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HDRC Southampton

**Drug use and crime
Evidence review**

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1. Drug use and crime

This evidence review looks at the Health Research Board's document on [Integrative review on place-based and other geographically defined responses to drug-related threats in communities](#), published in July 2024.

The Health Research Board (HRB) is Ireland's lead government agency responsible for funding, supporting, and coordinating health research, data collection, and evidence generation.

The document looks at the place-based initiatives emerged originally in the field of health, guided by new ideas relating to the social determinants of health, the role of the socioecological context, implementation science, and the importance of community empowerment. Although there are considerable variations, it is possible to identify an underlying model which focuses on providing universal, structural interventions that seek to improve health and well-being by modifying the social context in which health-related behaviour occurs.

2. Overview

This report was commissioned to synthesise international evidence regarding place-based strategies—meaning interventions focused on specific communities or geographic areas—aimed at tackling drug-related threats, which encompass challenges such as substance misuse, trafficking, and related harms. The purpose is to support local and regional task forces, service providers, and policymakers in implementing evidence-based interventions consistent with Ireland's national drugs strategy. The report draws on peer-reviewed studies, government reports, and evaluations of community interventions from a range of countries, offering a comprehensive overview of the approaches used worldwide.

3. Methods

The research questions guiding the study were addressed by carrying out an extensive search of the literature, including academic publications, unpublished research, official reports, and advocacy documents. The review collates lessons from established frameworks and programmes implemented in diverse geographic settings.

4. Place-based initiatives

PROSPER - Promoting School-community-university Partnerships to Enhance Resilience, a widely recognized, evidence-based prevention partnership model, primarily developed by Iowa State

University and Penn State University, to deliver substance abuse prevention programs to youth in rural communities.

Communities That Care (CTC) - is a strategy development process for local communities that empowers them to use robust evidence of 'what works' in prevention and early intervention to prevent youth problem behaviours, based on unique profiles of young people's behavioural outcomes and risk and protective factors in that community. First developed in the USA now widely used

Icelandic Prevention Model (IPM) - is a data-driven, population-wide model developed that focuses on identifying community-level risk factors and strengthening protective factors to reduce youth substance use and other negative social outcomes among children and young people. The IPM emphasizes delaying the onset of substance use to reduce long-term health and social implications.

HEALing Communities Study - Data measures for supporting a community-based intervention to reduce opioid overdose deaths.

Pulling Levers – An innovation in policing that capitalizes on growing evidence of the effectiveness of police deterrence strategies is the focused deterrence framework. E.g. the identification of high-risk offenders through extensive data analysis; call-in sessions where high-risk offenders are notified of the leverage mechanisms available to police in an effort to facilitate compliance and the integration of varied community groups, faith-based organizations, and social service providers.

Barcelona Salut als Barris (Barcelona Health in the Neighbourhoods) - to tackle social health inequalities through community based interventions.

Second Chance or Else Programme (SCORE) – involving a collaboration between the Drug Market Intervention Program of the US Attorney's Office, on the one hand, and the police department, the Board of Health, and community leaders in Mobile, Alabama. The focus of the strategy was on improving one of Mobile's most disadvantaged and drug-ravaged neighbourhoods by implementing a place-based initiative.

Other methods included were:

- **Community Collective Impact Model for Change** - a structured, cross-sector framework designed to solve complex social issues by aligning diverse stakeholders
- **Cherokee Nation trial** - This is a trial that involves a universal primary prevention initiative for adolescents living in small rural towns within the boundaries of the Cherokee Nation reservation in Northeast Oklahoma in the USA.
- **The Martinsburg Initiative (TMI)** - focuses on: (1) promoting social norms that protect young people against violence, (2) teaching prosocial skills, (3) connecting youth to caring adults and activities, and (4) intervening to lessen the immediate- and long-term harms produced by adverse childhood experiences.

Place-based approaches can be highly effective when well-coordinated. These initiatives show that coordinated, locally tailored interventions, especially when combined with structural, educational, and policy components can reduce substance-related harms. Successful interventions often integrate universal prevention, targeted supports, and community empowerment.

The core components of successful programmes include:

- **Community engagement and leadership:** Local stakeholder involvement helps ensure contextual relevance and sustainability.
- **Multi-sector collaboration:** Combining health, education, policing, social services, and local community efforts enhances breadth and cohesion.
- **Flexible, dynamic design:** Adapts to evolving threats and community needs.
- **Robust evaluation and feedback loops:** Ongoing monitoring, data collection, and evaluation supports iterative improvement and accountability.

There are various evidence gaps and implementation challenges of the place-based model which include:

- While many evaluated programmes show promise, outcome diversity limits direct comparison—the design, metrics, populations, and contexts vary widely.
- Long-term impact data is often scarce.
- Singular models may need adaptation before transfer to new policy environments like Ireland.

4.1 Policy and practice implications

Local Task Forces (like Ireland's) should consider adapting elements from successful international models, while emphasizing:

- Inclusive community involvement
- Inter-sector coordination
- Ongoing monitoring and evaluation
- Flexible design to reflect local geography and demographics
- Irish policy planning could benefit from piloting tailored models, tracking both short- and long-term outcomes, and sharing evidence across regions to refine effectiveness.

5. Research questions and summary of findings

The research asked a series of questions as part of the literature review for details on these questions see page 62 onwards in the document. [Integrative review on place-based and other geographically defined responses to drug-related threats in communities](#)

5.1 Research question 1: What are the characteristics of effective place-based responses to drug-related threats in communities?

The main findings from this question were:

- Successful models are multi-level, targeting individuals, families, schools and communities.
- Effective programmes involve:
 - Long-term, consistent funding
 - Community participation
 - Local leadership and ownership
 - Use of evidence-based interventions
 - Strong coordination across sectors (e.g. health, education and justice)
- Place-based programmes tend to integrate universal prevention with targeted support for high-risk groups.

5.2 Research question 2: What is the evidence of effectiveness (including cost-effectiveness) of these models?

The findings include:

- Strong evidence of effectiveness exists for:
 - Communities That Care: Improved youth behavioural outcomes.
 - PROSPER: Reduced substance use among adolescents.
 - Icelandic Prevention Model: Significant drop in teenage substance use nationally.
- Cost-effectiveness evidence is limited but some models (like CTC and PROSPER) demonstrate long-term savings due to reduced need for health, social and criminal justice services.
- Economic evaluations are often underreported, especially outside the USA.

5.3 Research question 3: What are the enablers and barriers to implementing place-based approaches?

Enablers:

- Trust and collaboration between local actors and institutions.
- Capacity-building at community level.
- Clear strategic direction and supportive policy.
- Flexibility to adapt to local context.

Barriers:

- Short-term funding or reliance on pilots.
- Lack of evaluation infrastructure or poor data quality.
- Siloed services or lack of multi-agency coordination.
- Resistance to external models not seen as community-led.

5.4 Research question 4: How transferable are these international models to the Irish context?

The main findings were:

- While many models show positive results internationally, direct transfer requires adaptation.
- Need to consider:
 - Ireland's unique service landscape
 - Differences in governance, demographics, and resources
 - Importance of community involvement and buy-in
- Suggested approach: co-designed pilots informed by international models but locally led.

6. Additional notes

Other identified references on the drug and crime interventions include:

[The informal tripart relationship between the state, neighbourhood police and community groups:](#) community safety perceptions and practices in a Midlands Neighbourhood in the UK (Emerald Publishing) 2019 from the journal Safer Communities.

The paper examines police, Local Authority and community collaboration in a Midlands neighbourhood. It highlights the value of trust, communication, and visibility, but notes challenges around resources, cultural barriers, and differing priorities on crime and safety issues.

[Indicators of Drug-Related Community Impacts of Open Drug Scenes: A Scoping Review;](#) 2021 European Addiction Research.

This scoping review examined indicators of drug-related community impacts (DRCIs) linked to open drug scenes (ODSs). Reviewing 25 studies, it identified indicators such as public drug use/dealing, litter, crime, loitering, noise, and feelings of unsafety. Findings highlight that DRCIs vary across contexts, shaped by social, political, and historical factors, and suggest addressing them through economic improvements, policy reforms, and supportive social services.

[Innovative Community Policing Models in Response to Discrimination of Racialized Youth Who Use Drugs;](#) 2025, Sage Journals.

This rapid review explored community policing models to improve relations between police and racialized youth who use drugs (YWUD) in Canada and beyond. It found limited evidence-based programs, few culturally safe or co-developed initiatives, and reliance on anecdotal evidence. The study recommends enhanced police training in trauma-informed harm reduction, youth development, communication, de-escalation, reconciliation, and cultural safety.

[Community Coalition Efforts to Prevent Adolescent Substance Use: A Systematic Review;](#) 2021 Sage Journals.

This systematic review examined community coalitions for adolescent alcohol and drug prevention. The review proposes four principles to guide sustainable coalition development for effective prevention.

[‘Communities are attempting to tackle the crisis’: a scoping review on community plans to prevent and reduce opioid-related harms;](#) 2018 BMJ Open.

This scoping review examined community plans addressing opioid-related harms in OECD countries. From 108 records (100 plans, mostly in Canada/USA), only four were evaluated. Most plans were

publicly funded, public health–led, and involved multiple partners, with actions focused on treatment, harm reduction, and naloxone access. Key gaps included limited evaluation, weak equity and stigma considerations, and minimal involvement of people with lived experience.

[The impact of coalition characteristics on outcomes in community-based initiatives targeting the social determinants of health: a systematic review](#); 2022 BMC journals.

This systematic review (26 studies, 6 countries) examined links between coalition characteristics and outcomes in community-based health promotion targeting social determinants of health. Significant associations were found between outcomes (effectiveness, policy/environment change, community capacity) and characteristics such as resourcing, structure, engagement, communication, and planning. The review highlights inconsistent measurement and calls for stronger empirical evaluation across diverse settings.

[Whole-of-community interventions to reduce population-level harms arising from alcohol and other drug use: a systematic review and meta-analysis](#); 2018 Society for the Study of Addiction.

This systematic review of 24 trials (249,125 participants) assessed whole-of-community interventions for alcohol and other drug harms. Findings showed small reductions in risky drinking but no significant effects on overall alcohol use, binge drinking, or marijuana use. Evidence on crime and health outcomes was mixed, and most studies had high risk of bias.