



National Audit Office

# Tackling problem drug use

## Scope and methodology

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**MARCH 2010**

## Scope and methodology

In this report, we examined the progress made against three of the strategic objectives in the 2008-2011 action plan for delivery of the 2008 Drug Strategy 'Drugs: protecting families and communities', which were designed to:

- **target and manage problem drug using offenders:** to reduce drug related offending;
- **improve the quality and effectiveness of treatment:** to reduce drug related offending; increase the number of problem drug users in effective treatment; lower relapse rates following treatment; achieve a greater proportion of drug users becoming free from dependence; fewer drug related deaths; fewer blood borne virus transmissions; and fewer health harms; and
- **help problem drug users re-establish their lives:** to achieve reductions in drug users with housing problems, and those claiming benefits, and to get more drug users into work.

The report examined whether the 2008 Drug Strategy was supported by a robust evidence base for Government intervention and expenditure of public funds to tackle problem drug use. It considered whether the programme of interventions put forward to achieve the strategic objectives were achieving value for money and whether the Strategy was supported by a framework to evaluate and report on performance and outcomes.

The main elements of our fieldwork, which took place between April and August 2009, were:

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### Selected method

**1** We appointed consultants RAND Europe to review the definition of 'problem drug use' and 'problem drug user' in the Drug Strategy and in international academic and other literature.

**2** We appointed consultants RAND Europe to review the Drug Strategy's evidence base. We required the consultants to identify and review relevant published research and statistics on problem drug use from a range of sources including academia, Government Departments, the third sector and international bodies.

### Purpose

To identify if there is a clear shared understanding of 'problem drug use' held by Government Departments, drug treatment services, academics, police and probation services, separate from the full range of use of illegal drugs.

To identify if there a clear agreed definition of 'problem drug user' for inclusion in the national and local breakdown of the problem drug user population, separate from the full population of people using illegal drugs in England.

To assess the degree to which both the quantitative and qualitative evidence sources drawn on to underpin the Strategy were sufficiently comprehensive, were appropriately drawn together, were of sufficient quality, up to date, and representative to the United Kingdom to form a robust basis for the Drug Strategy, covering:

- the prevalence of drug use in key populations;
- drug use in young people;
- drug-related harms;
- prevention and young people;
- what works in drug treatment;
- drug-related crime;
- interventions to reduce offending; and
- drug supply and enforcement.

To assess whether the interpretations and conclusions drawn from the evidence review fairly and accurately reflected the range and quality of evidence considered.

To identify any key gaps or weaknesses in the quantitative and qualitative evidence bases, and whether other relevant, robust and up to date evidence could have been drawn upon, with the potential implications to the Drug Strategy from any gaps or weaknesses identified.

To identify any aspects of the Drug Strategy which:

- did not have supporting evidence (were not referenced);
- did not fit with the evidence included in the review;
- did not fit with other relevant, robust and up to date evidence not included in the review.

To assess the consequences of any gaps identified above.

To examine the degree to which the internal and external peer review commissioned by the Government in preparing the Drug Strategy provided sufficient quality assurance, and examine the degree to which the Drug Strategy reflected the outcomes from the peer review.

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## Selected method

**3** We reviewed the costs to society of problem drug use in England and the underlying methodology and data sources.

**4** We carried out quantitative analysis of data.

We analysed national, regional and local data from Government Departments and Agencies, Regional Offices and Local Strategic Partnerships on funding services to tackle problem drug use and related outputs, outcomes and performance data.

**5** We convened a Cross-Department Reference Group, whom we consulted at regular stages through our examination. Members of the group represented the:

- Department for Children, Schools and Families
- Department for Work and Pensions
- Department of Communities and Local Government
- Department of Health
- Home Office
- Ministry of Justice
- National Treatment Agency

**6** We issued a structured questionnaire to the main Government Departments and Agencies with responsibilities for delivering the Drug Strategy. We sent the questionnaire to the nominated representative on our Cross-Department Reference Group for each Department/Agency. We also held meetings with each representative, to gain further information on their role in delivering their responsibilities to tackling problem drug use. We visited the:

- Department for Children, Schools and Families
- Department for Work and Pensions
- Department of Communities and Local Government
- Department of Health
- Home Office
- Ministry of Justice
- National Treatment Agency

## Purpose

To assess the precision and robustness of the estimate in the Strategy, the strengths and any limitations in the methodology and data sources, and the nature and range of costs included.

To determine whether the cost of drug use to society captured the crime, health, social and personal consequences and harms caused by problem drug use and provided a reasonable indication of their total and relative costs to society in England.

The assessment examined the cost estimate methodology against the five point Maryland scale. It assessed the robustness of the methodology design, which used a 'before and after' approach and whether the design included any sample selection bias.

To identify public expenditure directly and indirectly related to tackling problem drug use and to analyse outcomes and performance achieved.

The role of the Cross-Department Reference Group was to:

- represent the wider body of Government Departments and Agencies that have a role to play in supporting delivery of the Drug strategy;
- review and comment on the proposed scope and workstreams for the NAO study, including any material gaps in the proposed approach; and
- consider the emerging findings from the fieldwork and evidence sources.

To gather evidence on the degree to which those involved in delivering the Drug Strategy for each Department and Agency had:

- a clear understanding of their responsibilities;
  - a clear vision on how to deliver their responsibilities;
  - a clear corporate commitment to delivery;
  - effective levers to deliver their objectives;
  - a clear alignment between their responsibilities to the Strategy and wider corporate priorities;
  - effective collaboration and joint working with other organisations responsible for delivery of the Strategy.
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### Selected method

**7** We issued a structured questionnaire to the designated drug lead in six Government Offices for the Regions and a separate questionnaire to the National Treatment Agency regional manager in the six regions. We then carried out visits to each of the drug leads and regional managers. In each visit, we gathered further information on the questionnaire responses and gained their briefing on the Local Strategic Partnership we would visit in their region to develop an individually structured audit programme for the Local Strategic Partnership visit. We visited:

- East of England
- East Midlands
- London
- North East
- North West
- South West

**8** We carried out evaluative case studies in six Local Strategic Partnerships. In each visit, we conducted focus groups with:

- senior representatives (such as the Chair of the Local Strategic Partnership, the Drug Action Team Co-ordinator, the Police Borough Commander) of the Local Strategic Partnership;
- frontline staff of Local Strategic Partnership member organisations;
- senior representatives and frontline staff of service providers;
- drug users;
- informal carers.

We selected the locations drawing on quantitative analysis, to provide regional dispersion and to cover different types and size of local partnership, including one system change pilot (Essex):

- County Durham, North East;
- Derbyshire, East Midlands;
- Dorset, South West;
- Essex, East of England;
- Manchester, North West;
- Westminster, London.

We covered a programme of questions tailored for each Local Strategic Partnership to expand on information on the partnership gathered from Government Office drug leads, National Treatment Agency regional managers and from documentation published by each Local Strategic Partnership.

### Purpose

To gather evidence to determine whether the drug leads in the Government Office for the regions and the National Treatment Agency regional managers had:

- a clear role and objectives in delivering their contribution to the Drug Strategy and to PSA 25 on drugs;
- sufficient capacity to support Local Strategic Partnerships and local delivery bodies;
- sufficient capacity to identify and share good practice within and across the region, assess the quality of local planning and compliance with guidance on tackling problem drug use in each Local Strategic Partnership, and to tackle local underperformance by individual Local Strategic Partnerships;
- effective joint working with regional partners;
- robust performance data to monitor performance of Local Strategic Partnerships against explicit performance standards;
- clear success criteria in delivering their regional role.

To gather evidence on Local Strategic Partnership arrangements to tackle problem drug use through commissioning and delivering drug services, local practices and performance. Specifically, we covered whether Local Strategic Partnerships were:

- developing an effective strategic approach to tackling problem drug use locally through the new Drugs Strategy
- effectively managing the delivery processes to tackle problem drug use locally
- effectively tackling problem drug use and securing benefits locally

We also gathered evidence on local good practice in improving performance in tackling problem drug use.

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### Selected method

**9** We convened an external advisory panel comprising a broad spectrum of external perspectives in the drugs field:

Martin Barnes, Drugscope;

Karen Biggs, Phoenix Futures;

Peter Martin, European Association for the Treatment of Addiction;

Kit Harbottle, Audit Commission;

Tim Hollis, Association of Chief Police Officers;

Roger Howard, UK Drug Policy Commission;

John Marsden, Addictions Department, Institute of Psychiatry, King's College London;

Philip Painter, North Kent Police;

John Patience, Brighton and Hove Drug and Alcohol Action Team;

Louise Sell, Greater Manchester West Mental Health NHS Foundation Trust;

John Strang, Addictions Department, Institute of Psychiatry, King's College London;

Claire Sweeney, Audit Scotland;

Paul Turnbull, Kings College, London;

Ian Wardle, Lifeline.

**10** We convened an external data panel comprising experts in analysis and research on problem drug use:

Mike Ashton, Drug and Alcohol Findings;

Claire Cole, Liverpool John Moores University;

Gordon Hay, University of Glasgow;

Tim Millar, University of Manchester;

Toby Seddon, University of Manchester.

### Purpose

The panel met once in August 2009. We sought feedback from the panel members on the emerging findings and key messages, specifically:

- any key gaps or weaknesses in the quantitative and qualitative workstreams and their implications;
- any findings which did not fit with other independent external audits or recent robust research;
- whether the draft conclusions fairly and accurately reflected the range and quality of evidence gathered.

The panel met once in August 2009. We sought feedback from the panel members on the data analysis outcomes, specifically:

- the sources of quantitative data and the range and nature of analysis undertaken;
  - the robustness of the data we used;
  - the types of statistical analysis we carried out to gain the group's interpretations on the outcomes from our analysis, including the strength and relevance of statistical relationships;
  - any findings which did not fit with other recent robust research.
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