

HEALTH WARNING: This is an official working document for use in developing the new Drug Strategy. This is not a statement of Government Policy.

Drugs Value for Money Review July 2007 Report

1 Introduction

This report is intended to inform the new Drugs Strategy, scheduled for publication in 2008. This paper has been primarily informed by independent external research and accordingly does not represent government policy. Authors have also attempted to draw some subjective conclusions where evidence is, at this time, unavailable or less robust. Conclusions should, therefore, be seen as indicative rather than authoritative, and care must be taken in the use of the findings so as to avoid unintentional damage to the reputation of programmes.

The objective of this report is to provide a single, comprehensive and agreed overview of cross-government drugs expenditure and to assess the effectiveness of this expenditure in terms of value for money (VfM). The VfM analysis has been led by Christine Godfrey¹, an independent academic expert.

1.1 The Drug Problem

Drug misuse is a public health problem, a criminal justice problem and an economic problem. The social, economic, health and crime costs of class A drug use were estimated to be around £15.4bn in 2003/04, with problematic drug users (PDUs)² accounting for 99 per cent of total costs. In turn, drug-related crime accounts for 90 per cent of costs associated with PDUs³. The average number of acquisitive crimes reported by drug-misusing offenders is almost six times higher than for non drug-users⁴.

The most recent published estimate suggests that there were 327,466 PDUs in England in 2004/05⁵.

The illicit drug market is estimated to be worth £4.6bn in England and Wales and £5.3bn in the UK as a whole. This is roughly 33% and 41% of the size of the tobacco and alcohol markets respectively⁶.

¹ <http://www.york.ac.uk/inst/che/staff/godfrey.htm>

² Defined as those who use opiates and/or crack cocaine

³ All figures from Gordon, L., Tinsley, L., Godfrey, C., Parrott, S. (2006) **The economic and social costs of class A drug use in England and Wales, 2003/04**, in Singleton *et al.* (eds) Measuring different aspects of problem drug use: methodological developments, Home Office Online Report 16/06

⁴ In a survey conducted in 1999-2001, the mean annual number of acquisitive offences reported by arrestees who had used heroin and crack in the past year was almost six times higher than that of arrestees who reported no drug use. (Source: Bennet & Holloway (2004) **Drug use and offending: summary results of the first two years of the NEW-ADAM programme**, Home Office Findings 179)

⁵ Hay, G., Gannon, M., MacDougall, J., Millar, T., Eastwood, C., McKeganey, N. (2006) **Local and national estimates of the prevalence of opiate use and/or crack cocaine use (2004/05)**, in Singleton *et al.* (eds) Measuring different aspects of problem drug use: methodological developments, Home Office Online Report 16/06

⁶ All figures from Pudney, S., Badillo, C., Bryan, M., Burton, J., Conti, G., Iacovou, M., (2006) **Estimating the size of the UK illicit drug market**, in Singleton *et al.* (eds) Measuring different aspects of problem drug use: methodological developments, Home Office Online Report 16/06. These estimates relate to 2003/04 and are based on six categories of drugs: cannabis, amphetamines, ecstasy, powder cocaine, crack cocaine and heroin

1.2 Rationale and Objectives for this Review

In response to the problems caused by drug misuse, substantial public expenditure is channelled into drugs programmes and related activity across government departments and agencies. However, information on the extent and effectiveness of this expenditure is (centrally at least) incomplete.

There is no single, comprehensive, agreed overview of cross-government expenditure. Also, evaluations of effectiveness are patchy and incomplete, making it difficult to assess value for money (VfM) and to decide how to best allocate resources in the future.

The objective of this Review was, therefore, to provide a single, comprehensive and agreed overview of cross-government drugs expenditure and to assess the effectiveness of this expenditure in terms of VfM. An integral part of the project was the formal identification of gaps in our knowledge.

Section 2 of the report presents data on Government drugs expenditure. The effectiveness and VfM of these funding areas is assessed in Section 3. Based on the findings on effectiveness and VfM, the Review was also asked to make recommendations about how expenditure may be most effectively targeted going forward. This is particularly important given the possible reduction in future drugs funding. The fourth and final section draws out issues to consider and recommendations around how resources might be most effectively targeted going forwards.

The conclusions from this VfM Review are intended to inform the development of the 2008 Drug Strategy.

2. Government Drugs Expenditure

The Drug Strategy has four strands which interact and work as a system to reduce the harms caused by illegal drugs:

- Reduce drug use amongst young people and prevent them from becoming the problematic drugs users of tomorrow (YP);
- Have a sustained impact on the supply of Class A⁷ drugs to the UK and their availability within communities (S);
- Target drug misusing offenders via the Criminal Justice System to engage them in treatment and reduce drug-related crime (C);
- Provide treatment for people with drug problems to help them live healthy and crime-free lives (T).

The annual spend on each programme is set out in table 1 below. The table also indicates which strategic objective(s) each funding stream is intended to contribute to.

⁷ Drugs defined as class A: Ecstasy, LSD, heroin, cocaine, crack, magic mushrooms, amphetamines (if prepared for injection)

Table 1: Government Drugs Expenditure

Funding Stream	Strategic Aim	Spend					Budget
		2002/03 (£m)	2003/04 (£m)	2004/05 (£m)	2005/06 (£m)	2006/07 (£m)	2007/08 (£m)
CLG		0.0	24.2	25.2	24.5	0.6	24.6
Homelessness Grant - substance misuse direct funding (London)	T/C		1.2	1.1	0.6	0.6	0.6
Supporting People (projected spend for 07/08**)	T/C	0.0	23.0	24.2	23.8		24.0
Transfer from HO - DPAS	All	0.0	4.8	4.8	4.8	4.6	4.4
DfES		0.0	0.0	1.0	1.6	2.6	2.5
FRANK	YP	0.0	0.0	0.0	0.0	1.0	1.5
High Focus Areas	YP/T	0.0	0.0	0.0	0.2	0.6	0.0
High Focus Areas - Change Fund (YPSMPG)	YP/T	0.0	0.0	0.0	0.4	0.0	0.0
Contribution to YPSMPG	YP/T	0.0	0.0	1.0	1.0	1.0	1.0
DfID							
Supply Reduction	S						
DH		221.1	426.6	427.4	478.4	562.4	568.4
Local Mainstream Funding	T	77.0	164.8	163.2	166.4	169.6	168.0
Pooled Treatment Budget (PTB) - Adult Treatment	T	136.6	226.4	212.7	253.9	328.0	330.3
Funding allocated to commissioners by DH - Adult Treatment	T	0.0	0.0	0.0	0.0	0.0	11.4
PTB funding of NTA central costs	T	7.2	9.1	9.6	10.9	12.2	10.7
Central support for Prison IDTS implementation	T	0.0	0.0	0.0	0.0	2.3	1.5
Funding allocated to commissioners by DH - IDTS funding of Clinical Services in prisons	T	0.0	0.0	0.0	0.0	9.7	11.2
Transfer to PTB from Probation	T	20.0	9.7	22.0	22.0	22.0	22.0
Transfer from PTB to YPSMPG	YP/T	0.0	0.0	18.3	23.1	24.6	24.7
Drug Education - YPSMPG	YP	0.0	0.0	4.1	4.1	4.1	4.1
High Focus Areas Change Fund - YPSMPG	YP/T	0.0	0.0	0.0	0.5	0.0	0.0
Substance Misuse Grant - YPSMPG	YP/T	0.0	0.0	4.5	4.5	0.0	0.0
Targetted Prevention - YPSMPG	YP	0.0	0.0	12.0	12.0	8.0	4.0
Prevention: awareness	YP	0.0	24.3	0.0	0.0	0.0	0.0
FRANK	YP	0.0	1.8	2.8	2.8	3.1	1.8
Drugs Policy development and implementation programme costs	All					0.6	0.5
UK Focal Point	All	0.2	0.2	0.2	0.2	0.2	0.2

Key

C: Crime; S: Supply; T: Treatment; YP: Young People
 Gray cells indicate unavailable data

Expenditure by departments in orange is predominantly on the demand side
 Expenditure by departments in green is predominantly on the supply side

Notes

- Departmental totals are the sum of the items shown. They are not comparable across time due to the varying availability of data.
 To avoid the double counting of inter-departmental transfers, the numbers in blue are not included in the total spending figures for the receiving department.
 * The grand total shown is the sum of the rows in bold. It is not comparable across time due to the varying availability of data.
 ** It is not possible to present a 2007/08 budget figure for the drug-related element of Supporting People because funding for the programme is allocated at the local level. The figure presented is therefore a projection based on previous years' outcomes.
 *** This is an estimated figure - HMRC operational frontier staff are multi-functional and although some may be badged as drugs staff, they are just as likely to be tackling the smuggling of other prohibited and restricted goods as drugs when they are deployed.

Funding Stream	Strategic Aim	Spend					Budget
		2002/03 (£m)	2003/04 (£m)	2004/05 (£m)	2005/06 (£m)	2006/07 (£m)	2007/08 (£m)
DWP		14.0	14.0	14.0	14.0	14.0	14.0
Progress2Work	C	14.0	14.0	14.0	14.0	14.0	14.0
FCO						40.4	
Global Drugs and Crime	S					40.4	
Transfer from HO for overseas drug-related assistance	S	1.8	2.1	1.8	6.0	5.0	3.0
HMRC						87.0	
Anti-Drugs Activities***	S					87.0	
Home Office		21.1	99.0	179.6	220.5	245.3	211.5
Admin	All	13.5	12.0	12.8	8.9	7.8	5.9
Blueprint	YP	0.2	1.8	2.3	1.2	0.6	0.3
Contribution to YPSMPG	YP/T	0.0	10.9	11.1	12.0	18.3	14.5
Counter-Narcotic Helicopters for Pakistan	S	0.0	0.0	0.0	0.0	0.0	6.0
DIP (including capital)	C/T/YP	0.0	47.0	122.0	162.0	174.7	150.5
DPAS - transfer to CLG	All	0.0	4.8	4.8	4.8	4.6	4.4
Drug licensing fees (revenue)	S	-0.4	-0.6	-0.6	-0.6	-0.3	0.0
FRANK	YP	0.0	2.5	1.5	3.1	5.1	2.4
High Focus Areas	YP/T	0.0	0.0	0.0	1.0	0.0	0.0
Overseas drug-related assistance fund - transfer to FCO	S	1.8	2.1	1.8	1.0	1.0	1.0
Overseas drug-related assistance fund, additional funds for Afghanistan - transfer to FCO	S	0.0	0.0	0.0	5.0	4.0	2.0
Partnership Support Funds	All	0.0	10.9	11.1	11.3	11.3	9.7
Pompidou Group (EU)	All	0.2	0.2	0.2	0.2	0.2	0.2
Positive Futures	YP	3.7	5.4	6.2	5.8	5.9	6.0
Programme management & capacity building	All	2.0	2.0	1.8	1.0	4.3	1.8
Research	All		0.0	4.6	3.8	3.0	0.9
Transfer to Prisons for IDTS funding of CARATs	C/T	0.0	0.0	0.0	0.0	5.0	6.0
MoJ (HMCS)						2.9	4.1
Dedicated Drug Courts	C/T						1.0
Impact of drug strategy on court and legal aid costs	C/T					2.9	3.1

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Funding Stream	Strategic Aim	Spend					Budget
		2002/03 (£m)	2003/04 (£m)	2004/05 (£m)	2005/06 (£m)	2006/07 (£m)	2007/08 (£m)
MoJ (Prisons)		58.5	58.2	69.6	78.5	77.8	77.8
Area Co-Ord / HQ Staff	All	1.2	1.2	1.5	1.5	1.5	1.5
Capital	All	10.2	0.6	0.9	0.7	0.0	0.0
Clinical Drug Services	T	7.3	11.3	11.3	11.3	11.3	11.3
PCT funding to commission IDTS Clinical Services	T	0.0	0.0	0.0	0.0	12.0	12.7
CARATS	C/T	14.3	17.4	23.3	26.7	26.7	26.7
Transfer from HO for IDTS funding of CARATS	C/T	0.0	0.0	0.0	0.0	5.0	6.0
Research & Monitoring	All	2.2	2.3	2.3	2.3	2.3	2.3
Supply Reduction	S	6.2	6.2	6.2	6.2	6.2	6.2
Treatment	T	7.1	9.0	13.8	19.4	19.4	19.4
Voluntary Testing	T	10.1	10.4	10.4	10.4	10.4	10.4
MoJ (Probation)		36.0	34.6	56.7	64.1	65.6	67.1
ASRO & OSAP (training of trainers only)	T/C					0.03	0.04
Drug testing on licence	C/T	0.0	0.0	0.0	0.0	0.0	1.8
Transfer from DIP for drug testing on licence	C/T	0.0	0.0	0.0	1.1	1.1	0.0
DTTOs / DRRs	C/T	16.0	24.0	34.0	39.0	39.0	39.0
Prospect Programme	C/T		0.9	0.7	3.1	4.6	4.3
Transfer to DH for PTB	T	20.0	9.7	22.0	22.0	22.0	22.0
MoJ (YJB)		8.5	20.0	23.5	28.0	28.0	28.0
Contribution to YPSMPG	YP/T	0.0	1.8	8.0	8.0	8.0	8.0
Substance Misuse - Custody	T	0.0	10.0	10.0	7.0	7.0	7.0
Substance Misuse - Resettlement & Aftercare Programme (RAP)	C/T/YP	0.0	1.5	5.0	12.5	12.5	12.5
YOT Named Drug Workers (Wales only from 04/05)	YP/C	8.5	6.7	0.5	0.5	0.5	0.5
Police					2,076.7		
Direct costs of dealing with supply & possession offences	All				368.9		
Indirect costs of dealing with drug-related crime	All				1,707.8		
Anti-Drugs Activities	S						
Grand Total*		359.2	676.6	797.1	2986.2	1126.7	998.0

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 ** It is not possible to present a 2007/08 budget figure for the drug-related element of Supporting People because funding for the programme is allocated at the local level. The figure presented is therefore a projection based on previous years' outcomes.
 *** This is an estimated figure - HMNC operational frontier staff are multi-functional and although some may be badged as drugs staff, they are just as likely to be tackling the smuggling of other prohibited and restricted goods as drugs when they are deployed.

The varying availability of data across time means that the totals shown in the table do not provide satisfactory estimates of total government anti-drugs expenditure. The most comprehensive data are available for 2007/08, although no figures are available for the FCO and HMRC for this year. To correct for this, 2006/07 figures for the FCO and HMRC are added to the 2007/08 total shown to produce a "best guess" of overall 2007/08 expenditure. On this basis, **total government anti-drugs expenditure is estimated to be £1.1bn in 2007/08.**

A number of points should be noted in relation to this total:

- The inclusion of the FCO figure results in a slight over-estimate since it relates to all of FCO's crime-related programme activities, and not just drugs;
- However, the overall government drugs spend figure is an under-estimate we would expect to make a sizeable contribution to the supply-side total. The issues associated with estimating are discussed in section 3.3;
- Figures for DfID expenditure on initiatives related to drugs supply in source countries were not available at the time of writing, and this area of activity is therefore excluded from the table;
- Also excluded from the total are the estimates of drug-related expenditure by the police. The figures shown in the table above for 2005/06 are tentative estimates and should not be regarded as robust;
- Estimates of the costs of custody resulting from Drug Strategy initiatives (e.g. Restriction on Bail) were not available at the time of writing and are therefore not included in the total shown;
- Some of the figures shown in the table are based on departments' best estimates, rather than qualified financial data (e.g. HMRC);
- In most cases expenditure relates to England only.

3. Value for Money Analysis

The Review assessed schemes across the four Drug Strategy strands: young people, supply, reducing drug-related crime and treatment. The quantity and quality of data and research available varies considerably across the programmes assessed and this was and should be taken into account when drawing conclusions. There is no "level playing field" upon which to base concrete judgements and offer recommendations.

Turning firstly to the **young people** element of the Strategy, international research evidence suggests that effective prevention schemes could offer good VfM. However, it is still too early to derive robust conclusions in most cases. This is either because important evaluative evidence has not yet been produced, or because programmes designed to prevent progression into problem drug use are still in their infancy. Assessing whether they have achieved their objective could take a number of years and is complicated by the lack of regular data on PDU trends. There is also a need for a better understanding of why drug use among the young changes over time. The recent fall in young people's drug use is clearly encouraging, but without such an understanding of influences on young people's drug use, it is not clear whether the success may be attributed to current policies.

Policies to reduce the **availability** of drugs produced the greatest analytical challenge. The absence of robust and recognised measures of success, combined with a limited base of research evidence makes it particularly difficult to draw conclusions about supply-side policies. Furthermore, agencies tackling the supply of drugs are undergoing a transitional period:

Whilst seizures remain an

important part of disruption efforts, they are no longer the main focus.

There is also some evidence that more localised initiatives to disrupt markets close to the point of final purchase (e.g. a crackdown on a specific housing estate) can be successful if accompanied by demand-reduction measures. However there is limited evidence on the VfM of these activities and therefore agencies should be encouraged and supported to collect data to inform future research.

Efforts to **reduce drug-related crime** largely centre on ensuring that offenders enter and remain in treatment and this is still the best evidence-based approach. Emerging research evidence from the Home Office suggests that DIP offers good Value for Money, although variations in costs across the country suggest potential for efficiency savings in certain areas. There is good research evidence⁸ that prison-based treatment services can be effective and cost-effective, providing they are

⁸Perry, A., Coulton, S., Glanville, J., Godfrey, C., Lunn, J., McDougall, C. and Neale, Z. **Interventions for drug-using offenders in the courts, secure establishments and the community**. Cochrane Database of Systematic Reviews 2006, Issue 3. Art No: CD005193, DOI: 10.1002/14651858.CD005193.pub2. Also Belenko, S. (2005) **Economic Benefits of Drug Treatment: A Critical Review of the Evidence for Policy Makers**. Treatment Research Institute at the University of Pennsylvania

accompanied by good aftercare provision. Programmes providing such aftercare (e.g. the Prison Service's Prospects and the YJB's Resettlement and Aftercare Programme) are still in their infancy and consideration should be given to expanding these once full evaluative evidence is available. DIP has also played a role in advancing throughcare and aftercare provision and emerging evidence suggests that it has had a positive impact⁹. More broadly, there is real scope for more investment in helping individuals out of the Problem Drug User (PDU) group through employment and housing support.

Treatment has the strongest evidence base in terms of the VfM it provides. Nonetheless, there is arguably more that can be achieved with current resources by improving services and continuing to develop the evidence base. This does not necessarily mean reducing the unit costs of treatment per se because some of the cheaper treatment services are not necessarily delivering. It does mean ensuring that comparable levels of performance are being delivered for comparable unit costs and challenging all services to adopt practices and achieve the levels of performance of those which are performing the best. This will require a greater emphasis on the measurement and tracking of treatment outcomes.

⁹ Stephenson, M. (2006) Addaction National Aftercare Research Project Report Year 3, available at: <http://www.addaction.org.uk/NationalAftercareFullReportYear3.pdf>

4. Issues and Recommendations

4.1 Analysis of expenditure

Previous exercises of this type have categorised funding according to the following criteria:

- **Proactive and Reactive Expenditure**

- *Proactive* expenditure is aimed at tackling the drugs problem, e.g. supply reduction, prevention and anti-drugs education. Treatment is also proactive, though is reacting to an existing problem, rather than preventing it at source.
- *Reactive* expenditure includes those costs resulting from the drugs problem but which do little, if anything, to solve it. Examples include most (though not all) police enforcement costs, prison accommodation costs and court costs.

- **Direct and Indirect Expenditure**

Funding has also been categorised in terms of the costs caused by drugs and in how spending is directed to deal with the problem.

- *Direct* expenditure includes all identified expenditure that is either targeted at solving the drugs problem or is directly consequent on it, such as the cost to the police, prisons and courts of enforcing anti-drugs law;
- *Indirect* expenditure includes estimates of costs of the impact of crime caused by drug abuse; the impact on the NHS of ill health caused or worsened by drug abuse; and impacts on the social security system.

Whilst many activities have both proactive and reactive elements, most measures within the Drugs Strategy are **predominantly** direct and proactive, and these have been the main focus of this Review and VfM analysis.

It is nonetheless important to consider how measures within the Drug Strategy can lead to downstream reactive costs, notably within the Criminal Justice System (CJS). A more detailed analysis of reactive public expenditure resulting from drug misuse is available in the aforementioned report on the economic and social costs of Class A drug use¹⁰. Findings from that study are a key input into the current VfM work.

The police carry out a wide range of work with a link to drugs. This can be proactive (e.g. a surveillance operation to prevent supply) or reactive (e.g. arresting someone for a possession offence). The costs to the police of drug misuse can be through direct targeting to solve drugs problems (mainly supply and possession offences) or can indirectly result from drugs problems (e.g. acquisitive crime to fund a drug addiction). Whilst this study includes *tentative* estimates of the costs to the police of drug misuse, the breadth, variety and complexity of these costs means that it was not possible to either ensure robustness or to separate them; nor have they, therefore, been able to be incorporated into the VfM analysis. Further work on this area might be useful in helping to estimate the real costs of drug harms.

¹⁰ Gordon, L., Tinsley, L., Godfrey, C., Parrott, S. (2006) **The economic and social costs of class A drug use in England and Wales, 2003/04**, in Singleton *et al.* (eds) *Measuring different aspects of problem drug use: methodological developments*, Home Office Online Report 16/06

4.2 Programmes

There is clearly a great deal of overlap and interdependence between many of the programmes and, when assessing both VFM and effectiveness, caution is required to avoid the double-counting of benefits (for example, are benefits attributed to the referral mechanism or treatment process?). A number of programmes may also essentially be targeting the same relatively small group of PDUs. If so, there is possibility that some of the resources are duplicating effort and therefore wasting resources. Improved inter-agency co-ordination could provide a solution here.

Targeting issues also exist, and these should be considered at the outset of new programmes as a matter of course. This is an important VFM question; any decision on targeting should assess whether the benefits justify the additional costs incurred in selecting the target groups. The target group may or may not be easy to change during the programme, which may also impact on cost effectiveness. There has been little research on this area to date and more work is needed, although it is quite possible that different approaches may be needed for different types of programme.

4.3 Research and evidence

Whilst the report identifies many specific gaps in our knowledge, one over-riding issue is the lack of basic data on problem drug user numbers and trends. Another is the need for a better understanding of the factors leading to drug use, many of which fall outside of the current Drug Strategy. Factors such as the environment people live in, which is particularly relevant to drug use amongst young people, can therefore be overlooked. While some risk factors about drug use are known and are the subject of targeting for some programmes, a model to trace the impact of risk factors on use which can then be linked to specific programmes is needed.

To fill gaps in the evidence base, a set of priorities should be identified for completion ahead of any future VFM review:

- i) Ensure that the anticipated outcomes of each programme have been mapped against PSA targets (including whether they conflict with or complement other PSA-led activities¹¹), along with a clearly-specified framework to monitor progress against these outcomes;
- ii) More analytical work needs to be undertaken to model the factors influencing drug problems, including social and cultural factors, over time and the impacts of different programmes. This would allow a consistent approach to assessing VFM. In particular, there needs to be more monitoring of trends in the numbers of problem drug users.
- iii) New evaluation studies of programmes should be based on more rigorous designs, where possible including some controls (sites or individuals) where the programme is not being undertaken. This is a vital step in building up a more robust evidence base.

¹¹ It is possible that some targets are time-specific and/or not related directly to existing PSAs, but these should still be mapped as suggested to ensure that they do not detract from overall government policy, and that they maximise use of existing provision and do not duplicate efforts

To aid the evaluation of a future drug strategy, it would also be useful to build a greater portfolio of research into the UK's drug markets. This would permit more analysis of the likely positive and negative impacts of different types of drug supply activities. (Such efforts are already underway in the form of the Street Level Up Approach

This report also highlights where further exploration of local processes and service costs (for example with treatment programmes, DIP) could provide additional insights into how the best VfM may be achieved in all areas and across all schemes.

To maximise the usefulness of this review, we would recommend that it is kept up-to-date, to take account of new spending data and emerging research findings. The Drug Strategy may wish to take a view on whether and how often this is done; regular updating is more likely to be cost effective than repeating this exercise at the time of each Spending Review.

