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Tackling problem drug use

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CORRECTION

Page 8, paragraph 19

Paragraph 19 reads:

19 The proportion of adults who drop out of treatment has fallen from 74 per cent in 2004-05 to 44 per cent in 2008-09. An increasing number of problem drug users leave treatment free from dependency on heroin or crack cocaine or the illegal drugs for which they sought treatment, but with evidence of other illegal drug use.

Paragraph 19 should read:

19 The proportion of problem drug users who drop out of treatment has fallen from 20 per cent in 2004-05 to 11 per cent in 2008-09. An increasing number of problem drug users leave treatment free from dependency on heroin or crack cocaine or the illegal drugs for which they sought treatment, but with evidence of other illegal drug use.

Summary

Background

1 Central and local government spend around £1.2 billion a year tackling drug use in England. The cost to society of problem drug use is around £15.3 billion a year (2003-04 estimate); 90 per cent of which is attributable to drug-related offences (mainly acquisitive crimes such as theft and burglary committed by problem drug users). There are an estimated one third of a million problem drug users in England. Within this examination, problem drug users are defined as those using opiates (mainly heroin) and/or crack cocaine, which are Class A drugs.

2 The case for Government intervention to tackle problem drug use is strong. If the harms from problem drug use can be reduced significantly, then the costs to society should fall. Effective interventions could also help limit the size of future generations of drug users. In February 2008, the Government introduced a new Drug Strategy 'Protecting families and communities' (the Strategy), which aims 'to reduce the harm that drugs cause to society, to communities, individuals and their families'. This wide ranging Strategy runs from 2008 to 2018, and is supported by three-year action plans.

3 The Strategy's approach includes getting problem drug users into effective treatment to reduce their drug related offending and re-integrating them into society to reduce harm to families and costs to communities. It also sets out much broader measures such as: preventing drug use; working with international partners to intercept drugs before they reach the United Kingdom; tackling organised crime; increasing the street price of drugs; the seizure of assets generated by drug dealing; and disrupting local drug markets. The Strategy set out the Public Service Agreements (PSAs) relating to each of its strands, with PSA 25 – 'Reduce the harm caused by drugs and alcohol', including the main indicators of progress.

4 This report examines progress against three strategic objectives of the current action plan which cover over £900 million of the current annual expenditure of £1.2 billion and which aim 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.

5 The examination assesses whether the 2008 Drug Strategy is supported by a robust evidence base for Government intervention and expenditure of public funds on tackling problem drug use. It considers whether the programme of interventions put forward to achieve the three strategic objectives are achieving value for money and whether the Strategy is supported by a robust framework to evaluate overall performance, and the degree to which the Strategy achieves its aims.

6 The examination does not cover broader objectives in the Strategy such as drug treatment in prisons, safeguarding children, tackling the supply of drugs, or measures to prevent drug use. These account for around £249 million of the £1.2 billion annual funding to deliver the Strategy.

Key findings

The Government's new Drug Strategy is wide ranging but has no overall framework for evaluation

7 In 2008, the Government introduced a new 10-year Drug Strategy supported by a series of three year action plans which followed a review of evidence for some of the measures included, and extensive public consultation. The Strategy sets out a governance structure for delivery of the Strategy and the underpinning Service Delivery Agreements. It also outlines the anticipated impacts from each strategic theme. We found that a number of the objectives in the Strategy are supported by robust sources of evidence including the effectiveness of drug treatment (£581 million a year adult drug treatment funding in 2008-09), but there are some gaps where further research is needed, for example, in getting problem drug users into stable work (£13 million a year Department for Work and Pensions funding) and into placing problem drug users into suitable accommodation (£30 million a year Department for Communities and Local Government funding). The new Strategy builds on the previous Drug Strategy from 1998 to 2008, although there was no overall evaluation of the outcomes of the first Strategy undertaken to feed into the new plans.

8 Neither the current Strategy, nor the supporting action plan for 2008-2011, set out an overall framework for evaluating and reporting on the degree to which the Strategy is achieving the intended outcomes or the value for money provided. The Home Office notes that the Strategy sets out a programme of measures which can deliver multiple outcomes. It considers there would be significant difficulties in determining links between its measures and the intended outcomes. The Home Office also notes there are limitations in the data generated across the different areas of activity covered by the Strategy that make overall evaluation challenging. The Home Office considers that evaluating individual measures is a preferable and cost effective approach and it considers it has made good progress in its evaluation. While a number of individual

measures have been evaluated, others such as the Drug Rehabilitation Requirement, and the £30 million funding on housing related support services for drug users, have not. The Cross-Government Research Programme on Drugs aims to continue to develop a robust scientific evidence base.

9 The Action Plan for 2008-11 identified 22 strategic objectives, supported by a total of 87 key actions. Ten strategic objectives had at least one related measure, national indicator or Public Service Agreement that could be used to judge progress against key actions, and a further four strategic objectives did not require a measure. For the remaining eight strategic objectives however, there was no identified metric that could be used to assess how much progress had been made to achieving them.

Structures for delivering the Strategy and for funding are complex

10 The multiplicity of Departments and Agencies involved add to the complexities in delivering the Strategy. The Home Office has overall policy responsibility for delivering the Strategy while a number of other Government Departments and Agencies at both national and local levels also have responsibility for taking forward aspects of the Strategy. These organisations are providing total funding to tackle drugs of £1.2 billion in 2009-10. The Strategy shows that annual funding for the duration of the first action plan is expected to stay broadly constant.

11 Generally, the central Government providers had a good understanding of their responsibilities, although there was varied understanding as to how to deliver them, and their capacity to deliver them. The capacity and capabilities of the Government Offices for the Regions, which are responsible for working with local partnerships, in delivering the Strategy, also showed marked variations.

Government has given increased attention to targeting and managing drug-using offenders

12 The estimated annual cost to society of problem drug use is £15.3 billion (2003-04 estimate), of which £13.9 billion is the estimated cost of drug related offences. Between a third and a half of acquisitive crime is estimated to be drug related. The majority of drug related acquisitive crime is committed by 25 to 35 year-olds. Young people who take illegal drugs are more likely to commit offences, additional to drug possession, than those not taking illegal drugs. Nearly half of young people under 25 committing an offence additional to drug possession, had taken any drug compared with 19 per cent who had not taken any drug, in the same 12 month period.

13 The Drug Interventions Programme aims to drive down drug-related offending by facilitating access to drug treatment and other services for drug users who are arrested, charged or convicted of crimes. The Programme is delivered by local partnerships and costs £150 million a year. In 2009-10, between 4,000 and 4,500 problem drug users have commenced drug treatment in the community each month following referral from the Programme.

14 Home Office research in 2007, indicated that crimes committed by those on the Programme fell by 26 per cent overall compared to their frequency of offending before they entered the Programme. Around half showed a decline in offending of 79 per cent. A quarter showed similar levels of offending although 28 per cent showed a sharp increase in their volume of offending, possibly indicating a hard core of problem drug-using offenders. However, the lack of a comparison group in the research meant that any changes in offending could not be directly ascribed to the Programme.

15 The Drug Interventions Programme puts a greater focus on reducing crime and on hard core prolific problem drug-using offenders who require closer management in the community. Home Office research indicated that the Programme could further increase its impact and value for money and that local operation of the Programme has been inconsistent. Some local partnerships have focused too narrowly on facilitating problem drug-using offenders' access to treatment while funding in some local partnerships was up to seven times higher per drug user than the least expensive. In some local partnerships, the local authority provided no support to drug users to obtain accommodation despite problem drug-using offenders' views that housing was the major problem they faced. The Home Office is planning changes to the operation of the Programme from April 2010 to achieve greater consistency across the local partnerships.

16 Around half of convicted problem drug users complete their Drug Rehabilitation Requirement while on a community sentence. The Ministry of Justice provides £42 million a year to the Department of Health to facilitate access to treatment for problem drug-using offenders serving a Drug Rehabilitation Requirement. The Ministry of Justice is including the Drug Rehabilitation Requirement as part of an offender community cohort study. The Ministry of Justice aims to gather data on the characteristics of offenders who typically receive the Requirement, and which types of offenders could benefit most from the Requirement. Without an effectiveness evaluation, the Ministry is not able to assess the impacts of the Requirement, such as any change in offenders' drug use and criminal activity. Nor will it be able to understand how to improve the percentage of drug users who comply with, and complete, the Requirement, or the value for money provided.

Central funding for adult drug treatment is contributing an increasing share of funding for drug treatment

17 Between 2004-05 and 2008-09, funding for adult drug treatment increased from £481 million to £581 million (at 2008-09 prices). The numbers in effective treatment increased from 134,000 to 195,000 over that period. Central Government funding (the 'Pooled Treatment Budget') accounted for all this increase in funding. The proportion of funding from the Pooled Treatment Budget increased from 53 per cent to 64 per cent of total funding. Total funding per adult in effective treatment fell from £3,700 in 2006-07 to £3,000 in 2008-09. In the first 18 months since a 2008 baseline, the number of problem drug users in effective treatment has increased by 7.1 per cent, against a planned three per cent target increase by 2011.

The goal of all drug treatment is for drug users to achieve abstinence

18 The goal of all drug treatment is for drug users to achieve abstinence from their drug(s) of dependency, with treatment supporting drug users to achieve this as soon as they can. The Home Office Drug Treatment Outcomes Research Study estimated a benefit cost ratio for all drug treatment of around 2.5:1, as the mean benefit per drug user in treatment was £12,000, compared to a mean cost of treatment of £4,900.

19 The proportion of adults who drop out of treatment has fallen from 74 per cent in 2004-05 to 44 per cent in 2008-09. An increasing number of problem drug users leave treatment free from dependency on heroin or crack cocaine or the illegal drugs for which they sought treatment, but with evidence of other illegal drug use.

Getting drug users back into work and appropriate accommodation is challenging

20 The shortage of suitable housing and support in local authorities remains a significant constraint to reintegrating drug users. There is currently no UK research on the efficacy of measures to put problem drug users in appropriate accommodation. About 100,000 problem drug users have a housing problem. The Strategy requires the Department for Communities and Local Government to improve access to appropriate accommodation and support for drug users who are in treatment and leaving treatment.

21 Many employers are reluctant to recruit drug users, even after treatment. Around 80 per cent of problem drug users claim benefits at an annual cost of £40 million. Around 100,000 of problem drug users on benefits are not in treatment. Getting them fit for work, and into and holding down a job, can take a long time and be expensive.

22 Only eight per cent of drug users receiving help into employment are able to obtain a job and keep it for 13 weeks or more and the cost for each drug user helped into a job was £11,600 in 2008-09. The Department for Work and Pensions is providing around £13 million a year across Great Britain for 'progress2work'. This initiative aims to get drug users into employment, through arranging skills training, mentoring and support. Between 2006-07 and 2008-09, the numbers joining the programme stayed broadly constant at around 12,500 a year. But the number who started a job after taking part in the programme fell from 2,500 to 1,950.

Value for Money Conclusion

23 There is significant Government activity aimed at tackling problem drug use, building the evidence base and evaluating its effectiveness. The Government is spending £1.2 billion in 2009-10 with the objective of bringing down the costs to society of problem drug use of £15 billion a year. There is no framework in place for evaluating the achievements of the 2008 Strategy which limits Departments' understanding of the overall value for money achieved and where future resources should be prioritised. Without an evaluative framework for the Strategy as a whole we are not able to conclude

positively on value for money. There has been good progress in a number of activities, including an increasing number of problem drug users in drug treatment; and an increasing percentage leaving treatment free from dependency. The Drug Treatment Outcomes Research Study has estimated the benefit cost ratio for drug treatment is 2.5 to 1. The most significant and costly objectives of the Drug Strategy are supported by robust evidence and plans are in place to develop a robust scientific evidence base.

24 The number of initiatives underway, the cross-departmental nature of the Strategy, and the complex arrangements for delivery at national, regional and local levels add to the difficulties in assessing whether value for money is being achieved. A framework for evaluation could draw upon the existing individual evaluations of measures in the Strategy and would help assess whether funding is being optimally directed at different strategic objectives. The Home Office agrees with the National Audit Office that producing such an evaluative framework would be desirable. This will not be a straightforward task. The Home Office will work with the National Audit Office to achieve satisfactory measures.

Recommendations

a **The Drug Strategy does not state how an overall evaluation of the outcomes achieved from the £1.2 billion annual expenditure on delivering the Strategy will be undertaken, reported on, or the value for money assessed.**

Given the £15 billion annual cost to society of problem drug use and the risks to the £1.2 billion annual public funding of measures to deliver the Strategy, the Departments responsible for delivering the Strategy should develop a framework for evaluating value for money. They should ensure ongoing evaluation covers all areas of spending, with regular reporting, on the degree to which measures in the Strategy are reducing the costs of problem drug use, and delivering value for money, together with an assessment of the success of joined up working. We acknowledge this will be challenging, given the wide range of intended outcomes set out in the Strategy, the need to understand the influence of wider factors on the harms from problem drug use and the levels of offending, and the volume of data needed to assess the effects of measures in the Strategy on the intended outcomes.

To ensure a framework for evaluation is economic and achievable, we recommend that development work should initially identify and include only those factors which have the greatest influence on the harms from problem drug use. The Departments should then identify a research design that enables an understanding of the linkages between expenditure on measures in the Strategy and the achievement of the intended outputs and outcomes and seeks to control where possible for wider factors affecting the intended outcomes.

Running the evaluation framework will require timely and accurate costing, activity, output and outcome data. The evaluation approach should identify the data systems required for the framework, and where data are not already available they should ensure these are in place to enable value for money to be assessed.

b Only 10 of the 22 strategic objectives in the 2008-2011 Action Plan included metrics to monitor progress and delivery.

Future action plans should ensure each strategic objective is accompanied by a robust evidence base for the activity proposed, linking it to the intended outputs and outcomes, the funding identified for the activity, time related targets for delivery, and robust performance measures. This will enable progress against targets to be monitored and reported on for each strategic objective, and enable robust assessment of value for money achieved.

c Departmental capacities required to deliver their responsibilities under the Strategy vary and the strength of corporate commitment to delivery reflects how closely responsibilities are aligned to Departments' strategic objectives.

All Departments should ensure that they:

- are focused on collective delivery and the collective achievement of targets;
- have clear linkages between their central performance indicators and local indicators;
- have levers through the Government Offices designed to help provide local partnerships with the support and influence required to deliver the Strategy's aims; and
- work together to ensure greater consistency in performance between Government Office regions, and to facilitate improved communications and collaboration between regions.

d The impacts of Drug Rehabilitation Requirements on drug users' offending levels and ongoing drug use are not known and value from expenditure on the Requirement is not known.

The National Offender Management Service should undertake an effectiveness evaluation of the outcomes of the Requirement and how to improve completion rates. The National Offender Management Service should also ensure it is supervising more closely those drug users on the Requirement who are causing the greatest financial costs to society.

e **The National Treatment Agency has delivered significant growth in the number of problem drug users in effective treatment and drug treatment has an estimated cost-benefit ratio of 2.5:1. The Drug Strategy considers that too many drug users relapse, do not complete treatment programmes or stay in treatment too long.**

National Treatment Agency regional managers, working with regional partners should examine treatment performance data in each partnership to identify trend data in relapse rates, drop out rates and time in treatment. Where this identifies relatively weak or declining performance, they should collaborate on targets for local treatment services to improve performance in these areas and promote local adoption of evidence-based guidance from the National Treatment Agency to assist local treatment services improve performance in line with the Strategy's goals.

f **There is no UK research on which measures are most effective in helping drug users' access and live in accommodation without harming their communities due to drug possession, dealing, committing acquisitive crimes and anti-social behaviour**.

The Department for Communities and Local Government should commission independent research to establish which measures provide best value for money in accommodating problem drug users, while protecting local communities. Measures by local authorities to accommodate drug users must be part of a coordinated approach to their reintegration and emphasise the protection of families and communities. They should link closely to services retaining problem drug users in treatment.

g **Performance of measures to get drug users off benefits and into work is below the target success rate of 20 per cent. The Department for Work and Pensions plans to introduce a new programme from October 2010 to offer additional employment support for recovering drug users**.

The Department for Work and Pensions should review 'progress2work', to identify how to improve value from expenditure on this programme, and to determine those aspects which have been successful. It should use this knowledge to ensure the new programme to help problem drug users into work is evidence based, and can demonstrate value for money.