If we had evidence based drug policy, what would it look like?

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The quick version

- For those who have to rush off – don't know currently but with some research funds I could do a lot better (with help from a large number of people here)

Structure

- What do I understand by evidence based policy
- What “evidence” do we need for illicit drug policy

What do I understand by evidence based policy?

- Policy context
- Research context
- Economic viewpoint and techniques

Policy context

- Gone from Kenneth Clarke saying of health service reforms “the last thing we need is some punk professor from York” evaluating the policy change
- To wholesale apparent buy-in to evidence based policy and practice
- Motherhood and apple pie concept or real commitment?
- Is this worse or better for illicit drugs?

Research Context

- Huge industry in synthesising evidence – University of York one of key players – Health Technology Appraisals – now spreading areas other than health
- For assessing available evidence for face to face interventions clear methodology, - meta-analysis of good quality (RCTs) studies
- Controversy over how to interpret information from other types of studies for policies not suitable for controlled study designs
- Issue of combining evidence from simple comparisons to whole policies

What about evidence for illicit drug policies

- Are RCTs feasible or useful?
- What is effectiveness?

Issues in conducting UK RCTs

- Recruitment and retention
- Low expectation of treatment
- No standard therapies
- Need to pilot
- Need to adequately resource

What is effectiveness?

- Drug use
- Dependence
- Crime
- “Harm reduction”
- Health /quality of life seems to have low priority

Economic viewpoint

- Evidence of effectiveness is not enough and policy choice should not be determined by level of effectiveness alone
- Need to consider costs of interventions and value of consequences
- Do you invest the same amount to bring a lot of benefit to one person or gain more from investing the same amount in another policy which brings less individual benefits per person but to a much larger number

Economic viewpoint

- Economics becomes a balance between effects and costs – to do this you have to put a value on life
- Economic evaluation techniques based on making a decision or choice <u>now</u> to adopt policy (or intervention) A rather than B
- In England have clear guidance as how such evaluations should be performed and how decisions are to be made

Nice reference case

Element of HTA	Reference case
Defining the decision problem	Scope developed by NICE
Comparator	Alternative therapies routinely used in NHS
Perspective on costs	NHS and PSS
Perspective on outcomes	All health effects on individuals
Types of economic evaluation	Cost effectiveness/utility
Synthesis of evidence on outcomes	Based on systematic review

Measure of health benefit	QALYs
Description of health states for QALY	Standardised and validated instrument
Method of valuation	Choice based eg standard gamble
Source of preference data	Rep sample of public
Discount rate	3.5% on both costs and consequences
Equity position	QALY=QALY

Economic analysis UKCBTMM as an example

The cost-effectiveness analysis has a number of stages

- **Establishing the cost of delivering each of the treatments.**
- **Establishing the societal resource costs/ savings from each treatment intervention.**
- **Establishing the effect of the intervention in terms of Quality Adjusted Life Years.**

Cost of therapy

- **Costs are established using exact resource costs costed at 2001/2 prices**

- **They include training costs of therapists, therapist salaries, therapist time delivering therapy, premises costs and any related prescription costs.**

- **CBT and MMT costed at £607.24 per client.**

- **MMT alone costed at £457.42 per client.**

Resource consequences as a result of treatment

These costs include:

- Health costs
- Addiction services costs (excluding trial costs)
- Social services costs
- Criminal Justice costs