

Drug prevention policies and landscape across the UK home nations

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WithYou response

WithYou is a charity that offers free, confidential support and treatment to people in England and Scotland who have issues with drugs, alcohol or mental health. We give people support in a way that's right for them, either face to face in their local service, community or online. We are one of the largest providers of treatment and support services in the UK, currently working in over 80 locations.

1. What noteworthy drug prevention measures and activities are being implemented currently in your respective home nation, either at the local, regional, or devolved administrative level?

See responses to question 2,3 and 4

2. How would you describe the drug prevention landscape in your respective country? Descriptions could include the level of funding, degree of cross-departmental integration and specialism dedicated to prevention.

Despite drug prevention being an important focus of previous UK drug strategies (2010, 2017), the implementation of prevention programmes throughout the UK has been limited and there is still a relatively small evidence base from which to develop effective interventions. As such, government departments still do not have a comprehensive understanding of how to change behaviours and reduce the number of people taking drugs.

Drug prevention was not a prominent feature of the "From harm to hope" drugs strategy in 2021 which instead concentrated on improving the quality and provision of drug treatment and supply reduction. The funding allocation for prevention was small, with half of the funding for reducing demand (£30m) going to drug-testing people in custody, and only £5m dedicated to developing and delivering innovations in prevention. To date, there has been little research into the behaviours and factors that lead to drug use. Approximately only £350k has been committed to examining the drivers of recreational drug use, equivalent to less than 0.03% of the Drugs Strategy

funding over 2022–23 to 2024–25.

As a result of the lack of investment and innovation, many of the approaches to tackling drug demand are still based on outdated approaches to behaviour-change, often delivered through the criminal justice system rather than through education, health or social care. Data on school-based drug education from 2018 showed that only 62% of school pupils in England recalled receiving drug education, and this was typically in a single session.

There is also a lack of integrated, joined-up working, such as between community young persons drug treatment services, youth offending, criminal and sexual exploitation, mental health and wellbeing, and family services. The absence of a centralised, national data-set for non-structured drug and alcohol treatment also makes it hard to evaluate the impact of many of the prevention interventions being implemented. There has been little reduction in drug use over the last decade, with around 3 million people taking drugs each year.

3. What are the significant barriers currently faced for the implementation of effective prevention interventions?

The implementation of effective prevention interventions have been undermined by a wider policy approach that is focused on supply reduction and coercive and punitive interventions that have little effect on use. The focus on crime reduction and increasing drug prohibition, including around criminalising possession for personal use remains a concern and could end up bringing more young people into contact with the criminal justice system, with significant long term consequences.

Developing effective preventative interventions is also undermined by the UK's wider legislative landscape. Preventive interventions that have worked in reducing levels of smoking and drinking alcohol have involved measures addressing pricing, marketing, and other forms of regulation. The Misuse of Drugs Act reduces the scope of preventive measures which could be deployed to help shift the culture and policy landscape that can contribute to reduced drug use.

There is no protected funding for drug and alcohol prevention in England, and no ring-fencing for young persons drugs and alcohol services. The long-term impact of austerity and under investment of the drug and alcohol sector has resulted in many local authorities prioritising funding for adult drug and alcohol services over specialist young persons services. And within young persons drug and alcohol services, funding is often prioritised towards young persons treatment over prevention. Where young persons and adult services are integrated, there is a need to ensure young persons

provisions are ring-fenced to ensure they are protected and not de-prioritised.

The effectiveness of drug prevention interventions are also undermined by the failure of reducing drug supply. Illicit drugs are increasingly easy to access across the UK, are increasing in strength, and are becoming more affordable. Trends also show that in recent years illicit drug use is becoming increasingly seen as acceptable to young people.

The effectiveness of prevention interventions is dependent on the quality of those delivering the interventions, and the quality and delivery of drug education is often poor. The quality of drug education teacher training programmes is inconsistent, and often focuses on ineffective "just say no" approach and models based on invoking fear among young people. Teachers also lack the skills, capacity and expertise to deliver these interventions. Though drug and alcohol education is mandatory in schools, there is also little guidance on how it should be provided. Our experience is that schools are often concerned about approaching young people's drug and alcohol services for support as it might reflect badly on them and they might be seen as having 'a drug problem' in their school. Drug education and prevention interventions are specialist interventions and should be delivered by people with appropriate training and skills to manage disclosure and give accurate information, including as part of PHSE/RSE delivery.

Levels of support and expertise around drug prevention at the local authority level are inconsistent, and often lacking. The lack of a centralised, national dataset for non-structured drug and alcohol treatment activity across the UK (NDTMS equivalent) has also made it a challenge to understand and evaluate the effectiveness of the prevention initiatives currently being delivered.

Changes to the commissioning processes could address some of these barriers, for example through having dedicated sections in commissioning service specifications for the delivery of prevention interventions. There are also no recognised competencies for specialist drug prevention roles which needs to be addressed.

Lastly, prevention research in the UK has largely been focused on the educational settings, and as such, there is a lack of evidence on the effectiveness of prevention in other areas, such as in festivals or in nightlife settings.

4. What are the most effective prevention interventions and service models in your home nation and how would you evaluate the impacts?

The vast majority of young people will experiment with drugs without any issues. There

is clear evidence that traditional 'just say no' and fear arousal approaches are ineffective and can result in young people being sceptical of advice given to them by professionals. These approaches will not reduce young people's drug use. Our experience has shown that approaches should be focused on providing confidential judgement free education on the harm from drugs and how they might reduce it. Providing judgement-free advice and support, and working with young people to understand risks and their choices helps them to make better informed decisions. The most effective prevention approaches address the wider determinants of health to find and focus on the reason why people end up using drugs in the first place, while also recognising the importance of education, housing, physical and mental health and employment to help stop people from using drugs.

Specialist early intervention is an effective and important area of our work. This relies on identifying those young people at risk of misusing substances through partnership working (child exploitation & child sexual exploitation, pupil referral units, child and young persons services, youth offenders services) and assertively engaging young people in evidence-based programmes and interventions, exploring wider behaviours and consequential thinking.

RisKit is an effective multi-component risk reduction programme for young people who are vulnerable to risk-taking behaviour including drug and alcohol use, early and unprotected sex and offending. It was developed in consultation with young people through a review of research literature and has been updated to respond to social trends across the UK. The RisKit programme is delivered by experienced Early Intervention practitioners working in collaboration with a range of other specialist agencies to ensure that RisKit reflects the ever-changing needs of the participants. The RisKit programme is targeted at young people who are aged between 14 and 16 years old and aims to help them explore the reasons why they might take risks in order to help them reduce or avoid risk-taking behaviour.

We deliver our Mind and Body programme, an effective targeted prevention and early intervention for young people who engage in risk-taking behaviours that are associated with self-harm. The programme finds positive ways to manage difficult thoughts and feelings, working with small groups in secondary schools and in the community. This programme was designed and developed in our Kent and Cornwall young people's services and has been highly effective. Outcomes show very positive outcomes, significantly reducing levels of thoughts and actions of self-harm, increasing young people's mental wellbeing, and 98% of young people reported being able to better manage risks related to self harm following the programme.

We deliver drug and alcohol training to teachers and other school staff, parents, and the wider community to raise awareness and build their capacity to deliver harm

reduction information, brief interventions, and be able refer into our service. We also deliver evidence-based drug and alcohol education packages that support the PSHE curriculum in secondary schools and colleges which focus on awareness, harm reduction and risk management. Alongside this, we support schools' to develop drug and alcohol policies to encourage diverting young people to our schools-based interventions, or service, rather than face instant expulsion when found in possession.

Other effective prevention interventions we deliver include family and affected other programmes, delivered through a 7x session group work programme for young people affected by parental substance misuse, and several programmes aimed at keeping young people out of the criminal justice system. The Kent Youth Drug Intervention Scheme (KYDIS) provides an alternate means of dealing with young people under the age of 18 who were found in possession of class B or C drugs, and with no long-term history of drug use. The programme aims to reduce the likelihood of young people falling into a cycle of criminality by diverting them from entering the criminal justice system. During the course of the programme, the young person receives one-to-one interventions where they can access support, education on illegal drugs and the law, prevention of drug use and harm reduction advice. Once police have received confirmation of attendance from WithYou, the associated crime report is finalised as a 'Community Resolution with Restorative Justice'. Last year's data showed that 83.3% of young people did not re-offend having completed the programme (in the 5 to 12 months that followed).