

Innovation Fund to Reduce the Demand for Illicit Substances

Phase 2: Launch event

22/05/2022

Innovation Fund to Reduce the Demand for Illicit Substances

The team today:

- Isabelle Hammond-Caines – Reducing Demand Lead, JCUDU
- Pete Burkinshaw – Alcohol and Drug Treatment and Recovery Lead, OHID
- Laura Mackenzie – Drug Strategy Local Systems Policy Lead, OHID

We will cover:

- An overview of the 10 year Drug Strategy and the Reducing Demand portfolio
- The trends in so-called ‘recreational’ drug use
- The evidence around interventions aiming to reduce demand for so-called ‘recreational drugs’
- What we are looking for in phase 2 of this innovation fund

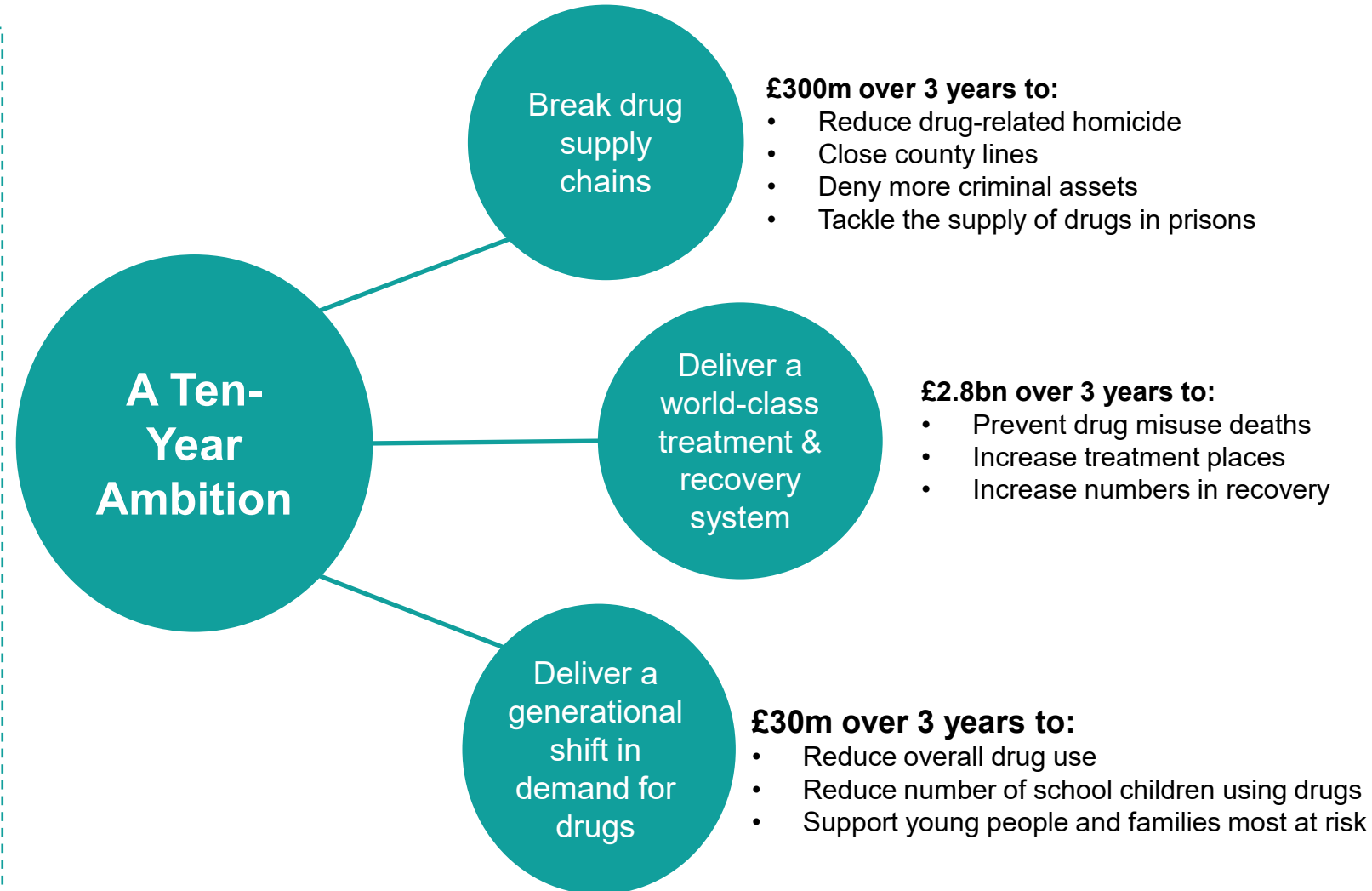


Drugs Strategy and Reducing Demand

In December 2021 the UK Government published 'From Harm to Hope', a ten-year strategy for combating drug misuse which was the formal, substantive response to Professor Dame Carol Black's Independent Review of Drugs. The strategy included a core ambition of reducing overall drug misuse towards a historic 30-year low over the coming decade.

The innovation fund to reduce demand for illicit substances will be a key part of our work to deliver a generational shift in demand for drugs. Other projects within this portfolio include:

- further research to develop a world-leading evidence base and build our understanding of what works to reduce demand;
- work to deter use among adults (such as programmes such as Out of Court Disposals and Drug Testing on Arrest, delivered by the Home Office)
- work to support children and young people, such as a project to evaluate and monitor delivery of the impact of the new RSHE curriculum introduced in schools in September 2020.



How prevalent is drug use in the general population?

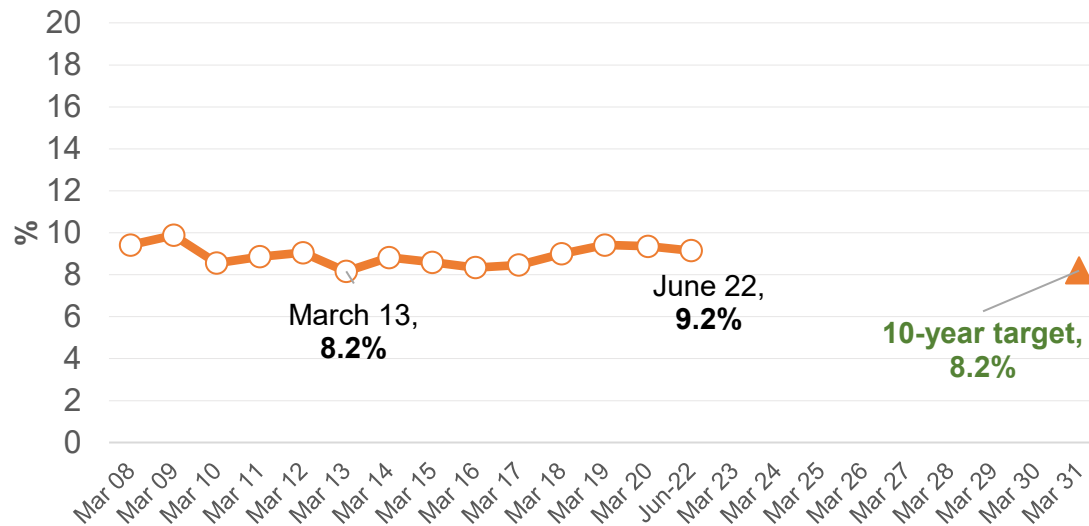
The proportion of adults reporting drug use in the last year has been relatively flat over the last 10 years, but is **still 9.2% of the adult population**

Population level drug use is relatively stable, with minor increases since 2013 but at lower levels than 20 years ago. In the year ending June 2022:

- 90% of drug users took Cannabis, which continues to be the most used drug at 7.4% of the population. This a similar rate to the last 10 years, but much lower than much lower when compared to the mid-nineties.
- One third of drug users had taken a Class A drug. This is a fall of 22% compared in the year ending March 2020.

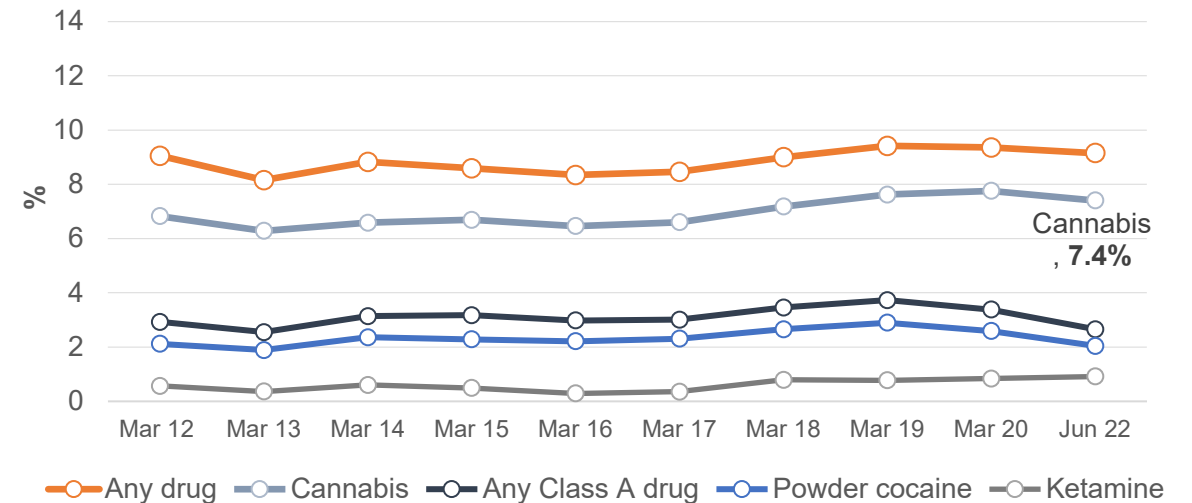
Drug use is relatively flat & 1ppt above the Drug Strategy Target

Proportion of adults who reported using a drug in the last year, England and Wales



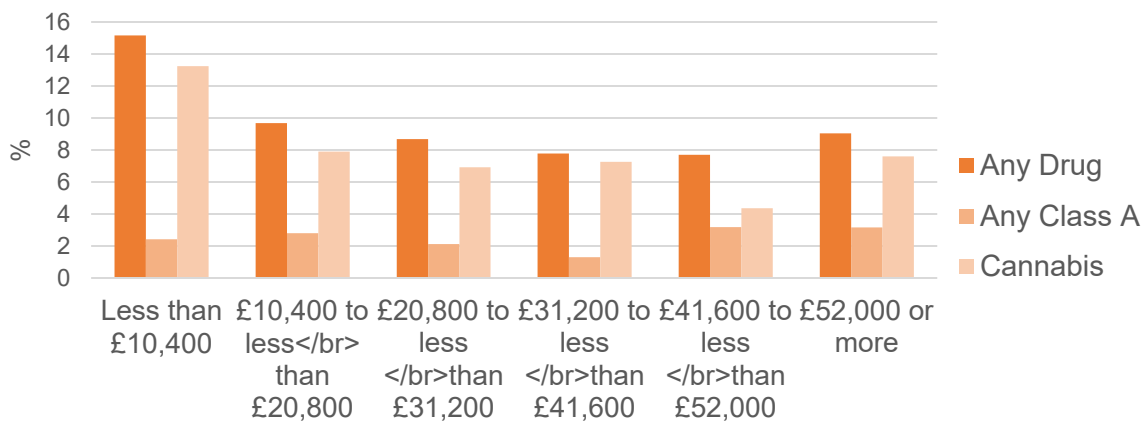
Cannabis, powder cocaine and nitrous oxide are the most used drugs

Proportion of adults reporting drug use in the last year by drug type

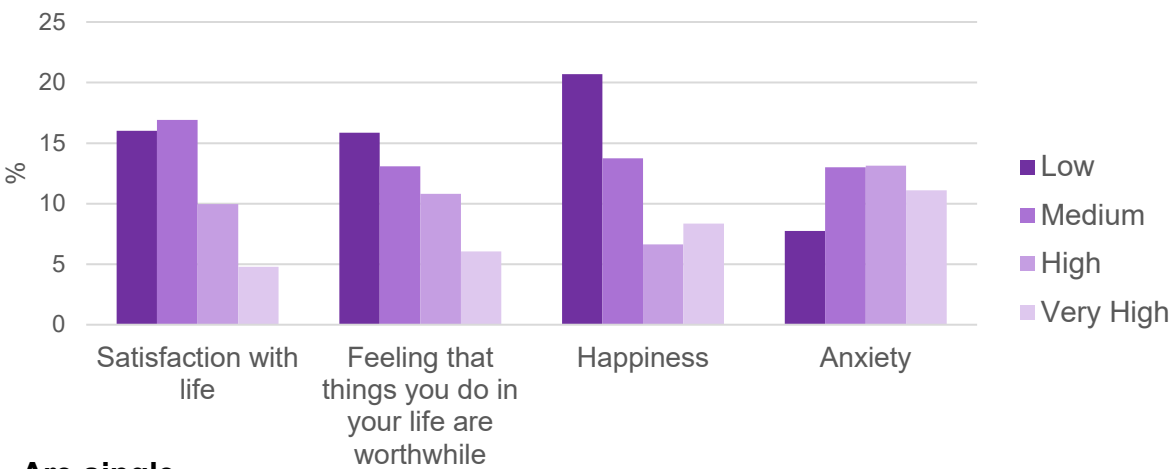


Some drug user trends have stayed consistent overtime. While individual characteristics are not necessarily independently related to drug use, rates of drug use are typically higher in those that...

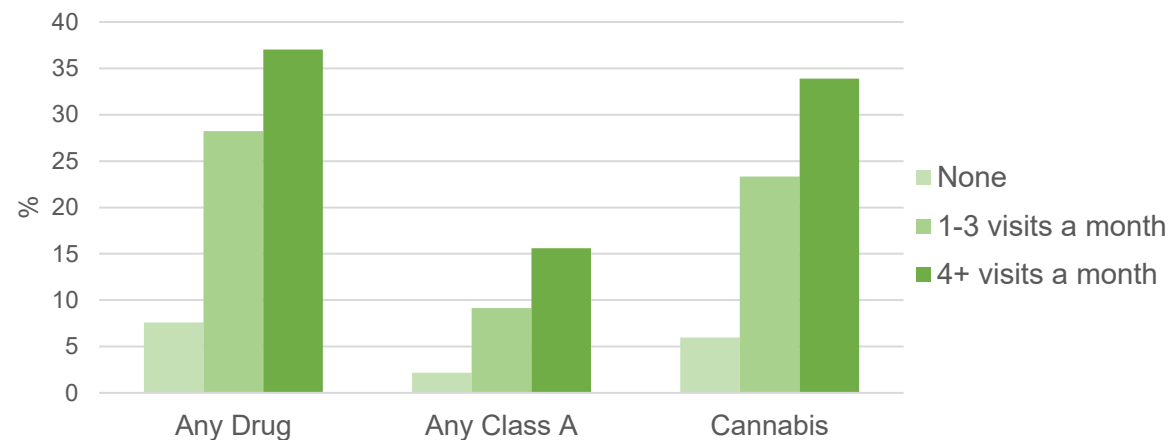
Have low household income...



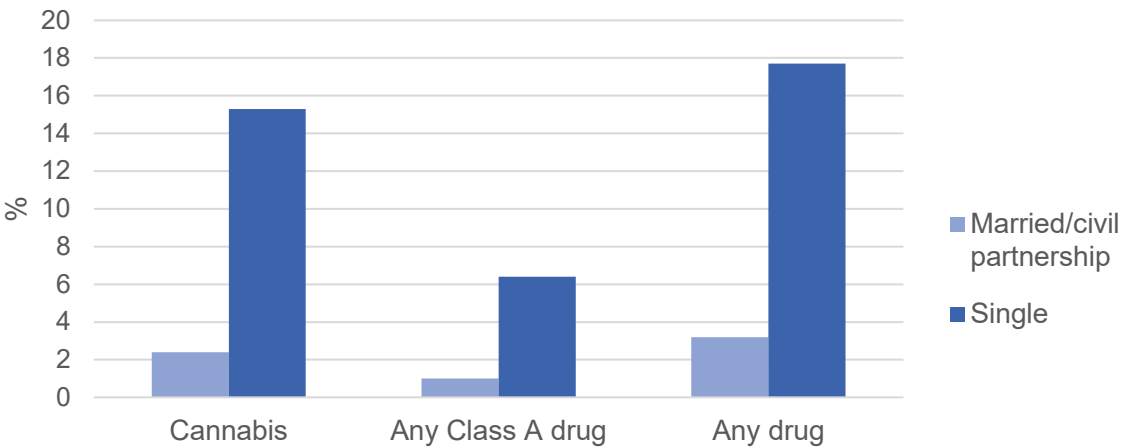
Report lower personal well-being...



Visit nightclubs frequently...



Are single...

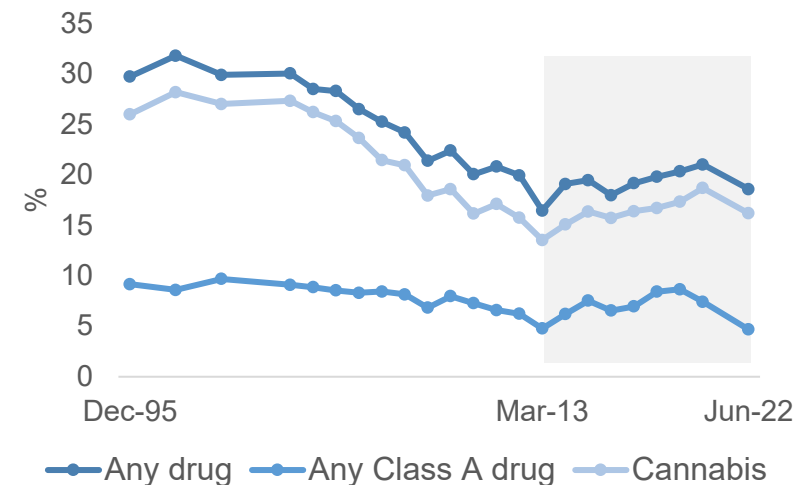
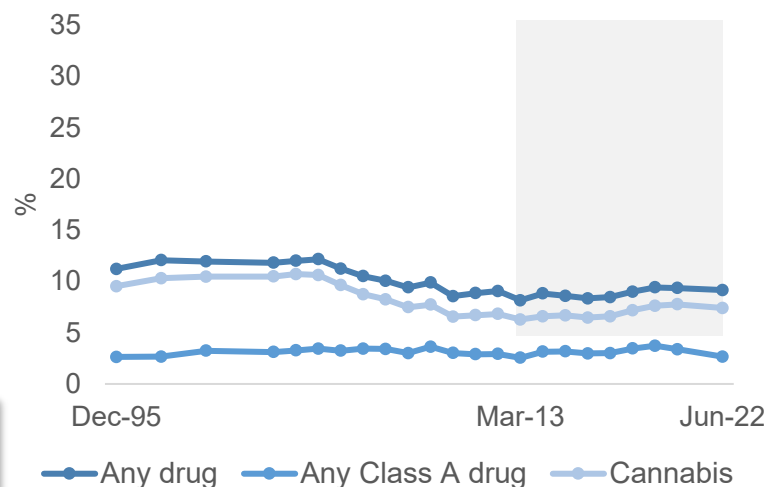


Emerging trends

Since 2013, young people's drug use has increased at a faster rate than other age groups, and from a higher baseline

1 in 11 16-59 year olds took drugs: no significant change since 2013 or 2020

1 in 5 16-24 year olds took drugs: notable increase between 2013-2020, reduction in use in 2022



Characteristics

16-24 year olds reporting drug use in the last year:

87%
used Cannabis

33%
were frequent users*

Under 18's in contact with structured drug or alcohol treatment in the last year:

80%
reported early onset use (pre 15)

46%
had a MH treatment need

11-15 year olds that had ever taken drugs in 2021:

20%
did so to 'forget their problems'

8%
of frequent users were excluded /truanted from school (2021)

Drug use among children and young people is both a cause and symptom of many health and social harms:

- Poor mental and physical health
- Wider social harms e.g. exclusion from schools
- **High risk of dependency in adulthood**
- Involvement with gangs or crime more generally



Home Office



Ministry of Justice



Department for Work & Pensions



Department of Health & Social Care



Department for Levelling Up, Housing & Communities



Department for Education



Office for Health Improvement & Disparities

What evidence do we have?

- Key publications – PHE International evidence on the prevention of drug and alcohol use (2015), and particularly the **ACMD prevention review 2022** and the **ACMD letter on young peoples drug use**.
- In general:
 - Scare tactics, knowledge only approaches, ex-users/police as educators without wider prevention work, and non-evidence peer mentoring likely to be ineffective
 - Factors linked to positive outcomes include personal and social skills education, school interventions, focus of risk and resilience factors, and multi-component factors
- Modifying environment where risky behaviour takes place can reduce harmful outcomes, e.g. imposing ban on smoking in public places.
- Consistent and coordinated prevention activities delivered through a range of programmes and settings are most likely to be effective.

What are we looking for?

- Population-level interventions, including evaluations to reduce demand for drugs. Particularly:
 - Primary prevention and deterrent interventions to prevent experimental use among cohorts aged 11-15, 16-24, 25+ or narrower age brackets if suitable for intervention.
 - Early intervention approaches and deterrent interventions to prevent problematic or dependent drug use in the future, particularly in the 16-24 and 25+ age ranges.
- Proposals are encouraged from any sector or organisation that might interact with non-dependent drug users, such as schools, youth clubs, police forces, local authorities, health-focused organisations and others. We will be looking for bidders to show that they can effectively engage with the cohort they are proposing to focus their intervention on.
- Projects that can be rolled out on a larger scale in England (or England and Wales for police or justice led interventions) following the end of this programme, if found to be effective.

References

Drug Strategy:

[From Harm to Hope: a 10-year drugs plan to cut crime and save lives](#)

Background data:

[Drug misuse: England and Wales 2022 – Office for National Statistics \(ons.gov.uk\)](#)

[Analysis of population estimates tool - Office for National Statistics \(ons.gov.uk\)](#)

[2011 Census - Office for National Statistics \(ons.gov.uk\)](#)

[The number of households in England and Wales broken down by income bands - Office for National Statistics \(ons.gov.uk\)](#)

Existing evidence:

[ACMD Prevention Review 2022](#)

[ACMD Vulnerable Groups – Young People Drug Use](#)

[International Evidence on the prevention of drug and alcohol use 2015](#)



Overview of the Innovation Fund to Reduce Demand for Illicit Substances



Stuart Haylock, Senior Research Manager

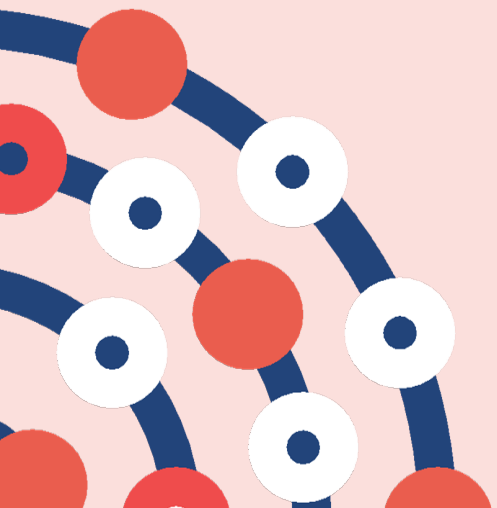
NIHR Innovation Fund to Reduce Demand for Illicit
Substances Phase 2 launch event – 22 May 2023





Innovation Fund to Reduce Demand for Illicit Substances

Overview of the Phases



Phased Approach

- We expect the call to have £5m available to run over 3 phases.
- Successful projects at each phase will be eligible to apply for the following phase.
- New applications will also be accepted in phase 2 and phase 3.

Phase 1 – Projects started March 2023

Proposals to undertake the necessary preparatory work to prepare for an evaluation in phase 2. Such proposals included:

- development and refinement, preliminary studies, and feasibility studies of new interventions, products, processes or services
- undertaking the necessary stakeholder engagement and public involvement to assist development of new interventions, products, processes or services
- developing collaborations and partnerships, particularly with organisations which may implement successful interventions e.g., youth services, education services, police services etc (**projects up to £200k over up to 6 months**)

Phased Approach

Phase 2 – Launches 24 May 2023

- Further development and refinement, and testing and evaluation of successful Phase 1 projects, in addition to new applications to develop new and evaluate existing interventions (**projects up to £500k over up to 12 months**)

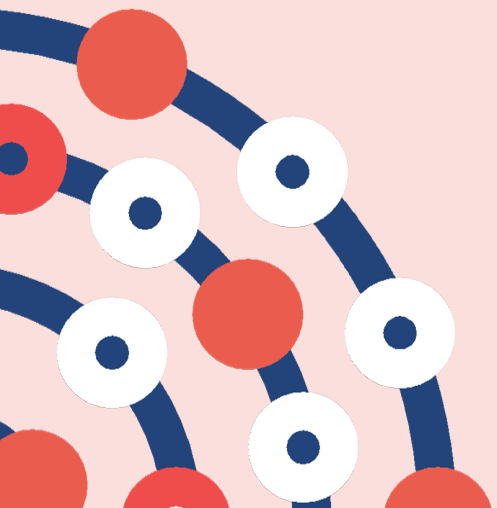
Phase 3 – Launches late 2024

- Implementation and rollout (**projects up to £500K over up to 10 months**).



Innovation Fund to Reduce Demand for Illicit Substances

Application Process



What projects are we looking for?

This call will fund

- Proposals tackling reducing the use of so-called ‘recreational drugs’ at population level. These drugs include but are not limited to powder cocaine, cannabis, nitrous oxide and ecstasy.

This call will not fund

- Proposals aimed at reducing use of crack cocaine or opioids.
- Projects for which there is already substantial evidence, or the evidence base indicates, that there would be no positive effect.
- Proposals that duplicate interventions already being funded at local or national level, such as through the drug strategy treatment and recovery funding within local authorities or the Addiction Mission run by the Office for Life Sciences.
- Interventions which have previously been shown to be ineffective or counterproductive
- Survey research or clinical trials that do not lead to a tangible population-level intervention during the period covered by the fund.

Assessment criteria

- The potential for the proposal to develop unique and innovative primary prevention and deterrent interventions to prevent experimental drug, and early intervention approaches to prevent use becoming misuse and/or dependency
- The design and feasibility of the project plan and the appropriateness of the proposed evaluation methodology.
- Rationale for the choice of intervention and evidence for the intervention's ability to reduce use of so-called recreational substances.
- The extent to which the project is likely to have a positive impact on the motivations and vulnerabilities of the target population and how effectively the project team will be able to evidence progress towards their project's intended outcomes
- Meaningful involvement and engagement with the targeted community and the public
- Strength of the project team, including relevant involvement of stakeholders
- Expected societal impact and plan for effective rollout in England (England and Wales where the intervention is focused on policing and/or criminal justice)
- Quality and appropriateness of the project management structure
- Governance arrangements
- Value for money.

2 Stage Application Process

This call will have 2 application forms

- The stage 1 application form opens 24 May, and will close **13:00 19 July 2023**
- The stage 1 application form is very short, only has 3 research questions and does not require a full finance breakdown.
- All stage 1 applications that are in scope will be assessed by the Committee and successful applications at stage 1 will be invited to submit a stage 2 application.
- All applications that are in scope will receive feedback on their application regardless of whether they are successful or not.
- The stage 2 application form will open 18 October 2023 and will close 13 December 2023
- The stage 2 application will be significantly longer and will require a full financial breakdown.

Application Process

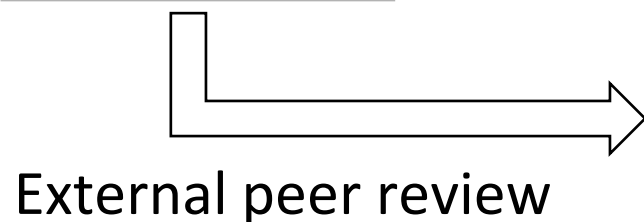
Stage 1 Application Opens 24 May 2023
Closes 13:00 19 July 2023.



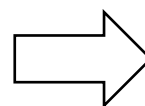
Committee assessment Sept 2023



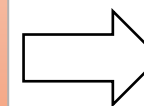
Stage 2 Application Opens 18 Oct 2023
Closes 13 Dec 2023



Committee Assessment
Feb 2024



Ratification
Feb 2024



Projects Start
01 May 2024

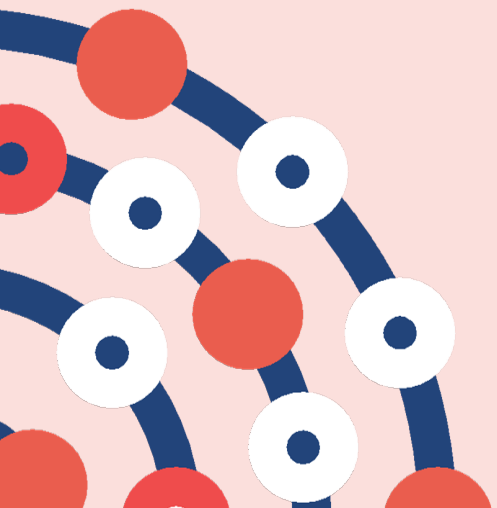
Event	Date
Stage 1 - Call open	24 May 2023
Deadline for applications	13:00 19 July 2023
Applicants notified of outcome	September 2023
Stage 2 – Call open	18 October 2023
Deadline for applications	13 December 2023
Due diligence and Contracting	March / April 2024
Projects start	01 May 2024

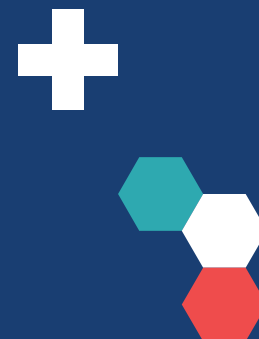
Outcomes and Feedback
Due diligence and Contracting



Contact us:

email: rdis@nihr.ac.uk





The Research Design Service

Sophie Hyndman
Deputy Director, RDS South Central



What is the Research Design Service?

- National Institute for Health and Care Research funded
- Academic & clinical academic researchers & PPI specialists
- Friendly, tailored advice for health, public health & social care-related research grant applications
- Free, confidential service
- Started January 2009; finishes September 2023

10 regional RDSs in England



Overview of RDS support

Funding streams

- National, peer reviewed, competitive schemes

Stage of research

- Discussion of early research ideas
- Feedback on developing drafts
- Pre-submission review
- Post-submission

Client groups

- NHS, public health & social care professionals
- Clinical academics & academics
- SMEs
- **Mainly applied health research**
- **New, early career, experienced**

Events (examples)

- Specific funding programmes
- Fellowships
- Grant-writing
- Starting research
- Bespoke

Measured outputs

- Projects funded & other metrics


A sample of RDS SC's multidisciplinary team



- Statisticians
- Clinical trialists
- Epidemiologists
- Qualitative researchers
- Health economists
- PPI experts
- Health psychologists
- Health services researchers

- Methods expertise
- 'Generic' expertise





APPLICATION DEVELOPMENT

Sources of funding

Developing & refining aims & objectives

Pointers for literature reviewing

Crafting the rationale

Overall study design

Specific methods

Planning teams & budgets

Patient, service user & public involvement

Equality, diversity & inclusion

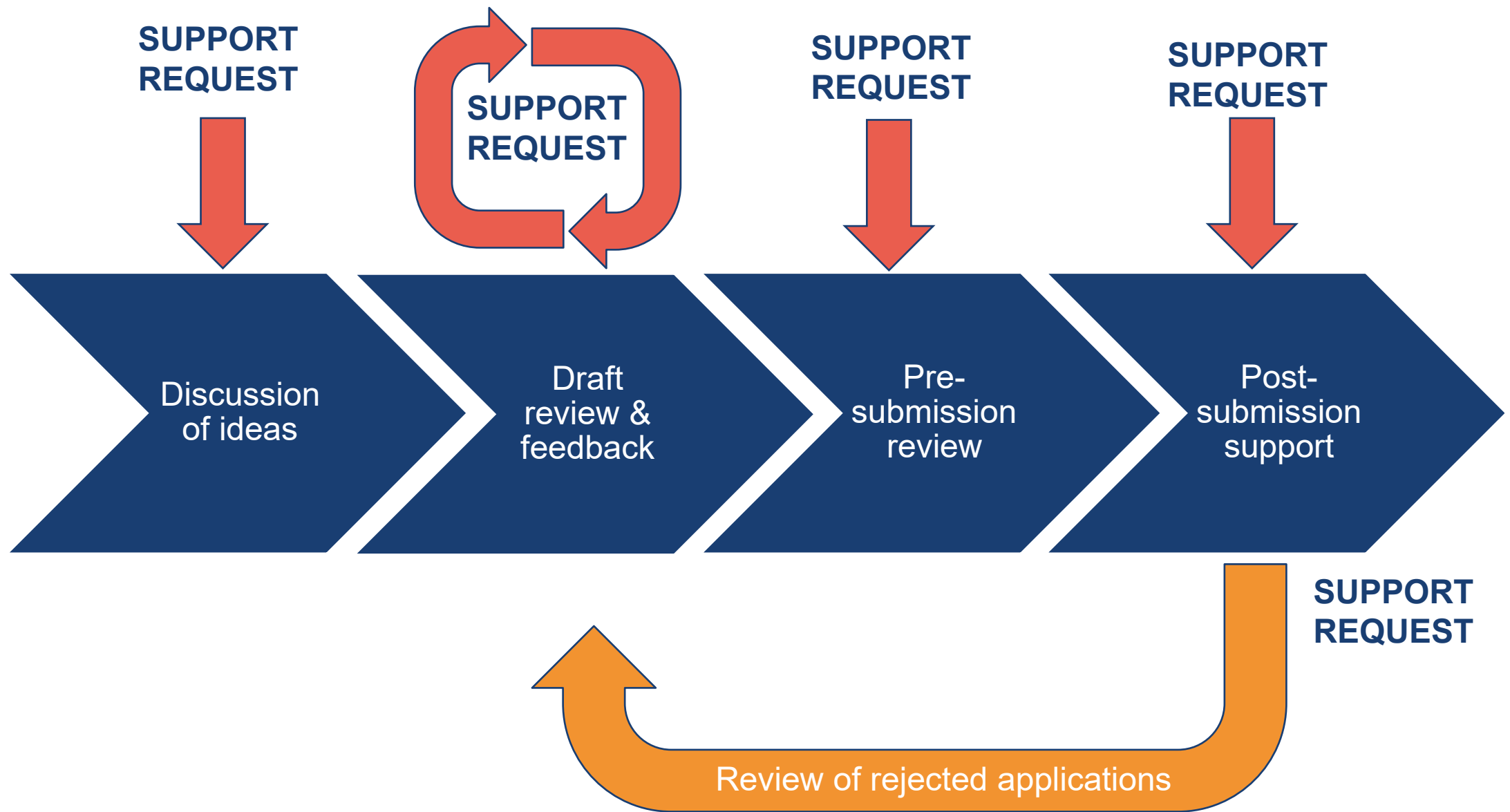
Research trajectory & potential impact

Overall coherence, presentation & flow

Specific areas of support offered

Modes of support available

- Lead adviser, to co-ordinate support
 - One-to-ones &/or design panels
 - Pre-submission review
 - Mock interviews
 - Pointers for collaboration
 - Events
 - Redacted applications
 - YouTube &/or other resources



What does the RDS look at?

Are you doing what the guidance asks?

Do you have a clear research question, aims and objectives?

Do you have an appropriate study design?

Are all aspects of the methods and procedures clear?

Has any necessary feasibility/ pilot work been undertaken/ planned?

Have you consulted all appropriate experts?

Is your study in scope: does it address the funding criteria explicitly?

Have you demonstrated the importance and need for the study?

Do you have clear lay and scientific summaries?

Have you shown your knowledge of the area?

Are your interventions (if applicable) clearly described, including 'usual care'?

Do you link question/ aims & objectives, methods & analysis?

Have you considered issues relating to equality, diversity and inclusion?

Is your study sensibly resourced & funded?

Do you have good dissemination plans?

Is your application 'well-crafted'?

Is your application complete?

Have you made the necessary research partnerships?

Is your project good value for money?

Do you have adequate lay involvement?

Have you given yourself a realistic timetable?

Have you given yourself enough time to develop the application properly?

Have you considered the short, medium and long term impact of your work?

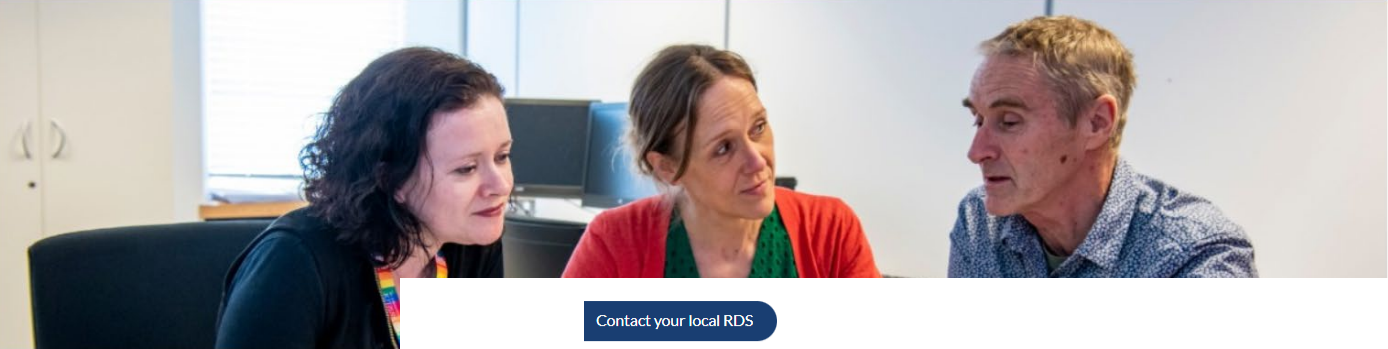
Is your proposal understandable to a diverse audience?

Do you have the right skill mix in your team?

Are you being over-ambitious?

- The mean rating for the extent to which an **application was perceived to have improved** because of support from the RDS was **4.29**.
- The mean rating for **overall satisfaction** with the support received from the RDS was **4.57**.
- The mean rating for **how likely teams were to recommend the RDS to other people** developing applications for applied health and social care research was **4.72**.





Contact your local RDS

The national RDS network operates from 10 regional centres across England.

Region and website	Email address	Phone number
East Midlands	rds.em@nihr.ac.uk	Leicester: 0116 252 3276 Nottingham: 0115 970 9310
East of England	rdsc@essex.ac.uk	01206 874856
London	info@rds-london.co.uk	020 7848 6782
North East and North Cumbria	rds.nenc@nihr.ac.uk	0191 208 7000
North West	rds.nw@nihr.ac.uk	01524 593 209
South Central	rds.sc@nihr.ac.uk	02381 204778
South East	rds.se@nihr.ac.uk	01227 824281
South West	rds.sw@nihr.ac.uk	01392 726 724
West Midlands	rds.wm@nihr.ac.uk	01214 148533
Yorkshire and the Humber	rds.yh@nihr.ac.uk	0114 222 0828

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The National Institute for Health and Care Research (NIHR) funds the Research Design Service (RDS) to provide research design and methodological support to health and social care researchers across England to develop grant applications to the NIHR and other national peer reviewed funding programmes. Advice is confidential and free of charge.

REQUEST SUPPORT FROM THE RDS →



[RDS Charter](#) [RDS Eligibility](#)

JOIN THE RDS SC MAILING LIST

RDS SC produces an e-bulletin containing details of the latest funding calls, news, training opportunities and events relating to health and social care research. Please pop in your details below to sign up:

First name: *

Last Name: *

Email: *

[HOW WE CAN HELP](#) [HELPING NURSES, MIDWIVES AND](#)

<https://www.rds-sc.nihr.ac.uk>

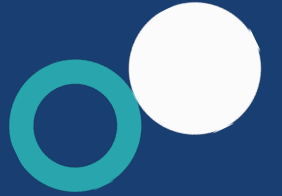
RDS SC Video resources:

- Support requests
- Sign up for ebulletin

<https://www.youtube.com/channel/UC9edk5QJCNWVb7-IbK1wuiA/playlists>

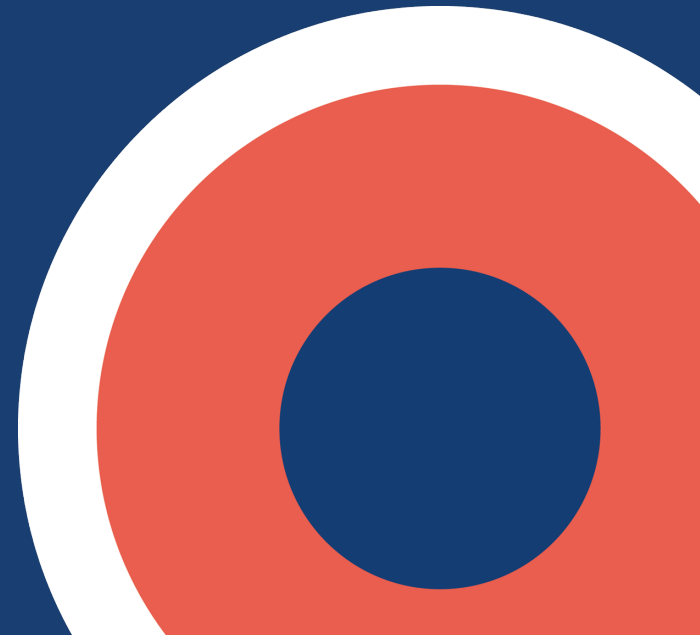
Thank you





Developing Partnerships

Dr Sajni Haria
Business Development Manager



NIHR

National Institute for
Health and Care Research

Supporting the
life sciences industry to
translate innovations into the
UK health and care system



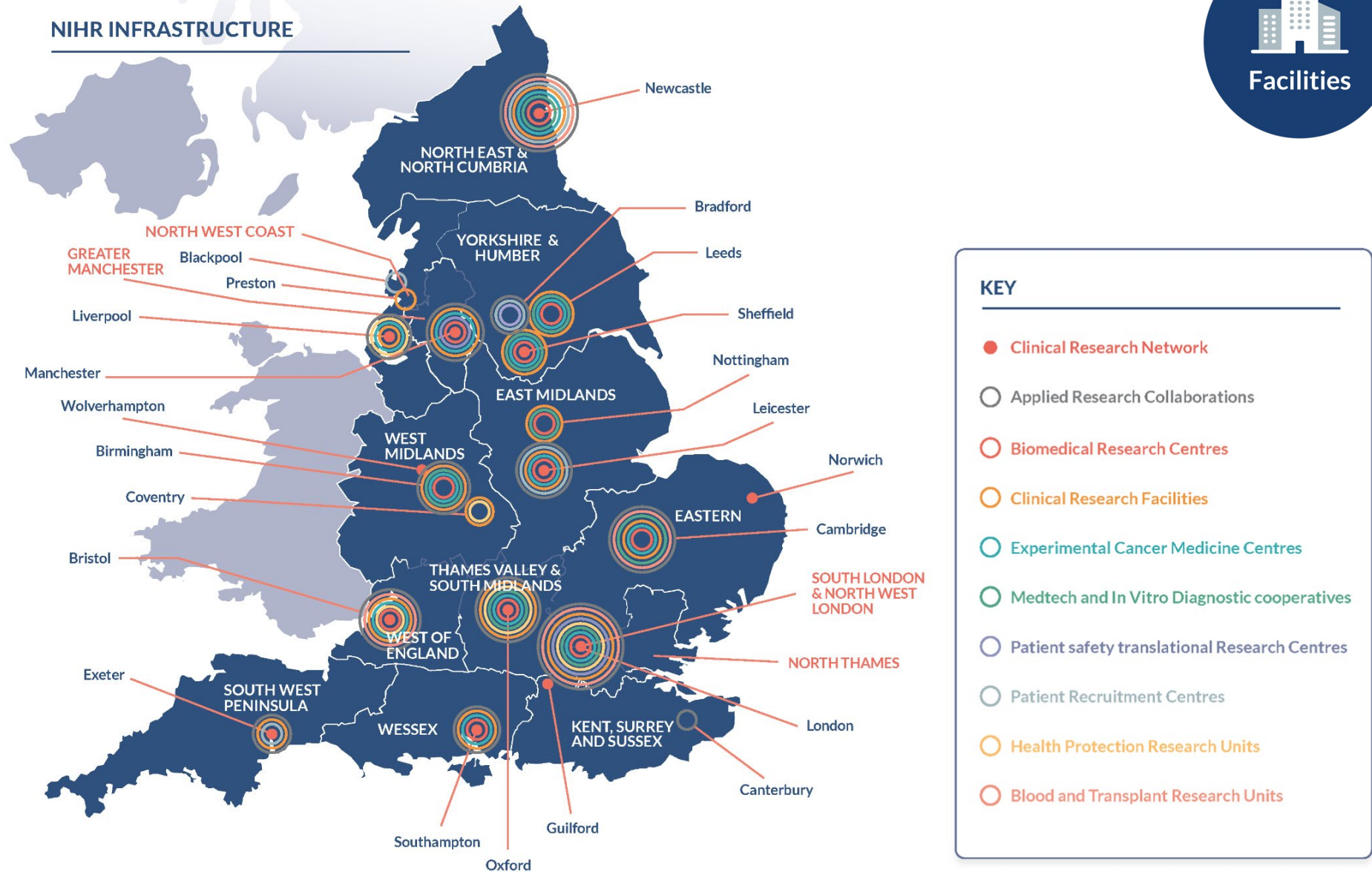
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your development



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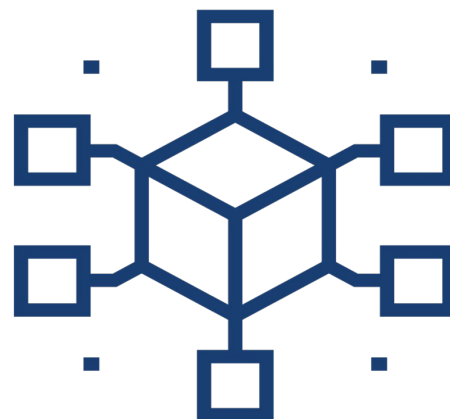


With unparalleled access to patients across the NHS, social care and local communities

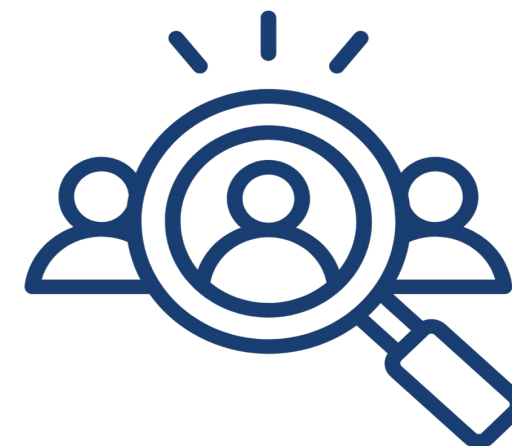
Supporting access to patients and participants across the NHS, social care and local communities



Rapid and secure access to
phenotype and genotyped
samples



Access data and samples

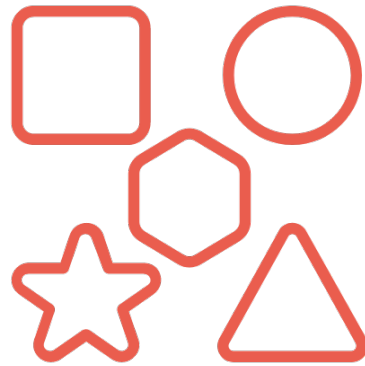


Recruit participants based
on genetic and physical
characteristics

Get in touch to access our personalised support



Central entry
point



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product development,
location, study type, study
size, therapy or research area



Tailored to your
needs



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health datasets and
biobanks



Work with world-leading
clinical and academic
experts



Generate the evidence
required to support **market**
access



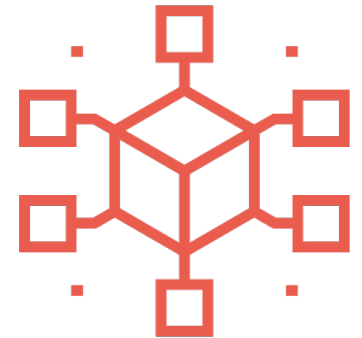
Develop your
innovation in **purpose**
built research facilities



Connect with the wider
UK infrastructure and
Government

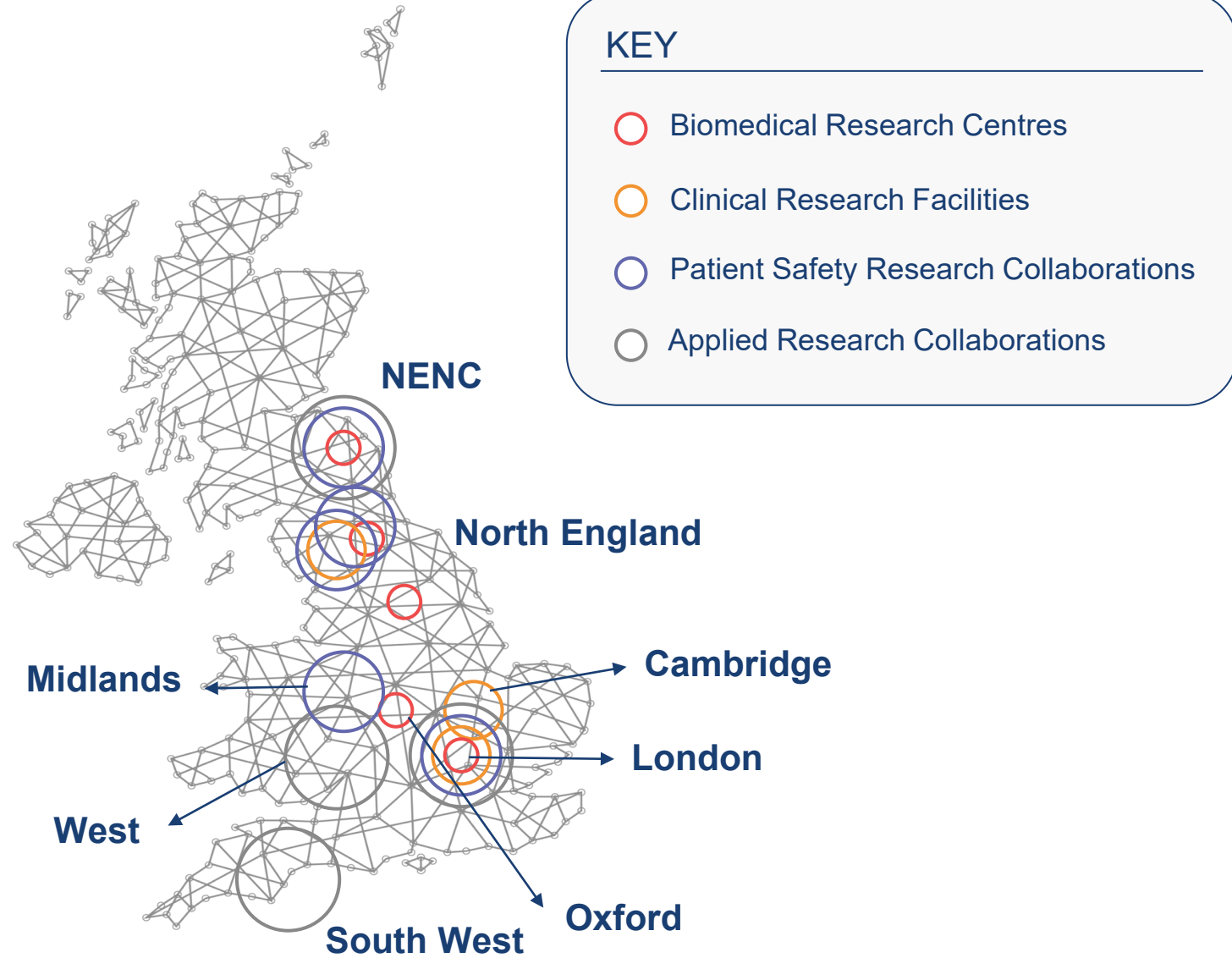


Find **funding** that is right
for your innovation and
business

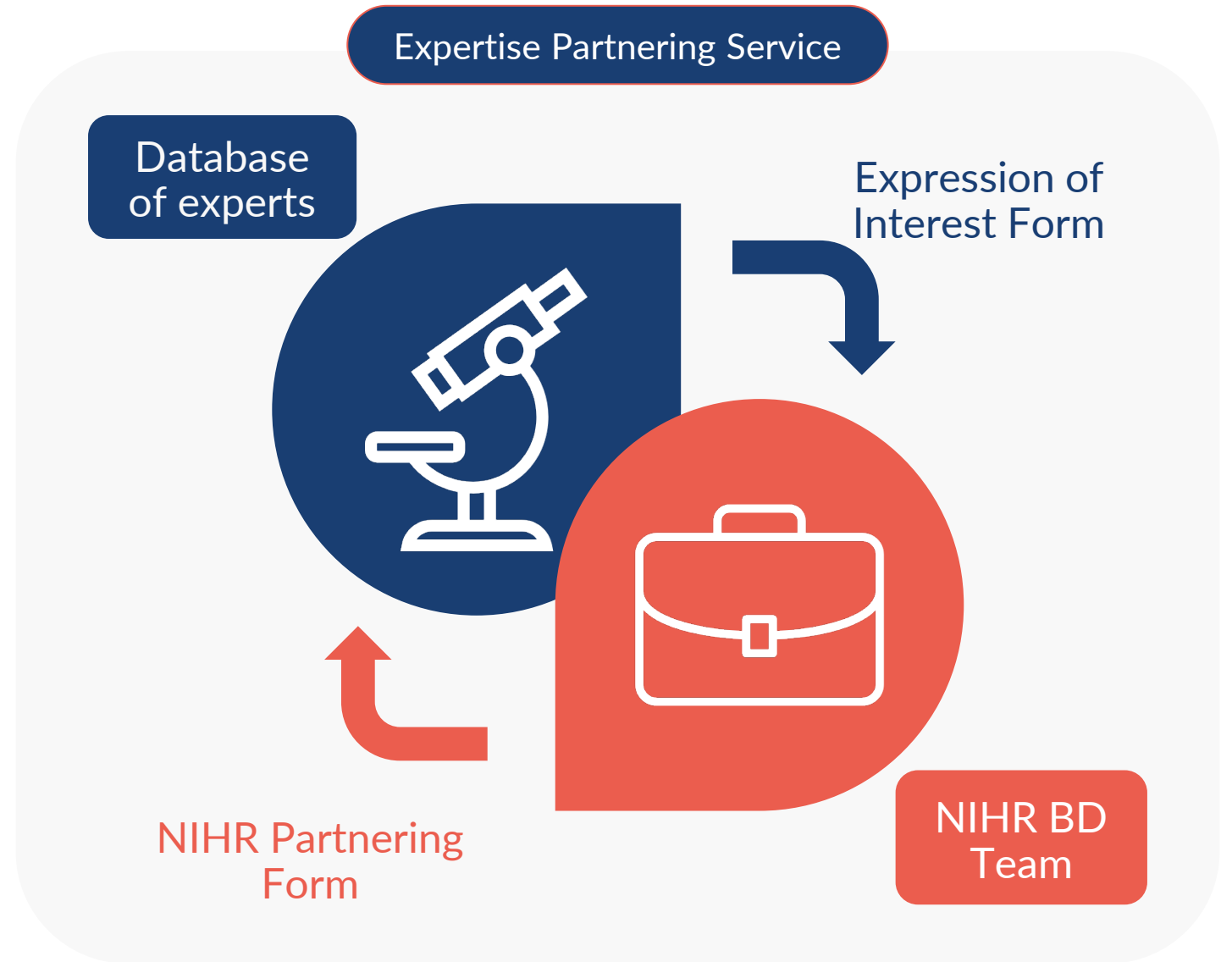


Build **bespoke**
collaborations around
your research interests

NIHR expertise and focus on illicit substances



We circulate details about your innovation and research ideas to over 60 clinical and academic research centres, reaching thousands of experts to foster collaboration



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