



HM Government

National Combating Drugs Outcomes Framework

Supporting metrics and technical guidance





HM Government

National Combating Drugs Outcomes Framework

Supporting metrics and technical guidance

22 May 2023

Contents

Ministerial foreword	3
Introduction	5
The structure of the framework	6
Whole-system accountability	8
Application across the devolved governments	12
Supporting metrics in detail	14
Data development plan	35

Ministerial foreword



Combating illicit drugs is critical to reducing acquisitive and violent crime, making our streets and neighbourhoods safer, saving lives, driving forward economic growth, and supporting efficient delivery of our public services.

The 10-year drugs strategy ‘From Harm to Hope’ sets out the government’s long-term commitment to reducing drug-related crime, harms, deaths and use. To achieve these outcomes, we need to be clear about where we are, where we are going and how to get there. We can only level up communities and drive down drug misuse if we work across agencies to deliver world-class services.

This update to the National Combating Drugs Outcomes Framework adds to the drugs strategy guidance published in 2022. It provides a single set of metrics to measure national and local progress and help delivery partners structure and scrutinise their work. All relevant partners, including local authorities, the NHS, police, probation and prisons, should contribute to – and are jointly accountable for – all outcomes and elements of the strategy.

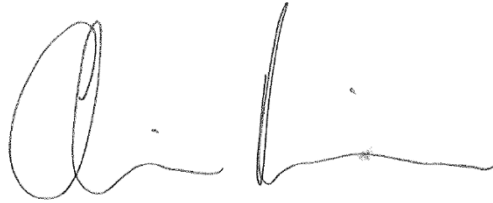
As Combating Drugs Minister, I oversee progress against the outcomes and metrics set out in our framework. This includes tracking local progress and accounting for national progress in our formal annual report to Parliament. The cross-government Joint Combating Drugs Unit will work with the relevant departments – the Home Office, Ministry of Justice, Department for Work and Pensions, Department of Health and Social Care, Department for Levelling Up, Housing and Communities, and the Department for Education – so that where local areas are not seeing performance improvement, we can offer targeted and tailored support to help partnerships address challenges.

Similarly, each local Senior Responsible Owner represents the whole of their Combating Drugs Partnership (CDP), which holds joint overarching responsibility for local delivery of the strategy. CDPs should be tracking delivery of the drugs strategy locally, setting local plans and targets that demonstrate where investment has gone and how it is making a difference to communities and individuals.

As with all aspects of the strategy, we will look to learn more about what works and continue to refine our approach, refreshing this framework accordingly. Further

development of the metrics and data is needed to truly measure a recovery-orientated system aimed at impact. As we do this, we ask that all local areas draw on the breadth of data they collect to measure progress towards our outcomes.

Implementation of our strategy is a priority for me and for the government, and I am grateful for all of the work being done to support that effort. It is my hope that this outcomes framework will provide crucial structure and clarity for all those individuals and organisations working together to reduce drug-related harm and improve people's lives.

A handwritten signature in black ink, appearing to read 'C. Philp', written in a cursive style.

**Rt Hon Chris Philp MP
Combating Drugs Minister**

Introduction

In December 2021, our 10-year UK government plan to combat illegal drugs set out how we are doing more than ever to cut off the supply of drugs by criminal gangs and give people with a drug addiction a route to a productive and drug-free life.¹ Underpinned by record three-year investment of over £3 billion, of which nearly £900 million is additional funding, we committed to a plan to deliver on real-world outcomes: **reduce drug-related crime, deaths, harms and overall drug use.**

We set ourselves the challenging ambitions of preventing nearly **1,000 deaths**, increasing treatment capacity with at least **54,400 new treatment places**, preventing nearly **750,000 crimes**, closing over **2,000 more county lines**, delivering **the increased ambitions of 20% more major and moderate disruptions against organised criminals**, and **reducing overall drug use** towards a 30-year low.

Following this, in June 2022, guidance for local delivery partners set out the structures and processes through which local partners in England should work together to achieve the strategy's ambitions.² It laid out our National Combating Drugs Outcomes Framework: **the single mechanism for monitoring progress across central government and in local areas.**

It is imperative that, together, we deliver the ambitions in the drugs strategy to create safer streets, level up communities and save lives. This document is aimed at local delivery partners, our CDPs and any other partners involved in delivering the drugs strategy.³ It provides a **set of supporting metrics that sit behind the existing framework to monitor progress** towards these real-world outcomes.

While the 11 headline measures, set out in Figure 1, will remain as a continuous baseline throughout the strategy, we expect **this framework of detailed supporting metrics to evolve over the 10-year period of the drugs strategy.** A series of commitments on data development are outlined in this document to provide a direction of travel for where we expect to bring in more timely and targeted measures.

¹ [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](#)

² [Drugs strategy guidance for local delivery partners - GOV.UK](#)

³ Drugs is a cross-cutting issue and successful delivery of the drugs strategy ambitions is dependent on effective, co-ordinated local delivery by a variety of organisations. These partnerships directly respond to Dame Carol Black's recommendation in her review that "greater co-ordination and accountability at national level must also flow through to the local level".

The structure of the framework







The framework sets our three strategic outcomes of **reducing drug use**, **reducing drug-related crime**, and **reducing drug-related deaths and harm**. We are aiming to deliver them through our intermediate outcomes of **reducing drug supply**, **increasing engagement in treatment** and **improving recovery outcomes**.

This document outlines a set of additional 22 supporting measures which allow us to monitor progress towards the outcomes, with two key aims:

- more timely, interim, and/or proxy measures, which can tell us about direction of travel towards the strategic and intermediate outcomes
- a wider picture of the system allowing us to monitor the health of the whole system and to see unexpected trends or provide early warning

The supporting measures are summarised in Figure 1 below, and more technical detail on the measures is covered in Chapter 5.

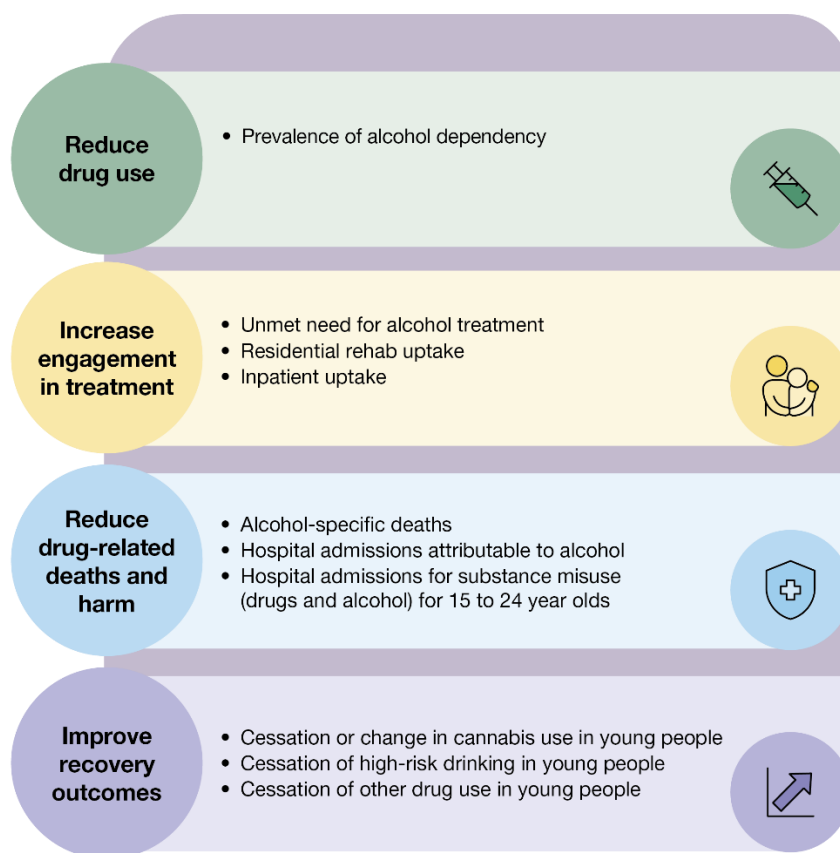
Figure 1: Full National Combating Drugs Outcomes Framework

Strategic outcomes and metrics			Intermediate outcomes and metrics		
 Reduce drug use	 Reduce drug-related crime	 Reduce drug-related deaths and harm	 Reduce drug supply	 Increase engagement in treatment	 Improve recovery outcomes
Headline metrics	Headline metrics	Headline metrics	Headline metrics	Headline metrics	Headline metrics
<ul style="list-style-type: none"> • Proportion of individuals reporting use of drugs in the last year • Estimated prevalence of opiate and/or crack cocaine use (OCU) 	<ul style="list-style-type: none"> • The number of neighbourhood crimes; domestic burglary, personal robbery, vehicle offences and theft from the person • The number of homicides that involve drug users or dealers, or have been related to drugs in any way 	<ul style="list-style-type: none"> • Deaths related to drug misuse • Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drug) 	<ul style="list-style-type: none"> • Number of county lines closed • Number of major and moderate disruptions against organised criminal groups 	<ul style="list-style-type: none"> • Continuity of care: engagement in community-based structured treatment within three weeks of leaving prison (adults) • The numbers in treatment for adults and young people 	<ul style="list-style-type: none"> • Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduced use of their problem substances measured over the preceding 12 months
Supporting metrics	Supporting metrics	Supporting metrics	Supporting metrics	Supporting metrics	Supporting metrics
<ul style="list-style-type: none"> • Number and proportion of households owed a homelessness duty with a drug dependency need • Rate per population of children of referral and assessments by social services with drugs as a factor • Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related • Proportion of 11 to 15 year olds who think it is OK to take drugs to see what it is like, and think it is OK to take drugs once a week 	<ul style="list-style-type: none"> • Proven reoffending within 12 months • Police recorded trafficking of drugs and possession of drugs offences • Hospital admissions for assault by a sharp object 	<ul style="list-style-type: none"> • Hepatitis C prevalence (chronic infection) in people who inject drugs • Number and percentage of people in treatment that have died during their time in contact with the treatment system 	<ul style="list-style-type: none"> • Volume and number of drugs seizures • Number and proportion of National Referral Mechanism referrals with a county lines flag 	<ul style="list-style-type: none"> • Number of individuals in treatment in prisons and secure settings • Number of community or suspended sentence orders with drug treatment requirements • Number and proportion of adults starting treatment in the establishment within three weeks of arrival (from community or other custodial setting) • Unmet need for OCU treatment 	<ul style="list-style-type: none"> • Proportion of people in treatment that have reported no housing problems in the last 28 days • Proportion of people in treatment that have reported at least one day of paid work, voluntary work, or training and education in the last 28 days • Proportion of people in treatment reporting a mental health need who received treatment or interventions • Proportion of parents that have received specific family or parental interventions

Additional National Drug Treatment Monitoring System local metrics

In addition to the metrics in Figure 1 that will be used for monitoring the overall performance of the strategy nationally and locally across-central Government, OHID will be monitoring the treatment and recovery system both nationally and locally in greater detail with the additional outcomes metrics outlined in Figure 2. These metrics are also important for use by CDPs to monitor local treatment and recovery systems and will be included in local-facing reports produced by OHID.

Figure 2: Office for Health Improvement and Disparities (OHID) local outcomes framework: additional metrics



Whole-system accountability

The drivers of drug use and drug-related harm are complex and cut across the responsibilities of a range of different organisations. The 10-year drugs strategy committed the whole of government and our public services to work together and share responsibility for creating a safer, healthier and more productive society.

The single set of outcomes and metrics outlined in this document is aimed at everyone involved in delivering the 10-year drugs strategy. It emphasises shared accountability for all outcomes to avoid the problem of organisations being pulled in different directions by competing outcomes and targets. By reducing supply and demand, in tandem, we maximise the chances of reducing drug use, harms, deaths and crime.

A framework for national and local accountability

National and local co-ordination and accountability were key themes of part two of Dame Carol Black's independent review.⁴ The review identified that an effective government response to drugs requires strong and co-ordinated action from multiple departments at a national level, and that services must be better co-ordinated at a local level. Key to this co-ordination would be national and local accountability, whereby departments and local delivery partners work together to develop joint plans and are collectively held to account for these plans and their outcomes.

At the national level, the Combating Drugs Minister has overarching accountability for the strategy and delivery of the outcomes, with each relevant Secretary of State having accountability for delivering the elements within their department's remit. Progress against the outcomes and metrics set out in this document is regularly monitored and will be reported to Parliament via the annual report.

Local CDPs are expected to organise and monitor their work around progress towards the outcomes, ensuring local partners are accountable to central government, each other and local residents. The outcomes should run through all the outputs of CDPs, from needs assessment to action plans and regular progress reports.

Local areas may have access to more detailed and timely information than the specific sources and datasets used in the National Combating Drugs Outcomes Framework. Local areas should track and monitor against the metrics in Figure 1 and also develop further performance and data monitoring tailored to the local needs and available data, with locally set targets where possible.

⁴ [Review of drugs: phase two report - GOV.UK](#)

Monitoring and consideration of different demographics and protected characteristics should be a key part of this work. The drugs strategy commits to promoting equality and meeting the needs of all communities, particularly those who have often not received an effective service in the past, including people from ethnic minority backgrounds and women.

Other sources of data, such as project and programme evaluation and nationally commissioned self-assessments for CDPs, will offer further information and evidence on performance and progress, both for local partnerships and central government.

While individual organisations will have their own processes and structures to monitor performance of their elements of delivery, the partnership should own all outcomes as a shared responsibility and address them through joint action. The local Senior Responsible Owner represents the whole CDP through holding overarching responsibility for local delivery of the strategy.

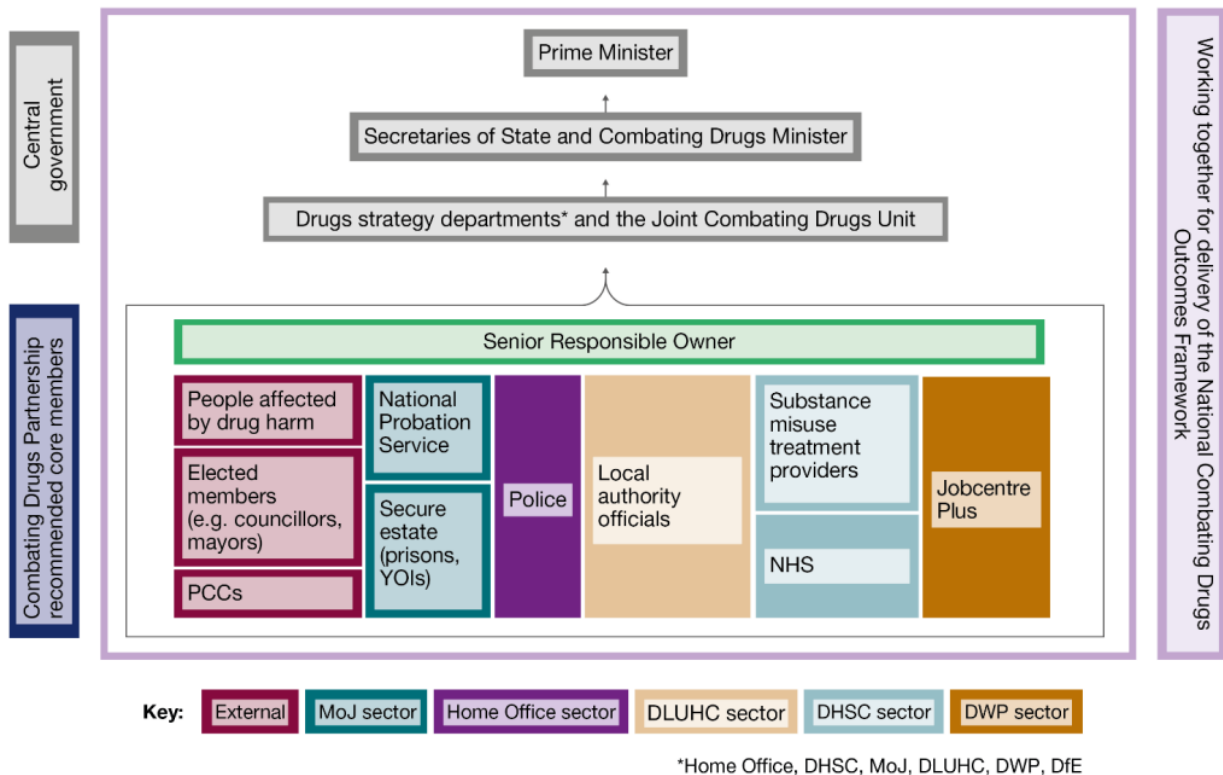
Reporting and accountability of local areas into national government

Central government will monitor local delivery against the metrics outlined in the National Combating Drugs Outcomes Framework. The measures will be monitored in the context of the whole system, with an awareness that the direction of travel may change over the course of the strategy. In the short term, we could expect initial increases in some metrics, due to more planned activity and services better meeting demand, but in the longer term these might decrease due to effective activity and reduction in the underlying problematic issues.

This whole-system monitoring sits alongside government departments' existing performance management with delivery partners, as shown in Figure 3. The following organisations and structures are part of how delivery partners will be held to account on national quality standards across the different areas:

- police force performance framework monitored through the Digital Crime Performance Pack
- HM Inspectorate of Constabulary and Fire and Rescue Services
- the probation performance scorecard and prison performance framework, through which HM Prison and Probation Service (HMPPS) holds probation regions and prison governors to account
- OHID regional teams and drug and alcohol improvement support teams

Figure 3: Reporting and support structures for CDPs



Data monitoring

The measures included are all based on data sources that are already collected and we are not currently asking partnership areas to return any new data to us. Where available, the metrics will be monitored at both a national and local (CDP) level, and by protected characteristics.

In addition to the National Combating Drugs Outcomes Framework, there are a range of more detailed local dashboards and web resources already available to relevant organisations and professionals to enable comparisons between different local areas, and to better understand any challenges or questions. These include:

- the **Digital Crime and Performance Pack** available to all police forces in England and Wales, and Police and Crime Commissioners (PCCs)
- **NDTMS.net** web resource, the primary source of drug and alcohol treatment data for England derived from the National Drug Treatment Monitoring System, including the locally reported measures discussed in this document

We have integrated our approach as much as possible with other relevant outcomes frameworks to ensure consistency of approach.

The structure of the CDPs

The Joint Combating Drugs Unit will also monitor the function and effectiveness of local partnerships as a vehicle to deliver the drugs strategy as a whole system.⁵ This would include buy-in and attendance of required partners in the CDPs and will be assessed using wider sources of information, such as the self-assessment process and evaluation of the strategy. These processes aim to help Senior Responsible Owners and partnerships to understand their challenges and support improvement, while allowing the Joint Combating Drugs Unit and individual departments to identify areas where learning should be shared or where an area is facing particular challenges that require additional support.

Central government is developing a network for CDPs to share learning and experiences to improve practice and avoid duplication. The learning from central government analysis and evaluation will be shared through the CDP network, building a better understanding of success and the barriers that are getting in the way of progress.

⁵ The Joint Combating Drugs Unit, headed by the cross-government Combating Drugs Minister Chris Philp MP, was created in July 2021 and is charged with monitoring implementation and success of the drugs strategy and leading on annual reporting. It represents the Home Office, Ministry of Justice, Department for Work and Pensions, Department of Health and Social Care, Department for Levelling Up, Housing and Communities, and Department for Education.

Application across the devolved governments

This outcomes framework, like the 10-year drugs strategy, applies to matters reserved to the UK government. Given that many elements of drugs policy are devolved, the framework only applies in its entirety to England. Each of the devolved governments has its own plan and monitoring framework covering devolved issues:

- the Welsh Government's Substance Misuse Delivery Plan (January 2021)⁶
- the Scottish Government's National Drugs Mission Plan (August 2022)⁷
- the Northern Ireland Executive's Substance Use Strategy (September 2021)⁸

While the devolved governments have their own approaches to tackling drug misuse, we recognise there are shared challenges and ambitions across the UK and therefore we will continue to look for opportunities to collaborate and share learning, including on measuring outcomes.

Accountability for HMPPS in Wales and the Welsh police forces

The law enforcement and criminal justice elements of the 10-year drugs strategy cover England and Wales and, as such, Welsh police forces and HMPPS in Wales are accountable to the UK government for delivering the relevant commitments and outcomes. The relevant outcomes for Welsh delivery partners are set out in Figure 4. Wales is currently developing its own substance misuse outcomes framework and will consider areas of alignment.

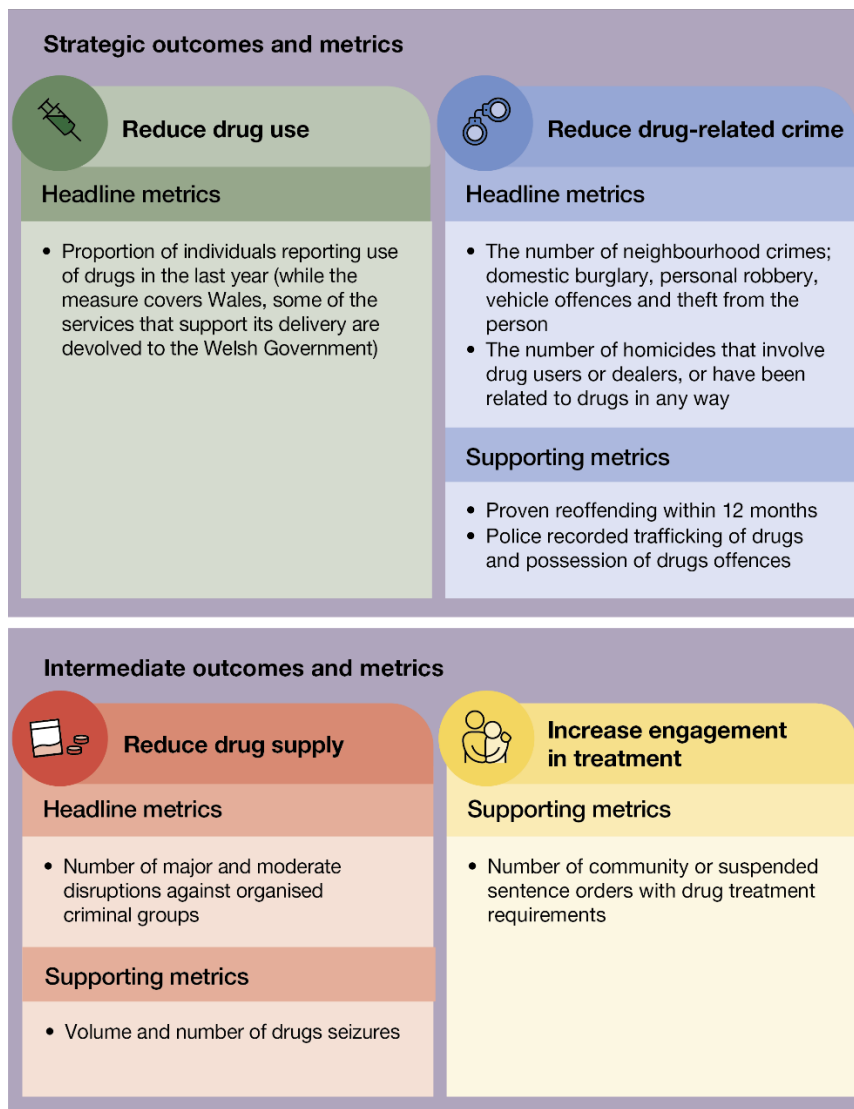
As with partners in England, the existing performance management through government departments sits alongside this. The Home Office and the Ministry of Justice already have accountability structures in place for policing and justice partners in England and Wales, which we will use to track delivery against the relevant outcome measures in this framework. We also recognise that representatives from HMPPS in Wales, the appropriate PCCs, and the relevant forces are members of Area Planning Boards, which lead on the commissioning of substance misuse services in Wales. The UK government will continue working together with the Welsh Government on the interaction between reserved and devolved areas of responsibility to support each other's approach to substance misuse.

⁶ [Substance Misuse Delivery Plan 2019 to 2022.pdf – gov.wales](#)

⁷ [National Drugs Mission Plan: 2022 to 2026 – gov.scot](#)

⁸ [Preventing harm, empowering recovery: Substance Use Strategy – Department of Health](#)

Figure 4: UK Government Drugs Strategy outcomes and metrics: coverage for Welsh Partners




Supporting metrics in detail

The following chapter sets out the technical details about the metrics alongside some context on why they have been selected. Limitations are provided to support interpretation and use of the data.

Strategic outcome 1: Reducing drug use

Ambition: Over the course of the 10-year strategy, we will reverse the rising trend in drug use, with an ambition to reduce overall use towards a historic 30-year low.

 Reducing drug use	
<u>Headline measure</u> Proportion of individuals using drugs in the last year	<p>Definition: Proportion of individuals reporting use of drugs in the last year: 16 to 24 years, 16 to 59 years. Monitored by drug type (all, cannabis, cocaine), personal characteristics (gender, ethnicity, others as required), England and Wales.</p> <p>Inclusion basis: The currently accepted measure of drug use in England, produced by the Office for National Statistics, and provides a continuous time series for most drugs since December 1995.</p> <p>Limitations: Annual survey with time delay to publish, household-based survey, so excludes some groups. The interruption of COVID-19 has had an impact on the continuity of the data. While the measure covers Wales, some of the services that support its delivery are devolved to the Welsh Government.</p> <p>Data source: Crime Survey for England and Wales, Office for National Statistics.⁹</p>

⁹ [Drug misuse in England and Wales: year ending March 2020 – Office for National Statistics](#)



Reducing drug use

	<p>Definition: Proportion of pupils aged 11 to 15 who took drugs in the last year. Monitored by drug type, personal characteristics (gender, ethnicity), England only.</p> <p>Inclusion basis: The currently accepted measure of drug use in children in England, produced by NHS Digital, and provides a continuous time series since 2001.</p> <p>Limitations: The survey is undertaken every two years, and only includes those in school. There are some discontinuities in the data, e.g. the addition of New Psychoactive Substances, that mean time series need to be interpreted with care.</p> <p>Data source: Smoking, drinking and drug use among young people in England.¹⁰</p>
<p><u>Headline measure</u></p> <p>Prevalence of opiate and crack use</p>	<p>Definition: Estimated total number and prevalence rate of opiate and/or crack cocaine use at local authority, regional and England only. Monitored by drug type and age.</p> <p>Inclusion basis: The currently used estimate of opiate and/or crack cocaine use prevalence, which is used to assess need in local authorities. It includes estimates of unseen use, not just those in contact with the treatment system.</p> <p>Limitations: The last update covers the period 2016/17. The next update will be for 2018/19.</p> <p>Data source: Estimates of the prevalence of opiate use and/or crack cocaine use.¹¹</p>

¹⁰ [Smoking, drinking and drug use among young people in England 2021 – NHS Digital](#)

¹¹ [Opiate and crack cocaine use: prevalence estimates by local area – GOV.UK](#)



Reducing drug use

<p><u>OHID additional supporting measure</u></p> <p>Prevalence of alcohol dependency</p>	<p>Definition: The estimated number of adults with an alcohol dependency. Monitored by local authority, England only.</p> <p>Inclusion basis: Currently used estimate of alcohol dependency to estimate treatment need.</p> <p>Limitations: The latest update covers the period 2018/19. The next update will be for 2019/20.</p> <p>Data source: Alcohol dependence prevalence in England.¹²</p>
<p><u>Supporting measure</u></p> <p>Homeless with a drug dependency need</p>	<p>Definition: Number and proportion of households owed a homelessness duty with a drug dependency need. Monitored by local authority, England only.</p> <p>Inclusion basis: Measure of the overlap between housing and dependency need, with housing a key factor in good recovery outcomes.</p> <p>Limitations: This is self-reported data and will not cover rough sleepers, unseen homelessness, and those not-owed a homelessness duty.</p> <p>Data source: Official statutory homelessness statistics.¹³</p>
<p><u>Supporting measure</u></p> <p>Children in need with drugs as an assessed factor</p>	<p>Definition: Rate per 1,000 population of children of referrals and assessments by social services with drugs as a factor. This is in respect of a case where the child is not previously known to the council, or where the case was previously open but is now closed. Monitored by parent, child, or other person, local authority, England only.</p> <p>Inclusion basis: An estimate of the harmful impact of drug use on children individually and as part of a family.</p> <p>Limitations: This only covers those who are referred and assessed. There can be differences in the recording practices between local authorities, therefore this data should be treated with a degree of caution.</p> <p>Data source: Characteristics of children in need.¹⁴</p>

¹² [Alcohol dependence prevalence in England – GOV.UK](#)

¹³ [Homelessness statistics – GOV.UK](#)

¹⁴ [Characteristics of children in need, reporting year 2022 – Explore education statistics – GOV.UK](#)



Reducing drug use

<p><u>Supporting measure</u></p> <p>Permanent exclusions and suspensions – drug and alcohol related</p>	<p>Definition: Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related. Monitored by local authority and proportion of pupil enrolments, England only.</p> <p>Inclusion basis: An estimate of the impact of drugs in the school age population.</p> <p>Limitations: This will only measure those who are enrolled. It will be affected by specific school policies and behaviours and dependent on how it is reported.</p> <p>Data source: Permanent exclusions and suspensions in England.¹⁵</p>
<p><u>Supporting measure</u></p> <p>Acceptability of drug use in children</p>	<p>Definition: Proportion of 11 to 15 year olds who think it is OK to try drugs to see what it is like, and the proportion who think it is OK to take drugs once a week. Monitored by drug type (all, cannabis, cocaine), age, gender. England only.</p> <p>Inclusion basis: Changes in the acceptability of drug use among children could be a helpful indicator of the direction of travel for drug use in young people.</p> <p>Limitations: The survey is undertaken every two years and does not include excluded or home-schooled children.</p> <p>Data source: Smoking, drinking and drug use among young people in England.¹⁶</p>

Strategic outcome 2: Reducing drug-related crime

Ambition: Contribute to the prevention of 750,000 crimes including 140,000 neighbourhood crimes through increasing drug treatment provision.

We know that drugs are a key driver of crime, with around half of homicides and nearly half of acquisitive crime being linked to drugs. We are tracking reoffending and drug offences, alongside indicators of violence that may be drug related.

¹⁵ [Permanent exclusions and suspensions in England: 2020 to 2021 – GOV.UK](#)

¹⁶ [Smoking, drinking and drug use among young people in England 2021 – NHS Digital](#)



Reducing drug-related crime

Headline measure

Drug-related homicide

Definition: Homicides that involve drug users or dealers or have been related to drugs in any way. An offence is ‘drug related’ if any of the following variables are positive: victim is an illegal drug user, victim is an illegal drug dealer, suspect is an illegal drug user, suspect is an illegal drug dealer, victim has taken a drug, suspect has taken a drug, suspect had motive to obtain drugs, suspect had motive to steal drug proceeds, or drug related. **England and Wales.**

Inclusion basis: Reducing homicides is a priority and around half of homicides are flagged as drug related (based on the above definition). Evidence suggests that drug markets are a driver of homicide.¹⁷ The most recent data shows over a quarter of homicide suspects in England and Wales were known drug dealers.¹⁸

Limitations: The criteria for assigning the drug-related flag is broad.

Data source: Homicide in England and Wales.¹⁹

Headline measure

Neighbourhood crime

Definition: Neighbourhood crime, made up of domestic burglary, personal robbery, vehicle offences and theft from the person. **England and Wales.**

Inclusion basis: Drug use can have an impact on the quality of life and the level of crime in an area, with nearly half of acquisitive crime believed to be linked to drug use. This data is survey based, so gives a fuller picture of the crime being committed, as it may not all be reported.

Limitations: We are not currently able to specify which crimes are drug related.

Data source: Crime Survey for England and Wales.²⁰

¹⁷ [Trends and drivers of homicide: Main findings – Home Office – GOV.UK](#)

¹⁸ [Homicide in England and Wales: year ending March 2021 – Office for National Statistics](#)

¹⁹ [Homicide in England and Wales: year ending March 2022 – Office for National Statistics](#)

²⁰ [Crime in England and Wales: appendix tables – Office for National Statistics](#)



Reducing drug-related crime

Supporting measure

Proven reoffending

Definition: Proven reoffending within 12 months. Monitored by adult/juvenile, all, index offences – drug and theft, local authority. **England and Wales.**

Inclusion basis: Drug treatment has been shown to have a strong impact on reoffending, demonstrating the link between the two.

Limitations: The measure does not capture reoffending which does not result in a conviction. In addition, there is a built-in time delay for reoffending, so it will take some time to see movement. We cannot directly measure all offences that are driven by or relate to drugs, but the index offences of drug and theft should provide some insight on direction of travel.

Data source: Proven reoffending statistics.²¹

Supporting measure

Trafficking and possession

Definition: Police recorded trafficking of drugs and possession of drugs offences. Monitored by adult/juvenile national and police force area. **England and Wales.**

Inclusion basis: Trafficking and possession of drugs are the drug indexed crimes.

Limitations: This can be a measure of wider factors, in particular a measure of police activity, rather than the level of crime.

Data source: Crime Survey in England and Wales.²²

²¹ [Proven reoffending statistics – GOV.UK](#)

²² [Crime in England and Wales statistical bulletins – Office for National Statistics](#)



Reducing drug-related crime

Supporting measure

Hospital admissions for assault by sharp object

Definition: Hospital admissions for assault by a sharp object. Monitored by age: 16 to 24, over 25, local authority. **England only.**

Inclusion basis: The evidence suggests that drug markets are one of the drivers of serious violence.²³ Hospitalisations due to injuries from sharp objects are a reliable measure of serious violence.

Limitations: Only includes those who are admitted to hospital, not all stabbings will be drug related and we can't separate them out at this time. Location is limited to hospital of admission, which may not be where the individual lives.

Data source: Monthly hospital admissions for assault by sharp object.²⁴

Strategic outcome 3: Reducing drug-related deaths and harm

Ambition: Prevent 1,000 deaths over the three years to March 2025

Drug misuse deaths have been increasing since 2012 and are expected to continue on an upward trend without intervention. Due to the time delays in registering drug deaths, monitoring other data will help to assess the current direction of travel and how this is changing in some groups.

²³ [Serious Violence Strategy – GOV.UK](#)

²⁴ [Monthly hospital admissions for assault by sharp object February 2022 – NHS Digital](#)



Reducing drug-related deaths and harm

<p><u>Headline measure</u></p> <p>Deaths from drug misuse</p>	<p>Definition: Deaths related to drug misuse in England only. Monitored by English region, date of death and date of registration.</p> <p>Inclusion basis: The official data covering deaths by drug misuse, and a key area of harm covered by the strategy.</p> <p>Limitations: The data is published annually, and due to the requirement for a coroner in these cases, there is a significant time delay in registering the death. Monitoring both the date of death and registration allows us to see the impact at the time of our interventions, but there will be some time delay before we see the impact.</p> <p>Data source: Deaths related to drug poisoning, England and Wales.²⁵</p>
<p><u>Headline measure</u></p> <p>Hospital admissions for drug misuse</p>	<p>Definition: Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs) in England only. Monitored by national, local authority, and age group (16 to 24, over 25).</p> <p>Inclusion basis: A measure of high health harm from drug misuse.</p> <p>Limitations: Only includes admissions, not other interactions with the health services, and is a count of admissions not individuals.</p> <p>Data Source: NHS Digital.²⁶</p>
<p><u>Supporting measure</u></p> <p>Deaths in treatment</p>	<p>Definition: The number and percentage of people in treatment who have died during their time in contact with the treatment system. Monitored by local authority. England only.</p> <p>Inclusion basis: A measure that will give an early indication of direction of travel for drug deaths, and covers a wider picture of deaths among this group.</p> <p>Limitations: Only covers adults in contact with the community treatment system and includes deaths that are not drug related.</p> <p>Data source: OHID.</p>

²⁵ [Deaths related to drug poisoning, England and Wales – Office for National Statistics](#)

²⁶ [Statistics on drug misuse, England 2020 – NHS Digital](#)



Reducing drug-related deaths and harm

<p><u>OHID additional supporting measure</u></p> <p>Alcohol-specific deaths</p>	<p>Definition: The rate per population of registered deaths where alcohol is the primary cause. Monitored by local authority. England only.</p> <p>Inclusion basis: A measure associated with harmful alcohol use.</p> <p>Limitations: Local authority deaths rates are averaged over a three-year period. One-year period data is only recently available, with no trends.</p> <p>Data source: Local alcohol profiles for England, OHID.²⁷</p>
<p><u>OHID additional supporting measure</u></p> <p>Hospital admissions attributable to alcohol</p>	<p>Definition: Admissions to hospital where the primary reason for admission was attributable to alcohol, and admissions to hospital where the primary reason for hospital admission or a secondary diagnosis was linked to alcohol. Monitored by local authority. England only.</p> <p>Inclusion basis: A measure of high health harm from alcohol use.</p> <p>Limitations: Only includes admissions, not other interactions with the health services, and is a count of admissions not individuals.</p> <p>Data source: Alcohol-related hospital admissions.²⁸</p>
<p><u>OHID additional supporting measure</u></p> <p>Hospital admissions for substance misuse (young people)</p>	<p>Definition: Admissions to hospital where the primary or secondary reason was due to substance misuse in those aged 15 to 24). Monitored by local authority. England only.</p> <p>Inclusion basis: A measure of high health harm from drug and alcohol misuse in young people.</p> <p>Limitations: Only includes admissions, not other interactions with the health services, and is a count of admissions not individuals.</p> <p>Data source: Public health profiles, OHID.</p>

²⁷ [Local alcohol profiles for England – Fingertips public health data – GOV.UK](#)

²⁸ [Part 1: Alcohol-related hospital admissions – NHS Digital](#)



Reducing drug-related deaths and harm

Supporting measure

Hepatitis C prevalence in people who inject drugs

Definition: Hepatitis C prevalence (chronic infection) in people who inject drugs: **England only.**

Inclusion basis: A high-priority area of health harm for people who inject drugs. A long-running survey with a recruitment methodology ensuring that we are sampling wider than those in treatment.

Limitations: Recruitment to the unlinked anonymous monitoring survey in 2020 and 2021 was significantly impacted by COVID-19. Therefore, figures for this period should be interpreted with caution given changes in the geographic, demographic and risk factor profile of participants during this period.

Data source: Unlinked anonymous monitoring survey of HIV and viral hepatitis among people who inject drugs.²⁹

Intermediate outcome 1: Reducing drug supply

Ambition: Close over 2,000 more county lines and deliver the increased ambition of 20% more major and moderate disruptions against organised criminals.

Measuring drug supply is challenging as it is not directly observed due to its illicit nature. Monitoring seizures and the impact of interventions on protecting vulnerable people provides a starting point.

²⁹ [People who inject drugs: HIV and viral hepatitis monitoring – GOV.UK](#)



Reducing drug supply

Headline measure

Number of county lines closed

Definition: Number of county lines closed through the County Lines Programme. **England only.**

Inclusion basis: A drugs strategy ambition and a measure of police activity through this programme.

Limitations: This is a measure for the County Lines Programme, which covers a restricted geography. It does not tell us whether the line has been replaced or the business displaced elsewhere.

Data source: Home Office.³⁰

Headline measure

Organised crime group disruptions

Definition: Number of moderate and major drug disruptions against organised criminals. Major: Significant disruptive impact on an organised crime group, individual or vulnerability, with significant or long-term impact on the threat. Moderate: As above but with noticeable and/or medium-term impact on the threat. **England and Wales.**

Inclusion basis: Measure of the impact of enforcement activity to disrupt drug supply criminality.

Limitations: There is some overlap with county lines closures.

Data source: National Crime Agency.³¹

³⁰ Internal management information

³¹ Internal management information



Reducing drug supply

Supporting measure

Number and volume of drug seizures

Definition: Number and volume of drugs seizures. Monitored by source of seizures (National Crime Agency, police forces, Regional Organised Crime Units, Border Force) and drug types (all, class A, other). **England and Wales.** National Crime Agency seizures to capture UK, at sea and international seizures.

Inclusion basis: A measure of the volume of drugs removed from circulation.

Limitations: The volume of drug seizures can be influenced by various factors, including the quantity of drugs being produced and trafficked, as well as enforcement activity. It does not tell us what proportion of the overall supply of drugs is being seized.

Data source: Home Office.³²

Definition: Number of incidents of drug finds in prisons. Monitored by drug types (all, class A, other). **England and Wales.**

Inclusion basis: A measure of drug removal from prison circulation.

Limitations: A change in the number of drug find incidents may reflect changes in the effectiveness with which they are found or in their prevalence in prisons. It does not tell us what proportion of the overall supply of drugs is being seized. The number of find incidents does not directly reflect the volume of drugs found. Incidents can include different quantities of drugs.

Data source: HMPPS annual digest.³³

³² Internal management information

³³ [HMPPS annual digest, April 2021 to March 2022 – GOV.UK](#)



Reducing drug supply

Supporting measure

National Referral Mechanism referrals

Definition: National Referral Mechanism referrals (county lines flagged). **England only.**

Inclusion basis: A measure of the current activity to protect vulnerable people being exploited through the county lines distribution model.

Limitations: Metric focuses on activity of police, third sector and government.

Data source: Modern slavery National Referral Mechanism.³⁴

Intermediate outcome 2: Increasing engagement in drug treatment

Ambition: Deliver a phased expansion of treatment capacity with at least 54,500 new high-quality treatment places.

Understanding the need for and take-up of treatment services is key, as well as the connection between the criminal justice system and community treatment.

³⁴ [Modern slavery: National Referral Mechanism and duty to notify statistics UK, quarter 1 2022 – January to March – GOV.UK](#)



Increasing engagement in drug treatment

Headline measure

Numbers in treatment

Definition: Numbers in treatment for adults and young people. Monitored by: protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol, **England only**.

Inclusion basis: An overview of the expansion of capacity of the treatment system, across different treatment settings, and that treatment is being accessed. Also gives a view of whether the access is reaching different groups.

Limitations: It is necessary to interpret numbers in treatment alongside other indicators as variations between areas or over time could reflect either variations in need or in provision.

Data source: Alcohol and drug treatment statistics: adults and young people.³⁵

Headline measure

Prison continuity of care

Definition: Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison. **England only**.

Inclusion basis: A cohort at high risk of harm and death that often falls through the cracks. Ensuring they can maintain treatment and support is key.

Limitations: Includes only those with an identified need/in touch with prison treatment.

Data source: Alcohol and drug treatment in secure settings.³⁶

³⁵ [Alcohol and drug misuse and treatment statistics – GOV.UK](#)

³⁶ [Substance misuse treatment in secure settings: 2021 to 2022 – GOV.UK](#)



Increasing engagement in drug treatment

Supporting measure

Community sentence treatment requirements

Definition: Number of community or suspended sentence orders with drug treatment requirements. **England and Wales.**

Inclusion basis: A measurement of the use of treatment requirements for those serving a community sentence. Sentencing is decided by the independent judiciary, but local partners can support by ensuring courts have information about substance misuse needs and availability of appropriate treatment.

Limitations: This does not include out of court disposals and other options. It does not allow us to assess the proportion of drug users who are diverted through this route. Not all people under a drug treatment requirement engage with treatment, and some are already engaged.

Data source: Offender management statistics.³⁷

Supporting measure

Unmet need for OCU treatment

Definition: Unmet need for OCU treatment, based on a comparison of the opiate and crack use prevalence and numbers in treatment measures. **England only.**

Inclusion basis: An estimate of whether the provision is meeting the needs of the population.

Limitations: The OCU measure is based on prevalence estimates that are currently updated infrequently and only cover ages 15 to 64. There is no measure of non-OCU treatment need.

Data source: OHID.

³⁷ [Offender management statistics quarterly – GOV.UK](#)



Increasing engagement in drug treatment

<p><u>OHID additional supporting measure</u></p> <p>Unmet need for alcohol treatment</p>	<p>Definition: Unmet need for alcohol treatment, based on a comparison of the alcohol prevalence and numbers in treatment measures. England only.</p> <p>Inclusion basis: An estimate of whether the provision is meeting the needs of the population.</p> <p>Limitations: The measure is based on prevalence estimates that are currently updated infrequently. Numbers in treatment only cover structured treatment reported to the National Drug Treatment Monitoring System, which excludes brief interventions.</p> <p>Data source: OHID.</p>
<p><u>Supporting measure</u></p> <p>Number in prison treatment</p>	<p>Definition: Number of individuals in treatment in prisons and secure settings. Monitored by age (under 18, over 18). England only.</p> <p>Inclusion basis: Measure of treatment accessed in prison settings.</p> <p>Limitations: Measures only those who have been assessed as requiring treatment. If the offender does not provide the information or is not assessed, they are not treated.</p> <p>Data source: Alcohol and drug treatment in secure settings.³⁸</p>
<p><u>Supporting measure</u></p> <p>Proportion starting treatment within three weeks of arrival</p>	<p>Definition: Number and proportion of adults starting treatment in the establishment within three weeks of arrival (from community or other custodial setting). England only.</p> <p>Inclusion basis: Measure of access to treatment on arrival in prison.</p> <p>Limitations: Only covers those who have been assessed as requiring treatment, and does not give the reasons for not accessing treatment (e.g. treatment availability or initial refusal of treatment).</p> <p>Data source: Alcohol and drug treatment in secure settings.³⁹</p>

³⁸ [Substance misuse treatment in secure settings: 2021 to 2022 - GOV.UK](#)

³⁹ [Substance misuse treatment in secure settings: 2021 to 2022 - GOV.UK](#)



Increasing engagement in drug treatment

OHID additional supporting measure

Residential rehab uptake

Definition: The number and percentage of adults in treatment accessing residential rehab provision during the year. **England only.**

Inclusion basis: The enhanced level of care available at a residential rehabilitation programme can improve treatment outcomes and prepare service users for sustaining recovery long-term. This measures capacity of the treatment system to provide this option.

Limitations: Does not indicate length or success of stay. Excludes community non-residential rehabs and private rehabs.

Data source: OHID.

OHID additional supporting measure

Inpatient uptake

Definition: The number and percentage of adults in treatment accessing inpatient provision during the year. **England only.**

Inclusion basis: Inpatient treatment is an important (and sometimes vital) medical intervention for service users with complex physical and mental health needs. This measure gives an indication of the effectiveness of the treatment system to respond to those service users.


Limitations: Does not include inpatient treatment delivered outside the substance misuse treatment system. Does not indicate the type of inpatient treatment, such as medically managed and monitored detoxification, assessment and stabilisation, or psychosocial support delivered to a service user who is an inpatient.

Data source: OHID.

Intermediate outcome 3: Improving drug recovery outcomes

Those suffering from addiction are often dealing with multiple challenges such as family breakdown, mental health conditions and lack of stable housing. Supporting long-term recovery is vital to our strategy outcomes and often requires access to a range of health and social support.

The metrics used are built around the data currently collected through the National Drug Treatment Monitoring System, focused on the services and support offered alongside treatment to facilitate long-term recovery.

 Improving drug recovery outcomes	
<p><u>Headline measure</u></p> <p>Treatment progress</p>	<p>Definition: Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduced use of their problem substances, measured over the preceding 12 months. England only.</p> <p>Inclusion basis: Measure to cover the range of progress that individuals are making during treatment.</p> <p>Limitations: Does not give an indication of whether outcomes are maintained post-treatment. There is a reliance on self-reported use for those still in treatment. Data collection rules changed in 2023/24 for this measure, which will affect comparability with earlier periods.</p> <p>Data source: OHID.</p>
<p><u>Supporting measure</u></p> <p>Proportion in treatment in stable accommodation</p>	<p>Definition: The percentage of people in treatment who have reported no housing problems or issues in the last 28 days. England only.</p> <p>Inclusion basis: Being in stable housing is a key part of engaging with treatment and sustaining recovery.</p> <p>Limitations: Only covers those in treatment and requires disclosure of any problems to the provider.</p> <p>Data source: OHID.</p>



Improving drug recovery outcomes

<p><u>Supporting measure</u></p> <p>Proportion in treatment in paid work</p>	<p>Definition: The percentage of people in treatment who have reported at least one day of paid work in the last 28 days. England only.</p> <p>Inclusion basis: Engagement in meaningful activity, in particular paid work, is a key part of the recovery process and in sustaining recovery.</p> <p>Limitations: Only covers those in treatment, and does not allow us to assess the volume or level of work undertaken, or how sustained the employment is.</p> <p>Data source: OHID.</p>
<p><u>Supporting measure</u></p> <p>Proportion in treatment in voluntary work</p>	<p>Definition: The percentage of people in treatment who have reported at least one day of voluntary work in the last 28 days. England only.</p> <p>Inclusion basis: Engagement in meaningful activity is a key part of the recovery process and in sustaining recovery. Voluntary work can be an important part of that activity.</p> <p>Limitations: Only covers those in treatment, and does not allow us to assess the volume or level of work undertaken, or how sustained the period of voluntary working is. Also includes days in unpaid structured work placements.</p> <p>Data source: OHID.</p>
<p><u>Supporting measure</u></p> <p>Proportion in treatment in training or education</p>	<p>Definition: The percentage of people in treatment who have reported at least one day in training or education in the last 28 days. England only.</p> <p>Inclusion basis: Engagement in meaningful activity is a key part of the recovery process and in sustaining recovery. Training and education can be an important part of that activity and the journey to employment.</p> <p>Limitations: Only covers those in treatment, and does not allow us to assess the volume or level of training undertaken. Only covers training delivered in college or school. Data is not captured for 18 to 24 year-olds in young person's services.</p> <p>Data source: OHID.</p>



Improving drug recovery outcomes

<p><u>Supporting measure</u></p> <p>Mental health interventions and treatment provided (adults and young people)</p>	<p>Definition: <u>Adults</u>: the percentage of adults in treatment who reported a mental health need and received mental health treatment or interventions. <u>Young people</u>: the percentage of young people who had an unmet mental health need at treatment start who still have an unmet mental health need at treatment exit. England only.</p> <p>Inclusion basis: Where an individual has both mental health and addiction needs, these often need to be treated together to gain an effective outcome.</p> <p>Limitations: Only covers those in treatment, and does not allow us to assess the suitability or quality of the mental health treatment provided. Young people’s mental health needs at exit has only recently been captured. Prior data is not available.</p> <p>Data source: OHID.</p>
<p><u>Supporting measure</u></p> <p>Parental and family interventions delivered</p>	<p>Definition: The percentage of parents who have received specific family or parental interventions. England only.</p> <p>Inclusion basis: Families are key to recovery, but are not always included in the recovery process/journey.</p> <p>Limitations: Only covers those in treatment, and does not allow us to assess the suitability or quality of those interventions.</p> <p>Data source: OHID.</p>
<p><u>OHID additional supporting measure</u></p> <p>Cessation or change in cannabis use in young people</p>	<p>Definition: Cessation: the percentage of young people who were using cannabis at treatment start who have stopped using at treatment exit. Change: the reduction in days of cannabis use of young people who were using cannabis at treatment start and are still using at treatment exit. England only.</p> <p>Inclusion basis: Cannabis is the most common problem substance cited in young people’s substance misuse treatment.</p> <p>Limitations: Only covers those exiting treatment who were using cannabis at the start and who have an exit outcomes review available. Cessation of use is not always a care plan goal – treatment can be successful without cessation of use.</p> <p>Data source: OHID.</p>



Improving drug recovery outcomes

OHID additional supporting measure

Cessation of high-risk drinking in young people

Definition: The percentage of young people who were drinking alcohol at a high-risk level at treatment start who have stopped drinking at a high-risk level at treatment exit. High-risk level drinking is defined as more than 140 units over 28 days. **England only.**

Inclusion basis: Reduction in high-risk alcohol use in young people, a substantial part of the young treatment population.

Limitations: Only covers those exiting treatment who were drinking alcohol at the start, and who have an exit outcomes review available. Does not cover those who initiate high-risk alcohol use. The classification of high-risk drinking for young people based on units consumed is not clinically well supported – this measure is a proxy.

Data source: OHID.

Supporting measure

Cessation of other drug use in young people

Definition: The percentage of young people who were using other drugs at treatment start and have stopped using other drugs at treatment exit. Other drugs refers to all drugs except cannabis, and does not include alcohol or nicotine. **England only.**

Inclusion basis: Cessation of all drug use is desirable for young people in treatment.

Limitations: Only covers those leaving treatment who were using other drugs at the start, and who have an exit outcomes review available. Does not distinguish between ceasing one or several drugs, or the severity of the substance misuse problem.

Data source: OHID.







Data development plan

This framework uses data currently collected. This has its limitations and there is further work underway at the national level to improve data against every outcome. As our longer-term commitment, we continue to develop and improve the quality of data collected nationally for a more sustainable way of measuring progress, allowing us to **continually assess and refine the framework**. A data development plan will support this effort at a national level to consider:

- **improving data we already collect** – improving data quality, the frequency of updates, additional data flags and breakdowns, developing new measures, and the increasing ability to reliably see what is happening at a local level
- **exploring opportunities for linking datasets to improve our understanding** – working with existing government programmes to ensure data relevant to drug-related harm is considered
- **Enhancing and developing surveys** – measuring qualitative outcomes where sources are currently lacking, such as societal attitudes to drugs or ease of availability of drugs

Figure 5 below summarises our current commitment on where **we will improve our data** to better measure our outcomes.

Figure 5: Overview of current and planned data development areas

Improving data and evidence: Strategic outcomes and metrics		
 Reduce drug use	 Reduce drug-related crime	 Reduce drug-related deaths and harm
Development approach/areas	Development approach/areas	Development approach/areas
<ul style="list-style-type: none"> • Data linking to gain insight into different cohorts, including Better Outcomes through Linked Data • Exploring how we develop data on known risk factors for drug use 	<ul style="list-style-type: none"> • Number of crimes that are drug-related • Drug use and crimes committed to fund different cohorts of drug users suspected of crimes • How drug use can contribute to systemic violence 	<ul style="list-style-type: none"> • Upstream indicators of impact on health system • More frequent data on drug-related deaths • Availability of needle and syringe programmes
Lead departments	Lead departments	Lead departments
<ul style="list-style-type: none"> • Department of Health and Social Care • Ministry of Justice • Department for Education 	<ul style="list-style-type: none"> • Home Office 	<ul style="list-style-type: none"> • Department of Health and Social Care
Improving data and evidence: Intermediate outcomes and metrics		
 Reduce drug supply	 Increase engagement in treatment	 Improve recovery outcomes
Development approach/areas	Development approach/areas	Development approach/areas
<ul style="list-style-type: none"> • Use and triangulate proxy measures including drugs prices, purity and use • Denial of criminal assets • Use and availability of drugs • UK and international evidence on drug purity and prices 	<ul style="list-style-type: none"> • Prevalence of treatment need for non-OCU users and those whose needs are currently not being met • Numbers accessing recovery support and harm reduction outside structured substance misuse treatment • Impact and use of current treatment metrics matching, including Better Outcomes for Linked Data 	<ul style="list-style-type: none"> • Use and impact of wider community-based recovery organisations • Monitoring of recovery outcomes in-treatment and post-treatment • Reviewing impact of current measures
Lead departments	Lead departments	Lead departments
<ul style="list-style-type: none"> • Home Office 	<ul style="list-style-type: none"> • Department of Health and Social Care • Ministry of Justice 	<ul style="list-style-type: none"> • Department of Health and Social Care, with: <ul style="list-style-type: none"> • Department for Work and Pensions • Department for Levelling Up, Housing and Communities • Ministry of Justice

Strategic outcome 1: Reducing drug use

To support our tracking of progress and policy development against the goal to reduce overall drug use, we will go further to understand what drives drug use, how we can measure these drivers, and the prevalence of drug use. This is challenging due to its illicit nature and associated stigma. It can be particularly challenging for groups such as dependent drug users who are not OPU, those not in contact with national and local authority services, such as rough sleepers, and prisoners.

We have two key areas of development in this area:

- linking datasets across government to gain insight into different cohorts, those who contact with public services, and opportunities to intervene earlier – for example, Better Outcomes through Linked Data (BOLD)⁴⁰
- exploring how we develop data on known risk factors for drug use

Strategic outcome 2: Reducing drug-related crime

A clear and consistent measure of the number of crimes that are drug related is needed to monitor the progress of the drugs strategy. Approaches to this can build on previous research that showed nearly half of acquisitive crime is related to drugs.⁴¹ Measuring the proportion of different crimes which can be reliably linked to drugs is challenging. We are currently assessing the feasibility of different options, such as survey-based or analytics-based approaches, to build better data in this area. In addition, as part of the expansion of drug testing on arrest, we will also collect more data on different cohorts of drug users suspected of crimes from 2023/24.

We are also developing and improving our understanding of the direct role drugs play in drug-related homicides. This is specifically looking at drug use and crimes committed to fund drug use, as well as how drug markets can contribute to systemic violence.

Strategic outcome 3: Reducing drug-related deaths and harm

There are a wide range of drug-related harms to consider that impact on quality of life and the requirement for health care. Areas where it would be helpful to explore further include:

- any upstream indicators of impact on the health system, i.e. A&E attendance, ambulance and paramedic attendance for drug overdose, and drug-related mental health conditions – some of this data may be available to CDPs through local data sharing arrangements

⁴⁰ [Ministry of Justice: Better Outcomes through Linked Data \(BOLD\) – GOV.UK](#)

⁴¹ [Understanding organised crime: estimating the scale and the social and economic costs – GOV.UK](#)

- harm reduction measures, including availability of needle and syringe programmes – we are currently developing and piloting needle and syringe programme monitoring in England.
- options for more timely and frequent data on drug-related deaths

Intermediate outcome 1: Reducing drug supply

Drug supply is illicit and uses covert importation and domestic production methods, making it challenging to accurately measure supply into the country through the various import routes or into prisons. Further work is under consideration, including:

- work to use and triangulate proxy measures such as drug prices, drug purity and drug use
- exploring the use and availability of drugs, including how easy it is to access drugs and how it varies between different routes
- examining the data collected on the denial of criminal assets, with the aim of bringing together the instances which relate to activity concerning illegal drug trafficking and supply
- reviewing the UK and international evidence on drug purity and prices, identifying the key data sources and methodologies used, and building a robust measure for drug purity-adjusted prices

Intermediate outcome 2: Increasing engagement in drug treatment

Understanding the need for treatment and whether individuals are being reached is a key part to increasing engagement with services. There is a range of information and intelligence that CDPs may be best placed to assess in this area, including:

- the prevalence of treatment need for non-OCU users and groups whose needs are not currently met by services, e.g. rough sleepers
- numbers accessing recovery support and harm reduction services outside structured substance misuse treatment

Centrally the focus is on:

- reviewing the impact and use of current treatment metrics to ensure they are effective for monitoring progress towards strategic outcomes
- understanding the impact of treatment through matching to other datasets, including piloting approaches through the BOLD project

Intermediate outcome 3: Improving drug recovery outcomes

One of the most significant data gaps is the limited data collected on recovery activity and outcomes for those not engaged in treatment. The drugs strategy commits to a recovery-orientated system and, as such, data development of recovery outcomes is a key priority for central government.

Work is underway to improve the depth and breadth of data collected and reported to recognise the complex nature of recovery. Those suffering from addiction are often dealing with multiple challenges such as family breakdown, mental health conditions

and lack of stable housing. Supporting long-term recovery is vital to our strategic outcomes and often requires access to a range of health and social support.

There is limited data collected on recovery activity and outcomes for those not engaged in treatment, but work is underway to improve the depth and breadth of data collected and reported on recovery.

CDPs are expected to look at how they collect and their locally available data and information to understand and monitor their contribution and impact on long-term recovery. Areas to consider are:

- what recovery support is being accessed after leaving treatment
- whether all aspects of recovery within treatment are being monitored – whether we can capture ‘recovery capital’
- longer-term outcomes after leaving treatment

Centrally the focus is on:

- measuring the use and impact of wider community-based recovery organisations
- enhancing and broadening the monitoring of recovery outcomes in-treatment and post-treatment
- reviewing the impact of current measures to ensure they are effective for monitoring progress towards strategic outcomes



© Crown copyright 2023

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3

This publication is also available on our website at www.gov.uk/government/publications

Any enquiries regarding this publication should be sent to us at JCDU-enquiries@combatingdrugs.gov.uk