

Assessment of compliance with the Code of Practice for Official Statistics

Statistics on Substance Misuse in Scotland

*(produced by the Information Services Division of NHS
National Services Scotland)*

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About the UK Statistics Authority

The UK Statistics Authority is an independent body operating at arm's length from government as a non-ministerial department, directly accountable to Parliament. It was established on 1 April 2008 by the *Statistics and Registration Service Act 2007*.

The Authority's overall objective is to promote and safeguard the production and publication of official statistics that serve the public good. It is also required to promote and safeguard the quality and comprehensiveness of official statistics, and good practice in relation to official statistics.

The Statistics Authority has two main functions:

1. oversight of the Office for National Statistics (ONS) – the executive office of the Authority;
2. independent scrutiny (monitoring and assessment) of all official statistics produced in the UK.

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ASSESSMENT AND DESIGNATION

The *Statistics and Registration Service Act 2007* gives the UK Statistics Authority a statutory power to assess sets of statistics against the *Code of Practice for Official Statistics*.

Assessment will determine whether it is appropriate for the statistics to be designated as National Statistics.

Designation as National Statistics means that the statistics comply with the *Code of Practice*. The *Code* is wide-ranging. Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

Designation as National Statistics should not be interpreted to mean that the statistics are always correct. For example, whilst the *Code* requires statistics to be produced to a level of accuracy that meets users' needs, it also recognises that errors can occur – in which case it requires them to be corrected and publicised.

Assessment reports will not normally comment further on a set of statistics, for example on their validity as social or economic measures. However, reports may point to such questions if the Authority believes that further research would be desirable.

Assessment reports typically provide an overview of any noteworthy features of the methods used to produce the statistics, and will highlight substantial concerns about quality. Assessment reports also describe aspects of the ways in which the producer addresses the 'sound methods and assured quality' principle of the *Code*, but do not themselves constitute a review of the methods used to produce the statistics. However the *Code* requires producers to "seek to achieve continuous improvement in statistical processes by, for example, undertaking regular reviews".

The Authority may grant designation on condition that the producer body takes steps, within a stated timeframe, to fully meet the *Code's* requirements. This is to avoid public confusion and does not reduce the obligation to comply with the *Code*.

The Authority grants designation on the basis of three main sources of information:

- i. factual evidence and assurances by senior statisticians in the producer body;
- ii. the views of users who we contact, or who contact us, and;
- iii. our own review activity.

Should further information come to light subsequently which changes the Authority's analysis, it may withdraw the Assessment report and revise it as necessary.

It is a statutory requirement on the producer body to ensure that it continues to produce the set of statistics designated as National Statistics in compliance with the *Code of Practice*.

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1 Summary of findings

1.1 Introduction

1.1.1 This is one of a series of reports¹ prepared under the provisions of the *Statistics and Registration Service Act 2007*². The Act requires all statistics currently designated as National Statistics to be assessed against the *Code of Practice for Official Statistics*³. The report covers the set of statistics on substance misuse produced by Information Services Division of NHS National Services Scotland (ISD) and reported in:

- *Alcohol-related Hospital Statistics*⁴ (AHS);
- *Alcohol Statistics Scotland*⁵ (ASS);
- *Drugs Misuse Statistics Scotland*⁶ (DMSS); and
- *Scottish Schools Adolescent Lifestyle and Substance Use Survey National Report*⁷ (SALSUS).

1.1.2 Section 3 of this report adopts an ‘exception reporting’ approach – it includes text only to support the Requirements made to strengthen compliance with the *Code* and Suggestions made to improve confidence in the production, management and dissemination of these statistics. This abbreviated style of report reflects the Head of Assessment’s consideration of aspects of risk and materiality⁸. The Assessment team nonetheless assessed compliance with all parts of the *Code of Practice* and has commented on all those in respect of which some remedial action is recommended.

1.1.3 *Alcohol Statistics Scotland* and *Drugs Misuse Statistics Scotland* are compendium publications. Assessments of compendium publications against the *Code of Practice* usually relate to the processes involved in preparing the publication, rather than in producing the statistics that are included. Those sets of statistics will normally be subject to separate assessment. Designation of a compendium publication as National Statistics therefore means that the producer body has, for example: identified and met user needs in terms of the content of the publication; considered the appropriateness of each series for inclusion; and written appropriate commentary. Since these two compendium publications include the first release of several sets of substance misuse statistics, this assessment report also considers compliance of these statistics with all parts of the *Code*.

¹ <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html>

² http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf

³ <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

⁴ <http://www.isdscotlandarchive.scot.nhs.uk/isd/6137.html>

⁵ http://www.alcoholinformation.isdscotland.org/alcohol_misuse/9729.html

⁶ <http://www.drugmisuse.isdscotland.org/publications/10dmss/10dmsb.htm>

⁷ <http://www.drugmisuse.isdscotland.org/publications/abstracts/salsus.htm>

⁸ <http://www.statisticsauthority.gov.uk/assessment/assessment/guidance-about-assessment/criteria-for-deciding-upon-the-format-of-an-assessment-report.pdf>

1.1.4 This report was prepared by the Authority's Assessment team, and approved by the Board of the Statistics Authority on the advice of the Head of Assessment.

1.2 Decision concerning designation as National Statistics

1.2.1 The Statistics Authority judges that the statistics covered by this report are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest, subject to any points for action in this report. The Statistics Authority confirms that the statistics published in the products listed in paragraph 1.1.1 are designated as National Statistics, subject to ISD implementing the enhancements listed in section 1.5 and reporting them to the Authority by July 2012.

1.2.2 During the course of the assessment, the Head of Profession has confirmed that a number of steps, which would otherwise have been formal recommendations, have already been taken and will be implemented in the statistics to be published in May 2012, or will be taken; these are noted in the body of the report:

i) Provide information about the scale of revisions made to the substance misuse statistics;

ii) Provide more information about the quality and reliability of the substance misuse statistics in *Alcohol-related Hospital Statistics*;

iii) Signpost users to information about equivalent statistics for the other countries of the UK;

iv) Apply the new ISD publication template in the next edition of *AHS*, providing commentary and summary charts in addition to the detailed tables.

The specification of improvements expressed in this manner does not diminish the responsibility of ISD to ensure that it continues to produce this set of statistics in compliance with the *Code of Practice*. We will review progress with these improvements at a later stage.

1.3 Summary of strengths and weaknesses

1.3.1 ISD meets the needs of the main users of statistics about substance misuse. It runs a steering group to oversee the production of the statistics, involving users from Scottish Government, Alcohol and Drug Partnerships and public health specialists. It has two topic-specific websites to support users in accessing information about alcohol and drug misuse. It consulted users in a range of sectors about their information needs in 2010/11.

1.3.2 The compendia and survey reports provide comprehensive commentary, supported by summary charts and tables. These releases also provide background information, including outlines of the data sources and quality of the statistics. *AHS* has only brief commentary, and is more suited to expert users than to non-specialist users.

1.4 Detailed recommendations

- 1.4.1 The Assessment team identified some areas where it felt that ISD could strengthen its compliance with the *Code*. The area which the Assessment team considers essential to enable designation as National Statistics is listed in section 1.5. Other suggestions, which would improve the statistics and the service provided to users but which are not formally required for their designation, are listed at annex 1.

1.5 Requirements for designation as National Statistics

Requirement 1	Investigate the potential bias in the Scottish Drug Misuse Database due to under-reporting, and describe the impact on the statistics in <i>Drug Misuse Statistics Scotland</i> (para 3.5).
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2 Subject of the assessment

- 2.1 ISD is responsible for publishing a range of statistics on substance misuse in Scotland. These include: *Alcohol-related Hospital Statistics (AHS)*; *Alcohol Statistics Scotland (ASS)*; *Drugs Misuse Statistics Scotland (DMSS)*, and statistics from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS). ISD also publishes a number of other substance misuse releases that include, for example, official statistics about drug and alcohol treatment waiting times⁹. These statistics are not part of this assessment – ISD told us that these statistics have either been recently introduced to monitor Scottish Government performance measures or are currently undergoing considerable change and may be put forward for assessment at a later date.
- 2.2 *AHS* is a biennial release, published since 2004. It presents statistics for Scotland, as well as by NHS Board and local authorities. The underlying data are derived from hospital discharge records from general acute hospitals and from psychiatric hospitals.
- 2.3 The acute hospital discharge statistics are derived from the Scottish Morbidity Record SMR01. This is an episode-based patient record relating to all inpatients and day cases discharged from specialties other than mental health, maternity, neonatal and geriatric long stay specialties in NHS Scotland. The records contain information from general hospitals about whether alcohol-related diagnosis was a factor during the course of treatment. The information is supplied to ISD by NHS general hospitals in Scotland and an extract of data on alcohol-related discharges provided to ISD's Substance Misuse Programme which prepares the statistical releases. Similarly, information on discharges for alcohol-related diagnoses in psychiatric hospitals is recorded on the Scottish Morbidity Record SMR04.
- 2.4 *ASS* is a biennial compendium report presenting a wide range of statistics about alcohol consumption and health. It also includes the first release of statistics on alcohol-related hospital discharges, in years alternating with *AHS*. The compendium is timed to be published at the same time in the year as *AHS* is released. It draws on expenditure statistics for Scotland from the Living Cost and Food Survey¹⁰ and *Consumer Trends*¹¹ published by ONS. It also presents information about health and social harm resulting from misuse, statistics such as from hospital discharge records and death registrations, as well as alcohol-related crime and traffic accidents. This statistical release was first published in 2002. In addition to statistics for Scotland, it gives figures by NHS Board and local authorities.
- 2.5 *DMSS* is an annual compendium report, published since 1998, about alcohol, drug and smoking misuse. It presents information from the Scottish Drug Misuse Database (SDMD), hospital statistics, blood-borne viruses, drug-related deaths and drug-related offences, court proceedings and prison statistics. *DMSS* is the first release of statistics from SDMD. The report presents statistics for Scotland, as well as by NHS Board and local authorities.

⁹ <http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/index.asp>

¹⁰ <http://www.ons.gov.uk/ons/about-ons/surveys/a-z-of-surveys/living-costs-and-food-survey/index.html>

¹¹ <http://www.ons.gov.uk/ons/publications/all-releases.html?definition=tcm%3A77-23619>

- 2.6 SALSUS is the latest in a long established series of national surveys on substance use among young people. ISD commissioned Ipsos MORI¹² to carry out the 2010 survey. The surveys were carried out jointly in England and Scotland between 1982 and 2000, to provide national information with which to monitor smoking behaviour (from 1982), drinking behaviour (from 1990) and drug use (from 1998). The Scottish Government identified a need for local as well as national information and a need for contextual information about other lifestyle, health and social factors, which could not be met under the existing survey arrangements. Since 2002, separate survey arrangements have been made in Scotland. The survey focuses on the experiences of pupils in S1 and S4 school years, mainly aged 13 and 15 years old. The most recent survey achieved a response rate of 62%.
- 2.7 ISD releases the statistics through two related websites: Alcohol Information Scotland¹³ and Drug Misuse Information Scotland¹⁴. These websites give the links to latest information¹⁵ published in Scotland, as well as other parts of the UK, for example by National Treatment Agency for Substance Misuse in England and international organisations such as the World Health Organisation and Eurostat.
- 2.8 The statistics are used to monitor trends in alcohol and drug misuse, by: central government, health boards, alcohol and drug action partnerships (which include health practitioners, as well as representatives from the police and local government), academics and the voluntary sector. The substance misuse statistics are also used by the Scottish Government to measure progress towards Scotland Performs National Indicators for reducing substance misuse. NI 34¹⁶ is to reduce the number of individuals with problem drug use in Scotland and NI 23¹⁷ is to reduce alcohol-related hospital admissions.
- 2.9 The resource required to produce the substance misuse statistics is 1.4 full time equivalents (FTE). This includes around 0.5 FTE to produce *DMSS*, around 0.4 FTE to produce *ASS*, and 0.05 FTE to produce *AHS*. The ISD contribution to produce *SALSUS* is 0.4 FTE.

¹² <http://www.ipsos-mori.com/>

¹³ http://www.alcoholinformation.isdscotland.org/alcohol_misuse/CCC_FirstPage.jsp

¹⁴ <http://www.drugmisuse.isdscotland.org/index.htm>

¹⁵ http://www.alcoholinformation.isdscotland.org/alcohol_misuse/1407.html

¹⁶ <http://www.scotland.gov.uk/Topics/Statistics/About/NotesSP/TechnicalNotesSPNI34>

¹⁷ <http://www.scotland.gov.uk/Topics/Statistics/About/NotesSP/TechnicalNotesSPNI23>

3 Assessment findings

- 3.1 ISD runs a steering group that oversees the production of the substance misuse statistics. The group includes representatives from Scottish Government's health, education and justice departments. It also includes local government representatives from Alcohol and Drug Partnerships (ADPs)¹⁸, and public health specialists. ISD consulted users in ADPs, the voluntary sector and academics between October 2010 and February 2011 about their information needs. It documented the responses in consultation reports for each stakeholder type and used the feedback to inform its strategic framework and action plan. We suggest that ISD publish its consultation reports, strategic framework and action plan.
- 3.2 ISD's substance misuse statistical releases include some statistics for which scheduled revisions are made; for example, the hospital discharge statistics are initially published as 'provisional' and 'revised' in the subsequent release. ISD highlights when revisions have been made and gives a general reason for the revisions; however, it does not indicate the scale of the revisions. ISD has told us that it has prepared a new revisions guide to be applied to its statistics. During the course of this assessment, the Head of Profession for statistics confirmed that the scale of revisions would be explained alongside the revised statistics; ISD has drafted suitable explanatory material for publication in the forthcoming releases: *Alcohol-related Hospital Statistics* and *Drug-related Hospital Statistics*.
- 3.3 The compendia and *SALSUS* give information about the data sources and methods used to produce the statistics, and about the quality of the data; however, *AHS* includes little information about the quality and reliability of the statistics. ISD told us that it has developed a publication template that will be applied to future versions of *AHS*, which includes metadata information according to the European Statistical System Quality Framework¹⁹. During the course of this assessment, the Head of Profession for statistics confirmed that more information about quality and reliability of the substance misuse statistics will be provided in the next publication scheduled for release in May 2012.
- 3.4 SDMD is used by service providers for managing client information from when the clients first attend the service for an assessment of their drug misuse problems. A new form (SMR25a) was introduced in April 2006. This was initially paper-based but from 2009 a new web-based version was introduced. The new version requires the name of the client to be entered, to build up information about the patient journey. The service provider must seek the permission of the client for this information, and in so doing, ISD has found that the number of clients granting permission has declined. ISD is seeking to address the issue of coverage and completeness through promotional campaigns to better inform the service providers and the clients about the ways in which the information is protected and the ways in which it will be used.
- 3.5 *DMSS* presents the first release of statistics from the SDMD. *DMSS* highlights a recent under-reporting of drug misuse following the introduction of a web-based recording system and the requirement for the client's name to be

¹⁸ <http://www.drugmisuse.isdscotland.org/dat/dat.htm>

¹⁹ http://epp.eurostat.ec.europa.eu/portal/quality/quality_reporting

- recorded. ISD has told us that it doesn't believe the under-reporting materially impacts on key statistics, or that there is any resulting bias. However, it has not determined the areas or client groups most affected by the under-reporting. As part of the designation as National Statistics, ISD should investigate the potential bias in the Scottish Drug Misuse Database due to under-reporting, and describe the impact on the statistics in *Drug Misuse Statistics Scotland*²⁰ (Requirement 1).
- 3.6 ISD's Alcohol Information and Drug Misuse Information websites give links to similar statistics for other parts of the UK and internationally. The substance misuse releases, however, do not highlight equivalent statistics for the other parts of the UK or any differences in the ways that these statistics are defined. During the course of this assessment, the Head of Profession for statistics confirmed that the next publications of the substance misuse statistics would signpost users to information about equivalent statistics for the other countries of the UK. We suggest that ISD provide summary information about how to make comparisons between each Administration's statistics.
- 3.7 The compendia and *SALSUS* present straightforward but comprehensive descriptions of the statistics, illustrated by summary charts and tables. *AHS* provides brief commentary which tends to be more suited to expert users. The descriptions of the main findings are not supported by charts or contextual information about the operational or policy use of the statistics. During the course of this assessment, the Head of Profession for statistics confirmed that ISD will apply its new publication template in the next edition of *AHS*, providing commentary and summary charts in addition to the detailed tables. We suggest that ISD consider the points detailed in annex 2, in seeking to further improve the substance misuse statistical releases.
- 3.8 *AHS* and *ASS* provide hospital discharge statistics about alcohol-related diagnoses in alternate years. While ISD's website lists the recent releases, it does not make it sufficiently clear in the releases that the statistics are available each year, nor explain how to access them. In response to advice from the Assessment team, ISD told us that it will include a prominent statement highlighting which releases present alcohol-related hospital statistics when *AHS* is published in May 2012.
- 3.9 ISD makes each of the substance misuse statistical releases available through the National Statistics Publication Hub. However *AHS – Alcohol-related Hospital Statistics* – is only available under the title, *Alcohol Statistics Scotland*. Following advice from the Assessment team, ISD has included *AHS* in the forthcoming publication schedule and ensured that the next release is listed on the National Statistics Publication Hub. ISD has committed to ensuring that all future releases will be included in its timetable for publications twelve months ahead.
- 3.10 ISD gives the name and contact details of the responsible statistician for each release in their accompanying publication summaries, as well as on its website. This information is also given in the main reports of *DMSS* and *ASS*. While the author team is listed in *SALSUS*, it does not make clear who the responsible statistician is. We suggest that ISD provide the name and contact information for the responsible statistician in *SALSUS* and of *AHS* within the main reports.

²⁰ In relation to Principle 4, Practice 2 of the *Code of Practice*

Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to ISD's substance misuse statistics, in the interest of the public good. These are not formally required for designation, but the Assessment team considers that their implementation will improve public confidence in the production, management and dissemination of official statistics.

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|---------------------|---|
| Suggestion 1 | Publish the substance misuse consultation report, strategic framework and action plan (para 3.1). |
| Suggestion 2 | Provide summary information about how to make comparisons between each Administration's statistics (para 3.6). |
| Suggestion 3 | Consider the points detailed in annex 2, in seeking to further improve the statistical releases (para 3.7). |
| Suggestion 4 | Provide the name and contact information for the responsible statistician in <i>SALSUS</i> and of <i>AHS</i> within the main reports (para 3.10). |

Annex 2: Compliance with Standards for Statistical Releases

- A2.1 In October 2010, the Statistics Authority issued a statement on *Standards for Statistical Releases*²¹. Whilst this is not part of the *Code of Practice for Official Statistics*, the Authority regards it as advice that will promote both understanding and compliance with the *Code*. In relation to the statistical releases associated with ISD's substance misuse statistics, this annex comments on compliance with the statement on standards.
- A2.2 In implementing any Requirements of this report (at paragraph 1.5) which relate to the content of statistical releases, we encourage the producer body to apply the standards as fully as possible.

Appropriate identification of the statistics being released

- A2.3 The substance misuse releases, apart from *AHS*, have titles that include the coverage of the statistics (Scotland). Each title gives the year of the most recent set of statistics. Each release is accompanied on ISD's website by a publication summary – these give the frequency of the release, the coverage and reference period. The frequency of the release is also given in the introductions to each main report. ISD doesn't make it sufficiently clear that the alcohol hospital discharge statistics are published in *AHS* and *ASS* in alternate years.
- A2.4 Each release presents the appropriate logos, with the name of the responsible department. Apart from *AHS* and *SALSUS*, each main report also gives the name and contact information for the responsible statistician. This information is given in each publication summary.
- A2.5 Each release also has an introduction which sets out what is covered in the report, including the subjects discussed.

Include commentary that is helpful to the non-expert and presents the main messages in plain English

- A2.6 *AHS* and *SALSUS* each have a summary that sets out the main findings. The two compendium reports, *ASS* and *DMSS*, don't have summaries but these are given in their associated publication summaries. These summaries list the main messages for the particular statistics which are released for the first time in the report, such as, statistics about alcohol-related hospital discharges and statistics derived from the Scottish Drug Misuse Database. The lack of a summary in *DMSS* in particular makes it harder to relate the findings together.
- A2.7 The compendium reports and *SALSUS* present detailed commentary to describe the main patterns in the statistics. These are given by the main characteristics of the population groups such as age, sex and deprivation, as well as for different aspects of substance use, such as consumption, and the health and social affects. The language in these statistical releases is straightforward and accompanied by charts and summary tables.
- A2.8 *AHS* is a shorter release, focussed on alcohol-related hospital discharge

²¹ <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-releases.html>

statistics. It provides some brief commentary but doesn't use charts to illustrate the findings. The text provides limited background material about the statistics, for example, why hospital discharges are used rather than admissions (this is explained in the compendium reports, however). The main findings are generally straightforward but tend to be more suited to an expert user.

Use language that is impartial, objective and professionally sound

A2.9 The commentary is impartial and factually accurate. The descriptions of the statistics are sound. *SALSUS* explains clearly the impact of the sampling methodology and changes to the questionnaire in the text. It also describes the precision of the estimates and provides confidence intervals in an annex.

Include information about the context and likely uses

A2.10 The compendia reports and *SALSUS* provide contextual information with the descriptions of the main findings. *SALSUS* explains that the survey is run to enable Scottish Government, local government and Alcohol and Drug Partnerships to monitor the prevalence and trends in smoking, drinking and drug use among young people. The compendium reports bring together statistics from a wide range of sources. *ASS* relates the findings from across sections of the report, in an objective way, to help the user understand the broader patterns. *AHS* doesn't give contextual information. The substance misuse statistical releases don't specifically describe the quality of the statistics in relation to the potential uses, although *SALSUS*, *ASS* and *DMSS* do each have background information about the quality and reliability of the statistics.

Include, or link to, appropriate metadata

A2.11 *SALSUS* provides clear information about the quality and reliability of the statistics in the main report, as well as in a separate technical report. It provides helpful information about the potential sources of bias, including item non-response, and describes the impact on the estimates.

A2.12 The two compendium reports provide helpful information on the data sources and the reliability of the statistics in the main body of the reports and in an annex. They also provide clear signposting to the data sources.

A2.13 *AHS* provides some information about the quality of the statistics - for example it highlights an issue of under-recording, but the explanation doesn't sufficiently describe the extent or impact of the issues on the statistics. *AHS* highlights changes made to the classification of diseases and approach used to analyse the episodes of care.

A2.14 The compendium reports and *AHS* don't highlight equivalent statistics for other parts of the UK. *SALSUS* highlights the similar surveys run in England in earlier years but focuses on the results for Scotland. The statistical releases don't highlight whether there are any issues of comparability with similar statistics for the other parts of the UK or Europe.

A2.15 The compendium reports and *AHS* present some provisional and revised statistics but these statistical releases don't sufficiently explain the nature or extent of the revisions.

Annex 3: Summary of assessment process and users' views

A3.1 This assessment was conducted from November 2011 to April 2012.

A3.2 The Assessment team – Penny Babb and Iain Russell – agreed the scope of and timetable for this assessment with representatives of ISD in November. The Assessment team met ISD during December to collate evidence to support the assessment of compliance with the *Code of Practice*, taking account of the written evidence provided and other relevant sources of evidence.

Summary of users contacted, and issues raised

A3.3 Part of the assessment process involves our consideration of the views of users. We approach some known and potential users of the set of statistics, and we invite comments via an open note on the Authority's website. This process is not a statistical survey, but it enables us to gain some insights about the extent to which the statistics meet users' needs and the extent to which users feel that the producers of those statistics engage with them. We are aware that responses from users may not be representative of wider views, and we take account of this in the way that we prepare assessment reports.

A3.4 The Assessment team received 20 responses from the user consultation. The respondents were grouped as follows:

Government Departments	3
Local service providers	7
Local NHS	5
National Health Bodies	4
Academic	1

A3.5 Feedback was mostly positive about the extent to which the statistics met users' needs and about the engagement between ISD and the suppliers of data and users of the statistics. Improvements following consultations and other user engagement activities were noted and commented upon favourably by users. There was also recognition of the importance of the statistics, the expertise of the producer team and the network of organisations that helps gather the data on the ground.

A3.6 Issues identified by suppliers and users were principally related to the timeliness of some of the statistics, the current lack of capability by users to interrogate the data directly to complete new analyses and concerns about the burden on data suppliers in providing the data and the costs regarding service provision. Concern was also raised about the impact of the computerisation of the drugs misuse records and the limited information presented on the completeness of the statistics.

