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Developing and trialling a checklist of criteria for assessing the excellence of drug strategy documentation through assessing the respective qualities of the new (2010/2011) national drug strategies of the USA, the United Kingdom and Australia

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Summary

Some years ago the then UN International Drug Control Programme (now UNODC) published a set of guidelines for developing what were called 'National Drug Control Master Plans', i.e. national drug policies or strategies. Recently I reviewed those guidelines while preparing comments on a draft of Australian's new National Drug Strategy 2010-2015. While the UNODC guidelines provide a useful checklist as to the possible *contents* of a document describing the national drug strategy, they fail to provide guidance on the *criteria of excellence* in a national drug strategy. To fill the gap, I have identified (deductively) 10 assessment criteria:

1. Problem definition
2. Policy goals
3. The use of evidence
4. Assessment of policy options
5. Confronting the trade-offs
6. Resources for implementation
7. The policy instruments to be used
8. Ensuring fidelity of implementation
9. Flexibility
10. Monitoring and evaluation.

The Obama administration's inaugural five year USA National Drug Control Strategy was released in May 2010, the UK Government's Drug Strategy 2010, Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life' in December 2010, and Australian's new National Drug Strategy 2010-2015 was released in March 2011. I have assessed the documentation of these three strategies against the 10 criteria listed above with the dual aims of:

1. determining the utility of the criteria as an evaluative tool and
2. assessing and comparing the nature and quality of the three new national drug strategies, as presented in their strategy documents.

This exercise has led to the following tentative conclusions, for discussion:

1. Overall, the criteria are useful for differentiating between the three national drug strategies (as documented by the respective governments) in terms of their core characteristics, breadth of coverage and quality.
2. Additional assessment criteria have been identified inductively, from the three strategies analysed:
   - A human rights and/or social justice focus
   - The extent to which the drug strategy demonstrates connectedness to and inter-relatedness with strategies beyond the immediate drug sector
   - The process used to develop the new strategy
   - The length and comprehensiveness of the strategy document.
3. On the 10 original and 4 new criteria listed, the USA's 2010 national drug strategy and Australia's 2010-2015 strategy rate similarly and highly. The UK's 2010 strategy rates the lowest of the three.

Possible future steps include assessing the validity of this approach, refining the list of criteria of merit, and developing an aggregate single metric as an assessment tool.

Introduction

Many nations, state/provinces, cities and other jurisdictions, as well as some international agencies, have documented their drug strategies. For convenience, I will use the term 'national drug strategies' to cover all of these. Over the years there have been some attempts to assess them, and this is nearly always done using some type of *ex-post* evaluation strategy, typically impact assessments (Becker & Vanclay (eds) 2003). For example, I was a member of the team that evaluated the 2004-2009 phase of Australia's National Drug Strategy. Our task was to assess and make judgements about the implementation, outputs and outcomes of the Strategy over that period (Siggins Miller 2009).

Another way of evaluating these strategies is an *ex-ante* approach, that is appraising strategy documents to ascertain the nature and quality of what the authors state they intend to do, what outputs and outcomes they hope to achieve, and the strength of the causal argument that connects these (Funnell & Rogers 2011). This is closer to what the policy analysis literature refers to as 'analysis for policy' (contrasted to 'analysis of policy': Parsons 1995) than it is to outcome evaluation.

This paper explores the usefulness of establishing a framework for assessing national drug strategies while they are still drafts (perhaps during a public consultation phase) and soon after they are published, before implementation has progressed far enough to see outputs and outcomes. A core component of such a framework is establishing the assessment criteria. Doing so lies at the heart of both policy analysis (e.g. Step 4 in Bardach's (2009) 'eightfold path' of policy analysis), and program evaluation (e.g. Davidson's (2005) 'evaluative criteria'). Whether assessing a policy prior to, during or after its implementation, the assessor will usually need to determine in advance the criteria of merit to be applied.

I emphasise that, in this analysis, I am assessing the national drug strategy documents published by the Governments of the USA, UK and Australia. I seek to assess the nature and merit of the three strategies *as set out in those strategy documents*. A complication is that some associated documentation has been published online over the last twelve months which presumably the authors expect to be read along with the overarching strategy documents. Probably few readers of the latter would be aware of the associated documentation—typically it is not mentioned in the core national drug strategy documents themselves. I refer below to the associated documents when doing so is illuminative.

I am not aware of any published attempts to cover this ground before, but will be grateful for any indications to the contrary. This is in contrast to the documentation of criteria for outcome evaluations of drug strategies (e.g. Hallam 2010; Ritter 2007, 2009; Roberts, Klein & Trace 2004; United Nations Office on Drugs and Crime 2007). A 1994 publication of the UN International Drug Control Programme (now the UNODC) *Format and guidelines for the preparation of National Drug Control Master Plans*, provides a useful checklist of the contents of national drug strategies, but no criteria for assessing their merit.

I have contributed to the development of a number of drug strategies for governments at various levels, and have undertaken rapid assessments and in-depth evaluations of national drug strategies in diverse Asian, Australasian and Pacific Islands nations, but in each case did so without the benefit

of the kind of checklist we are discussing here. It is that experience that has led me to explore the utility of such a checklist or framework for analysis.

Methods

The overarching research strategy was a content analysis of published documents. Three documents were the objects of the main part of the analysis, namely the national drug strategies released during 2010 and 2011 by the Governments of the United States of America, the United Kingdom and Australia, respectively:

- USA, Office of National Drug Control Policy 2010, *National Drug Control Strategy 2010*, Office of National Drug Control Policy, Washington, DC, http://www.whitehousedrugpolicy.gov/strategy/, released 11 May 2010.
- UK, HM Government 2010, *Drug Strategy 2010. Reducing demand, restricting supply, building recovery : supporting people to live a drug free life*, HM Government, London, http://www.homeoffice.gov.uk/drugs/drug-strategy-2010/, released on 8 December 2010.
- Australia, Ministerial Council on Drug Strategy 2011, *The National Drug Strategy 2010–2015: a framework for action on alcohol, tobacco and other drugs*, Ministerial Council on Drug Strategy, Canberra, http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/consult, released 11 March 2011.

Attention was also given to associated documents published online at the same websites.

A set of 10 criteria that could be used to assess the merit of these drug strategies, as documented in the sources listed above, was developed deductively from the policy analysis and evaluation literature (including Bardach 2009), and from my own experience in drug policy development, analysis and evaluation. These criteria are as follows:

1. **Problem definition**:
   The problem being addressed by the policy is clearly defined.
2. **Policy goals**:
   The goals of the policy are clearly defined, and specific enough to allow evaluation at a later time.
3. **The use of evidence**
   The policy is informed by evidence of various types, and it is clear what evidence was used and how it was used. (Note that 'evidence' includes scientific/research evidence, but other types are important as well, such as evidence of what is politically feasible, what is affordable, what has been learned from previous experiences, the relative costs and benefits, etc.)
4. **Assessment of policy options**:
   It is clear that those engaged in developing the policy considered a range of options for addressing the problem, and it is also clear that the most suitable options (in terms of their likelihood of achieving the intended outcomes) were adopted. The criteria used in making the selection are explicit.
5. **Confronting the trade-offs**:
   The policy shows that consideration has been given to the trade-offs involved in achieving the expected outputs and outcomes, including identifying who is likely to benefit from, or be harmed by, the policy's implementation.

6. **Resources for implementation**:
   Sufficient resources, of the right types at the right times, are available to implement and evaluate the policy.
7. **The policy instruments to be used**:
   The policy instruments to be used are clearly identified, and evidence exists that applying them is likely to produce the intended outcomes. (Policy instruments include funding, legislation, advocacy, network building, service development and delivery, etc.)
8. **Ensuring fidelity of implementation**:
   The policy is detailed enough to guide implementation. It shows that consideration has been given to implementation challenges, particularly what is needed to ensure that the policy is implemented effectively and efficiently, and how expected barriers to implementation will be avoided or overcome. It also identifies who is responsible for what actions.
9. **Flexibility**:
   The policy is flexible enough to be adapted to changing circumstances, and to be fine-tuned as implementation challenges arise.
10. **Monitoring and evaluation**:
    Processes for monitoring the implementation of the policy, and for evaluating its implementation, outputs and outcomes, are established and resourced. There is evidence that the products of these assessments will be used as part of the ongoing cycle of policy activity..

While undertaking the content analysis, using these criteria as the framework, I sought to identify additional criteria that would help differentiate between the strategies of the different nations, and contribute to the assessment of their merit. Four additional criteria were identified in this manner:

11. **A human rights and/or social justice focus**:
    The policy demonstrates that human rights and social justice principles have been taken into account. This is linked to the assessment of trade-offs, as contemporary drug policy usually impinges on certain human rights and has social justice implications.
12. **Connectedness to and interrelatedness with strategies beyond the immediate drug sector**:
    The policy reflects contemporary understanding of the broad social determinants of drug use and drug-related problems, and that strategies in other sectors address factors in the causal web, including the common antecedents of problematic drug use, mental illness, criminal behaviour, etc. The ways the different strategies inter-relate is clear, as are the governance arrangements that prevent a siloed (parallel) approach developing.
13. **The process used to develop the new strategy**:
    It is clear how the policy was developed, including the methods and extent to which the potentially affected communities were genuinely involved.
14. **The length and comprehensiveness of the strategy document**:
    The policy document is neither so long as to be unreadable, nor so brief as to omit necessary information.

Having documented the ways in which each of the three strategies covers (or fails to cover) each of the 10 initial criteria plus those that were developed through the project, I then took a normative approach, judging the degree of merit of each strategy on each of the criteria, and forming an overarching assessment. This is clearly a subjective assessment, but nonetheless implements the central theme of evaluation, namely that the facts do not speak for themselves but need to be interpreted and judged according to the criteria presented (Fournier, 2005).

The three national drug strategies

I now describe, *seriatim*, how and to what extent each of the three strategies deals with the 14 criteria, and present my assessments. The new National Drug Control Strategy of the USA is presented first. It is followed by that of the United Kingdom and finally of Australia, reflecting the sequence in which they were released to the public during 2010 and 2011.

United States of America

The US Government's *National Drug Control Strategy 2010* is a 117 page document, far longer than either of the other two assessed. The website from which the strategy can be downloaded http://www.whitehousedrugpolicy.gov/strategy/ also contains some important associated documents:

- 2010 National Drug Control Strategy
  - Highlights Document
  - FY 2011 Budget Summary
  - 2010 Data Supplement
- Laying a Foundation for Improving Public Health and Safety
- 2010 Signature Initiatives:
  - Community-Based Prevention Strategies
  - Working to Get Drugged Drivers Off the Road
  - Prescription Drugs: Weighing the Benefits and the Risks

Overall, the US documentation of its national drug strategy is much more comprehensive than those of the UK or Australia. What makes this particularly interesting is the fact that the strategy covers a limited time period (2010 to 2015) with an annual review process. Presumably most or all of the associated documents listed above will be updated or replaced as part of those annual reviews.

President Obama's letter of transmittal to Congress states the heart of the strategy, highlighting how he sees it as differing from that of the previous Administration:

> Drug use endangers the health and safety of every American, depletes financial and human resources, and deadens the spirit of many of our communities. Whether struggling with an addiction, worrying about a loved one's substance abuse, or being a victim of drug-related crime, millions of people in this country live with the devastating impact of illicit drug use every day. *This stark reality demands a new direction in drug policy—one based on common sense, sound science, and practical experience*. That is why my new strategy includes efforts to educate young people who are the most at-risk about the dangers of substance abuse, allocates unprecedented funding for treatment efforts in federally qualified health centers, reinvigorates drug courts and other criminal justice innovations, and strengthens our enforcement efforts to rid our streets of the drug dealers who infect our communities (p. iii, my emphasis).

The 'core themes' of the strategy are given as 'emphasizing prevention, treatment, and enforcement, collaborating to achieve solutions, employing best evidence and best practices...' (p. 97). Perhaps the most significant departure from the previous US strategies is that it now has a focus on 'reducing the consequences of drug abuse' as well as the narrow, difficult to achieve, reduction of drug use prevalence focus of earlier years.

Which drugs does the strategy cover? It appears that the focus is on the currently illegal drugs, with

mentions of tobacco, the drug that causes the highest levels of drug-related mortality and morbidity, are with regard to tobacco use by young people, e.g. ‘This Strategy has been written as a guide to address the serious challenges posed by illicit drugs and the illegal use of alcohol and tobacco by youth’ (p. 97).

In Appendix 1 (‘The data’) I list the 14 assessment criteria, summarise what the USA strategy document includes on each criterion, and provide an assessment of each.

Overall assessment of quality

Overall, the USA 2010 National Drug Control Strategy, as documented, rates well on the 14 criteria. It is particularly strong in setting out the resources to be used for implementation, and the use and development of information systems. It has clear statements of the problems to be addressed, and of the strategy’s goals. The use of evidence is strong, the policy instruments to be used are clear and detailed, and it includes good coverage of monitoring and evaluation, with some indication of flexibility.

The USA strategy rates poorly on assessing the range of policy options available, clarifying the trade-offs made, demonstrating how fidelity of implementation will be ensured, maintaining and enhancing human rights and social justice, and providing information on how the strategy was developed. It is largely silent on governance issues, leaving the reader unclear about the mechanisms to be used to ensure that progress is made towards attaining the strategy’s goals, including ensuring co-ordination and collaboration between the multiple actors.

It is pleasing to see, throughout the document, the statements of ‘principles’. (Many of these, though, are not principles at all but are categories of action.) It is not clear how the principles and actions map to the stated objectives cum performance targets. This will cause a challenge to people evaluating the strategy’s goal attainment in a few years time, as they have little guidance on the issue of attribution, that is, how the authors of the strategy expect its actions to produce the stated outcomes. A statement of the program theory, and presentations of the overall program logic (Funnell & Rogers 2011), would have been helpful.

The document is very long, but has an executive summary, and a summary version is also available. Owing to its length, the authors have had space in which to provide details on the situation, the principles underlying interventions, the intended actions, etc. This opportunity is used well.

Some observers will point to the limitations of presenting five-year quantified targets (e.g. ‘Reduce the number of chronic drug users by 15%’) as part of the goals statement, as this can be seen as setting oneself up for failure. Some of the actions listed are expressed like goals, and some of these are probably unattainable. Examples include ‘Eradicate marijuana cultivation’ and ‘Stop indoor marijuana cultivation’ (p. 72). I wonder if these statements reflect multiple authorships, multiple powerful players, and/or a deficiency in the editing process, as they are more like the language of the earlier, much-criticised, US drug strategies than of the bulk of this one.

United Kingdom

The UK Home Secretary, the Rt. Hon Theresa May, MP, released the UK Government's strategy on 8 December 2010. Its title is *Drug strategy 2010. Reducing demand, restricting supply, building recovery : supporting people to live a drug free life*, and is available online at http://www.homeoffice.gov.uk/drugs/drug-strategy-2010. It is just 25 pages long.

The associated documentation, online at http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/drug-strategy , is as follows:

- Strategaeth Gyffuriau 2010: This is the Welsh language version of the 2010 drug strategy.
- Summary of the consultation responses: Consultation response document
- Equality screening document: This document summarises the initial findings of the equality considerations for the new drug strategy.
- Impact assessment: This document provides an overarching assessment of the impacts of the new drug strategy.

The Foreword to the strategy highlights its key features:

> A fundamental difference between this strategy and those that have gone before is that instead of focusing primarily on reducing the harms caused by drug misuse, our approach will be to go much further and offer every support for people to choose recovery as an achievable way out of dependency. Over the next 4 years, we are determined to break the cycle of dependence on drugs and alcohol and the wasted opportunities that result.
>
> This strategy also sets out a shift in power to local areas (p. 2).

Furthermore:

> This strategy sets out a fundamentally different approach to tackling drugs and an entirely new ambition to reduce drug use and dependence. It will consider dependence on all drugs, including prescription and over-the-counter medicines. It recognises that severe alcohol dependence raises similar issues and that treatment providers are often one and the same. Therefore, where appropriate, this strategy will also consider severe alcohol dependency (p. 3).

The Home Office website also summarises the core features of the strategy, including how it differs from what has gone before:

> A major change to government policy, the 2010 strategy sets out a fundamentally different approach to preventing drug use in our communities, and in supporting recovery from drug and alcohol dependence.
>
> The strategy has recovery at its heart. It:
>
> - puts more responsibility on individuals to seek help and overcome dependency
> - places emphasis on providing a more holistic approach, by addressing other issues in addition to treatment to support people dependent on drugs or alcohol, such as offending, employment and housing
> - aims to reduce demand
> - takes an uncompromising approach to crack down on those involved in the drug supply both at home and abroad

- puts power and accountability in the hands of local communities to tackle drugs and the harms they cause

> …A drug consultation was held over the summer, which received over 1,800 responses, and helped inform this drug strategy. You can read the summary of the responses to the consultation.

Core features, then, include a heavy emphasis on addressing drug dependence (rather than drug-related harms) and the holistic approach through which many of the potentially most powerful interventions will occur in sectors that are not those we usually think of as the drug sector, narrowly defined. For example, seeing drug dependence as a social security and workforce issue, as well as a health issue, leads to an emphasis on treatment as a tool for creating savings in welfare expenditures, and in helping people to contribute to society through being in the workforce.

Which drugs are covered? The focus is largely on the currently illegal drugs, plus 'alcohol dependence'. There is no mention of tobacco in the strategy.

In Appendix 1 ('The data') I list the 14 assessment criteria, summarise what the UK strategy document includes on each criterion, and provide an assessment of each.

Overall assessment of quality

The new UK *Drug Strategy 2010* document is, overall, poorly written. It is too brief, omitting what should be among the core contents of a document that will drive this important area of public policy. It reads more like a political statement than a helpful set of policy guidance.

A problem definition is largely absent, and the statement of policy goals is diffuse and confusing. Goals and actions are not adequately differentiated. Little evidence exists of consideration of the range of policy options and the trade-offs involved in choosing some and rejecting others. The evidence-base underpinning the document (as presented) is thin. It is unclear how the strategy interrelates with the many strategies in other sectors that are mentioned, and how initiatives in these broader sectors will contribute to attaining the strategy's goals.

The issue of fidelity of implementation is a concern. Without any clarity on the structures and processes of governance for the strategy, it is hard to see how implementation can be managed. This is highlighted by the strategy's commitment to devolve much activity (and resources?) to the local level, and the lack of clarity about roles. On the other hand, the annual reviews imply some unstated process that may enhance the fidelity of implementation.

The UK strategy has some positive features. Interestingly, the most important of these are found not in the strategy document itself, but in other documents found at the Home Office's website. In my view, this is a strategic error. It possibly highlights what appears to be the problematic governance of the strategy overall. The problem definition and statements of the policy goals, in the associated documents, are of high quality. The goals and targets are not quantified, an approach that many consider wise in this type of high-level exposition of public policy. The policy instruments to be used are specified, and are appropriate. The monitoring and evaluation approach envisaged in the associated documentation is sound, as is the attention given there (but problematically not in the strategy document) to the human rights considerations. The consultative processes used to contribute to strategy development are also well documented elsewhere.

The many references to diverse strategies in sectors not usually considered to be at the heart of drug policy is one of the UK strategy's strengths, as well as presenting challenges for governance, fidelity of implementation, and evaluation. It will be difficult for evaluators to deal with the attribution issue. As I mentioned with respect to the USA strategy, a presentation of the program theory and program logic would assist the reader to understand how the specified interventions and processes are expected to lead to the attainment of the strategy's goals. This is unclear from what we have available at present.

Overall, I rate the UK strategy document as being of poor quality, when assessed against the 14 criteria. In contrast, when it is read in conjunction with the supporting documentation, the overall package deserves a significantly higher rating.

Australia

Australia's new *National Drug Strategy 2010–2015: a framework for action on alcohol, tobacco and other drugs* was released on the authority of the Ministerial Council on Drug Strategy on 11 March 2011. It is online at http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/consult. At the same URL is a link to associated documents that provide details of the consultation process that contributed to the development of the strategy.

Being 42 pages long, it is longer than the UK strategy document but far briefer than that of the USA.

The main characteristics of the strategy are highlighted by the titles of its chapters:

- About the National Drug Strategy
- The Pillars
  - Pillar 1: Demand reduction
  - Pillar 2: Supply reduction
  - Pillar 3: Harm reduction
- Supporting approaches
  - Workforce
  - Evidence base
  - Performance measures
  - Governance.

It has an explicit *mission statement*:

> To build safe and healthy communities by minimising alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities (p. 6)

and *defines 'drug'*, for the purposes of the strategy, thus:

> The term 'drug' includes alcohol, tobacco, illegal (also known as 'illicit') drugs, pharmaceuticals and other substances that alter brain function, resulting in changes in perception, mood, consciousness, cognition and behaviour (loc. cit.).

The 'harm minimisation' concept is central to the strategy: 'Since the National Drug Strategy began in 1985, harm minimisation has been its overarching approach. This encompasses the three equally important pillars of demand reduction, supply reduction and harm reduction being applied together in a balanced way' (p. 8). The 2010-2015 strategy is the sixth phase since the National Drug Strategy was established in 1985. It is built on a partnership between the health and law enforcement sectors, and between the Australian Commonwealth, State and Territory Governments.

In Appendix 1 ('The data') I list the 14 assessment criteria, summarise what the Australian strategy document includes on each criterion, and provide an assessment of each.

Overall assessment of quality

The Australian strategy document rates highly on many of the key criteria. It is especially clear about its policy goals; has reasonably good clarifications of the problems to be addressed; and demonstrates, and models, sound use of the evidence base. It is explicit about the full range of

policy instruments to be used to achieve the stated goals; sets out a set of governance arrangements, including monitoring and regular reporting, that should contribute to fidelity of policy implementation; and presents a sound approach to monitoring and evaluation. Comprehensive information is available in associated documentation about the consultation process that provided inputs to the strategy's development and, at 42 pages, the document is a sensible length, being a good balance between brevity and verbosity.

The document is poor in other areas. It fails to present the policy options, and associated trade-offs, considered—if they were considered at all. No information is given on the resources to be used to implement the strategy, nor indication of who is responsible for implementing the specific actions identified. Human rights and social justice are not mentioned, nor is information given on how the many related strategies, in other sectors, will interrelate with the national drug strategy.

Although the policy instruments to be used are set out in some detail, it is concerning that the qualification is given that 'The…actions [i.e. the policy instruments] listed under each pillar are not exhaustive but provide a general explanation of what is involved' (p. 17). The reader is left wondering if the actions listed are, in fact, the way the strategy will be implemented, or not?

The drafting of the document leads the reader to conclude that fidelity of policy implementation is likely to be high, partly because the document discusses the governance arrangements. There are at least two caveats. One is the absence of information about how the strategy will be funded. The second is the relative independence of the eight Australian States and Territories, which will have major roles in implementing the strategy, using their own resources. This means that the central governing bodies have only limited capacity to influence decision-making in those jurisdictions. This latter challenge to fidelity of implementation would be known to people familiar with Australia's constitutional arrangements, but not to other readers of the strategy document.

Overall, the Australian National Drug Strategy 2010-2015 document rates highly.

Discussion and conclusions

The study

This study has entailed an assessment of the new (2010-2011) national drug strategies of the USA, the UK and Australia. I commenced with 10 assessment criteria developed deductively from the literature and from my own experience as a drug policy analyst and evaluator, and added four more criteria derived inductively from the drug strategy documents reviewed. The 14 criteria are:

1. Problem definition
2. Policy goals
3. The use of evidence
4. Assessment of policy options
5. Confronting the trade-offs
6. Resources for implementation
7. The policy instruments to be used
8. Ensuring fidelity of implementation
9. Flexibility
10. Monitoring and evaluation
11. A human rights and/or social justice focus
12. Connectedness to and inter-relatedness with strategies beyond the immediate alcohol and other drug sector
13. The process used to develop the new strategy
14. The length and comprehensiveness of the strategy document.

The study involved assessing the drug strategy documents, that is, what the governments have published describing their strategies. It has not attempted to assess the implementation, outputs nor outcomes of the strategies. That is a different task altogether, one that requires different criteria of merit and worth, and different research strategies.

The attribution issue

No widely accepted, strong research methodology exists for evaluating the implementation, products and outcomes of national drug strategies. This is because of their breadth and complexity, the fact that they constitute complex systems with inbuilt feedback loops that produce unanticipated consequences, and the fact that there are so many people and organisations involved in implementation that it is immensely difficult to track what actually takes place under the strategy, let alone what they achieve. Furthermore, typically the strategies have conflicting—or potentially conflicting—policy goals, complicating the use of the goal attainment evaluation strategy.

To address this conundrum, I have suggested that the documentation of national drug strategies would be improved by including a statement of the program theory underlying the policy (including the theory of change and the theory of action), along with one or more logic models and statements of outcome hierarchies that make concrete the program theory and provide a strong basis for evaluation research (Funnell & Rogers 2011). (This was the broad strategy that we employed in evaluating the 2004-2009 phase of Australia's National Drug Strategy (Siggins Miller 2009).) This is a difficult task, but one that is well worth the effort.

Documenting policy options and how the trade-offs are confronted

Standard tools in policy analysis include developing a range of policy options that need to be considered, and assessing and documenting the trade-offs that inevitably occur in selecting one policy option over another (e.g. Bardach 2009). I have included these two criteria of merit in the list of 14. The question arises, is it reasonable to expect that a document describing and publicising a national drug strategy will include statements of the range of policy options as well is those chosen, and of the trade-offs involved? Doing so would potentially expose the authors to criticism about lack of breadth in their policy analyses and the implications of setting aside (or ignoring) the many policy options that are not included in the strategy. For example, the drug strategies of almost all nations for which data are available including allocating a larger proportion of the resources to drug law enforcement than to prevention, treatment, harm reduction, etc. (McDonald 2011). The authors of the USA strategy are to be commended for quantifying their allocations, by sector, in their strategy documentation. The other two nations either do not know where their drug expenditures are to be made or, if they do know, have failed to communicate that information to readers of their drug strategies. The trade-offs in applying much of the resources to drug law enforcement interventions that have rather limited effectiveness and cost-effectiveness, rather than to those in other areas of drug policy that have been shown to be more effective and cost-effective, are highlighted here.

It would seem reasonable that the authors of drug strategy documents give some indication of the range of policy options that were available to them, and some justification of the choices made.

Interrelatedness with strategies beyond the immediate drug sector

Each of the strategies includes references to policy frameworks in other domains, not lying at the core of what is normally thought of as drug policy, such as homelessness, workforce participation, social security, social disadvantage generally, strengthening communities, etc. This is a feature of the UK strategy in particular. None of the three strategies, however, presents a coherent explanation of how the many external strategies listed would interrelate strategically with the drug strategy itself. This is not surprising, as most nations are poor at implementing whole-of-government approaches. Siloed strategies are the norm.

The authors of the USA, UK and Australian drug strategies are to be commended for drawing attention to the fact that many of the causes of problematic drug use lie in areas that cannot be addressed by a narrow drug strategy, and that effective action in those other sectors can be instrumental in minimising drug-related harms. Nonetheless, without any specification of the causal mechanisms involved (i.e. showing how action in the other sectors will help create good drug strategy outcomes), and of the governance arrangements for a joined-up approach, the reader is left feeling that it is somewhat tokenistic to include the lists of related strategies.

To what extent has the study achieved its aims?

As a ‘proof of concept’ study, the analysis had two aims:

1. To determine the utility of the criteria as a tool for assessing the contents of drug strategy documentation and
2. To assess and compare the nature and quality of the three new national drug strategies, as presented in their strategy documents.

With regard to the first of these aims, the 14 criteria framework for assessing the merit of the strategies, as documented by governments, worked well. It helped clarify the similarities and differences, and provided a framework for assessment. I found few challenges in making a judgement on each criterion, for each of the strategy documents.

With regard to the second criterion, comparing the strategies of the three nations as seen through their strategy documents, the outcome is less clear. This is because, as one might expect, each of the three strategy documents rates well on some criteria and poorly on others. In the absence of an agreed-upon rating scale covering these criteria, and a weighting mechanism among them, it is not possible to compute a quantitative single metric that provides a valid overall assessment. That said, my overall subjective assessment, based on the 14 criteria assessed separately for each of the strategies, is that the USA’s 2010 National Drug Control Strategy and the Australian National Drug Strategy 2010-2015 are both of reasonably high quality, and are rated similarly. In contrast, the UK’s Drug Strategy 2010, as documented, rates well below the others.

All three rate highly on the criteria of problem definition, policy goals, specification of the policy instruments to be used, monitoring and evaluation, and the process used to develop the new strategy. All rate poorly on the assessment of policy options, confronting the trade-offs, and demonstrating how the drug strategy is connected to and interrelates with strategies beyond the immediate drug sector.

A complication in this exercise has been to decide the scope of the assessment in terms of which documents to include. If one deals only with the core strategy document for each nation, the USA’s is probably the best, and that of the UK by far the worst. Note that the USA’s core strategy document is 117 pages long and the UK’s just 25 pages. On the other hand, when one includes the associated documents found at the respective strategies’ websites, the assessment changes. Some of the most serious deficiencies in the UK strategy, such as missing or poorly stated policy goals, problem definition and information on monitoring and evaluation, are found in those other documents.

Possible future steps

Further discussion on this topic is invited. I would particularly welcome readers’ comments on the following:

- The broad approach taken (developing criteria of the merits of drug strategy documents as tools for assessing them).
- Other examples of this type of exercise.
- The appropriateness and usefulness of the 14 criteria used.

- Additional or replacement criteria that may work better.
- The validity of my assessments of the three strategies against the 14 criteria.
- The feasibility of developing a valid overall assessment of a nation's drug strategy documentation, based upon this process.
- Whether or not it is worthwhile undertaking further work to reach agreement on assessment criteria and to apply numeric weights to them with a view to creating some form of single metric as an assessment tool.

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Appendix 1: The data

This appendix lists the 14 assessment criteria used, summarises what the USA, UK and Australian strategy documents include on each criterion, and provides an assessment against each of these criteria for each of the three strategy documents.

USA: National Drug Control Strategy 2010

Criterion Makes explicit…	Contents	Assessment
1. Problem definition	A brief problem definition opens the document. Thereafter, each chapter commences with what is called a 'Policy Statement': these constitute problem definition statements and are largely well written. The document emphasises how current needs demand a quite different policy focus from that used in the past, attending to the need to reduce drug-related harms as well as reduce drug use prevalence.	Good
2. Policy goals	Seven policy goals are specified, in two categories: 1) Curtail illicit drug consumption in America and 2) Improve the public health and public safety of the American people by reducing the consequences of drug abuse (p. 6). Each of the seven goals is expressed in quantitative terms, providing targets for the year 2015, e.g. '2a: Reduce drug-induced deaths by 15%'. Provides the data sources for each indicator/goal, and states that '… there are other highly important potential impacts of drug policy….' that are not listed as the data sources for assessing goal attainment are inadequate. It adds that action will be taken under the strategy to remedy this problem.	Good
3. Use of evidence	Addressed directly commencing with the Director's preface (p. v): 'The development of this Strategy was informed by scientific breakthroughs in the prevention and treatment fields, innovations in law enforcement, and the thoughtful advice of Congress, Federal agencies, State and local partners, civic and professional organizations, and hundreds of concerned citizens around the country', acknowledging the importance of scientific evidence as one of the types of evidence used in policy formulation. The Director continues (loc. cit.): 'The Obama Administration's strategy is unique because it takes advantage of what we now know about how to more effectively prevent drug use, provide addiction treatment, and enforce the law against illegal drugs.' One of the principles underlying the strategy is 'We must use scientifically evaluated tools and best practices in a collaborative fashion' (p. 9). Scientific evidence is included in some of the problem definition 'Policy statements' for each chapter, and in supporting actions intended to achieve the goals, e.g. the application of 'certain and swift sanctions' in probation and parole systems (p. 56). It could have been more explicit regarding the limits of the evidence for drug law enforcement (e.g. in Chapter 5). Includes a commitment to improve the data and information resources: Chapter 7 'Improved info systems for analysis, assessment and local management'.	Good
4. Assessment of policy options	No detailed exposition of the options. Provides an overarching statement this is relevant, the Director's Preface (p. v) states: 'As President Obama himself has said, "Never has it been more important to have a national drug control strategy guided by sound principles of public safety and public health". We cannot	Fair

Criterion Makes explicit…	Contents	Assessment
	continue to pursue the same old strategy and expect better results.' This implies an assessment of the previous strategy and comparing it to other options.	
5. Confronting the trade-offs	Only one trade-off mentioned: getting the balance right regarding pharmaceutical drug abuse, avoiding the possible unintended adverse consequences of inadequate use of prescribed opioids for pain relief (p. 30).	Poor
6. Resources for implementation	Throughout the strategy document the government agencies responsible for the identified actions are specified. A separate document details the FY 2011 budget, identifying which agencies will be funded, and showing the planned spending by function.	Excellent
7. Policy instruments to be used	These are detailed throughout the document, and cover virtually the full range of policy instruments available, including - direct service delivery - community education & information - research (e.g. on innovative criminal justice system approaches p. 52) - workforce development (e.g. training of law enforcement personnel on identifying drug-impaired drivers p. 24) - funding (see FY 1011 budget, by sectors and agencies) - monitoring drug prescribing (p. 31) - legislation & regulation (e.g. review laws and regulations that impede recovery, p. 44) - law enforcement (e.g. disrupt the illicit financial networks p. 73) - institutional development (e.g. for stronger regional efforts p. 78) - implement international agreements and treaties - improved information systems for analysis, assessment and local management (Chapter 7)	Good
8. Ensuring fidelity of implementation	An important overarching mention: the President's letter of transmittal to Congress: '...a well-crafted strategy is only as successful as its implementation' (p. iii). Shows which agencies are responsible for each action, but does not show what action will be taken, if any, to ensure sound implementation.	Poor
9. Flexibility	Annual updates of the strategy envisaged, implying a capacity to make adjustments based on the annual reviews.	Good
10. Monitoring and evaluation.	A complete chapter on this, Chapter 7 'Improved information systems for analysis, assessment and local management'. The information systems t be used are detailed.	Good
11. A human rights and/or social justice focus.	Not mentioned other than a small Plan Columbia example: 'To sustain and expand on past United States programs for law enforcement, rule of law, human rights, and economic and social development initiated with Merida Initiative funding, the United States has established the Central American Regional Security Initiative (CARSI)' (p. 83).	Poor
12. Connectedness to and inter-relatedness with strategies beyond the immediate alcohol and other drug sector.	A main theme is collaboration both within the nation (e.g. between agencies of the Federal Government, between them and the States, and with local communities) and with other nations and international entities. Very little stated on *how* this will come about.	Fair
13. The process used to develop the new strategy.	Only a very brief section, three paragraphs (p. 7).	Poor
14. The length and comprehensiveness of the strategy document.	At 117 pages, plus extensive supplementary documentation, it is by far the longest of the three strategies reviewed. This provides scope for a comprehensive coverage of the situation and the planned actions.	Good

UK: Drug Strategy 2010: Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life

Criterion Makes explicit…	Contents	Assessment
1. Problem definition	The strategy document itself has virtually nothing in the nature of a problem definition statement. It simply states that 'Drug use in the UK remains too high' (p. 5) and that 'Patterns of drug use are changing' (p. 6). However, an associated document at the Home Office website titled 'Impact Assessment' includes a thorough problem definition, addressing 'What is the problem under consideration?' and 'Why Is government intervention necessary?'.	Although absent from the strategy document, done well in the associated documentation
2. Policy goals	The strategy document very inadequately specifies the policy goals. Some statements of this type are spread throughout the document. It confuses goals with implementation processes, and mixes up the terms 'aims', 'themes' and 'strategies'. For example, it presents three 'themes' (not goals) reducing demand, restricting supply and building recovery in communities (pp. 3-4), and then presents two 'overarching aims': 'Reduce illicit and other harmful drug use' and 'Increase the number recovering from their dependence' (p. 4). In the demand reduction chapter it states that 'People should not start taking drugs and those who do should stop' (p. 9). The restricting supply chapter has no statement of goals. The building recovery in communities chapter, with its focus on drug dependence, mentions'…getting them into full recovery and off drugs and alcohol for good' (p. 18). Some of what appear to be the goals are unrealistic, e.g. 'People should not start taking drugs and those who do should stop' (p. 9). There is no coherent outcomes hierarchy, and no indication of what are the strategy's KPIs. The final sentence gives another insight into the policy goals: 'By reducing demand, restricting supply and supporting individuals to recover, we will enable individuals and their families to live their lives to the full, local areas will be safer places to live and raise our families, and public investment will deliver greater value for money' (p. 25). A detailed, technical associated document 'Impact Assessment' has an excellent coverage of the policy goals under the heading 'The key policy objectives and the intended results' (p. 2). It is odd that they were not included in the strategy document itself. Quote The key policy objectives are: 1) Reduce demand for illicit drugs by preventing use and restricting the supply of illicit drugs into the UK. 2) Support those that are dependent on drugs and alcohol to recover, ensuring more people are tackling their dependence, recovering fully and contributing to society. The intended outcomes will be: - Reduced illicit and other harmful drug use - Increased number recovering from their dependence on drugs or alcohol. unquote	Very poor in the strategy document. Done well in the associated documentation.

Criterion *Makes explicit…*	*Contents*	*Assessment*
3. The use of evidence	The strategy document concludes 'We are committed to using evidence to drive the very best outcomes for individuals and communities' (p. 25) but the implementation of this commitment is only partially demonstrated in the strategy document. Under Reducing Demand it states that 'The Government is committed to an evidence-based approach' and gives the mechanism as the Advisory Council on the Misuse of Drugs (p. 9). Some data on the epidemiology of drug use and harms is provided, and some effective interventions listed (p. 6). Data on key population groups, drug types, mental health, youth, new drugs, etc., are given, along with citations of their sources. Under Restricting Supply: no statement of commitment to the use of evidence is given and there is little indication that the evidence base has informed this section. Under Building Recovery in Communities, no mention of using the evidence base, though some literature is cited. A undertaking is made to undertake research to build the evidence base, while not prescribing what interventions should be implemented (p. 20). Furthermore, 'We will...[replace the current National Service Framework] with a more up to date evidence base and a holistic recovery focused model' (p. 20).	Poor to fair
4. Assessment of policy options	Largely silent on this, other than explaining that the strategy differs from its predecessor in that it adds recovery from drug dependence ('getting them into full recovery and off drugs and alcohol for good' (p. 18)) to the previous focus on drug-related harms. A commitment to moving people off opioid substitution therapy, and shifting the emphasis from a centralised to a locally-focussed approach, implies consideration of policy options.	Poor
5. Confronting the trade-offs	No apparent consideration of this.	Poor
6. Resources for implementation	The strategy is silent on this, except for one brief mention regarding supporting the community sector in general (p. 24)—though the relevance of this to drugs is not made explicit.	Poor
7. The policy instruments to be used	Covered fully; indeed, most of the document is lists of intended actions that will be taken under the strategy. Most of the key policy instruments available to governments are included, e.g.: - Government organisations to be established (new NHS & PHE, including new local Directors of Public Health) and a National Crime Authority. Others to be reorganised e.g. the National Treatment Agency. - New policy documents to be developed, e.g. the Government Organised Crime Strategy (p. 14) and Green Papers (p. 12). - Direct services e.g. early childhood, international law enforcement, public information services, schools programs, intensive support for young people, prison programs, etc. - Legislation e.g. re 'legal highs' (p. 15). - Workforce development e.g. to build a recovery focus (p. 20). - International collaboration. - Funding: mentioned just once, for strengthening the community sector (p. 24).	Good
8. Ensuring fidelity of implementation	Not mentioned, though the planned evaluation and annual review could contribute to this.	Poor
9. Flexibility	The document concludes: 'We are also committed to reviewing this strategy on an annual basis in order to build in further initiatives and actions from the government's reform programme. This also allows us to respond to new and emerging evidence, to respond flexibly to the changing nature of the drugs trade and the outcomes being achieved' (p. 25). However, without any evidence of a coherent and effective governance structure and process, it is unclear that this undertaking can be realised.	Fair

Criterion Makes explicit…	Contents	Assessment
10. Monitoring and evaluation.	No indication is given as to the strategy's KPIs. In its final paragraphs, the strategy document states 'The government is currently developing an evaluation framework to assess the effectiveness and value for money of the Drug Strategy...We are also committed to reviewing this strategy on an annual basis in order to build in further initiatives and actions from the Government's reform programme' (p. 25). The associated 'Impact Assessment' document covers this aspect well.	Good
11. A human rights and/or social justice focus.	This is not mentioned at all in the strategy document. A highly formal, associated 'Equality Screening' document aims to ensure that funding allocations under the Strategy comply with the Home Office's gender, race and disability duties as required under UK legislation. Furthermore, the associated 'Impact Assessment' document explicitly includes human rights considerations.	Good
12. Connectedness to and inter-relatedness with strategies beyond the immediate alcohol and other drug sector.	The document includes many examples of other strategies. In most cases, however, it is unclear how these are expected to contribute to the drug strategy (especially since it has no coherent statement of policy goals). Having no clarity on governance means that the connections between the drug strategy and the others in diverse sectors are not explicit.	Poor
13. The process used to develop the new strategy.	Not in the strategy document, though its website contains a report on the consultative process used in the development of the strategy.	Good
14. The length and comprehensiveness of the strategy document.	At 25 pages it is a very brief document. It does not have sufficient space to cover many of the core issues that should be in s national drug strategy document. Nonetheless, the associated documentation fills some of the most important gaps.	Poor

Australia: The National Drug Strategy 2010-2015: A framework for action on alcohol, tobacco, and other drugs

Criterion Makes explicit…	Contents	Assessment
1. **Problem definition**	A problem definition is provided in the opening chapter and (briefly) in introducing each of the subsequent chapters. Key concepts are defined. The epidemiology of drug use and harms is presented, and social determinants are highlighted, although these sections fail to reference the literature. The 'Challenges for 2010-2015' are detailed (pp. 10-12) and the broad strategic approach is presented and illustrated with a Venn diagram (pp. 8-9), although this visualisation is misleading as equal areas are allocated to demand, supply and harm reduction, despite the fact that these three components do not receive equal resourcing.	Fair to good
2. **Policy goals**	The policy goals are clearly stated, commencing with an explicit mission statement ('To build safe and healthy communities by minimising alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities' (p. 6)), spelling out various principles, and setting out separate policy goals for each of the three pillars: • Demand reduction: Prevent uptake and delay onset of drug use; Reduce use of drugs in the community; Support people to recover from dependence and reconnect with the community; Support efforts to promote social inclusion and resilient individuals, families and communities. • Supply reduction: Reduce the supply of illegal drugs (both current and emerging); Control and manage the supply of alcohol, tobacco and other legal drugs. • Harm reduction: Reduce harms to community safety and amenity; Reduce harm to families; Reduce harm to individuals. References are made to sub-strategies, each of which has its own statement of policy goals.	Excellent
3. **The use of evidence**	This is covered in a dedicated section, titled 'Evidence base', under 'Supportive approaches' (pp. 34-5). It includes a commitment to using the evidence base, generating it to fill gaps, and 'a systematic approach to research and data' including establishing a new a National Drug Research and Data Strategy (p. 35). It includes some mentions of what the research shows to be the most effective interventions, but does no cite the published sources. One of the 'Supportive approaches' is 'Performance monitoring' (pp. 36-8). This includes a fairly realistic set of KPIs ('performance measures') that are 'intended to provide a broad indication of progress' (p. 36). They are mapped to the three pillars but are not explicitly mapped to specified goals/outcomes.	Good
4. **Assessment of policy options**	Not mentioned	Poor
5. **Confronting the trade-offs**	Not mentioned	Poor
6. **Resources for implementation**	Not mentioned	Poor

Criterion Makes explicit…	Contents	Assessment
7. The policy instruments to be used	A full range of policy instruments is described, including: - direct provision of services, e.g. school drug education (p. 19) - strengthen workforce capacity (pp. 31-3) - networking, including working in a collaborative, co-ordinated way, including with industry groups, and conducting stakeholder forums - contributing to the implementation of the existing international drug control treaties and promoting the Framework Convention on Tobacco Control (p. 26) - public education - legislation and regulation, e.g. outlawing tobacco advertising on internet (p. 25) - developing new planning models (p. 20) - developing new clinical standards (p. 21) - improving governance (pp. 21, 39-41) - developing new sub-strategies e.g. 'Develop a sustained and comprehensive stigma reduction strategy' (p. 22) and a new National Drug Research and Data Strategy (p. 35) - research, e.g. researching drug markets and investigative tools (p. 25) - developing new national principles for liquor licensing (p. 26).	Good
8. Ensuring fidelity of implementation	Covered in a dedicate section ('Governance', pp. 39-41). Sets out the revised governance structures and describes some of the governance processes. Includes the preparation of an annual report of the Intergovernmental Committee on Drugs.	Good
9. Flexibility	Establishing a set of KPIs and an annual report on progress that will include use of new and existing data sets presumably facilitates reviews of progress (p. 38), hence contributing to flexibility. Under supply reduction is a commitment to 'Ensure the ongoing and timely review of legislation and regulation to reflect the dynamic nature of illegal drug markets and manufacture' (p. 25).	Fair
10. Monitoring and evaluation.	Evaluation is highlighted as one of the approaches supporting the three pillars: 'Ongoing evaluation of approaches is also critical to the success of the National Drug Strategy 2010–2015. Evaluation ensures that existing programs and policies are appropriate, effective and efficient in the context of contemporary drug use patterns, trends and settings' (p. 34). The document discusses what it calls the successes of the National Drug Strategy (NDS) to date (pp. 9-10), based (in part) on the evaluation of the previous phase of the NDS. One of the 'Supportive approaches' is 'Performance monitoring' (pp. 36-8). This includes a fairly realistic set of KPIs ('performance measures') that are 'intended to provide a broad indication of progress' (p. 36). They are mapped to the three pillars but are not explicitly mapped to specified goals/outcomes. The KPIs include indicators of drug use as they are said to be 'a rough proxy measure of progress in demand reduction'. Additional KPIs cover 'disruption of illegal drug supply' and 'harm associated with drug use'. The annual report on progress, work to improve the data sources, and having inputs from the proposed new Working Groups should contribute to monitoring and evaluation.	Good
11. A human rights and/or social justice focus.	Not mentioned, although social justice was specified as a characteristic of 'the Australian approach' to drug policy in the 1998 -2004 phase of the NDS.	Poor
12. Connectedness to and inter-relatedness with strategies beyond the immediate alcohol and other drug sector.	An appendix lists ten potentially-related strategies, characterised as 'Other national frameworks relevant to the *National Drug Strategy 2010-2015*' (p. 42), including the Third National Hepatitis C Virus Strategy 2010–2013, the National Framework for Protecting Australia's Children 2009–2020 and the Organised Crime Strategic Framework. No information is given, though, about how they will interrelate with the NDS, nor the governance mechanisms to be used to make this effective. The document contains a number of mentions of the broader context, e.g. employment, population health, poverty, etc., being domains in	Poor

Criterion Makes explicit…	Contents	Assessment
	which other strategies exist.	
13. The process used to develop the new strategy.	Not mentioned in the strategy document, though the NDS website provides details of the public consultation process that contributed to its development, and the report of the evaluation of the previous phase of the NDS.	Good
14. The length and comprehensiveness of the strategy document.	At 42 pages the strategy document is long enough to be able to provide details, but is not so lengthy as to be difficult to read and understand.	Good

Appendix 2: Summary assessments

Criterion #	Criterion name	USA	UK	Aust.	Number of good/excellent
1	Problem definition	G	G*	F-G	3
2	Policy goals	G	G*	G-E	3
3	The use of evidence	G	P-F	G	2
4	Assessment of policy options	F	P-F	P	0
5	Confronting the trade-offs	P	P-F	P	0
6	Resources for implementation	G-E	P-F	P	1
7	The policy instruments to be used	G	G	G	3
8	Ensuring fidelity of implementation	P	P-F	G	1
9	Flexibility	G	F	F-G	2
10	Monitoring and evaluation	G	G*	G	3
11	A human rights and/or social justice focus	P	G*	P	1
12	Connectedness to and inter-relatedness with strategies beyond the immediate alcohol and other drug sector	P	P-F	P	0
13	The process used to develop the new strategy	G*	G*	G*	3
14	The length and comprehensiveness of the strategy document	G	F	G	2
Number of good/excellent ratings based on strategy document plus associated documents		**9**	**6**	**9**	
Number of good/excellent ratings excluding associated documents		**8**	**1**	**8**	

Notes:

E = excellent; G = good; F = fair; P = poor

* = rating based on associated documents, not the drug strategy document *per se*.