

Drug Policy and the Public Good

an overview of evidence-based policies

Sponsored by:

The Society for the Study of Addiction (UK)

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Other SSA books:

Alcohol Policy and the Public Good (1994)

Alcohol: No Ordinary Commodity (2003, 2010)



The Drugs and Public Policy Group

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SETTING THE POLICY AGENDA

- Drug policies have been implemented throughout history to minimize the effects of psychoactive substances on the health and safety of the population
- The purpose of *Drug Policy and the Public Good* is to describe recent advances in research that have direct relevance to drug policy on the local, national, and international levels.
- Book reviews and summarizes findings from over 900 research articles, literature reviews, scholarly books, and government reports.



Types of Evidence

- Randomized clinical trials
- Descriptive epidemiology
- Quasi-experimental/correlational studies
- Natural experiments
- Qualitative research
- Health services research
- Historical research

Supply Control Approaches

POLICY

Arrest traffickers/dealers, force suppliers to operate in inefficient ways



Regulate pharmaceutical companies, pharmacists and physicians



Increase penalties for drug possession and use



Decrease penalties for some types of drug use (e.g., cannabis)



BROAD POLICY GOALS

Keeping prices high and reduce availability

Prevent use of psychopharmaceuticals for non-approved purposes

Deter drug use; prevent normalization and contagious spread of drug use

Prevent negative effects of criminalizing less harmful forms of drug use

Demand Reduction Approaches

Policy

- School drug prevention programs, mass media campaigns
- Treatment: Opiate Substitution Therapy, counseling, therapeutic communities, peer-support groups
- Harm reduction



Broad policy goals

- Change attitudes, improve health literacy and prevent drug use
- Reduce crime and overdose deaths, prevent spread of HIV infection, treat psychiatric disorders
- Prevent infection and overdose

Summary of policy strategies and interventions

School, family, and community programs

Intervention	Effectiveness ^a	Amount of research support and cross-national testing ^b
Family/Parenting Programs	Some studies show effectiveness in reducing onset of drug use	A few studies conducted in the USA only
Environmental/Classroom management programs	Some evidence supporting the Good Behavior Game	A few studies conducted in the USA only
Social or Life Skills	Evidence for short-term impact is equivocal; some evidence of positive impact over the medium to longer term.	Several high quality studies conducted in USA only
Multi-component community	No evidence of effectiveness	Only a few small studies
Affective Education	No evidence of effectiveness	Several school-based studies
Information / Knowledge only	No evidence of effectiveness	A few school-based studies
Mass media	No evidence of effectiveness	Research limited to a few studies in USA
Social Marketing / Norms	Insufficient evidence to determine effectiveness	Only one study.
DARE	No evidence of effectiveness	Several well controlled studies and numerous uncontrolled evaluations
Drug testing in schools	No evidence of effectiveness	No well-controlled studies available

Preventing Illicit Drug Use by Young People

- Among plethora of studies of school, education and community based prevention programs, there is evidence that some approaches can delay the initiation of drug and alcohol use
- A small # of high quality studies find evidence of protection from specific family based/classroom management programs in preventing drug or alcohol use
- These programs do not focus on drug or alcohol use *per se*. Rather, their aim is to improve behavior and social skills more generally, within the family or classroom environment. In contrast, purely didactic prevention programs, such as the Drug Abuse Resistance Education (DARE), have no evidence of effectiveness
- Economic analyses indicate that prevention program may be cost-effective even if they are only modestly effective because they are relatively inexpensive and even small changes in use rates over the lifespan of the user can be valuable

Services to change behaviour

Intervention	Effectiveness	Amount of research support and cross-national testing
Methadone Maintenance	Good evidence for reduced heroin use, other drug use, crime, HIV infection, and hepatitis	Numerous studies in high income countries, some in LAMI countries
Buprenorphine Maintenance	Good evidence for reducing heroin use, other drug use, crime, HIV infection, and hepatitis	Tested in several countries but not in LAMI countries
Heroin Substitution	Limited effectiveness as a way to reduce crime and infection among chronic recidivists	Demonstration programs evaluated in the United Kingdom, Switzerland, Australia, Canada, & Netherlands
Opiate Antagonists (e.g., naltrexone, naloxone)	Some evidence for reduced opiate use but medication compliance is a major limitation	Few studies outside of USA
Needle Exchange (NEP)	May reduce drug-related HIV infections and facilitate treatment engagement	Research in Canada, the United Kingdom, Australia, USA
Psychosocial Treatment	Good evidence for reducing drug use, drug-related problems, and criminal activity	Numerous studies in many countries, including LAMI countries
Peer Self-help Organizations	Good evidence for reducing drug use, crime, and infections	Evidence available from several countries including USA, UK, China
Naloxone Distribution	Some programmes have shown successful resuscitation	Only a few studies in USA, UK
Brief interventions in general medical settings	Good evidence for reducing drug use by at-risk drug users	Evidence from UK, USA, India, Australia, & Brazil

Treatment and Harm Minimization

- Services for opiate dependent individuals have the strongest supporting evidence; and they are also effective ways to reduce drug-related crime and the spread of HIV infection
- Some harm reduction programs, such as needle exchange programs, reduce high risk injection practices and engage IDUs in treatment and health services

Supply control interventions

Intervention	Effectiveness	Amount of research support and cross-national testing
Alternative development	No known correlation with reduced drug use	Programs evaluated qualitatively in several LAMI countries
Crop eradication	Can sometimes create temporary market disruption	Programs evaluated qualitatively in several LAMI countries
Precursor chemical control	Good evidence for temporary disruption in drug market.	Several studies in USA, Canada
Interdiction	May disrupt drug market and supply chain, and thus increase cost to drug user.	Several studies in the USA and LAMI countries
High level enforcement through criminal investigations	Price mark-ups suggest important benefits of modest investments but limited evidence of a dose-response effect	Only a few studies conducted
Street-level enforcement	Modifies markets and market-harms rather than drug use per se	Only a few studies outside USA
Imprisonment	Some evidence of diminishing returns from imprisonment beyond certain levels	Only a few investigations outside USA & UK

Criminalization and decriminalization of drug use

Intervention	Effectiveness	Amount of research support and cross-national testing
Shifting between conventional criminal penalties and some other form of penalty	Modest or no effect on cannabis use, while reducing adverse consequences for the user	Several Australian and U.S. studies
Changing the level of criminal penalties	Moderate or no effects on cannabis use	A contested literature from the USA, Netherlands, Switzerland.
Abolishing or introducing criminal laws on use of drugs	Very little study	Only one study, conducted in Italy
Measures involving informal handling by the police, short of arrest	Little evidence that police cautions are more effective than alternative sanctions	No well controlled studies
Diversion to mandated education or treatment	Little effect on cannabis-related problems	Several Portuguese and Californian studies
Switching from prohibition to de-facto full legalization with a controlled market	Circumstantial evidence that Dutch system may be effective in separating cannabis from other drug markets	Effects on consumption levels are contested, though Dutch use rates are relatively low compared to other European countries

Regulatory interventions

Intervention	Effectiveness	Amount of research support and cross-national testing
Change cost or reimbursement	Some evidence for an effect on prescribing behaviour.	Most studies from North America.
Restrict over the counter (OTC) sales	Conflicting results from studies of overdoses	Studies from Canada and the UK
Require prescription (versus OTC availability)	Support for some effect	Only one study concerning psychoactive substances
Authoritative advice to physicians	Some effects on prescribing, when an alternative is available	Six studies from Canada, the UK, Australia, and the USA
Enforcing prescription guidelines	Changed prescribing behaviour in one large effort	Only one U.S. Study
Prescription restrictions, registers, monitoring	Good evidence that prescription registers and monitoring reduce prescription of targeted drugs and reduce adverse events	Studies from a variety of European and North American countries
Restrict list of prescribers	Virtually no published research	One Iranian study shows strong effects on adverse drug reactions
Withdraw prescription availability	Good evidence for reducing prescribing and use of the drug	Studies across a variety of European countries
Profile patients	No evidence	No research
Enforcement of laws affecting physicians and patients	No evidence	No research
Controls on administering opiate substitution therapy (OST)	Some effects on overdoses	Studies in Australia, Denmark, the UK and the USA
Prescription drug dependence treatment	No evidence	No research
System controls	No evidence	No research

Scientifically-grounded conclusions

- There is no one “drug problem” within or across countries, nor is there one “silver bullet” that will solve “the” drug problem
- Many policies that affect drug problems are not considered drug policy, and many specific drug policies have large effects outside the drug domain
- Efforts by wealthy countries to curtail cultivation of drug-producing plants in poor countries have not reduced aggregate drug supply or use in downstream markets, and probably never will
- Once a drug is made illegal, there is a point beyond which increases in enforcement and incarceration yield little added benefit
- Substantial investments in evidence-based services for opiate-dependent individuals usually reduce drug-related problems

The Variety of National Drug Policies

- For some nations, the drug problem is defined in primarily in terms of domestic drug use (e.g., in the UK heroin and cocaine dependence are a primary concern)
- For others trafficking to other nations is the principal way in which illicit drugs damage domestic public health and safety (e.g., in Mexico the drug problem is often defined in terms of violent deaths)
- It is hardly surprising then that drug policies differ among nations in both appearance and substance
- This variation across nations reflects differences in attitudes toward drug use itself, individual rights, the history of national drug problems, the broader political structure of a country, and the different ways in which drugs affect a nation
- In light of these differences, a single 'best policy' for all nations does not exist

Summary

- A considerable amount of scientific research is available to inform the development and implementation of effective drug policy
- Yet current drug policy in most societies takes little or limited account of this research
- Among the 43 options presented in this book, 17 show some evidence of effectiveness in at least one country
- Policies that have shown little or no evidence of effectiveness continue to be the preferred options of many countries and international organizations

Conclusions 1

- **There is no single drug problem within or across societies; neither is there a magic bullet that will solve 'the' drug problem**
- **Many policies that affect drug problems are not considered drug policy, and many specific drug policies have large effects outside the drug domain**
- **Efforts by wealthy countries to curtail cultivation of drug-producing plants in poor countries have not reduced aggregate drug supply or drug use, and probably never will**
- **Once drugs are made illegal, there is a point beyond which increases in enforcement and incarceration yield little added benefit**
- **Substantial investments in evidence-based services for opiate-dependent individuals usually reduce drug-related problems**

Conclusions 2

- **School, family, and community prevention programs have a collectively modest impact, the value of which will be appraised differently by different stakeholders**
- **The drug policy debate is dominated in many countries by false dichotomies that can mislead policymakers about the range of legitimate options and their expected impacts**
- **Perverse impacts of drug policy are prevalent**
- **The legal pharmaceutical system can affect the shape of a country's prescription drug problem and its range of available drug policy options**
- **There is virtually no scientific research to guide the improvement of supply control and law enforcement efforts**

The Way Forward

- There is now a substantial evidence base for a range of supply control and demand reduction strategies
- The challenge is to disseminate these strategies and organize treatment and prevention services into public health systems that will meet the needs of particular populations, with appropriate allocation of human and financial resources and political commitment to include health as a priority in all drug policies