

PSA Delivery Agreement 25:

Reduce the harm caused by
alcohol and drugs

Revised June 2009

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Vision

1.1 The Government's vision is to produce a long-term and sustainable reduction in the harms associated with alcohol and drugs, where:

- fewer people develop drug problems; where there is early intervention to prevent and reduce the harms caused by substance misuse, particularly amongst the most at risk children, young people and families; where people who do have drug problems receive the effective treatment and support they need; where communities are relieved of drug-related crime and associated nuisance; and where organised criminal enterprises are prosecuted and their assets are recovered ; and
- there is a safe, sensible and social drinking culture where violent and anti-social behaviour is not tolerated; where young people are prevented from experiencing poor outcomes resulting from alcohol misuse; where those who drink alcohol are aware of the risks involved; and where those that are drinking too much receive the advice and support they need.

1.2 Problem drug use and harmful alcohol use are public health and social issues which have a significant impact on society as a whole, but disproportionately affect the most deprived communities and the most vulnerable individuals. Around a third of acquisitive crime is believed to be undertaken to fund a drug addiction and alcohol is a factor in around a half of violent crimes. Problem drug use and harmful alcohol use destroy families and contribute to a cycle of deprivation and lost opportunity. The harms are significant, wide-ranging and cost an estimated £15.4 billion for drugs¹ and £18-£20 billion for alcohol.

1.3 This PSA will aim to reduce the harms caused by drugs and alcohol to:

- the community as a result of associated crime, disorder and anti-social behaviour;
- the health and well-being of those who use drugs or drink harmfully; and
- the development and well-being of young people and families.²

1.4 Actions will be underpinned by relevant Strategies on drugs and alcohol. The current 10 year drug strategy will come to an end in April 2008 and a new strategy will be developed towards the end of this year.³ A new alcohol strategy was published on 5 June 2007.⁴

¹ The economic and social costs of Class A drug use are estimated to be around £15.4 billion per year. Source: Gordon L, Tinsley L, Godfrey C and Parrott S (2006) *The Economic and Social costs of Class A drug use in England and Wales, 2003/04* in Singleton N, Murray R, and Tinsley L (eds) *Measuring Different Aspects of Problem Drug Use: Methodological Developments*, Home Office Online report 16/06, Home Office.

² Meeting these outcomes will be supported by PSA 14 and PSA 23.

³ This PSA Delivery Agreement will be adapted if appropriate after the strategy is published.

⁴ *Safe, Sensible, Social: The next steps in the National Alcohol Strategy*, Home Office, 5 June 2007.

2

Measurement

2.1 The indicators that measure progress in reducing drug and alcohol related harm are set out below. Further detail on each indicator in the PSA can be found in the Measurement Annex.

Indicator 1: The number of drug users recorded as being in effective treatment

- Drug treatment is the intervention with the most developed evidence of effectiveness and it is the key intervention to reduce drug-related crime. This indicator will also drive the reduction of the harms caused to health and well-being by frequent use of illegal drugs but drug dependence is also directly linked to other harms this PSA sets out to address. It is also the key intervention to reduce drug-related crime.

Indicator 2: The rate of alcohol-related hospital admissions

- This indicator will drive the reduction of the harms caused to health and well-being by frequent consumption of harmful levels of alcohol. But it will also measure the impact of prevention interventions: when they are improved, hospital admission for specific chronic and acute conditions are expected to slow in the short, medium and long term.

Indicator 3: The rate of drug-related offending

- Drug use, particularly of the Class A drugs, heroin and cocaine/crack (HCC), is a key driver for crime and offending. This indicator will drive the reduction of the harm caused to the community by drug related crime and offending, and thereby contribute to an overall reduction in crime/offending.

Indicators 4 & 5: The percentage of the public who perceive drug use or dealing/ drunk and rowdy behaviour to be a problem in their area

- Problem drug use and harmful alcohol use have a significant impact on society as a whole but disproportionately affect the most deprived communities. These indicators will drive the reduction of the harm caused to the community by alcohol and drug related disorder, by measuring the perception of the public who perceive the use or associated crime/ASB to be a problem in their area.

2.2 In addition to the above indicators that sit solely with this PSA, there are other indicators within other PSAs that are crucial to reducing the harms outlined within this delivery agreement:

- Young people frequently using drugs, alcohol or volatile substances that sits within the PSA 14 to *Increase the number of children and young people on the path to success*;
- Alcohol-related violent crime and disorder, especially assault with injury; the level of serious acquisitive crime; and the level of re-offending that sit within the PSA 23 to *Make communities Safer*; and

- The recovery of criminal assets that sits within the PSA 24 to *Deliver a more effective, transparent and responsive Criminal Justice System for victims and the public.*

3

Delivery strategy

3.1 Problem drug use and harmful alcohol use are public health and social issues that are exacerbated by deprivation or personal problems experienced by individuals, and a lack of awareness about the risks involved. If not addressed effectively, there are wider consequences for the community in terms of increased crime and anti-social behaviour.

3.2 This PSA sets out cross-government action to reduce the harms caused by alcohol and drugs. These harms are significant, wide-ranging and cost an estimated £15.4 billion for drugs and £18-£20 billion for alcohol.

3.3 Action will centre around three main strands, underpinned by new national alcohol and drugs strategies:

- reducing the harms caused to the development, achievement and well-being of young people and families;
- reducing the harms caused to the health and well-being of drug users and those using alcohol in harmful ways; and
- reducing the harms caused to the community as a result of associated crime, disorder and anti-social behaviour.

3.4 Actions will include:

- public health campaigns and education to raise awareness of the harms associated with alcohol and drug use and sources of support;
- a renewed effort to address substance misuse amongst young people, particularly through early intervention with those we know to be most vulnerable;
- a new focus on supporting the most at risk families who are experiencing multiple problems, where parental substance misuse is often a key factor;
- helping people who use illegal drugs or drink harmfully to live healthier lives by providing information and advice and for those that need it, treatment and support in re-establishing their lives, including the identification and referral of drug misusing offenders to treatment in prison and in the community;
- tackling crime and the key drivers of offending, reducing the disorder and anti-social behaviour associated with alcohol and drugs, tackling the supply of drugs and the irresponsible sale or promotion of alcohol; and
- giving local areas increased flexibility to plan and use resources, with light touch performance management arrangements.

3.5 Although there are some overlaps, there are also significant differences in the type and level of harm associated with alcohol and drugs and in our strategies for addressing them. Consequently, the delivery strategies for each are set out separately.

Alcohol harms

3.6 The Government's delivery strategy for reducing the harms caused by alcohol is divided into three strands:

- first, the laws and licensing powers introduced to tackle alcohol-fuelled crime and disorder, protect young people and bear down on irresponsibly managed premises need to be used widely and effectively;
- second, focussing prevention, information and support, and where appropriate the criminal justice system at the minority of drinkers who cause or experience the most harm to themselves, their communities and their families. These are: 18–24 year-old binge drinkers; young people under 18 who drink alcohol; and harmful drinkers; and
- third, collaborative work by all agencies to shape an environment that actively promotes sensible drinking. Delivery will draw on the knowledge, skills, commitment and ability of local communities, the police, local authorities, prison and probation staff, the NHS, third sector organisations, the alcohol industry, the wider business community and the media.

Prevention aimed at young people

3.7 Prevention activity aimed at young people is led by the Department for Children, Schools and Families (DCSF). Young people and their parents will be supported in making informed decisions about drinking, through authoritative, accessible guidance about what is and what is not safe and sensible in the light of the latest available evidence from the UK and abroad. In order to do this, a panel of paediatricians, psychologists and epidemiologists will be convened to compile and discuss the latest evidence on the effects of alcohol on young people's physical and emotional health, cognitive development and brain functioning. Young people's awareness of alcohol use will also be raised through a social marketing campaign, with work to create a culture where it is socially acceptable for young people to choose not to drink and, if they do start drinking, to do so later and more safely.

3.8 Local areas will identify those young people most at risk of failing to reach their potential because of substance misuse and provide tailored support for them. This programme is known as Targeted Youth Support.¹

3.9 The main delivery levers are:

- the young people's substance misuse indicator;²
- performance management of Local Strategic Partnerships by Government Offices against indicators embedded within Local Area Agreements; and
- OFSTED inspections of schools, the reports of which are publicly available.

Targeting irresponsible promotion and sales

3.10 Targeting irresponsible promotion and sales is controlled by OfCOM and the Advertising Standards Authority; industry self-regulation bodies such as the Portman Group; and the alcohol industry itself through a range of codes and standards. Evaluating and improving the effectiveness of these will form the core of action to tackle the irresponsible sale and promotion

¹ The programme is described in more detail in the Delivery Agreement for the PSA 14.

² See PSA 14.

of alcohol. Where appropriate, action can be taken at a local level by Licensing Authorities on a case by case basis where there is evidence of a causal link between irresponsible retailing in an individual premises and threats to licensing objectives such as crime and disorder.

3.11 As part of ensuring that alcohol is promoted in a responsible way, the Department of Health (DH) will commission an independent national review of evidence on the relationship between alcohol price, promotion and harm, and, following public consultation, will consider whether there is a need for regulatory change. Government will also consult on the need for legislation in relation to alcohol labelling, depending on the implementation of the scheme to include information on sensible drinking and drinking while pregnant on alcohol labels and containers.

3.12 Government will also ensure that the law relating to the irresponsible sale of alcohol is properly enforced. The Home Office will continue to prioritise reductions in the test-purchase failure rate for underage sales of alcohol by ensuring that enforcement agencies are making use of good practice and applying tactics and powers effectively. It will work with the Association of Chief Police Officers (ACPO) and Coordinators of Regulatory Services within Local Authorities to develop a data collection model and will provide further guidance to ensure that enforcement activity is efficient and well targeted.

3.13 The Home Office and the Department for Culture, Media and Sport will review the effectiveness of the industry's social responsibility standards in contributing to a reduction in alcohol harm, and, following public consultation, will consider whether there is a need for regulatory change.

3.14 The main delivery levers are:

- regulatory change;
- performance management of enforcement agencies;
- the indicator for reducing violent crime and disorder, especially assault with injury;³ and
- the indicator for reducing the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area in this PSA.

Tackling alcohol-related crime and disorder

3.15 Sharpened criminal justice for crime and anti-social behaviour will be achieved by making much greater use of the tools and powers to tackle alcohol-related crime and disorder that were introduced through the Licensing Act and Violent Crime Reduction Act. Government will encourage concerted local, regional and national action to target alcohol-related offenders. This will involve a combination of penalties and health and education interventions to drive home messages about risks associated with alcohol and to promote behavioural change.

3.16 As part of this, the Home Office will roll-out a new programme to help local partnerships and communities tackle alcohol-related crime, disorder and anti-social behaviour, encouraging more and stronger local partnerships and industry participation and making it compulsory for local areas to develop alcohol strategies. Government Offices will be asked to ensure strategic regional coordination of these. The Ministry of Justice will work to improve the way alcohol-related offenders are dealt with in custody and in the community and support key strategic actions by the National Offender Management Service (NOMS).

³ See PSA 23.

3.17 The main delivery levers are:

- the indicator for reducing violent crime and disorder, especially assault with injury.⁴
- the indicator for reducing the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area in this PSA;
- performance management of NOMS by the Ministry of Justice;
- performance management of Local Strategic Partnerships by Government Offices against indicators embedded within Local Area Agreements; and
- performance management of individual police authorities by the Home Office against indicators embedded within their plans.

More help for those who want to drink less

3.18 More help for those who want to drink less by informing the public about the risks associated with drinking alcohol through a major national communications campaign linked to the labelling of bottles and cans to assess daily consumption, and supporting the development of a range of new kinds of information and advice aimed at people who drink at harmful levels and their families and friends, including telephone helplines, interactive websites and support groups. This will run alongside other kinds of support and advice from the NHS for those who need more intensive professional help and treatment. The Department of Health will also establish a framework to support commissioners in planning local investment and health to disseminate the findings of 52 trailblazers that have been established to implement identification and brief advice in a range of health, criminal justice and community settings.

3.19 The main delivery levers are:

- reducing the trend in alcohol related hospital admissions indicator in this PSA;
- independent assessment and review by the Health Care Commission and Audit Commission, including ongoing Health Care Commission sentinel indicators for measuring effective local commissioning and alcohol treatment provision;
- Primary Care Trust and Partnership use of Audit Commission costing tools in the commissioning of cost effective treatment;
- performance management of Local Strategic Partnerships (LSPs) by Government Offices against indicators embedded within Local Area Agreements; and
- performance management of Primary Care Trusts by Strategic Health Authorities and independent assessment by the Health Care Commission against national and local indicators.

Drug harms

3.20 The Government's delivery strategy for reducing drug harms can be divided into four strands.

- 1 Protecting communities through robust enforcement to tackle drug supply, drug-related crime and anti-social behaviour.
- 2 Preventing harm to children, young people and families affected by drug misuse.
- 3 Delivering new approaches to drug treatment and social re-integration.

⁴ See PSA 23.

4 Public information campaigns, communications

3.21 In order to do this central government will work with Local Authorities and partnerships, including businesses and the third sector, criminal justice agencies, children and young people's services and the NHS.

Tackling supply of drugs

3.22 The supply of drugs will be tackled at international, national and local levels. The Serious Organised Crime Agency, working closely with a range of partners, and especially with the UK Border Agency (UKBA) and police forces, will build knowledge of drugs supply, the harm it causes, and the effectiveness of different responses. On the basis of that knowledge, it will take action to reduce the supply of drugs to the UK. It will increase the amount of criminal assets recovered and the proportion of cases in which the proceeds of crime are pursued. Its enforcement activity will increase the risk to drug traffickers who have an impact on the UK. UKBA has a wide range of responsibilities at the UK frontier and overseas. On a risk and intelligence-led basis, UKBA will act to disrupt the importation of drugs into the UK.

3.23 In addition, the Foreign and Commonwealth Office (FCO) will work with other governments through its network of diplomatic posts to generate a policy and legal framework that will support our counter-narcotic activity. It will work to build the capacity of priority states, such as Afghanistan, Columbia, Venezuela and Jamaica, to implement their own strategies to target the production and trafficking of drugs and, together with the Department for International Development (DfID), will provide support to strengthen and diversify legal rural livelihoods in drug-producing states.

3.24 The Home Office, together with the Association of Chief Police Officers (ACPO) and the police, will promote the use of the National Intelligence Model to identify problem areas, issues and high harm causing users. These will then be targeted for intervention.

3.25 The main delivery levers for tackling supply are:

- the PSA indicator to reduce the percentage of the public who perceive drug use or dealing to be a problem in their area;
- improved knowledge so as to be able to mount the most appropriate and effective enforcement interventions;
- performance management of individual police forces by the Home Office;
- effective use of the FCO Drugs and Crime Programme and the cross-departmental Afghan programmes;
- Departmental Strategic Objectives which are mutually supportive of the aim of reducing harm;⁵ and
- effective partnership working with other countries.

Prevention and early intervention

3.26 Prevention and early intervention will be led by DCSF to prevent substance misuse amongst young people, particularly with those we know to be the most vulnerable, to ensure they are able to reach their full potential. This will be delivered through schools, Children's Services, the

⁵ For example FCO DSO: Reducing the harm to the UK from international crime, including drug trafficking, people smuggling and money laundering.

Targeted Youth Support programme and other programmes such as Positive Futures, FRANK⁶ and “Know Your Limits”.⁷

3.27 DH, DCSF and the Home Office will also run national and local public health campaigns to provide information about the harms associated with drug misuse.

3.28 The main delivery levers for prevention are:

- the young people’s substance misuse indicator;⁸
- performance management of Local Strategic Partnerships by Government Offices against indicators embedded within Local Area Agreements; and
- OFSTED inspections of schools and children’s services, the reports of which are publicly available.

Provision of drug treatment

3.29 The Department of Health through local services commissioned by Primary Care Trusts with other local partners is responsible for leading on the provision of drug treatment both for high harm causing drug-misusing offenders and other drug misusers. Drug dependence is directly linked to most of the harms this PSA sets out to address and treatment is the intervention with the most developed evidence of effectiveness. We will work to ensure that there is sufficient capacity in the system, both for those referred to treatment via the Criminal Justice System (CJS) and for those who self refer, to ensure we intervene early and appropriately with priority groups such as prisoners, young people and drug users who are parents. Treatment provision includes harm reduction, medical and psycho-social drugs treatment.

3.30 The main delivery levers are:

- the effective treatment indicator in this PSA;
- performance management of Local Strategic Partnerships by Government Offices against indicators embedded within Local Area Agreements; and
- performance management of Primary Care Trusts (PCT) by Strategic Health Authorities against indicators in local PCT delivery plans;
- National Treatment Agency (NTA) will provide assurance of local drug partnership plans via a process of annual agreement and quarterly review;
- publication of monthly treatment performance information by the National Drug Treatment Monitoring System (NDTMS);
- provision of dedicated resources via the Pooled Treatment Budget allocation of funding on a per person treated basis;
- independent assessment and review by the Health Care Commission and Audit Commission, including ongoing Health Care Commission sentinel indicators for measuring effective local commissioning and drug treatment provision;
- core guidance and support including DH/NTA Models of Care/NICE guidance; and
- Primary Care Trust (PCT) and Partnership use of Audit Commission costing tools in the commissioning of cost effective treatment.

⁶ http://www.talktofrank.com/home_html.aspx

⁷ This is described in more detail in the PSA 14 Delivery Agreement.

⁸ See PSA 14.

3.31 Effective treatment for substance misuse needs to include tailored and integrated support to address the range of complex and interrelated issues faced by each individual. These may include mental and physical ill health, poor housing and homelessness, family and relationship problems, social isolation, non-attendance or social exclusion, leaving care, worklessness, low skills and criminal or anti-social behaviour. Responsibility for delivering wider support services is shared between a range of departments including the Department of Health, Home Office, Communities and Local Government, Ministry of Justice, Department for Work and Pensions, Department for Innovation, Universities and Skills and the Department for Children, Schools and Families.

Development of support services

3.32 The development of integrated, support services for substance misusers to help individuals and families re-integrate and re-establish themselves in the community is set out in the 2008 drug strategy. Best practice in delivering integrated support will build on learning from current initiatives including the Adults Facing Chronic Exclusion pilots, the Individual Budget Holding Lead Professional pilots and the National Offender Management Service (NOMS) Pathways.

3.33 Support services also need to recognise and reduce the wider harms caused by drugs misuse, particularly to the families, friends and the children of drugs misusers.

3.34 The main delivery levers are:

- planned national roll-out of Pathways to Work by the Department for Work and Pensions;
- performance management of Local Strategic Partnerships by Government Offices against indicators embedded within Local Area Agreements;
- publication of the Comprehensive Area Assessment carried out by the Audit Commission and Local Service Inspectorate;
- the indicators on settled accommodation and employment outcomes for young adults leaving care, ex-offenders and those on community sentences, adults in contact with secondary mental health services and those with moderate to severe learning disabilities in the PSA 16 on adult social exclusion. This PSA will help to ensure that the most disadvantaged adults are offered the chance to get back on the path of a more successful life.

Tackling drug-related crime and ASB

3.35 Work to tackle crime and anti-social behaviour associated with drug use is led by the Home Office and Ministry of Justice. Through the police, Local Authorities, Crown Prosecution Service (CPS) and courts, Government will use criminal sanctions and anti-social behaviour powers to address crime and anti-social behaviour. Together with local partners including police, local authorities, CPS, courts, Youth Offending Teams, prisons, probation and health agencies we will build on the success of the Drug Interventions Programme and the Prolific and other Priority Offenders Programme to break the cycle of drug-misuse and offending by intervening at every stage of the criminal justice system to move problematic drug users into appropriate drug treatment and support. NOMS will also introduce the full integrated drug treatment system in 21 prisons with enhanced clinical services in a further 32.

3.36 NOMS will increase the use of post-custodial licence conditions (for sentences of 12 months plus) to ensure continuity of treatment on release from prison. Improved links between the Drug Interventions Programme and NOMS will deliver ongoing support for drug misusers on completion of statutory supervision.

3.37 The main delivery levers for tackling crime and anti-social behaviour (ASB) are:

- the indicator for reducing drug-related offending in this PSA;
- the indicators for reducing acquisitive crime and re-offending;⁹
- the indicator for reducing the percentage of the public who perceive drug use or dealing to be a problem in their area in this PSA;
- performance management of Local Strategic Partnerships by Government Offices against indicators embedded within Local Area Agreements;
- performance management of individual police forces by the Home Office against indicators embedded within their plans;
- publication of the Comprehensive Area Assessment carried out by the Audit Commission and Local Service Inspectorate; and
- local accountability to neighbourhoods through the Neighbourhood Policing initiative.

Role of wider performance management frameworks

3.38 Strong performance management is a key part of the delivery strategy. Reducing the harm caused by drugs and alcohol is reflected within the core strategic objectives and PSAs of contributing Departments and agencies. The PSA indicators will also be reflected in the Local Area Agreement indicator set, NHS metrics, APACS (Assessments of Policing and Community Safety) and in NOMS and Youth Justice Board (YJB) assessments and performance measures. This approach creates a comprehensive matrix of governance and accountability that minimises reporting and monitoring burdens. The departments and agencies overseeing the frameworks will ensure that they interface and align with the Local Government Performance Framework for England, and other relevant frameworks (such as that covering the wider criminal justice system), using consistent performance indicators and analysis throughout.

Local Government Performance Framework

3.39 The 2006 Local Government White Paper¹⁰ set out the Government's proposals for a new performance framework for Local Authorities (in England) working alone or in partnership with others, including a single set of national performance indicators (the National Indicator Set) and improvement targets specific to each locality agreed through Local Area Agreements (LAAs). Separate performance frameworks will also operate for other local delivery partners, but government departments are working together to ensure that these arrangements will align with the local government framework. The headline indicators for this PSA and other key crime and community safety measures will therefore be included in both APACS and the national indicator set as part of the local government performance framework.

Department of Health

3.40 The new Health and Social Care Outcomes and Accountability Framework is moving away from centrally driven national targets and placing the responsibility for local prioritisation with PCTs, in discussion with their local partners. Performance indicators for drugs and alcohol will form part of a set of health and social care outcome indicators which support Health's Departmental Strategic Objectives, (DSOs). PCTs will be able to select their own priorities from

⁹ See PSA 23.

¹⁰ *Strong and Prosperous Communities*, October 2006; see <http://www.communities.gov.uk/index.asp?id=1137789>.

the set of DSO metrics, against which they will be performance managed by their Strategic Health Authorities (SHAs). Indicators which require joint PCT and Local Authority action, will be part of the local government national indicator set and if prioritised by the PCT and Local Authority within their joint strategic needs assessment, will also form part of the Local Area Agreement improvement set. If an indicator for drugs and alcohol was not prioritised, the SHAs conversation with their PCT would include strong challenges where existing performance was weak.¹¹

3.41 The new Health and Social Care Outcomes and Accountability Framework as it applies to drug treatment, will be supported by assurance of local drug partnership plans via a process of annual agreements and quarterly reviews by the National Treatment Agency for Substance Misuse (NTA). The publication of monthly performance management information through the National Drug Treatment Monitoring System (NDTMS), the provision of dedicated resources via a joint Department of Health and Ministry of Justice pooled treatment budget and independent assessment and review by the Healthcare Commission, Commission for Social Care Inspection, and the Audit Commission. For alcohol, a national alcohol treatment monitoring system is under development and independent review by the Healthcare Commission and National Audit Office under is consideration.

Assessment of Policing & Community Safety (APACS)

3.42 The Assessments of Policing and Community Safety (APACS) framework is being developed in partnership by the Home Office, the Association of Chief Police Officers (ACPO), the Association of Police Authorities (APA), Her Majesty's Inspectorate of Constabulary (HMIC), the Local Government Association, Audit Commission and Communities and Local Government (CLG).¹² It will provide an assessment framework for the work of the police and its partners on crime and community safety, rationalising existing central frameworks.

3.43 These new arrangements will cover policing and community safety issues in a balanced way, and will minimise data demands on the police and their partners. APACS will provide cross-cutting assessments of performance based on the PSA indicators as well as other measures that provide a more specific and balanced picture of performance, including on equality and fairness. APACS will be introduced from April 2008, with the first assessments published in 2009, reporting on the 2008-09 year.

NOMS Performance Management Framework

3.44 The NOMS Performance Management Framework will provide a single assessment framework for the entire NOMS system – including commissioners, partners and providers. It is being developed in partnership by NOMS, the Ministry of Justice, HM Inspectorate of Probation and the Audit Commission. The framework will be developed iteratively as NOMS moves to a full commissioning system and introduces Probation Trusts. It will include national performance reporting and assessment (including published assessments) as well as assessments of all providers, commissioners, Regional re-offending boards and other relevant partnerships. It will build on existing performance measures while seeking to minimise data requirements and ensuring a balanced set of measures that include quality assessments. An early version of the framework will be developed and applied in 2007/08. We aim to publish the first assessments in 2008, reporting on the 2007-08 year.

¹¹ See PSAs 18 & 19.

¹² See: <http://www.police.homeoffice.gov.uk/apacs>

Youth Justice Board Performance Framework

3.45 The YJB's performance management framework, developed collaboratively with service providers and aligned with the Local Government Performance Framework, will have an outcome focus and much greater emphasis will be placed on measures that support local areas, such as programme quality and completions, and post-order support. The YJB will also strengthen measures that relate to victim engagement and confidence. The YJB is exploring the possibility of sourcing data direct from case management systems, to further reduce the information burden on local areas.

3.46 The current youth justice plan and effective practice and quality assurance arrangements will be merged with an annual assessment of service provider capacity to reduce offending, which will be based on effective practice and other key processes such as performance management. The YJB will monitor and advise Youth Offending Teams (YOTs), make grants and promote emerging and effective practice. YJB regional teams will also undertake an annual risk-based validation exercise of capacity assessment, with support provided by improvement consultants where this is identified as necessary.

Accountability and governance

3.47 The Home Secretary is the lead Secretary of State for this PSA. The relevant Cabinet Committee/s will drive performance by regularly monitoring progress, holding Departments and programmes to account and resolving inter-departmental disputes where they arise.

3.48 The Senior Responsible Officer within Government for the PSA will be the Director of the Drugs and Alcohol Directorate, Home Office who will report to the Senior Official PSA23/25 Strategic Board on alcohol and drugs respectively, comprising all lead and supporting departments. The Board will also monitor progress and review delivery regularly and report to the relevant Cabinet Committee/s.

3.49 Beyond this, a cross-government Inter-Departmental Ministerial Group on Substance Misuse will continue to provide Ministerial leadership and oversight. At official-level, the Alcohol Strategy Delivery Group and Drug Strategy Delivery Group will (respectively), continue to co-ordinate programmes of work on alcohol and drugs, reviewing performance against published commitments.

Consultation

3.50 The PSA is closely linked to the new cross-government Alcohol Strategy, published in June 2007.¹³ Discussions with a wide range of stakeholders has been an integral part of the development of the new strategy over the past 18 months. Consultation seminars have been held with representatives from the Drinkaware Trust; the main alcohol industry associations (e.g. British Beer & Pub Association, Wine & Spirit Trade Association, The Portman Group); ACPO; third sector (e.g. Alcohol Concern, Action on Addiction, Turning Point); health representatives (e.g. the Royal Colleges); the Devolved Administrations and various other key stakeholders.

3.51 A public consultation is planned in 2008 to assess views concerning the effectiveness of a range of current measures, which are subject to industry self-regulation. These include the labelling of bottles and cans and standards for the responsible retail and promotion of alcohol.

3.52 Development of this PSA has been closely linked to the initial thinking on the development of the new drug strategy, which was implemented from April 2008. Discussions between government departments and others had been ongoing since early 2007 and a series of regional

¹³ *Safe, Sensible, Social: The next steps in the National Alcohol Strategy*, Home Office, 5 June 2007.

events and visits provided the opportunity to consult with service users, providers, families, commissioners and those responsible for setting local priorities and driving delivery.

3.53 The drugs strategy consultation document was published in July 2007. The full consultation process ran from July to October 2007 and the Government published the new drug strategy in February 2008.

3.54 The consultation was open and wide ranging, and sought views from the public, service users, their families, front-line professionals and service providers on how we can continue to reduce drug-related harms for the benefit of individuals, families and communities.

3.55 A leaflet was also developed and was available in a wide range of locations accessed by the public.

A

Measurement annex

Indicator 1	Percentage change in the number of drug users recorded as being in effective treatment ¹
Data provider	National Drug Treatment Monitoring System (NDTMS).
Data set used	National Drug Treatment Monitoring System (NDTMS) core data set.
Baseline	2007/2008. Due to the nature of the metric construction (which requires a time lag of 12 weeks plus 21 days to occur,) a baseline will not be available until September/October 2008.
Frequency of reporting	Annual. Monthly data available for performance monitoring.
95 per cent confidence interval at last outturn	Not applicable – the indicators measure recorded treatment.
Data Quality Officer	Treatment Information Manager, National Treatment Agency.
Minimum movement required for performance appraisal	1 percentage point.

Definition of key terms

- Drug users are regarded as in *continuous treatment*, if they move from one episode of treatment to another but where the time elapsed does not exceed 21 days from discharge at one agency to modality start date at a subsequent agency (inclusive of discharge and modality start date). Or where episodes run concurrently and a modality has commenced in the later episode. Movement within the treatment system which is occurring in this way is known as the treatment journey and is defined by admission into and discharge from the treatment system as recorded on NDTMS. An example of this would be where a drug user moves from drug treatment in the community into residential rehabilitation.
- Clients are regarded as still *in treatment* if any episodes in their treatment journey are not recorded as discharged.
- Drug users are considered to have been *successfully discharged* from treatment if the reason for discharge is recorded on NDTMS as planned as this denotes active care planning and treatment goals achieved.

A.1 The measure is to: improve on the 2007-08 baseline (i.e. the annualised figure for that year) the number of drug users recorded as being in effective treatment. This indicator measures the per cent change in the number of drug users using crack and/or opiates² in treatment in a

¹ The indicator measures those who are either in treatment for 12 weeks or if discharged before then are discharged in a planned way. Both of these are a proxy for effective treatment since evidence suggests that for most drug users the positive benefits of treatment begin to accrue after 12 weeks in treatment.

² Subject to the direction of the new drugs strategy.

financial year, who are still in continuous treatment, who are discharged from the treatment system after 12 weeks or if discharged before then, were successfully discharged in a care planned way as a per cent change from baseline performance in 2007-08.

A.2 The indicator is measured across the local drug partnership, sometimes known as the Drug Action Team. Details of these can be found on www.nta.nhs.uk. Local drug partnerships are mapped to lead PCTs for the purpose of HCC assessment and metric assessment in the small number of cases where there is not co-terminosity.

A.3 The indicator focuses on users of crack and/or opiates resident in the local drug partnership area who are being treated by the structured element of the treatment system, that is treatment occurring within tier three and/or four as described in Models of Care (Models of Care Update 2006, NTA), regardless of where that treatment occurs. It includes treatment provided in other local drug partnership areas and treatment provided to those under 18. It also includes clinical drug treatment in prison.

A.4 In cases where an individual has more than one admission into the drug treatment system in a financial year it counts the most recent episode.

A.5 Admission into treatment is recorded by the National Drug Treatment Monitoring System, (NDTMS), and derived from the date of triage. Further details on NDTMS can be found on www.nta.nhs.uk.

Indicator 2	Rate of hospital admissions per 100,000 for alcohol related harm
Data provider	DH Information Centre.
Data set used	Hospital Episode Statistics (HES).
Baseline	2006 Hospital Episode Statistics (HES) data for alcohol related hospital admissions. To be provided in December 2007.
Frequency of reporting	Monthly.
95 per cent confidence interval at last outturn	Not applicable - the indicators measure recorded treatment.
Data Quality Officer	Senior Information Analyst at the Information Centre.
Minimum movement required for performance appraisal	1 percentage point reduction in the trend.

A.6 The measure is: to reduce the trend in the increase in alcohol related hospital admissions. This indicator measures the % change in the number of alcohol related admissions using Hospital Episode Statistics.

A.7 Hospital Episode Statistics (HES) are considered to be sensitive to the impact of prevention interventions i.e. when prevention interventions are improved, hospital admission for specific chronic and acute conditions should slow in the short, medium and long term. This indicator will therefore measure the impact of prevention interventions, without creating an additional burden for local healthcare organisations.

A.8 The data includes a range of conditions some of which are more likely to show rapid changes to local action to reduce alcohol use than others (an example would be methanol poisoning). Work is currently going on within the Department of Health to determine which conditions are most likely to show this relationship and it is these conditions that ultimately will form the baseline.

A.9 To support the development and targeting of interventions, significant supporting analysis to assist in planning actions to reduce admissions is available from the North West Public Health Observatory (NWPHO). This includes local rates of alcohol consumption, attributable ill health and crime. The profiles are available for PCT and LA geographies.

Indicator 3	The rate of drug related offending
Data provider	Police forces, DATs, NOMS, CARATs.
Data set used	Police National Computer (PNC) data and Drug Interventions Management Information System (DIMIS) and Offender Assessment System (OASys).
Baseline	Available September 2009. This is the earliest point at which complete convictions data will be available for the baseline cohort. Quarter 1 2008 (January - March 2008) is the first available baseline cohort for this PSA indicator.
Frequency of reporting	Annual.
95 per cent confidence interval at last outturn	N/A. This indicator is based around the tracking of a cohort of individuals drawn from the same quarter each year. There is no confidence interval associated with the results because although this cohort represents a sample of the population of individuals identified each year, it is not possible to say that the cohort represents a statistically valid sample of that entire population. The same quarter is used each year to ensure that year-on-year comparisons are valid, but these are therefore actual results, not samples.
Data Quality Officer	OIU Data Quality Officer, Home Office.
Minimum movement required for performance appraisal	Not applicable – since the results are actual results, not samples.

Definitions of key terms

- *Drug related offending*

The PSA aims to achieve a reduction in the rate of drug related offending defined as offending by those identified as Class A drug misusers in the course of their contact with the criminal justice system.

- *Rate of offending*

Rate of offending is defined as number of proven offences per offender recorded in the 12 months following CJS identification.

The cohort of (Class A) drug misusers is likely to include:

- those who have tested positive for specified Class A drug(s) (Heroin, Cocaine/Crack) in police detention following arrest/charge (as part of the Drug Interventions Programme);
- and/or those assessed through the Drug Interventions Programme as needing further intervention (for Class A drugs); and/or those assessed through CARATs as needing further intervention (for Class A drugs); and/or those recorded on OASys (Offender Assessment System) as having criminogenic (Class A) drug use whilst on licence or on a community sentence.
- Inclusion in the cohort will be based on first instance of identification in a given (3 month) period.

Indicator 4	The percentage of the public who perceive drug use or dealing to be a problem in their area
Data provider	HO, Programme Director, Crime Surveys.
Data set used	British Crime Survey.
Baseline	Available July 2008.
Frequency of reporting	Quarterly.
95 per cent confidence interval at last outturn	Year ending March 2007: 27.5 per cent +/- 0.8 per cent.
Data Quality Officer	Programme Director Crime Surveys, Home Office.
Minimum movement required for performance appraisal	27.5 per cent to 26.4 per cent.

Definitions of key terms

- *Anti-social behaviour:*

Anti-social behaviour measure in the PSA is based on one element of the British Crime Survey (BCS) anti-social behaviour measure. The BCS measures levels of perceived anti-social behaviour from responses to seven individual anti-social behaviour strands:

- noisy neighbours or loud parties,
- teenagers hanging around on the streets,
- rubbish or litter lying around,
- vandalism, graffiti and other deliberate damage to property,
- **people using or dealing drugs,**
- people being drunk or rowdy in public places,
- abandoned or burnt-out cars.

Perceptions of anti-social behaviour are measured using a scale based on answers to the seven questions as follows: 'very big problem', 'fairly big problem', 'not a very big problem' and 'not a problem at all'.

The measure is based on respondent's answer to the following question:

- "For the following things I read out, can you tell me how much of a problem they are in your area. By your area I mean within 15 minutes walk from here.
- (How much of a problem are...) people using or dealing drugs?"

The percentage quoted is the proportion of respondents who say that people using or dealing drugs is a 'very' or 'fairly' big problem in their local area.

Indicator 5	The percentage of the public who perceive drunk or rowdy behaviour to be a problem in their area
Data provider	HO, Programme Director, Crime Surveys.
Data set used	British Crime Survey.
Baseline	Available July 2008.
Frequency of reporting	Quarterly.
95 per cent confidence interval at last outturn	Year ending march 2007: 25.5 per cent +/- 0.7 per cent.
Data Quality Officer	Programme Director Crime Surveys (Home Office).
Minimum movement required for performance appraisal	25.5 per cent to 24.5 per cent.

Definitions of key terms

- *Anti-social behaviour:*

The Anti-social behaviour measure in the PSA is based on one element of the BCS anti-social behaviour measure. The BCS measures levels of perceived anti-social behaviour from responses to seven individual anti-social behaviour strands:

- noisy neighbours or loud parties,
- teenagers hanging around on the streets,
- rubbish or litter lying around,
- vandalism, graffiti and other deliberate damage to property,
- people using or dealing drugs,
- **people being drunk or rowdy in public places,**
- abandoned or burnt-out cars.

Perceptions of anti-social behaviour are measured using a scale based on answers to the seven questions as follows: 'very big problem', 'fairly big problem', 'not a very big problem' and 'not a problem at all'.

The measure is based on respondent's answers to the following question:

- For the following things I read out, can you tell me how much of a problem they are in your area. By your area I mean within 15 minutes walk from here.
- (How much of a problem are....) people being drunk or rowdy in public places?

The percentage quoted is the proportion of respondents who say that people being drunk or rowdy in public places is a 'very' or 'fairly' big problem in their local area.