

## **Executive Summary**

### **Objectives of the Audit**

The Crime and Disorder Act 1998 prescribes that Crime and Disorder Partnerships must conduct audits every three years, which highlights local priorities and informs them of their performance against strategy targets. This is the first time that the DAAT has produced a countywide audit of substance misuse.

The findings of this audit will inform DAAT planning for the next 3 years (2005-08). The purpose of the audit is to gather both quantitative and qualitative evidence and collate and analyse this in a comprehensive document

### **Method**

The audit was researched and written by the DAAT Information Officer, working closely alongside the County Council research team. The research began with national research and various publications and Home Office papers were consulted, in order to assess the national context within which Cambridgeshire sits.

Quantitative data was collected from a significant number of agencies. This data was then interpreted and presented. Some qualitative research was conducted specifically to inform the audit. A survey for professionals regarding drug and alcohol issues was designed and existing surveys were used. These included Cambridgeshire Constabulary Community Beat Manager (CBM) survey, Youth Worker and Health Visitor surveys from 2003 and the CBM survey 2004. Collating the quantitative and qualitative data was combined with desktop research and Internet research. The primary and secondary sources of information were also analysed.

This countywide audit covers the four main aims of the National Drug Strategy, with a chapter on each of the following; Treatment, Young People, Communities, Criminal Justice Interventions Programme (CJIP) and Availability, making links to alcohol wherever possible.

### **Conclusions**

The audit draws conclusions about problematic drug and alcohol misuse across the county, including which substances are causing the most problems, where substance misuse is occurring, and the impact upon local communities, health and crime.

# Introduction

## Background

Crime & Disorder Reduction Partnerships (CDRPs), were developed as a result of the Crime & Disorder Act 1998, to ensure the implementation of the Act, and to reduce crime and disorder by bringing together agencies to help tackle local problems. The 1998 Act placed a duty on local organisations and agencies to work together as partners to tackle these issues. Representatives from the Police, Local Authorities and Health Authorities make up the partnership, together with other local agencies including the Drug and Alcohol Action Team (DAAT), Probation Service, Fire Authorities, Police Authorities, Crown Prosecution Service, voluntary organisations and local business groups. The Act was amended by the Police Reform Act 2002 to include the Fire and Rescue Service and Primary Care Trusts. Each Partnership produces an audit and implements a Crime & Disorder Reduction Strategy, in which substance misuse plays a key role.

The government introduced Drug Action Teams (DATs) to implement the National Drug Strategy in 1998. Originally, Peterborough and Cambridgeshire shared one DAT. Cambridgeshire DAT became separate to Peterborough DAT in 2001. Therefore, this is the first countywide audit produced by Cambridgeshire DAT in order to inform the five Crime and Disorder Reduction Partnership (CDRP) audits and strategies within the area it covers. There are five district councils within the DAAT area: Cambridge City, South Cambridgeshire, East Cambridgeshire, Fenland and Huntingdonshire. In March 2004, the DAT became the Drug and Alcohol Action Team (DAAT) after the publication of the Government's Alcohol Harm Reduction Strategy, March 2004. Throughout this paper, alcohol misuse will be considered alongside other substance misuse. There has been an increasing focus on the role of alcohol and its links with crime and disorder and anti social behaviour. This growing emphasis fits with the work of the DAAT as alcohol has always been at the forefront of its work.

## Geographical Location

The audit is concerned with Cambridgeshire, excluding Peterborough. The population of the county is estimated at 552,658 (Census 2001) and there are five district council areas subsumed within the area and four PCTs. There is one police force, divided into two divisions, with resources serving specific areas of Cambridgeshire.

The map located in appendix 1 depicts the area covered by Cambridgeshire DAAT, and district boundaries, as well as police divisional boundaries, are highlighted.

For more a more comprehensive overview of the demographical make up of Cambridgeshire's population, please consult the Cambridgeshire County Council's Audit 2004. Information on the socio-economic profile of the five District council areas is included in the full document. Further details can be found at [www.camcnty.gov.uk](http://www.camcnty.gov.uk) districts in the county.

## Purpose of the Audit

The findings of this audit will inform DAAT planning for the next 3 years (2005-08). The purpose of the audit is to gather both quantitative and qualitative evidence and collate and analyse them in a comprehensive document. By nature, the audit process is cyclical. The audit is necessary to inform strategy but one must have some notion of what possible strategic priorities might be, in order to know where to commence. It is anticipated that this audit will be a tool to refer to and inform in the present but also to update and revitalise with new information as time goes by. It will be a 'rolling document'.

The target audience of this document are the partner agencies of the DAAT and the CDRPs. Policy makers and stakeholders in treatment services will access the audit, as well as the general public. The audit will be available on the DAAT website, [www.cambsdaat.org](http://www.cambsdaat.org)

## **National Context**

It is useful to analyse Cambridgeshire's figures in relation to those from other DAAT areas in the country. The DAAT family group is made up of other areas, selected as comparable due to similar socio-economic factors and populations. The DAAT "family" which includes Cambridgeshire consists of Oxfordshire, Lincolnshire and Suffolk. Estimates can be made about the performance of different DAATs, from the figures submitted to the Home Office, regarding numbers of people in treatment and people arrested on drugs charges.

Unfortunately, accurate comparisons cannot presently be made. Key performance Indicators have been set for each area of the National Drugs Strategy, which will allow for future comparison of family groups and with other DAATs.

## **Local Context**

In order to present as accurate a view as possible of the current situation regarding substance misuse in Cambridgeshire, many sources of information have been considered.

Drugs and alcohol data must be viewed in a wide context, such as the social setting within which substance misuse is occurring. This document will form part of the CDRP audit and strategies, and will be read alongside the Cambridgeshire Constabulary's Drug Market Profiles, in order to gain a full understanding of the nature of Cambridgeshire's Crime and Disorder issues.

This countywide audit covers the four main aims of the National Drug Strategy, including alcohol where relevant:

- **Treatment,**
- **Young people**
- **Communities**
- **Availability and**
- **Drug Interventions Programme (DIP)** (the new Home Office initiative.)

Each chapter follows a similar structure; the aim of the strategy is outlined, placed in a national context, a local (countywide) context and then by district council area. Issues are presented, described and then an analysis of any patterns, trends or significant factors emerging from the data. Key findings are presented and where possible comparison of the different district council areas made. Finally, issues and recommendations are raised for consideration in future DAAT strategies.

The CDRPs will use the countywide and district level data contained in this document to inform their local audits.

The process was advised by County Council and Police Crime Researchers, with particular relation to data collection, analysis and discussion, imparting knowledge gained from the previous two rounds of audit process.

(Please see appendix 2 for a diagram of the partnership structure the DAAT operates within).

## **Methodology**

The audit was researched and written by the DAAT Information Officer. The process involved working closely alongside the Researcher working on the CDRP audits. Drafts of the audit were circulated in order to plan for the merging of the CDRP audits with the DAAT audit. This collaboration of ideas regarding the style and structure in which the chapters would be produced, facilitated the process of amalgamating significant issues emerging from the DAAT audit and absorbing them into the CDRP audits.

The research began with desktop research. Various national publications and Home Office papers were consulted, in order to assess the national context within which Cambridgeshire's drug strategy sits.

Quantitative data was collected from various agencies involved in work with substance misuse. This data was then interpreted and presented graphically. Many of the full data sets can be found in the appendices, and these will be referenced throughout the audit. The quantitative data used to inform the data was secondary data. Therefore, there may be limitations because it is collected for purposes other than the audit.

Qualitative research was conducted specifically to inform the audit. A survey for professionals on drug and alcohol issues was designed and other existing questionnaires were used. These were the police's Community Beat Manager (CBM), Youth Worker and Health Visitor surveys from 2003 and the CBM survey 2004.

Collating the quantitative and qualitative data was combined with desktop research. The primary and secondary sources of information were analysed alongside each other.

### **Scope**

The consultation conducted had significant scope. Approximately 800 copies of the postal drug and alcohol survey were sent out to various professionals. The Drug and Alcohol Questionnaires were sent to 297 organisations, and 131 responses were received. Professionals in each District Council area were targeted, so that a broad, countywide picture could be gathered, as well as an overview of the issues affecting particular localities. It was a structured survey, designed to gather the opinions of those working in fields where they come across substance misuse across the county. Questions enabled them to answer openly and offer information about the substance misuse they observe in their work and the problems they perceive as being associated with. They also identified their impressions of shortfalls in the services currently provided and suggestions for future improvements.

(Please see appendices 3 for full details of the respondents to the Drug and Alcohol Survey and appendices 4 for a blank copy of the questionnaire)

Surveys were chosen as a research method due to the financial and time restrictions placed on the research. This consultation was beneficial to the audit as it was a source of primary information and ensured that strategies will be grounded in the experience of local people. Comments derived from the qualitative research have been used throughout all chapters of the audit.

A different survey was sent to Community Beat Managers (CBMs) and Police Community Support Officers (PCSOs). Cambridgeshire Constabulary conducted this survey, 80 responses were received, representing an approximate response rate of 80%.

(See appendices 5 for a copy of the CBM survey used in 2003 and 2004)

Other consultation with Council Members and students from the two Universities in Cambridge was also used as well as recent consultation that was carried out in 2002/03 with Youth Workers and Health Visitors. These sources will be referenced clearly.

(See appendices 6, 7 and 8 for details of these pieces of consultation)

## **Timescale**

The DAAT Information Officer came into post in February 2004 and the initial task was to collect data for the Partnership Data Return, which the DAAT is required to submit to the Home Office. This became the first stage of data collection and enabled relationships to be established with partner agencies. Methods for data collection were developed as initial problems were overcome. This process continued from March onwards. Data was still being gathered together in July, in order that the most full and robust data sets were being used for the audit.

The Drug and Alcohol survey was designed and circulated in March and the deadline for replies was extended until the end of April. The CBM survey was conducted within a similar time frame to allow for data entry and analysis of the surveys in April and May.

The initial draft was produced in August 2004 and following consultation changes made by treatment agencies, the DIP team and the County Council research team. The final draft of the DAAT Countywide Audit continued into September.

The Home Office guidance for writing the audit was produced in July 2004, therefore, the impact that this could have was limited. The majority of the recommended data sources had already been considered and collected and methodology had been chosen.

(Please see appendices 9 for audit timetable)

## **How Data was Obtained**

Members of the DAAT participated in providing data from their agencies, as requested and assisted in interpretation where appropriate, making the data collection process more efficient. Individual agency issues of confidentiality were addressed as appropriate.

(Please see appendices 10 for a list of agencies who provided data)

## **How Interpreted**

The Microsoft Office applications, Excel and Access were used to analyse the various datasets in the audit. The interpretation of the qualitative data the DAAT had access to, compliments the quantitative data and provides anecdotal examples, and allowed for cross-referencing between chapters and between information about different district council areas.

## **Problems with the Methodology**

With regard to resources, the audit may have benefited from having more "manpower" to enable further research. There was a lack of experience of the audit writing process and Home Office guidance was not presented in a timely way. Due to close working with the County Council Research team, their expertise was welcomed.

There were issues around the consultation that was conducted. It is felt that had there been more time and more human resources available, interviews and focus groups with professionals and service users would have added valuable information. Timescale and resources didn't allow for engagement with them all in the way that would have been beneficial.

This is the first time this number of data sources have been collated and there were some gaps in the data available. It is planned to establish data management of standardised reporting practices, thereby making it easier to monitor trends in the future. This audit will provide baseline figures and a foundation upon which to build.

The police boundaries in Cambridgeshire are not co-terminus with district council boundaries, which made it difficult to break data down into very specific areas for the CDRPs.

Gaps in data from secondary sources can also be explained as different agencies have varying agendas and data collated indicates the purpose for which it is collected.

### **Ethics**

Some ethical considerations had to be made when interpreting the data. For example, the drug and alcohol related death information included such small number of deaths recorded in certain areas, that individuals may have been identifiable if maps of the deaths were included in this public document. The DAAT had to be cautious and protect individuals' privacy.

A general ethical consideration relates to how the information about substance misusers is perceived by the audience. When discussing treatment, for example, or criminal justice interventions, it was important that the author did not place a value judgement on data. For example, it can be difficult to determine whether value is assessed by a great number of people accessing a service, or by an evaluation of the quality of the service the clients receive and how well engaged they feel.

### **Issues Surrounding Reliability or Validity of Data**

The data used was reliable, as in every case; the same data could be collected at this time next year and looked at alongside this year's. The DAAT relies on partners to fulfil their commitments and provide the DAAT Information Officer with accurate data.

A lack of uniformity in the way data is collected by partner agencies was identified through the production of this audit. On some occasions the data the audit contains relates to the year running from January- December, whereas the optimum data sought was for the financial year March 2003- April 2004, so that patterns and trends could be identified.

It is anticipated that the findings of this audit may impact upon partner agencies recording practices.

The small numbers involved in local focus groups and studies may mean that the data is not as reliable as it would be in larger scale research studies, be they local or national.

### **Areas for Improvement**

Wider involvement of partner agencies in the audit process would be advantageous. Ideally, the DAAT could commission more research into specific areas where there is little evidence is available locally, for example, links between mental health and substance misuse, homelessness and sex work. These are areas that have not yet been explored fully in Cambridgeshire.

As a first audit, the intention was to provide a baseline and benchmark against which to measure future activity and progress in the areas that the DAAT has not made much progress in to date.

This audit was based entirely on the five areas of the drug strategy and the initiatives or areas of work within it that were deemed relevant to Cambridgeshire. The toolkit produced by Central Government was not produced in a timely fashion. DAATs had to take the initiative. In future, there will be more local knowledge to base the audit upon. There were exceptions when planning the audit. In some areas, priorities had already been defined, for example a piece of work on housing for substance misusers had already been commissioned with Peterborough DAT in order to assess need. In this way, the audit was guided by some prior knowledge of what the problem areas are and where they manifest themselves.