders

Knowledge of the role of drug use in offending behaviour remains a priority, particularly the trajectories of drug use and offending and their relationship over time.

Our knowledge will be developed by three major cohort studies which include an examination of drug use by adult offenders on custodial and community sentences, as well as young offenders (MoJ). In addition, research will be carried out to assess drug-use patterns and characteristics of individuals coming into contact with the Drug Interventions Programme (DIP), drug treatment and the criminal justice system more broadly, as well as their 'journeys' through treatment and the CJS (HO).

Summary

Young People

- Characteristics of young people entering problem drug use.
- Evidence on pathways and resilience.

BME

- Prevalence of drug use amongst BME groups.
- Drug treatment needs.
- BME contact with CJS and treatment.

Families

- Impact on families.
- Children of drug users.
- Effectiveness of family-based interventions.

Offenders

- Assess and understand drug-using offender groups and their journeys through CJS and treatment.
- Develop the evidence on the drug-use patterns and needs of offenders in prison and the community as well as young offenders.

3. Review our knowledge and measures of drug-related harms

Drugs misuse is an area where harms can be hidden and difficult to map. This can be due to legal status as well as factors such as social stigma.

A shared definition and understanding of drug-related harms is important to support policy in all parts of Government and enforcement. The range of potential harms is broad – from

drug-related crime and general health harms to those harms associated with specific drugs (with those due to khat, ecstasy and skunk all recently identified as important areas for research) as well as those harder to measure more indirect harms such as those associated with drug markets (levels of local crime, anti-social behaviour and lack of community confidence) and those impacting on families and children. In addition, it is important to understand the ways in which various interventions, including enforcement, can minimise specific harms.

Some work in this area is already under way or planned. The evidence on the drugs-crime relationship will be assessed (HO). To develop a fuller picture of what further research might be required, there will be a review of our understanding of drug harms across government departments. This work will be taken forward in discussion with CGRPD members (HO lead).

Summary

- Review drug harms.

Future needs/gaps

- Further work on assessing specific drug harms.
- Impact of ecstasy, cannabis/skunk on health.
- Strengthen our understanding of drug market harms.

4. Develop our understanding of treatment, prevention and other demand side interventions.

There is a broad range of interventions in place to prevent and treat drug addiction, and to support reintegration, rehabilitation and recovery. These include different forms of treatment and prevention, and span not only the National Health Service (NHS) and wider health treatment sector, but also the criminal

justice system (in prisons and the community), education, and employment. Understanding the effectiveness of interventions for different groups, and the contributions interventions make to reducing drug related harm remains a key priority. In particular, understanding cost-effectiveness and value for money in these areas is essential. More information is also needed on the long-term impact of treatment, as well as the effectiveness of approaches for the 'hardest to treat' (HO, NTA) and the relative effectiveness of different intervention types and delivery models. Lastly, developing a shared understanding and definition of recovery and its components will be important to support research in this area.

The increasing availability of good administrative data provides opportunities to improve our understanding of the impact of interventions on health status and on social integration, including impact on offending, key elements of current provision, such as the Drugs Intervention Programme, the use of Drug Rehabilitation Requirements (DRRs) and use of the various community-based treatment interventions currently available. Work is planned and/or under way in this area (HO, NTA, MoJ, and the Department for Work and Pensions (DWP)). Evidence on the role and effectiveness of reintegration and rehabilitation interventions will be assessed (HO). The role of the benefits system in relation to drug users and treatment will be evaluated, as will pilots of new funding models (System Change Pilots - DH).

Summary

- Effectiveness of DIP and other interventions in custody and the community on preventing offending.
- The effectiveness of residential, community and prison-based treatment and their place in a balanced system of care.
- The role and effectiveness of specific reintegration and rehabilitation interventions.
- The long-term impact of treatment.
- Effectiveness of interventions for hardest to treat groups.
- Improve our understanding of the place of drugs education in school-based Personal, social, health and economics education (PSHE).
- Evaluate use of the benefits system in relation to problem drug use.
- System change pilots evaluation.
- Improving understanding of what works for whom to support better targeting of interventions.

5. Review and strengthen understanding of UK drug markets, and interventions to tackle them.

Modelling drug markets, and assessing the impacts and value for money of supply side interventions on the market, is challenging and is a pressing policy research concern.

A review and stock-take of the evidence will be undertaken, addressing macro and micro levels of the market, including the impact of supply side enforcement interventions (HO). Discussion will be held through CGRPD to establish work subsequent to this stock-take.

Summary

- Literature review of social and economic literature on drug markets.
- Stock-take of economic modelling.
- Modelling drug markets.
- Measuring impact of interdiction/enforcement on drug markets, as well as on prevalence and patterns of use.
- Assessing value for money of supply-side interventions.

6. Strengthen understanding of public confidence, perceptions, and behaviour

As well as being a current PSA measure, we know that public perceptions are an important indicator of the impact of efforts to tackle drug misuse. Understanding what drives public perceptions, and how to change them, is an important requirement.

Further work will be undertaken to examine the connections between public perceptions and experience of drug use and drug dealing (HO), as well as a consolidation of lessons learnt about how best to shape those perceptions.

Summary

- Review perceptions evidence.
- Assess effectiveness of interventions to improve public perceptions.

4. How we deliver

4.1 The role of the CGRPD

As the mechanism by which government departments and partners reach consensus on key priorities, assign ownership and determine the best way forward in delivering research, the CGRPD will monitor progress on achieving the aims set out in this strategy.

The organisation and commissioning of research projects is the responsibility of individual departments in the lead for each area. Funding for projects comes out of individual department budgets and is controlled by individual departments. Similarly, departments control and manage their human resources and the balance and direction of their scientific endeavour. In future, however, these arrangements should be guided by the aims of this strategy, and the CGRPD will provide a forum to discuss prioritisation and levels of resourcing.

A range of activities will be carried out under the auspices of the CGRPD to support delivery of the research strategy

- Stock-takes of ongoing government research on drugs will be carried out annually and their delivery monitored. The CGRPD will annually review each department's business plans in relation to drugs research.
- Research needs and activity will be assessed against the Drug Strategy and Drug Strategy Action Plan.
- Research priorities will be revisited, progress against these assessed, and further priorities identified on an annual basis.

The CGRPD will continue to report on progress to the main Drug Strategy Group. We will review both membership of the CGRPD and its connection to the DSG, to ensure the contribution of research to the delivery of the main Drugs Strategy is maximised. The research strategy will be

reviewed and refreshed at least annually, and an updated version of the strategy will be published in 2012.

4.2 CGRPD structure and membership

The CGRPD reports to the Drug Strategy Group, one of the key governing bodies overseeing the implementation of the Drug Strategy. Figure 1 provides a simplified account of this reporting structure. The figure also shows the two bodies of the CGRPD – a Strategic Board, which oversees the programme and a Delivery Group – and their membership.

Figure 1 CGRPD reporting and membership

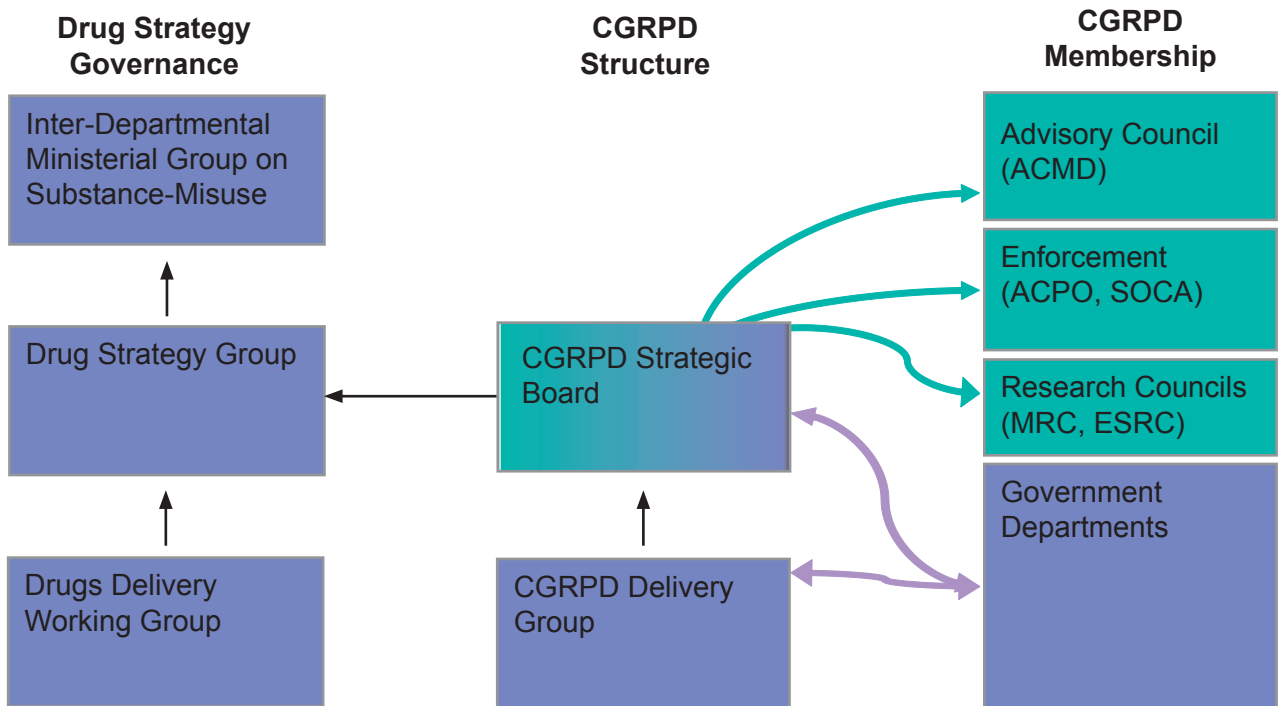


Table 1 CGRPD members

CGRPD Strategic Board

- Advisory Council for the Misuse of Drugs
- Association of Chief Police Officers
- Department of Communities and Local Government
- Department for Culture Media and Sport
- Department for Children, Schools and Families
- Department of Health
- Department for Work and Pensions
- Economic and Social Research Council
- HM Revenue and Customs
- Home Office
- Medical Research Council
- Ministry of Justice
- National Institute of Health Research
- National Treatment Agency

CGRPD Delivery Group

- Department of Communities and Local Government
- Department for Culture Media and Sport
- Department for Children, Schools and Families
- Department of Health
- Department for Work and Pensions
- HM Revenue and Customs
- Home Office
- Ministry of Justice
- National Treatment Agency

Other organisations are also invited to attend Strategic Board meetings as appropriate (e.g. the Serious and Organised Crime Agency (SOCA)). The CGRPD structure and function will be reviewed at the end of the period covered by this document (2009-2011).

Membership of the CGRPD is made up of both Whitehall representatives and representatives from the UK Research Councils, ACPO and others, reflecting the importance of collaboration in this area. As partners, the Research Councils and ACPO, ACMD and others have helped to shape the drugs research strategy. It is hoped that the strategy will help all partners and stakeholders to understand better the research needs of the Government, and be of interest when developing research strategies within their respective spheres and taking forward their own programmes of work, especially with regard to thinking about how their work can inform Government decision making and policy formation.

Annex A: CGRPD partners, research councils, stakeholders

Summarised below is a list of key partners involved or likely to be involved in delivery of the CGRPD. This list is by no means exhaustive and contributors are likely to change over time.

The Association of Chief Police Officers is an independent, professionally led strategic body. In the public interest and, in equal and active partnership with Government and the Association of Police Authorities, ACPO leads and co-ordinates the direction and development of the police service in England, Wales and Northern Ireland.

The National Policing Improvement Agency (NPIA) is a non-governmental public body that plays a crucial role as a central resource to ACPO and police forces, working with authorities and the Home Office to help improve the way policing works.

The Advisory Council on the Misuse of Drugs is an independent expert body that advises the Government on drug-related issues in the UK. It was established under the Misuse of Drugs Act 1971.

Surveys, Design and Statistics Subcommittee of the Home Office's Scientific Advisory Committee – which recently produced the report '21st Century Drugs and Statistical Science in UK', looking at opportunities and new data requirements in the drugs policy area.

UK Research Councils are the public bodies charged with investing in science and research in the UK in order to advance knowledge and generate new ideas which can be used to create wealth and drive improvements in quality of life. Research Councils fund research and training activities in different areas of research ranging across the arts and humanities, social sciences, engineering and physical sciences and the medical and life sciences.

Research councils are non-departmental public bodies (NDPBs) and are independent legal bodies outside of Government, accountable to Parliament.

There are currently seven Research Councils in the UK, two of which (ESRC and MRC) are standing members of the CGRPD Strategic Board.

- Arts and Humanities Research Council (AHRC)
- Biotechnology and Biological Sciences Research Council (BBSRC)
- Engineering and Physical Sciences Research Council (EPSRC)
- Economic and Social Research Council (ESRC)
- Medical Research Council (MRC)
- Natural Environment Research Council (NERC)
- Science and Technology Facilities Council (STFC)

Core activities of the Research Councils that are particularly relevant to the CGRPD research strategy include the following.

- MRC – biomedical research addressing the causes, mechanisms and treatment.
- ESRC – social and economic research addressing risk, behaviour and intervention.
- BBSRC – biological research addressing the underlying cellular processes that impact upon addictive behaviour.

MRC / ESRC Research Clusters

The Medical Research Council together with the Economic and Social Research Council, are working to improve the knowledge base for public health policy on addiction by establishing national addiction research

clusters. This is a key part of the addiction research strategy led by MRC on behalf of its partners in the strategic co-ordination of health research between OSCHR members.

Clusters will be entitled to submit research applications to a ring-fenced £4.5m call for proposals that will fund interdisciplinary research leading to new approaches to tackling the harms caused by illicit drugs, alcohol, tobacco and gambling. Clusters will address themes that have been drawn up in consultation with a range of stakeholders including members of the CGRPD.

The MRC-led addiction strategy seizes on the opportunity provided by the establishment of OSCHR, whose mission is to facilitate more efficient translation of health research into health and economic benefits in the UK through better co-ordination of health research and more coherent funding arrangements to support translation.

The Academy of Medical Science report on brain science, addiction and drugs. This important report examines how research is leading to a more 'holistic' view of drug misuse and addiction, involving medical, genetic and neurobiological factors as well as individual factors and social context.

Pharmaceutical companies have a key role to play in developing treatments, sharing data, and contributing to the research picture for the Drugs Strategy. CGRPD notes the important role that industry can play in supporting the data and monitoring needs of Central Government research, in particular in relation to treatment outcomes.

Voluntary sector and other NGOs/ stakeholders are vital partners to the Drug Strategy. Consultation with voluntary sector has taken place in the development of the National Drugs Research Strategy, and the CGRPD recognises the important role played

by voluntary sector actors such as UKDPC, Addaction, Release, DrugScope, the European Association for the Treatment of Addiction (EATA) and others.

Europe and other international stakeholders including United Nations.

The CGRPD recognises the importance of maintaining a presence and voice in Europe (and more broadly internationally) in order to ensure that, for instance, the European Union (EU) and Council research is informed by UK needs and that European research findings inform policy makers in the UK.

The European Monitoring Centre on Drugs and Drug Addiction is a centre for drug-related information in the European Union. It exists to provide the EU and its Member States with a factual overview of European drug problems based on a common information framework to support the drugs debate.

The United Kingdom Focal Point on Drugs is the UK partner to the EMCDDA and is based at the Department of Health and the North West Public Health Observatory. It ensures that the UK meets its obligations to report information to the EMCDDA about all aspects of the drugs situation in the country, following guidelines and standards common to all EU Member States. This includes data on the EMCDDA's five epidemiological indicators and information on new research. With the Home Office, it also reports data from the UK to the UN. The Focal Point was fully consulted in the development of the research strategy.

The Council of Europe Pompidou Group also plays an important role in setting the research agenda and promoting discussion across Europe. The Pompidou Group is a multidisciplinary co-operation forum to prevent drug abuse and illicit trafficking in drugs, set up in 1971 and incorporated into the Council of Europe in 1980.

UK regional partners and groups. Each of the devolved administrations (Northern Ireland, Scotland, Wales) has its own drugs strategy. The CGRPD research strategy covers the research needs pertaining to the Drugs Strategy 2008, which largely covers England. The devolved administrations are important partners for research.

The Regional Information Working Group (RIWG) meets quarterly and involves the four countries of the UK. It plays an important role in ensuring that the administrations in the UK are joined up with regards to drugs research. Consultation of the devolved administrations on the CGRPD research strategy has taken place through the RIWG group.

Individual researchers. A wide range of individual academic partners, and clinical or other providers, and their organisations, contribute enormously to actual delivery of the research priorities through advice or through their direct involvement in key research activity. They may be funded either directly by Government or through independent publicly funded bodies or through other funding sources. This includes both the national and international research community – who contribute to different degrees depending on the particular research area in question.

Annex B: List of acronyms

ACPO	Association of Chief Police Officers
BIS	Department for Business, Innovation and Skills
BME	Black and minority ethnic
CJIT	Criminal Justice Integrated Team
CLG	Department for Communities and Local Govt
DAT	Drug Action Team
DCMS	Department for Culture, Media and Sport
DCSF	Department for Children, Schools and Families
DH	Department of Health
DIP	Drug Interventions Programme
DRR	Drug Rehabilitation Requirement
DWP	Department for Work and Pensions
ESRC	Economic and Social Research Council
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EC	European Commission
EU	European Union
FCO	Foreign and Commonwealth Office
HMRC	Her Majesty's Revenue and Customs
HO	Home Office
IDTS	Integrated Drug Treatment System
MoJ	Ministry of Justice
MRC	Medical Research Council
NAO	National Audit Office
NDTMS	National Drug Treatment Monitoring System
NIHR	The National Institute for Health Research
NOMS	National Offender Management Service
NTA	National Treatment Agency
PPO	Prolific and other Priority Offender
PSA	Public Service Agreement
SOCA	Serious Organised Crime Agency
UKBA	UK Border Agency

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