

INTRODUCTION

- This section offers suggestions on the data sources partnerships¹ might consider during the audit process to ensure that the drugs element of the joint crime and disorder and misuse of drugs strategy is based on an accurate assessment of the extent and nature of the local misuse of drugs problem.
- It provides only suggestions for data collection and is not intended to be prescriptive about how an audit (formerly known as review) should be completed. Partnerships should therefore simply use this as a guide about the range of data available, collecting whatever information is relevant to their individual circumstances.
- It also clarifies how the audit process links to the National Drug Strategy Performance Management Framework (PMF).
- This annex should be used in conjunction with the main toolkit on this website which offers advice on the format and content of joint crime and disorder and misuse of drugs audits and provides guidance on general principles surrounding data collecting and analysis.

AUDITING THE EXTENT AND NATURE OF LOCAL DRUG MISUSE PROBLEMS

- The audit and strategy process should form part of the planning already taking place in Drug Action Teams (DATs). Information on drug misuse and drug related crime would have also been included in crime and disorder audits since their inception.
- Through this process local partnerships¹ will need to ensure that there is a thorough understanding of the problems and needs in their area in order to formulate joint crime and disorder and misuse of drugs audit and develop strategies.
- Partnerships will be expected to adopt a proactive stance on diversity and pursue a robust anti-discriminatory approach in all aspects of their work to ensure that strategies meet the needs of all diverse communities and groups living in the area
- DATs have previously undertaken drugs audits and needs analysis in their normal business planning and review processes. The information collected by partnerships to gather the information pertaining to drugs misuse for the audit should therefore be the formalisation of the planning already undertaken by DATs in the commissioning of its drugs services and in its delivery of the National Drugs Strategy.
- There should be no need to re-invent the wheel in order to comply with the new statutory requirement (although it is recognised that some areas will be more versed than others) to complete joint crime and disorder and misuse of drugs audits. DATs have collected a range of data – through task groups, through annual returns and through commissioning services – that should be analysed and built upon as part of the audit and form part of the joint strategy.

¹ refers to CDRPs/DATs either working as one partnership or working closely in two tier areas

- The audit is the process of measuring the extent and nature of local drugs problems including the needs of a particular target population so that services can respond to them. It should inform decisions on strategic priorities, resource allocation, detailed planning and commissioning of services and enable progress to be tracked.
- During the audit, partnerships will want to examine the significant drug and crime problems in their area. This should include how problems are distributed across the area, and how they affect local people, as well, as how problems may have changed over time. Whilst the primary purpose of an audit is not performance management it will assist in this process by establishing baselines and data sources for future monitoring and evaluation and reviewing progress against targets.
- Good decisions are based on good information. It is essential that a systematic and rigorous approach is adopted to assess, analyse and interpret data to develop a response across the four themes of the National Drugs Strategy which is appropriate to local circumstances. All relevant agencies need to be actively engaged in solving problems to achieve success. Data needs to be sufficiently robust to:
 - Provide a clear picture of the problems.
 - Establish reliable baselines.
 - Track changes over time.
 - Measure progress.
- Analysis of data is key as this will support understanding of the causes of problems and help to determine appropriate mechanisms for tackling them, which can be built in to the strategy.
- There is no single best way of auditing misuse of drugs problems and assessing the needs of specific target populations in a local DAT/CDRP area. However, it is very important to be clear at the outset how the data collected can be used to identify problems.
- The audit can be undertaken on a number of different levels: at a regional level, at a community or neighbourhood level, or at the level of a single agency or service, as services for drug users can involve multiple agencies. Diversity issues need to be considered.
- Partnerships (where not integrated) may wish to consider setting up a data working group and co-opting partners to help consider data and undertake analysis and/or consider if data collection can be done by a data analyst working to the DAT. This may be particularly helpful in two tier areas in terms of economies of scale and avoiding duplication of effort. BSCF funded police data analysts could be extended in role to map non-offence related data alongside police intelligence and to give composite GIS hotspot maps. A number of areas find this approach beneficial. For example, although such things as discarded needles are not a police responsibility, mapping this kind of background data helps build more comprehensive intelligence pictures.
- GO crime teams and CDRP analysts have experience of two previous crime audits, and will therefore be a valuable source of information and knowledge. Partnerships should also ensure that they contact their Regional Home Office

Team who will provide guidance and support.

- Finally, partnerships should remember the importance of incorporation of local community perceptions and views about the extent of drugs across all areas of the strategy, alongside the more formal data sets compiled from police, agency or other provider data streams.

CORE DATA SOURCES

- Data produced to monitor the key performance indicators (KPIs) for the Performance Management Framework will contribute towards a core data set.
- The local estimates of problematic drug users, available through the Treatment Demand Model, provide an overall context for partnerships to develop their local review of the levels and patterns of drug use. Further details of the Treatment Demand Model are provided in Annex F of the PMRP.
- Some suggestions of data and data sources that partnerships might consider examining across the four themes of the National Drug Strategy are set out below, together with a few general suggestions which cut across each of the themes.
- Primary Care Trusts have been Responsible Authorities within partnerships since 30 April 2004. They should therefore be involved in the audit and strategy process and may be able to provide some valuable information sources. Guidance on the changes for PCTs will be available on the drugs and crime reduction website soon.

KEY CONSIDERATIONS WHEN USING AND INTERPRETING THE DATA

- Partnerships will need to consider the extent to which collection of this data is relevant and available in their area, and how this will help determine the information, problem or issues being examined.
- What is collected and how it is examined will differ in each partnership area according to local performance and problems – this document therefore does not offer a minimum data set as these decisions need to be made locally according to local circumstances. It should be remembered that there may be temporary local fluctuations in any data collected.
- Such fluctuations may occur when, for example, monthly data is compared. It is good practice, where possible, to have year on year and quarterly comparisons which provide a truer analysis of trends.
- Where possible, data should be broken down by age, gender, ethnicity, disability and sexuality to enable diversity to be considered and monitored.
- Clarity about the definitions being used is essential i.e. 'problem drug users', 'drug users', 'vulnerable young people' and 'vulnerable young users'.
- Where percentages are given, it is advisable to indicate the 'base' (the total number within the 'population' that the percentage is derived from) e.g. *20% of all arrests in 2003-04 (n=1437) were for dealing ('n' is equal to the base i.e. all arrests made in 2003-04).*

- Benchmarking: benchmarking data will be carried out for local partnerships for the drugs data that populates the KPIs in the Performance Management Framework, where possible, data will be centrally collated to enable assumptions can be made about the comparability of the data. Partnership performance will also be compared to the families to which the DAT is assigned.
- As this is the first time that drugs will be a component of the Audit, a higher priority than benchmarking would be establishing robust baselines to monitor against over the next three years.
- Analysis: three reports into drug use amongst groups of vulnerable young people (recently published by the Home Office) may be of use in giving examples of how to structure research findings - see <http://www.crimereduction.gov.uk/drugsalcohol64.htm>
- More detailed advice on the reliability, consistency, validity and analysis of data is available under the methodology section of the main part of this toolkit. This 'findings' section of the toolkit also gives guidance on benchmarking and other ways of presenting their findings.

REDUCING SUPPLY

- Aim of collecting data in this area is to:
 - Establish the extent of drugs supply and associated criminality and antisocial behaviour.
 - Plan and execute a strategy to tackle those issues.
 - Measures the impact of that strategy, and whether it has an effective or disproportionate and negative impact on diverse groups.
- A recommended starting point would be to concentrate on data and sources at street level when working on an individual area basis (e.g. types of drugs available, local perceptions of key informants, market dynamics etc.).

Drugs seizures

Potential data:

- Amount of heroin, cocaine/crack, ecstasy seized by police in the local partnership area per 10,000 population.
- Number of seizures of heroin, cocaine/crack, ecstasy by police in the local partnership area per 10,000 population.
- Total number of seizures of Class A drugs by police in the local partnership area per 10,000 population.
- Total of all assets (monetary value) recovered from persons brought to justice for Class A drug supply offences under the Proceeds of Crime Act 2002 directly related to police per 10,000 population.
- The number of Class A drug supply offences (heroin, cocaine/crack, ecstasy/other and total) brought to justice per 10,000 population.
- Arrests for dealing and possession as a proportion of total arrests.

Sources:

- KPI data for the PMF can be used to populate the five sets of data (Reducing Supply KPIs 1-4).
- Arrest data will be available from the local police.

Drug markets

Potential data:

- Type of drugs available in local partnership area.
- Characteristics of how each drug is sold e.g. open or closed markets, crack houses, via sex workers etc.
- Price and purity of each drug available.
- Mapping of crack use i.e. crack users' residence, crack related crime, crack markets.
- Number of crack houses - if an estimate of the number of crack houses operating in an area can be made, partnerships could produce an estimate of the proportion they are closing and are reopening, and the rate at which this is happening.

- Local partnerships may be able to estimate the level of dealers operating in an area and analyse 'turnover' within the area. maybe if they have details on people arrested for dealing;

Sources:

- Local police intelligence data, local drug squads and National Crime Squads may be potential data sources, as would Customs and Excise.
- Forensic Science Service may be able to provide purity of seizures data and possible market mapping (e.g. "fingerprinting" seizures).
- In some areas, organisations like the National Criminal Intelligence Service (NCIS) have done local estimates of market size.
- A lot of DATs have already commissioned work on local market mapping so another potential source might be 'grey' (unpublished) literature.
- Research carried out by local universities or council policy units may be another source of data, including community perceptions.

Offenders

Potential data:

- Key Informant surveys.
- Dealer interviews.
- Dealer user/profiles.
- Drugs testing data.

Sources:

- Treatment providers and enforcement agencies may have conducted Key Informant surveys.
- Some areas might have collected information on offenders convicted of supply.
- The Home Office's Arrestee Survey, which commenced in September 2003 in 60 Custody Suites may be a future source of data after one year's data has been collected and weighted.

Key considerations when interpreting this data

- Drug seizure data are highly variable with peaks at holiday times (e.g. New Year) and local festivals etc. Weights recorded in the field may be inaccurate. Laboratory analysis may delay the confirmation of drug type and quantity.
- Offenders brought to justice reprimands, final warnings and cautions data are available more quickly than court results. Again, data can be highly variable.
- Main problem with the "supply side" is that drug markets don't respect statutory agency boundaries, so a number of measures and data sources (such as seizures and arrests) might not specifically relate to local 'problems' or 'issues'.
- Police forces performance is measured through the Police Performance Assessment Framework (PPAF). That includes measures of acquisitive crime and the number of drug supply offenders brought to justice and can be used to give a context to other data.

Developing the Strategy

Based on this data, CDRPs/DATs with their local authority partners, should be able to:

- Establish the extent of drugs supply and associated criminality and antisocial behaviour.
- Plan and execute a strategy to tackle those issues.
- Measures the impact of that strategy and whether it has an effect or negative and disproportionate impact on diverse groups.

COMMUNITIES

- Aim of collecting data in this area is to:
 - Determine the level of drug related impact on community life, in specific settings (housing, the street, business, clubs etc).
 - Determine what services may be available for specific user groups covered under these specific themes (sex workers, those begging, users in the workplace, homeless users, clubbers).
 - Determine community perceptions of the scale of the problem, what should be done, and their opinion of what is being done and their involvement.
 - Create an understanding of the amount of available supported housing for the client group and the extent of the problem of anti-social behaviour related to housing.
 - Determine whether specific action needs to be taken to effectively support diverse communities.

Housing

Partnerships could seek to gather data on how great the drugs problem in housing is, and what facilities exist through housing services to help rehabilitate users.

Potential data:

- The number of people known to drug agencies with different types of housing need, including those leaving custody.
- The number of units of supported housing for drug users or in generic or other specific provision, which will accept drug users, including drug using offenders.
- The number of hostels that will house homeless drug users and available bed spaces.
- The number of drug related incidents of anti-social behaviour per year.
- The number of people evicted each year for drug related issues.
- The number of times new powers in the ASB Act 2003 related to houses where drugs and nuisance are present have been applied for and successfully granted.
- Community perception studies including inclusion of specific drug related questions in tenants surveys concerning levels of nuisance.

Sources:

- Data mainly available from Local Authorities, Supporting People Teams, other supported accommodation providers, police, social landlords and their tenants, courts.

Homelessness

Partnerships could seek to measure, with the Local Authorities teams responsible for local homelessness strategy, how widespread drug related homelessness and what services exist to meet these needs.

Potential data:

- The number of people in different categories of homelessness in the area.
- Agency or user data of how many of these have drug problems.

- Perceptual studies amongst homeless people as to the availability and flexibility of services.
- What services are available that will accept drug users.

Sources:

- Data mainly available from local authority homelessness strategies and homelessness providers, as well as homeless people themselves which could be accessed through targeted small-scale surveys.

Regeneration

Partnerships could seek to map the extent of problem drug use in deprived communities and the availability of services in such areas.

Potential data:

- The proportion of people from deprived areas (ie 20% most deprived wards or 30% most deprived Super Output Areas (SOAS) within the local partnership area) in treatment.
- The number of drug services physically located or providing sessional gateways within the most deprived wards.
- The numbers of people from these wards involved in the CJS for drug offences, ie possession, dealing etc.
- Number of reports of discarded needles.

Sources:

- 1st bullet - available via the PMF Communities KPI 5.
- 2nd bullet – local mapping exercise, or commissioning data, could elicit data.
- 3rd bullet – police, probation service, youth offending teams or CJIP/IT teams.

Street scenes

Partnerships could map the degree, level and location of street based drug problems.

Potential data:

- The number of people charged with various commercial sex offences per year or served ASBOs related to commercial sex.
- Local community reports on the scale of the problem and level of nuisance.
- Local research studies with sex workers themselves or those who work with them.
- The same for begging.
- The number of reports of discarded needles with locations and quantities found; the response time for collection.
- Local services available.
- Number of referrals via outreach, arrest referral.
- No of sex workers no accessing services

Sources:

- Available from police, and local authority, community perception studies, user studies and agency reports.

Clubs

- Possible data includes: the number of club located deaths or calls to ambulance services per annum; the number of arrests for drug possession or supply, broken down by category, in and around clubs and the volume of drugs seized by security staff.

Community Perceptions

Partnerships should include community perceptions and views as an essential part of audit data. Their views are equally important to available statistical data on offences or presentations to treatment as they highlight the impact of action on ordinary community members. They also add local and additional data and background to official figures.

Potential data:

- The number of people responding to consultation or attending public meetings within the local partnership area.
- The views of local people as to how much say they have over how drug problems are tackled locally.
- Any data collection on community views on scale of or work to tackle drug problems in an area.
- Studies of the scale of volunteering.
- Community surveys/focus groups as to how drug problems affect them locally and what local drug issues are; how effective they think local anti-drug activity across the whole strategy is.
- Perceptions of users.

Sources:

- The data for the number of people responding to consultation or attending public meetings will have been supplied for 2003-04 for the PMF Communities KPI 4a.
- Further data may be available from agency reports as well as local community studies undertaken within the area.

The Workplace and Re-Training**Potential data:**

- The number of people referred to Progress to Work (P2W) schemes, accepted onto them, completing programme, and obtaining jobs.
- The number of local employers (from all sectors) with workplace policies covering drugs as a percentage of all local businesses.
- The number of reported dismissals for drug related reasons.

- Local business perceptions of the scale of disruption drugs has on their business, from employees or from crime which impacts on their business.
- Number of local businesses donating to drug projects and to what value.

Sources:

- The first data should be supplied by Progress to Work providers. The others can only be obtained by surveys of local business if this information is required.

Developing the Strategy

Based on this communities data, CDRPs/DATs with their local authority partners, should be able to:

- Show clearly how and where drug problems affect specific environments.
- Identify what type of problems are predominant local concerns and design solutions.
- Establish special measures where necessary for diverse groups.

Key considerations when interpreting the data

- Partnerships should look to determine exactly where and how drug problems manifest themselves in public space and what concerns local people about drugs.
- Consideration should also be given to the concerns of different groups within the communities, ie in terms of ethnicity, faith, disability and sexuality.
- Much of the above data may not exist, may undercount if it does exist, or may have to be research led – i.e. not routinely collected. Where data is not available, and partnerships wish to collect it, they may wish to consider collecting this via specific research, agency or company study or community perception studies.
- Guidance for the collection of various data required is set out in the good practice area under the Communities theme of the tackling drugs web-site.
- Community perception data is generally difficult to obtain with any robust results. Data collected is usually non-representative because of either low response, selection criteria used, or data collection methods used. Quotes from qualitative studies may be used to illustrate/strengthen/question statistical findings. It is important to state the limitations of the data sources used and sample/methodology in the audit document.
- The stigma associated with drugs misuse is particularly acute among some minority communities and special efforts may need to be made to overcome barriers and engage with them effectively.

YOUNG PEOPLE

- Aim of collecting data in this area is to:
 - Map universal drug education, prevention and targeted early intervention and treatment services for young people onto need.
 - Identify the numbers of young people who fall into groups of young people who are considered to be vulnerable to substance misuse.
 - Establish the level of unmet need and gaps in provision, particularly in respect of young people from diverse groups.
- The audit should build on the young people's substance misuse needs assessment undertaken by DATs in preparation for the development of earlier young people's substance misuse plans.
- Other relevant partnerships - Connexions partnerships, Children and Young People's Strategic Partnerships and Children's Trusts, where they have been established, may have done extensive needs assessment work particularly around the wider needs of vulnerable young people.
- Following the developing structural change signalled in *Every Child Matters* partnerships are expected to move towards integrating young people's substance misuse services, planning and commissioning within wider provision of children's services.
- Below are possible data that partnerships might want to examine to provide an indicative picture of need for education, prevention, early intervention and drug treatment services for young people in their area.

Universal prevention

Potential data:

- Number of schools (primary, secondary and Pupil Referral Units (PRUs) assessed as level 3 against National Healthy Schools Standard (HAS Tier 1), as a proportion of all schools in the local partnership area (PMF Young People KPI 1).

Sources:

- Some partnership areas have carried out local surveys of schools to obtain a better understanding of patterns of drug use in their area. If this type of survey is being considered partnerships may want to use methodology mirroring the Department of Health Schools Survey to enable comparison to national benchmarks.

Vulnerable Young people

Potential data:

- Number of young people on YOT caseload, in PRUs and in care of a Local Authority (PMF Young People's KPI 3).

Sources:

- Key Children's agencies in contact with vulnerable people can provide data on the number of young people they are working with.
- YOTs.
- Local Authority Social Services Departments (Looked after Children and Children in need).
- Connexions Partnerships.
- Pupil Referral Units.
- Family Support Services (for families of primary drug users)

Young substance misusers

Potential data:

- The proportion of the above, receiving early intervention - HAS Tier 2 (PMF Young People's KPI 3).
- Number of young people receiving treatment - HAS Tier 3-4 (PMF Young People's KPI 3).
- Proportion of young offenders testing positive at charge or being referred to treatment at arrest, and if available, nature and extent of drug users' offending.

Sources:

- Data for the PMF Young People's KPIs will be provided to local partnerships and could be used in the audit.
- Connexions gather data on the number of their clients identified as having substance misuse problems and referred on by Connexions Advisers.
- In addition where local interventions are in place to prevent truanting, services may have information about the drug-related needs of this group.
- Drug testing at charge and arrest referral: data may be available from the areas with Arrest Referral pilot for Young People, but this is not universal. The drug testing of YPs starts on August 1st and is being piloted in 10 DAT areas. Information should be obtainable from October onwards.
- In partnership areas where Local Authorities are 'trailblazing' Identification, Referral and Tracking Systems for children and young people, there may be relevant data sources from these developing systems.

Other sources that may be able to provide data on young people and misuse of drugs:

- Local Authority housing department, rough sleepers unit and ODPM may be able to provide information on young homeless people though numbers may be small unless a DAT is aware of a particular problem in its area. The police might be a good source for estimating scale of young homeless problems in the local area.
- Services for sexually exploited young people - may be a source of data for some DATs who have identified a problem with sexual exploitation in their area.
- Support groups for children of substance using parents and young carers' projects may be a source of specific data for some DATs who have identified this as a problem.
- Home tutor services may collect data about pupils but, as with most services for young people, there will be confidentiality issues and the service could be reluctant to share with other agencies.
- Parent support groups.
- Local user research can also be a source of local data for some DATs. Research carried out by local universities or council policy units may be another source of data.

Developing a Strategy

Based on this information, CDRPs/DATs with their local authority partners should be able to:

- Determine the size and nature of the general population of young people.
- Estimate the size and nature and intervention opportunities for vulnerable young people.
- Identify the needs of these groups.
- Develop a strategy to provide the required range and capacity of services from universal drug education, early intervention and prevention work with vulnerable young people and the early identification and provision of appropriate intervention or treatment for those young people with substance misuse related problems.

Key considerations when interpreting the data

- Services working with young people target different age groups dependant on the wider remit for example Connexions work with 13- 19 year olds, Pupil Referral units will work with young people up until the school leaving age.
- In many data sources, numbers are relatively low and therefore robustness is an issue to consider when interpreting data on young people.
- A direct consultation with young people is recommended in order to assess their needs.
- Although the focus of the audit is on the needs of young people, much of the information will come from service providers.
- Minority ethnic and gay, lesbian and bisexual young people are disproportionately represented among some vulnerable groups and specific action may need to be taken to engage with them.

- Collecting data on the issues below may be applicable to your area if these problems are specific to your area. Data sources often lack robustness, but an attempt to identify and understand such problems in the local partnership area is encouraged:
- Homeless young people – it may be difficult to count as young runaways usually try to remain hidden for fear of being sent back to families or care placements that they are running away from. Missing persons may be a proxy measure, but numbers are very small although vulnerability to drug use is very high.
- Children of substance misusing parents. - this is a hidden problem - unless users trust services, drug users in treatment do not always reveal numbers of children.

TREATMENT

- Aim of collecting data in this area is to:
 - Map treatment services need onto treatment needs of drug users at partnership level;
 - Identify the range and types of drug use within an area and ensure that there are services available to meet this need.
 - Ensure that the needs of diverse groups under-represented in treatment are met.

Defining the range and types of drug use

When defining the range and types of drugs use on treatment, information should be gathered from service providers about the gap between the particular service, or package of services, and the actual provision that can be delivered

That gap represents the unmet need and the gaps in services are based directly on the assessed needs of service users. This should include, a profile of existing services and description of client profile; the views of your target population; the views of relevant practitioners and service providers.

In considering unmet need it is vital to take into account needs of all groups within the local community who may be disadvantaged in the access to drug treatment services such as ethnic minorities, women, people with disabilities or those who may face discrimination on grounds of their sexual orientation.

Potential data:

- Numbers of adult and young people who are defined as problem drug users (NDS definition).
- Proportion of adult offenders testing positive at charge, and if available, nature and extent of drug users' offending.
- Number of users in treatment.
- Number of users successfully completing or retained in treatment.
- Number of drug related deaths.
- Proportion of young people receiving and staying in treatment.

Sources:

- Data may be available from:
 - National Drug Treatment Monitoring System (NDTMS) – this data is used by the National Treatment Agency to inform the star rating for Primary Care Trusts, which is published by the Healthcare Commission.
 - Office of National Statistics (ONS) – ONS provides the annual national data on drug related deaths to the Department of Health.
 - The National Treatment Agency's annual DAT Treatment Plans.
 - Primary Care Trusts (PCTs) annual Local Delivery Plans.
 - The Home Office DAT Treatment Demand Model.
 - Local studies carried out by PCT or universities.
 - Data from local providers and individual needs assessments.
 - National surveys and censuses.
 - CARAT release data.
 - Intensive offender supervision schemes.

- DTTO, Arrest referral data.
- Local User Research.
- In areas where Criminal Justice Integrated Teams are established, they will have data on referrals into treatment from the CJS, and tier 2 treatment activities that the CJITs are undertaking with clients.

Treatment services

When considering treatment services, part of the audit process should involve mapping existing services to establish their location, client base and current capacity.

Potential data:

- Number of problem drug users in treatment or on treatment waiting lists (PMF Treatment KPI 1).
- Proportion of problem drug users sustaining or successfully completing treatment programmes (PMF Treatment KPI 2).
- Average waiting times for inpatient detoxification, residential rehabilitation, specialist prescribing, GP prescribing, counselling and day care (PMF Treatment KPI 3).
- Number of staff in drug treatment workforce (PMF KPI 4).

Sources:

- Data on Treatment KPIs (1-4) available from the PMF.

Developing a Strategy

Based on this information, CDRPs/DATs with their local authority partners should be able to:

- Identify the needs of a target population in a particular area.
- Prioritise those needs to ensure better planning of local services and more effective allocation of resources.
- Develop an implementation plan that outlines how identified needs will be addressed.
- Ensure that the needs of diverse groups under-represented in treatment are met.
- Ensure the strategy seeks to provide the required range and capacity of services is available and accessible to drug users and their families in their local area.

Key considerations when interpreting the data

- On treatment, whilst the needs of the target population, not service providers, should be the primary focus, much of the information gathered will come from existing services.
- No source is likely to be able to tell DAT/CDRPs exactly what they want to know about their target population. In fact, information from different sources may give contradictory answers to their questions, if the questions are addressed by the data at all.

- Furthermore, not all sources of information will be robust enough to give you accurate data about their population. All of these issues should be considered carefully before deciding which information sources to use and what weight to give the information.
- It is vital to consider the strengths and weaknesses of the information to decide the extent to which the information can be generalised to your target population. For example, is the information based on a large study undertaken 20 years ago? This may be of less value than information from a smaller study undertaken 6 months ago.
- It is likely that not all the identified needs can be met by the services currently available. Therefore, it is important gather information from service providers about the gap between the particular service, or package of services, and the actual provision that can be delivered. That gap represents the unmet need and the gaps in services are based directly on the assessed needs of service users.
- It should be borne in mind that women and minority ethnic groups in particular are under-represented in treatment but this will differ in each locality. Local partnerships should compare the percentage population as a whole with the percentage accessing and retained in treatment to gain some idea of the size of the problem. Any disproportionate differences should be investigated to establish the level of need. Priority action should be taken on based on need rather than size of population. There is evidence to suggest that disabled and gay, lesbian bisexual people are also under-represented in treatment and this should be monitored and investigated where possible.

OTHER POSSIBLY USEFUL DATA AND SOURCES ACROSS NATIONAL DRUGS STRATEGY

- Numbers and key characteristics of local problem drug users.
- Research on the key characteristics of the drug use and attitudes to drug use among diverse communities and service needs.
- PD User location.
- PD User characteristics.
- Level of acquisitive crime and drug offenders.
- Criminal activity related to drugs – profiles of victims and offenders.
- Arrest referral data – number of contacts/referrals and nature of arrest.
- Drug testing data.
- CARAT and DTTO numbers.
- Drug related deaths.
- Mapping of heroin users against deprivation/crime.
- Workforce levels.
- Unemployment levels.
- Numbers in throughcare; treatments and support received.

Data Sources include police crime data, police incident data, police drug operations, hot spot areas and A&E data.

TWO-TIER AUTHORITIES

- Local agreements need to be drawn up between County DATs and all CDRPs in two-tier authorities to avoid duplication of effort when collecting data. Given differing local arrangements we are not proposing to direct partnerships on how to collect data – as what would make more sense for the Country DAT to collect in one area might be better collected by the District CDRP in another. However it vital that areas agree early on the procedures that they propose to follow and how this information will be dissemination.
- [Home Office guidance](#) (November 2003) defined the criteria for the integration of Drug Action Teams (DATs) and Crime and Disorder Reduction Partnerships (CDRPs) in unitary authorities and closer working of partnerships in two-tier systems. This is also covered under the “Who Should be Involved Section” of the main toolkit.

PRODUCING THE STRATEGY

- The main toolkit provides guidance on the content, format and structure of a strategy.
- The three year strategy on drugs will need to identify 2 or 3 strategic priorities for each arm of the National Drugs Strategy. These priorities will be informed by:
 - Numbers and characteristics of local drug misusers.
 - Numbers and characteristics of diverse groups under represented in treatment and their specific needs.
 - National KPI performance.
 - Local and regional needs and provision.
 - Consultation with key stakeholders.
- Depending on the local problems identified in the audit, examples of the types of local drugs targets that might be suitable include:

Supply

- Speeding up the closure of crack houses and keeping them closed, especially in high crack areas.
- Speeding up the safe disposal of discarded needles.
- Preventing the spread of new cocaine or crack cocaine markets in the borough.

Communities

- Increase the provision of supported housing for problematic drug users.
- Reducing drug related criminality and antisocial behaviour in a particular hotspot.
- Reducing drug related deaths.

Young People

- -Increase the number of vulnerable young people receiving early interventions at tier 2 - particularly those not in education.
- -Ensure that young people assessed as needing tier 3 services access those services within 10 days.

Treatment

- Increasing the number of problem drug users sustaining or successfully completing treatment programmes, whose primary problem is crack or cocaine.
- Increasing the number of black and ethnic minority problem drug users sustaining or successfully completing treatment programmes.
- Develop share care programmes in all DAT/CDRP areas.

PERFORMANCE MANAGEMENT RESOURCE PACK (PMRP)

- The new Performance Management Framework for the National Drugs Strategy came into force in April 2004. It represents a significantly reduced burden of reporting on partnerships. The new Framework uses data collected against outcome based Key Performance Indicators (KPIs) to assess partnership performance against the National Drugs Strategy.
- Local partnerships will not have to collect KPI data themselves – this will be collected by the Home Office from appropriate government departments. Data reports will then be sent to Government Office staff on a quarterly basis. Government Offices will negotiate local targets and milestones with partnerships against the PMF KPIs. These targets, in addition to those identified as part of the local audit, should form part of the local strategy.
- In terms of the audit process, KPI data will contribute to the overall picture of the local misuse of drugs by providing a helpful national, regional and family perspective on partnership performance against targets. It will help to identify problem areas and/or additional information that should be considered as part of the audit.
- For example KPI data on the amount and number of class A drugs seized in the area will indicate the known supply that is reaching a community. However local information may show a different picture of the actual levels of problematic drug use and supply in the area. The number of Class A drug supply offences brought to justice will allow a partnership to judge its success in bringing suppliers to justice but local information might demonstrate that there are many more offenders not reaching the CJS that the strategy needs to address.
- Data on the number of vulnerable young people receiving drug education will show the number of young people that drugs education is reaching but not the extent to which this is helping to reduce the amount of drugs misuse amongst young problematic drug users in the area.
- The KPI data will therefore contribute essential detail to the bigger picture of how successful the partnership is at tackling the four areas of the National Drugs Strategy. However this data alone will not be sufficient to allow you to undertake a thorough analysis of local misuse of drugs problems and develop a strategy to tackle them. This is where the audit comes in.
- In order to carry out an effective local audit, partnerships should consider a broader range of data sources to enable them to more fully understand the nature and scale of the local misuse of drugs problems. This will include KPI data, local surveys, consultation with the community and data from a wide range of other local services, and data that will help you ascertain the picture that you need to understand these.