



Substance Misuse Needs Assessment 2022

**Summary of analysis in relation to drug use and the
National Drug Strategy priorities and outcomes**

December 2022

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1 Purpose of the Needs Assessment

The purpose of undertaking the needs assessment is to understand the prevalence of alcohol and drugs across the borough and the impact that this causes to individuals, families and the community. The document also aims to obtain a better understanding of the local substance using population, so we can shape services and provision to meet their needs.

A comprehensive Equality Impact Assessment (EIA) has also been completed in-conjunction with the Needs Assessment to identify and describe any inequalities experienced by those using substances and consider how these may be addressed.

We note the connections between alcohol and drugs and that our treatment and recovery services are integrated and work with people who use drugs and/or alcohol, therefore, our full Needs Assessment Evidence Base document looks at both alcohol and drugs.

However, this document mainly focuses on drug use, drug related crime, death and the associated harms in line with the national drug strategy priorities and expected outcomes. Where cross cutting drug and alcohol themes and issues are identified the substance misuse lead and the alcohol lead will work together to ensure alignment across both workstreams and delivery plans.

1.2 Methodology and data limitations/caveats

The document relates in the main to data for 2019/2020, 2020/21 and 2021/22. Some sections may reflect previous years data, where available, to identify patterns and trends. It should be noted that agencies can work across different reporting periods (i.e. calendar year or financial year) and therefore the reporting periods are cited within each of the sections.

This report is for the purposes of decision making within relevant groups and not intended for use or direct quotation when dealing with the public or other groups outside of the intended audience.

It should also be noted that some agencies were unable to provide data or only provided limited data due to factors such as timescales, workforce demands, and limitations of data recording and retrieval.

2 Background

2.1 Impact of drug use and associated costs

Drug use is associated with a wide range of social and health harms for the individual, their family and the community. It is both a cause and a consequence of wider issues, including poor physical and mental health, difficulties securing and sustaining employment and housing and crime. All of these issues may also have an impact on family life and the children living within the family unit.

There is a growing awareness of the considerable overlap of populations that experience severe and multiple disadvantages, such as:

- alcohol and drug misuse
- homelessness
- poor mental health
- offending behaviours
- domestic abuse

Individuals experiencing multiple disadvantages can also be disproportionately affected due to their substance misuse and the stigma associated with it, and often find it difficult to access and/or engage with support services, particularly if they need to access several different services in relation to their needs.

The Public Health England (PHE) Evidence Review¹ highlights that social factors are important influences on the effectiveness of support / treatment and successful outcomes for alcohol and drug using individuals. Unemployment and housing problems also have a negative impact on support and treatment outcomes and exacerbate the risk that someone may relapse with their substance use.

There is also a clear relationship between substance misuse, poverty and social exclusion, with clear negative associations between outcomes and neighbourhood deprivation, housing, health problems, crime and unemployment.

The Review on Drugs 2020 led by Professor Dame Carol Black highlights that “drug dependence and death rates are far more prevalent in deprived areas and the North of the country”².

The illegal drugs market has long existed but has never caused greater harm to society than now. An estimated 3 million people took drugs in England and Wales last year, with around 300,000 using the most harmful drugs (opiates and/or crack cocaine)³.

The total cost of harms that are related to illicit drug use in England was £19.3 billion for 2017-18⁴:

- Drug-related crime was the main driver of total costs, with recorded offences committed in England by drug users amounting to £9.3 billion in 2017-18. Within this overall crime cost, criminal justice services (CJS) cost £733 million.
- Drug-related enforcement costs amounted to £680 million.
- The harms associated with drug-related deaths and homicides made up the next largest cost at £6.3 billion.
- The harms associated with drug-related social care are estimated at £630 million. These costs are driven by the social care support provided to children and young people who are affected by drug use/users.
- Drug treatment and prevention made up a small fraction of the total cost at £553 million.

¹ PHE Evidence Review 2017, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586111/PHE_Evidence_review_of_drug_treatment_outcomes.pdf

² Dame Carol Black (2020) *Review of Drugs: phase one report* <https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary>

³ Dame Carol Black (2020) *Review of Drugs: phase one report* <https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary>

⁴ Ibid, p14

The majority of the costs (86%) come from users of illicit opiates and crack cocaine. The estimated economic cost per user is over 50 times greater for opiate and crack cocaine users (OCUs) compared to those that use other drugs.

There is no one single solution in tackling drug (and alcohol) related harm. It is therefore essential that there is a strong partnership approach and that local arrangements are coordinated and multi-stranded to ensure that both the physical and mental health, together with the social needs of drug and alcohol users are addressed simultaneously and not in isolation.

2.2 National Drugs Strategy

The new 10-year National Drug Strategy 'From Harm to Hope' sets out how local areas will build on existing plans to:

- Break drug supply chains.
- Improve treatment and recovery systems.
- Achieve a generational shift in the demand for drugs.

The three strategic priorities are underpinned by Dame Carol Black's two-part Review of Drugs which recommended a new long-term approach, with large-scale investment and changes to oversight and accountability, delivered by the whole of government.

National and local partners will be expected to focus on delivering the strategic priorities to reduce drug-related crime, death, harm and overall drug and alcohol use.


Success will be measured by the National and Local Outcome Framework developed by the government's Joint Combatting Drugs Unit.

3 Data Analysis

The following analysis is an initial assessment, undertaken as part of an on-going process, to identify local issues and patterns of drug related harm and to understand the baseline of where local need, partnership working, activity and performance are at.

The data analysis is structured around the six drug strategy outcomes and supporting metrics outlined in the National Outcomes Framework.

3.1 Reducing drug use

 Reducing drug use	<ul style="list-style-type: none">• the proportion of the population reporting drug use in the last year (reported by age)• prevalence of opiate and/or crack cocaine use
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The proportion of the population reporting drug use in the last year (reported by age).

The ONS Crime Survey for England and Wales 2020 provides the following overview in relation to national drug use and trends for those aged 16-59 and 16-24 years of age:

Drug use for 16-59 year olds.

- From April 2019 to March 2020 an estimated 1 in 11 adults aged 16 to 59 years had taken a drug in the last year (9.4%; approximately 3.2 million people); this is the same as the year ending March 2019 but an increase from the 8.6% reported in the year ending March 2010.
- 3.4% of adults aged 16 to 59 years had taken a Class A drug in the last year (approximately 1.1 million people); this was similar to the previous year (3.7%).
- 2.1% of adults aged 16 to 59 years were classed as “frequent” drug users (had taken a drug more than once a month in the last year); which is comparable to the previous year’s estimates.
- Cannabis continues to be the most common drug used in the last year at 7.8%, the second most prevalent drug was powder cocaine at 2.6%.

Drug use for 16-24 year olds.

- From April 2019 to March 2020 around one in five adults aged 16 to 24 years had taken a drug in the last year (21%; approximately 1.3 million people); this was similar to the previous year (20.3%).
- 7.4% of adults aged 16 to 24 years had taken a Class A drug in the last year (approximately 467,000 people); this was not significantly different from the previous year (8.7%).
- 4.3% of adults aged 16 to 24 years were classed as “frequent” drug users (had taken a drug more than once a month in the last year); these are similar to the previous year’s estimates.
- Cannabis continues to be the most common drug used in the last year at 18.7%, the second most prevalent drug used in the last year was nitrous oxide at 8.7%.

Drug use for 11-15 year olds.

In 2021 a survey was conducted by Ipsos Mori, and questioned 9,289 year 7 to 11 pupils, mostly aged 11 to 15, between September 2021 and February 2022, across 119 schools. Findings from the survey show:

- In 2021, 11% of boys and 13% of girls had taken any drugs in the last year (not a statistically significant difference). These proportions have fallen from 18% and 16% respectively compared to 2018. (The last survey was completed in 2018 due to Covid-19).
- The likelihood of having taken any drugs in the last year has increased with age, from 3% of 11-year-olds to 24% of 15-year-olds.

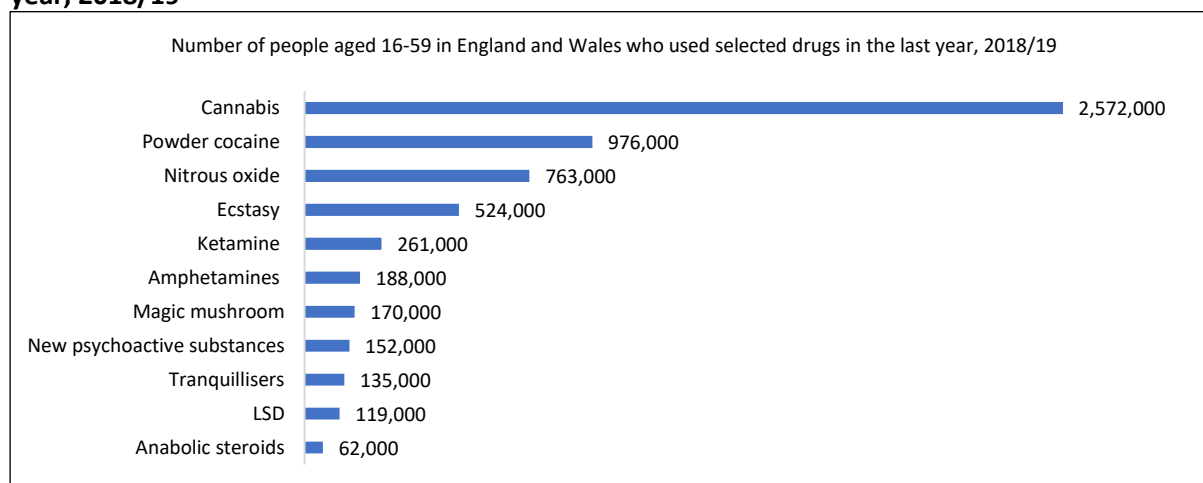
- 18% of pupils reported they had ever taken drugs which is lower than the 2018 figure of 24%. 12% had taken drugs in the last year compared to 17% in 2018 and 6% in the last month (9% in 2018).
- Cannabis is the drug that pupils are most likely to have taken in the last year.
- The proportion reporting they had taken a class A drug has been around 2% to 3% since 2010.

Recreational drug use

Recreational drug use is the use of drugs for pleasure or leisure. This is often used to denote the use of ecstasy and other 'party' or 'dance' drugs and implies that drug use has become part of someone's lifestyle even though they may only take drugs occasionally⁵.

Figure 1 below provides an indication of the most prevalent recreational drugs used in England and Wales between 2018-2019. Approximately 9% of the population of England and Wales (3.2 million people) used any drug in the last year.

Figure 1 – Number of people aged 16-59 in England and Wales who used selected drugs in the last year, 2018/19



Source: Dame Carol Black (2020) Review of Drugs - evidence relating to drug use, supply and effects, including current trends and future risks

People under the age of 30 account for 61% of all 2018/19 users of recreational drugs in England and Wales. Men account for 67% of all drug users. Across all the main drug types, men are twice as likely as women to use drugs.

For all of the main drug types, recreational drug use is much higher among those who self-define as "Mixed" ethnicity, which may be partially linked to higher levels of deprivation among this group.

⁵ DrugWise (2017) Recreational Use <https://www.drugwise.org.uk/recreational-use/>

Adults in treatment who cited club drugs

The table below details adults new to drug treatment citing club drug use (with no additional opiate use) for Doncaster and England in 2020-21.

Figure 2- Adults new to drug treatment citing club drug use (with no additional opiate use)

Club drugs	Doncaster (n)	Proportion of all in treatment	England (n)	Proportion*
Any club drug use	17	7%	3,130	8%
GHB/GBL	0	0%	327	10%
Ketamine	5	29%	1,364	44%
Mephedrone	1	6%	71	2%
Methamphetamine	0	0%	468	15%
Ecstasy	3	18%	658	21%
Any NPS	9	53%	561	18%

Source: NDTMS Commissioning Support Pack 2022-23

Proportions of ecstasy, ketamine, GHB/GBL, methamphetamine, mephedrone and Any NPS as a percentage of any club drug use. Adults citing the use of multiple club drugs will be counted once under each drug they cite. Therefore figures may exceed the total (labelled any club drug use) and proportions may sum to more than 100%

Any club drug use is a percentage of all new treatment entrants.

The proportion of adults citing club drugs in Doncaster (with no additional opiate use) is similar at 7% than the national proportion of 8%. We do not have a particular trend of concern in regard to a specific club drug at this time.

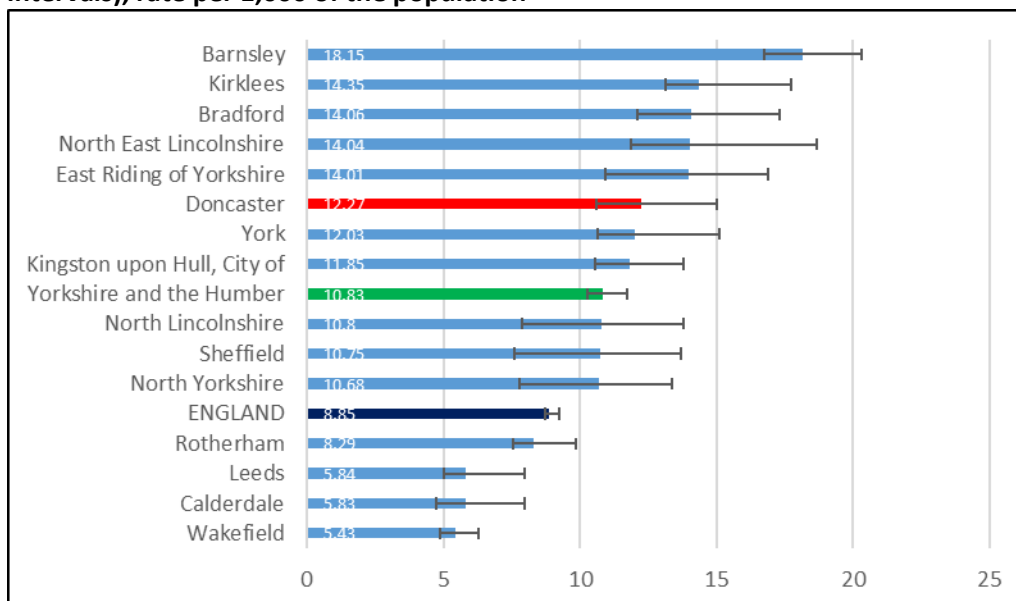
The proportion of Doncaster adults citing club drugs **and opiate** use is 7% which is higher than the national proportion of 2%.

Drug prevalence estimates and unmet need

The latest drug prevalence estimates (refreshed in 2009) indicate that:

- There are an estimated 2,735 adults in Doncaster who use opiates and crack cocaine (OCU) – a rate of 14 per thousand of the adult Doncaster population.
- 2,037 adults use opiates, and 1,046 adults use crack cocaine, which equates to a population rate of 9.7 and 5.4 per thousand respectively.
- There has been an increase of 12% for OCUs from 2,443 in 2010/11, a 10% decrease for opiate users from 2,271 in 2010/11 and a 9.5% increase for crack cocaine users from 955 in 2010/11.
- Of the estimated numbers, the majority are aged between 35 and 64 years of age.
- Doncaster has a higher rate of opiate and crack cocaine users and opiate users than the regional and national rates.

Figure 3: OCU prevalence estimates for those aged 15-64 in 2016/17 (with 95% confidence intervals), rate per 1,000 of the population

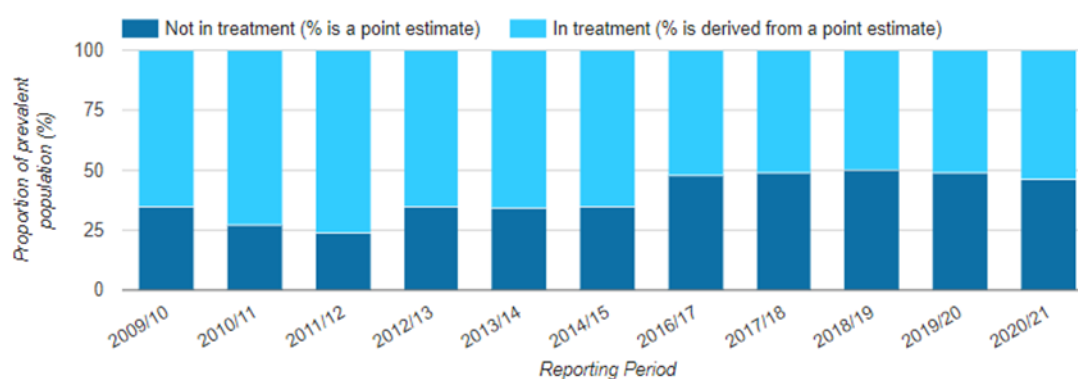


Source: Public Health Institute Liverpool John Moores University 2019

Doncaster has the sixth worst unmet need levels in the Yorkshire and Humber region. However, of the estimated number of OCUs, 46% are currently not accessing treatment for their drug use - this is 7% lower than the national average.

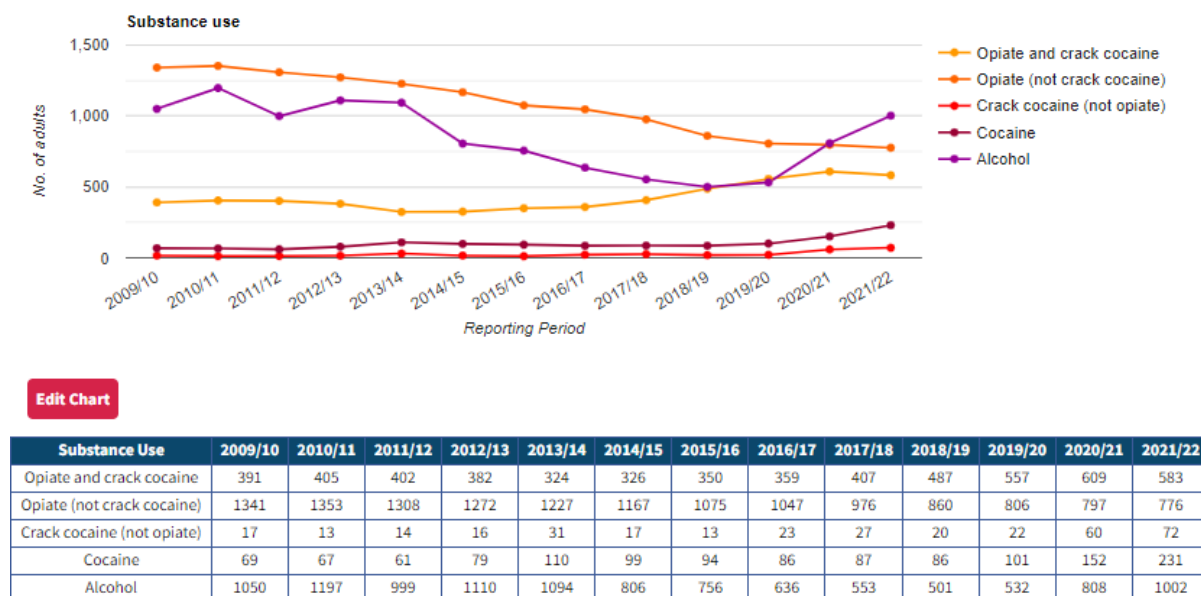
The unmet need levels for opiate users (31%) and crack cocaine users (36%) in Doncaster are also lower than the national averages of 47% and 58%.

Figure 4: prevalence estimates and rates of unmet need for OCU treatment, Doncaster, 2009/10 to 2020/21



Unmet need	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2016/17 (%)	2017/18 (%) *	2018/19 (%) *	2019/20 (%) *	2020/21 (%) *
Not in treatment (% is a point estimate)	35	27	24	35	34	35	48	49	50	49	46
In treatment (% is derived from a point estimate)	65	73	76	65	66	65	52	51	50	51	54

Figure 5: Doncaster number of adults in treatment, 2009 – 2021/22



Between 2009/10 – 2021/22 clients who site the usage of both opiate and crack cocaine who are accessing treatment has increased by 49%. Clients in treatment for crack cocaine (only) from 2009/10 – 2021/22 has increased by 323% Conversely clients in treatment for opiates only has decreased by 42%.

In 2021/22 Over half of adults in treatment (68%) were in treatment for opiate use, while nearly 1 in 4 (26%) were receiving structured alcohol support. Clients receiving alcohol support has increased by 73% since 2019/20.

Drug use in the homelessness population.

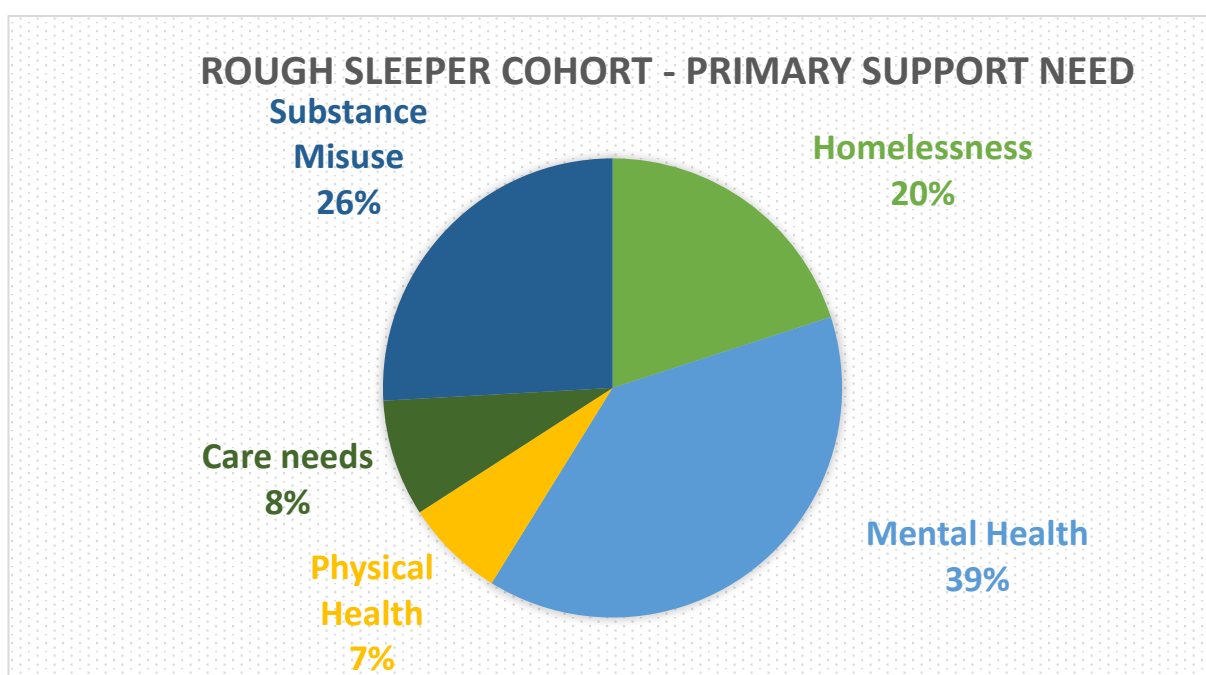
The Complex Lives Team is a dedicated team of frontline caseworkers working with people facing homelessness living complex Lives. These are people with a combination of mutually reinforcing challenges including homelessness, drug and alcohol use, offending behaviour, mental ill health, poor physical health, including sex workers. The team are their consistent point of contact and champion in co-defining their assets, needs and outcomes.

The target cohort is made up of those who are homeless or at risk of homelessness, with multiple and complex needs. The cohort is predominantly made up of British males between the ages of 30 to 45.

Age		Ethnicity		Gender	
18-29	10	United Kingdom	76	Male	53
30-45	45	Not Known	2	Female	25
46-59	19				

The most common needs include Mental Health and Substance Misuse, however other needs identified are:

- **Mental Health** – This includes past trauma, diagnosed mental health conditions, anxiety, depression and drug related psychosis
- **Substance Misuse** – Most common is poly drug use, but also includes alcohol and prescribed medications
- **Homelessness or at risk of homelessness** – This includes those who are rough sleeping, sofa surfing and in temporary accommodation. At risk relates to an individual being on notice or not having access to any long term accommodation of their own.
- **Other identified support needs** – Physical health, crime and re-offending, care needs, domestic violence and sex working



Impact of drugs on children and families.

Liverpool John Moores University were commissioned to provide estimates for the number of adults with an opiate dependency who live with children, and the number of children living in those households.⁶ The table below shows the estimated number for Doncaster.

Figure 6: - Estimated number of adults with an opiate dependency who live with children

Estimated number of adults with an opiate dependency who live with children 2017	Prevalence
Total number of adults with a dependency who live with children	1043
Total number of children who live with an adult with a dependency	1983

Source: Public Health Institute Liverpool John Moores University 2019

⁶ Liverpool John Moore's University were commissioned to provide estimates for the number of adults with an opiate dependency who live with children, and the number of children living in those households.

The table below shows the met treatment need estimates for adults with a drug dependency who live with children and also the met need estimates of children who live with an adult with a drug dependency for 2014/15 to 2016/17.

Figure 7: Annual met treatment need estimates, opiate dependency 2014/15 to 2016/17

Adults with an opiate dependency	Doncaster			Benchmark	National
	Prevalence	Treatment	% Met need		
Total number of adults with a dependency who live with children	1043	618	59%	56%	52%
Total number of children who live with an adult with a dependency	1983	1355	68%	58%	53%

Source: Public Health Institute Liverpool John Moores University 2019

Impact of drugs on children and families

Parents' dependent alcohol and drug use can negatively impact children's physical and emotional wellbeing, their development, and their safety. The impacts on children include physical maltreatment and neglect, poor physical and mental health, and development of health harming behaviours in later life.

In 2020/21, there were 172 children reported as living with drug users entering treatment in Doncaster. Regarding parental status of new service user presentations, 32% (n=200) were not living with their own children, which was higher than England average (22%). Figure 9 shows an estimated 1,262-1,404 children living with a dependent adult in Doncaster.

Figure 8: Number of children living with drug users entering treatment, for Doncaster and England, 2020-21.

Parental Status	Living with children	Early help and children's social care	Pregnancy
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Table 8.13.2 Number of children living with drug users entering treatment, for Doncaster and England, 2020-21.


Living with children	Local	Proportion of children by client sex		England	Proportion of children by client sex	
		Male (%)	Female (%)		Male (%)	Female (%)
Type	N			N		
Number of children living with drug users	172	63%	37%	25,007	59%	41%

Figure 9: Estimated number of children living with at least one adult with alcohol dependence in 2018 to 2019 in England and Doncaster, and rates per 1,000 of the population.

Estimated number of children		Rate per 1,000		
England	Doncaster	England	Doncaster	Benchmark
188,858 - 207,560	1,262 - 1,404	16 - 17	19 - 21	18 - 20

Source: PHE Parents with problem alcohol and drug use: Data for England and Doncaster, 2019 to 2020

3.2 Reducing drug-related crime

 Reducing drug-related crime	<ul style="list-style-type: none"> • the number of drug-related homicides • the number of neighbourhood crimes
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Drug Related Crimes - Violence and Drug-Related Homicides

The table below shows the number of drug-related: Homicides, Most Serious Violence offences, and Neighbourhood Crimes; recorded across Doncaster between April 2021 – March 2022.

Offence Type	Number of drug-related offences recorded during year	Proportion of total drug-related offences recorded during the year	Total number of offences recorded during year	Proportion of total offences recorded during the year
Homicide	1	0%	3	0%
Most Serious Violence ⁷	120	3%	525	1%
Neighbourhood Crime ⁸	379	8%	5845	15%
Total number of offences recorded during year (excluding Drugs Offences)	4,554		38,243	

- One of the three Homicides recorded in Doncaster during the twelve month period were suspected to be drug-related based on the Methodology above.
- 23% of the Most Serious Violence offences recorded in Doncaster during the twelve month period were suspected to be drug-related based on the Methodology above.
- Six percent of the Neighbourhood Crime offences recorded in Doncaster during the twelve month period were suspected to be drug-related based on the Methodology above. Within the Home Office SubGroup categories, Shoplifting was a key offence type for a high proportion of drug-related offences (14%).

The table below shows the number of offences recorded across Doncaster for each Home Office Group during April 2021 – March 2022. Data have been presented as:

1. A count of the number of drug-related offences recorded during the year (following Methodology for identifying Drug Related offences above)
2. A count of the total number of offences recorded for that Home Office Group during the year (including Drug-Related and unknown if drug-related).
3. The proportion of that offence type recorded during the year – this equates to the volume provided in the grey column, divided by the Total (excluding Drugs Offences) for that column. This is provided for drug-related offences, and for 'all' offences.

⁷ 1 Most Serious Violence includes the following offence types: Murder, Manslaughter, Infanticide, Causing Death or Serious Injury by Dangerous Driving, Causing Death by Careless Driving under the influence of Drink or Drugs, Causing Death by Careless or Inconsiderate Driving, Causing Death by Aggravated Vehicle Taking, Attempted Murder, Intentional Destruction of a Viable Unborn Child, Assault with Intent to Cause Serious Harm.

⁸ Neighbourhood Crime includes: Residential Burglaries, Personal Robberies, Theft from the Person and Vehicle Offences.

Drugs Offences have been excluded from the table below. If included in the Totals, Drugs Offences would have accounted for 15% of all drug-related offending in Doncaster during the twelve month period. 85% of Drug Offences were flagged as drug-related based on the Methodology above.

Offence Type	Number of drug-related offences recorded during year	Proportion of total drug-related offences recorded during the year	Total number of offences recorded during year	Proportion of total offences recorded during the year
Arson and Criminal Damage	354	8%	4454	12%
Burglary	242	5%	2918	8%
Misc. Crimes Against Society	282	6%	1508	4%
Possession of Weapons	119	3%	419	1%
Public Order	410	9%	4014	11%
Robbery	68	1%	419	1%
Sexual Offences	69	2%	1096	3%
Theft	978	21%	5727	15%
Vehicle Offences	111	2%	2971	8%
Violence Against the Person	1921	42%	14715	38%
Total (excluding Drugs Offences)	4554	100%	38243	100%
Drug Offences	795	15%	930	2%
Grand Total (including Drugs Offences)	5349		39173	

Considering all offences (including Drugs Offences) recorded in Doncaster during the financial year 2021/22, 14% of offences were linked as potentially drug-related following the Methodology for this analysis. As shown in the table above however, the proportion of offences suspected to be drug-related differs by crime type.

Of note in the table, are those where the Proportion of Total Drug-Related Offences recorded during the year is higher than the Proportion of total offences recorded during the year for that offence type. Examples are:

- Miscellaneous Crimes Against Society⁹
- Possession of Weapons Offences
- Theft Offences
- Violence Against the Person Offences

⁹ Examples of offence types contributing to this high proportion of drug-related offending include: Threats to destroy/damage property; Dangerous Driving; Going Equipped for Stealing; Receiving Stolen Goods; Acquisition, use & possession of criminal property and Undertaking/assisting in the retention, removal, disposal or realisation of stolen goods or arranging to do so

Offence types with the highest proportion of offences flagged as drug-related were:

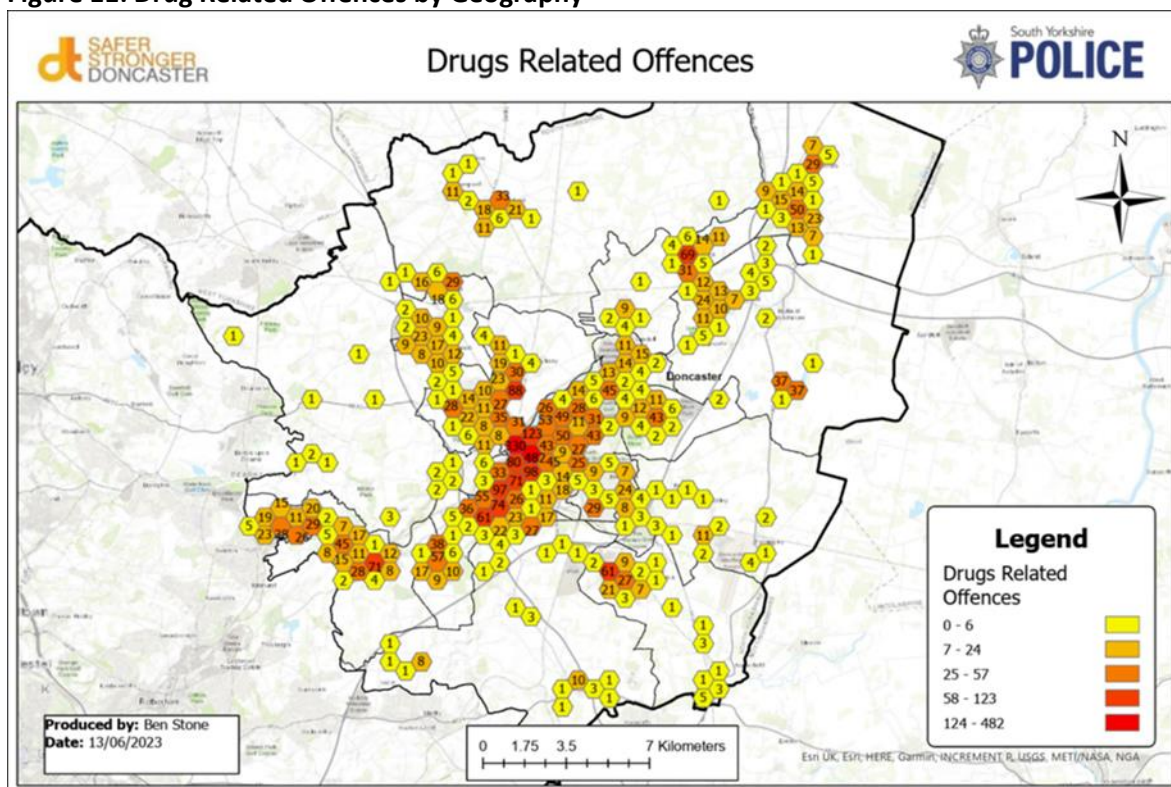
- Possession of Weapons offences (28% of recorded offences during year were flagged as potentially drug-related)
- Miscellaneous Crimes Against Society (19% flagged as drug-related)
- Robbery Offences (16% flagged as drug-related)
- Theft Offences (17% flagged as drug-related).

Figure 10: Drug Related Offences by Ward


Neighbourhood	Ward	Count	Population (per 1000)	Incidents per 1000
Central	Balby South	212	9.391	22.6
	Bessacarr	87	14.96	5.8
	Hexthorpe & Balby North	364	12.244	29.7
	Town	1302	22.263	58.5
	Wheatley Hills & Intake	327	17.784	18.4
	CENTRAL TOTAL	2292	76.642	29.9
East	Armthorpe	99	14.162	7.0
	Edenthorpe & Kirk Sandall	69	10.153	6.8
	Hatfield	184	17.149	10.7
	Stainforth & Barnby Dun	157	9.639	16.3
	Thorne & Moorends	184	18.096	10.2
	EAST TOTAL	693	69.199	10.0
North	Adwick Le Street & Carcroft	180	16.518	10.9
	Bentley	304	18.195	16.7
	Norton & Askern	119	15.236	7.8
	Roman Ridge	81	10.794	7.5
	Sprotborough	40	10.773	3.7
	NORTH TOTAL	724	71.516	10.1
South	Conisbrough	230	16.317	14.1
	Edlington & Warmsworth	151	12.076	12.5
	Finningley	44	17.748	2.5
	Mexborough	193	15.556	12.4
	Rossington & Bawtry	151	17.868	8.5
	Tickhill & Wadworth	75	11.183	6.7
	SOUTH TOTAL	844	90.748	9.3
	DONCASTER TOTAL	4553	308.105	14.8

See mapping below for Drugs Related Offences (as per methodology in the previous document, excluding Drug Offence HO Group).

Figure 11: Drug Related Offences by Geography



3.3 Reduce drug related deaths and harms

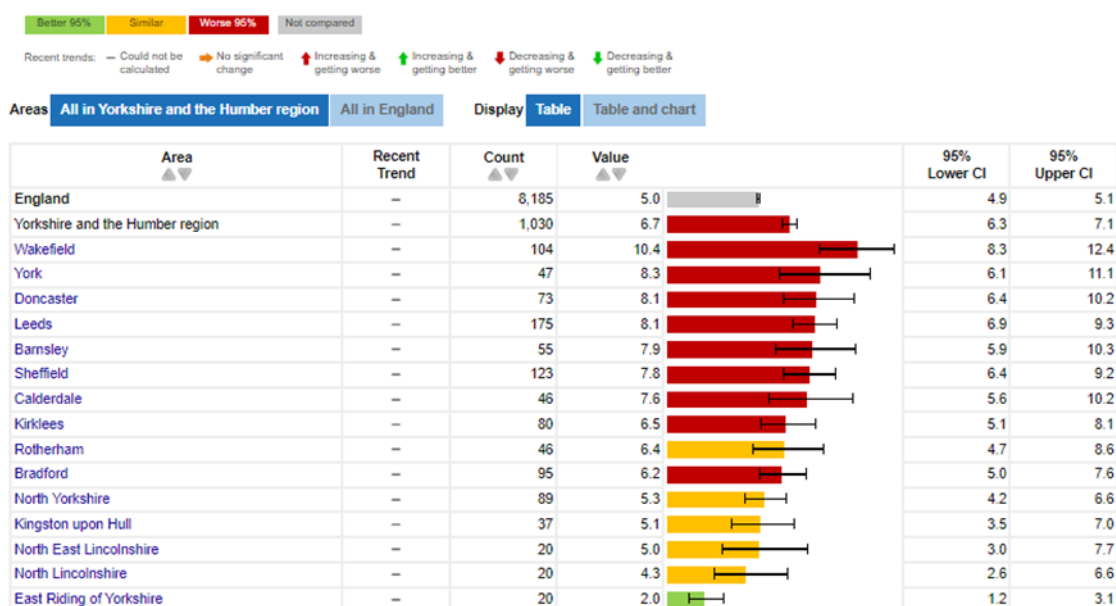
 Reducing drug-related deaths and harm	<ul style="list-style-type: none"> deaths related to drug misuse hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)
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Deaths by drug misuse

Drug use is a significant cause of premature death in England. The latest annual report on drug poisoning in England and Wales reveals that 4,859 deaths relating to drug poisoning were registered in 2021. This is 6.2% higher than in 2020 (4,561 registered deaths). 3,060 of the drug poisoning deaths registered in 2021 were identified as drug misuse, accounting for 53.2 deaths per million people.

Doncaster currently has a rate of 8.1 deaths per 100,000 compared to Yorkshire and Humber of 6.7. Since 2001-03, Doncaster has remained similar to the Yorkshire and Humber, however from 2016-18 Doncaster has seen an increase in comparison to our neighbours. Doncaster is now the third worse for deaths from drug misuse behind Wakefield and York

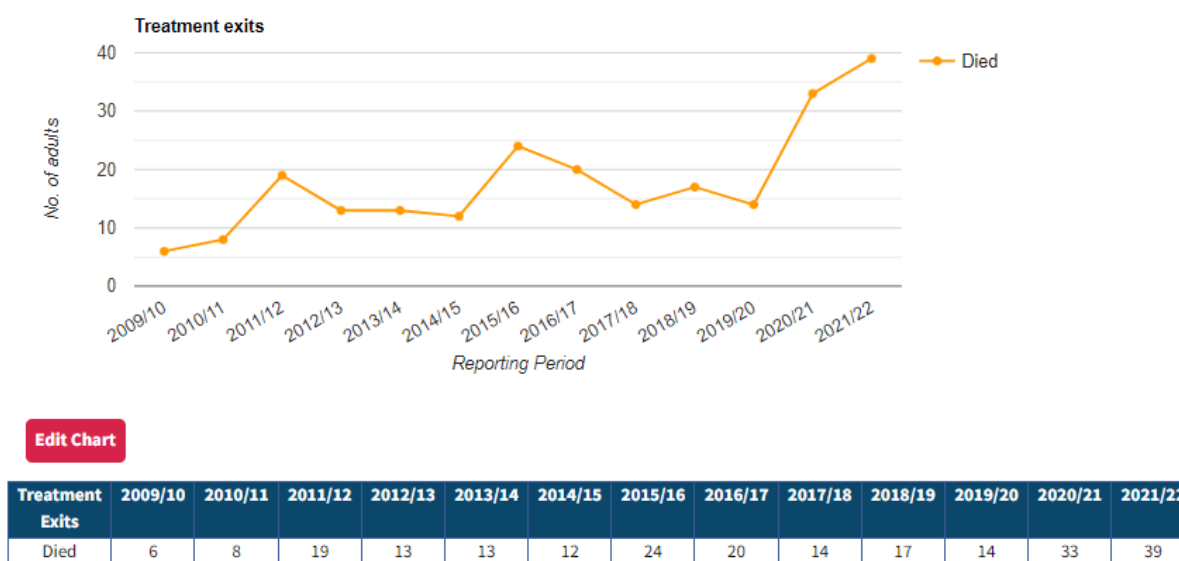
Figure 12: Doncaster deaths from drug misuse, Yorkshire and Humber table, 2018-20



Source: Office for National Statistics (ONS)

Figure 13 below shows the increased number of deaths for those receiving structured treatment in Doncaster, from 6 in 2009/10 to 39 in 2021/22. The composition of the deaths while in treatment since 2009/10 have predominantly been opiate users. Out of the 39 deaths in 2021/22, 29 (74%) were opiate users and 10 (26%) were alcohol only users (note, these are deaths in treatment not official drug related deaths). It is worth noting that Doncaster (4%) has a higher percentage rate of deaths in treatment compared England (3%) in 2020/21.

Figure 13: Number of drug related deaths in Doncaster, all users 2009/10 to 2021/22



Hepatitis C Prevalence and treatment

In 2020/21, 32% of eligible Doncaster clients in treatment had a positive hepatitis C antibody test compared to 21% in England. Of those, 30% (n=18) had a confirmed positive hepatitis C PCR test compared to 11% in England. Of the 18 confirmed positive only 3 (1.18%) people were referred on to hep C treatment compared to 2.09% in England (see figures 14, 15 and 16 below).

Figure 14: Latest status of adults in drug treatment 2020-21 who have a positive hep C antibody test, for Doncaster and England.

Hepatitis C Antibody Test	Local (n)	Proportion of eligible adults	Male (%)	Female (%)	England (n)	eligible adults	Male (%)	Female (%)
Adults who have a positive hep C antibody test*	31	32%	34%	23%	4,790	21%	21%	22%

Figure 15: Adults in drug treatment 2020-21 who have a positive hep C PCR (RNA) test in, for Doncaster and England.

Hepatitis PCR Test	Local (n)	Proportion of eligible adults	Male (%)	Female (%)	England (n)	Proportion of eligible adults	Male (%)	Female (%)
Adults who have a positive hep C PCR (RNA) test*	18	30%	31%	22%	2,187	11%	11%	12%

Figure 16: Adults in drug treatment in 2020-21 referred to Hepatitis C treatment, for Doncaster and England.

Hepatitis Treatment	Local				England			
	Local (n)	Proportion of eligible adults	Male (%)	Female (%)	England (n)	Proportion of eligible adults	Male (%)	Female (%)
Adults referred to Hep C treatment	3	1.18%	1.49%	0.00%	553	2.09%	2.18%	1.86%

Source: OHID drugs commissioning support pack 2021-22

Hospital admissions for drug poisoning and drug related mental health behaviour disorders

This section presents information on the number of hospital admissions (inpatient settings only) related to drug misuse. Three measures for the number of drug-related hospital admissions have been calculated using Hospital Episode Statistics (HES) data:

Measure 1 – hospital admissions with a primary diagnosis of drug-related mental and behavioural disorders – referred to as admissions for drug-related mental and behavioural disorders. Figure 17 shows Doncaster had 55 admissions in 2019/20 at 19 per 100,000, this is higher than both the regional and England average. Since 2013 the Yorkshire and Humber trend has remained similar however Doncaster has seen a significant rise from 8 admissions per 100,000 in 2013/14 to 19 per 100,000 in 2019/20

Measure 2 – hospital admissions with a primary diagnosis of poisoning by drugs, that are listed as controlled under the Misuse of Drugs Act 1971 (includes both intentional and unintentional poisoning) – referred to as admissions for poisoning by drug misuse. Figure 18 shows Doncaster significantly higher than both Yorkshire and Humber and England average since 2013/14 and currently stands at 135 admissions in 2019/20.

Measure 3 – hospital admissions with a primary or secondary diagnosis of drug-related mental and behavioural disorders – referred to as admissions where drug-related mental and behavioural disorders were a factor. Figure 19 shows in 2019/20 Doncaster had 925 admissions, 316 per 100,000 significantly worse than the Yorkshire and Humber and England average which has been the trend since 2013/14.

Figure 17: Doncaster admissions for drug related mental and behavioural disorders 2019/20

Regional and national comparisons

Doncaster	
55	19
Admissions	Admissions per 100,000
Yorkshire and The Humber	
725	13
Admissions - Region	Admissions per 100,000 - Region
England	
7,027	13
Admissions - National	Admissions per 100,000 - National

Admissions per 100,000 population by year

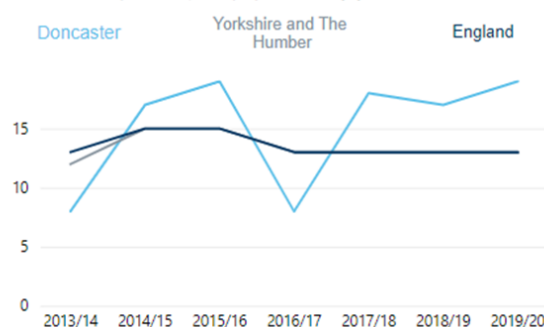


Figure 18: Doncaster admissions for poisoning by drug misuse 2019/20

Regional and national comparisons

Doncaster	
135	46
Admissions	Admissions per 100,000
Yorkshire and The Humber	
1,825	34
Admissions - Region	Admissions per 100,000 - Region
England	
16,994	31
Admissions - National	Admissions per 100,000 - National

Admissions per 100,000 population by year

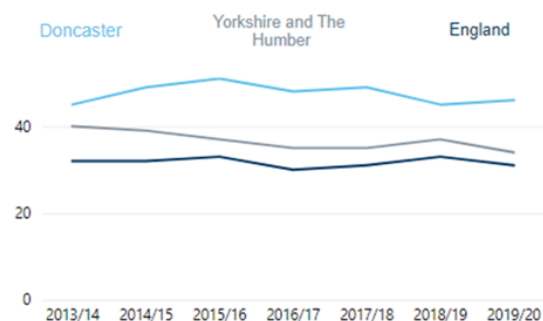
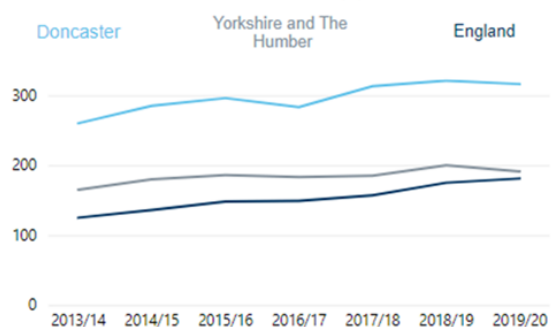


Figure 19: Admissions where drug related mental and behavioural disorders were a factor 2019/20

Regional and national comparisons


Doncaster	
925	316
Admissions	Admissions per 100,000
Yorkshire and The Humber	
9,980	191
Admissions - Region	Admissions per 100,000 - Region
England	
99,782	181
Admissions - National	Admissions per 100,000 - National

Admissions per 100,000 population by year



Source: Hospital Episode Statistics, NHS Digital 2021

3.4 Reducing drug supply

 Reducing drug supply	<ul style="list-style-type: none">• the number of county lines closed• the number of moderate and major disruptions against organised criminals
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County Lines Closures

- Although there have been 17 closure orders throughout 2021 in South Yorkshire relating to County Lines, there have not been any closures recorded in Doncaster.
- There is currently one Organised Crime Group with a primary threat of County Lines, usually initiated via cuckooing.
- During 2021, thirteen deal lines were found to be linked to this Organised Crime Group (OCG).
- Two further identified OCGs have links to County Lines. These groups have not been assessed as carrying a primary or secondary threat of County Lines. It should be noted that these OCGs have adopted a similar business model.

OCG Disruptions

- There were 15 disruption events executed between April '21 and March '22 in Doncaster against OCGs by SYP. All these disruptions were classed as moderate.
- Of these, 7 were agreed for moderation, with 3 reclassified as minor. Another 3 are under review awaiting further clarity, while 5 have been rejected for various reasons.
- One disruption took place against the OCG identified with a Primary Threat of County Lines.
- Since April '22, there have been a further 4 disruption events (either moderate/major) executed against OCGs, with 3 classed as moderate and 1 classed as major.

3.5 Increase engagement with treatment



Increasing engagement in drug treatment

- the numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol)
- continuity of care – engagement with treatment within three weeks of leaving prison

Numbers in treatment - adults

In 2020/21, NDTMS reported a total of 2,180 adults receiving structured treatment in Doncaster. Individuals can access treatment for either problematic drug use, alcohol, or both. The data shown below is based on a rolling 12 month figure (this means a rolling average of the last 12 months), the local data used within Aspire services is based on actual monthly caseloads.

Over half of adults in treatment (64%) were in treatment for opiate use, while nearly 1 in 5 (20%) were receiving structured alcohol support. Clients receiving alcohol support has increased by over 100% since 2019.

Figure 20: Doncaster proportion of adults in treatment (%), 2009 – 2021

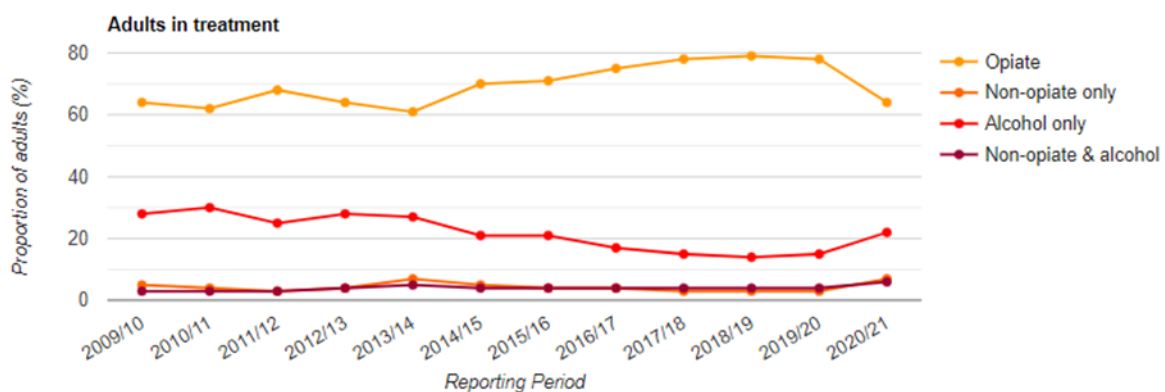
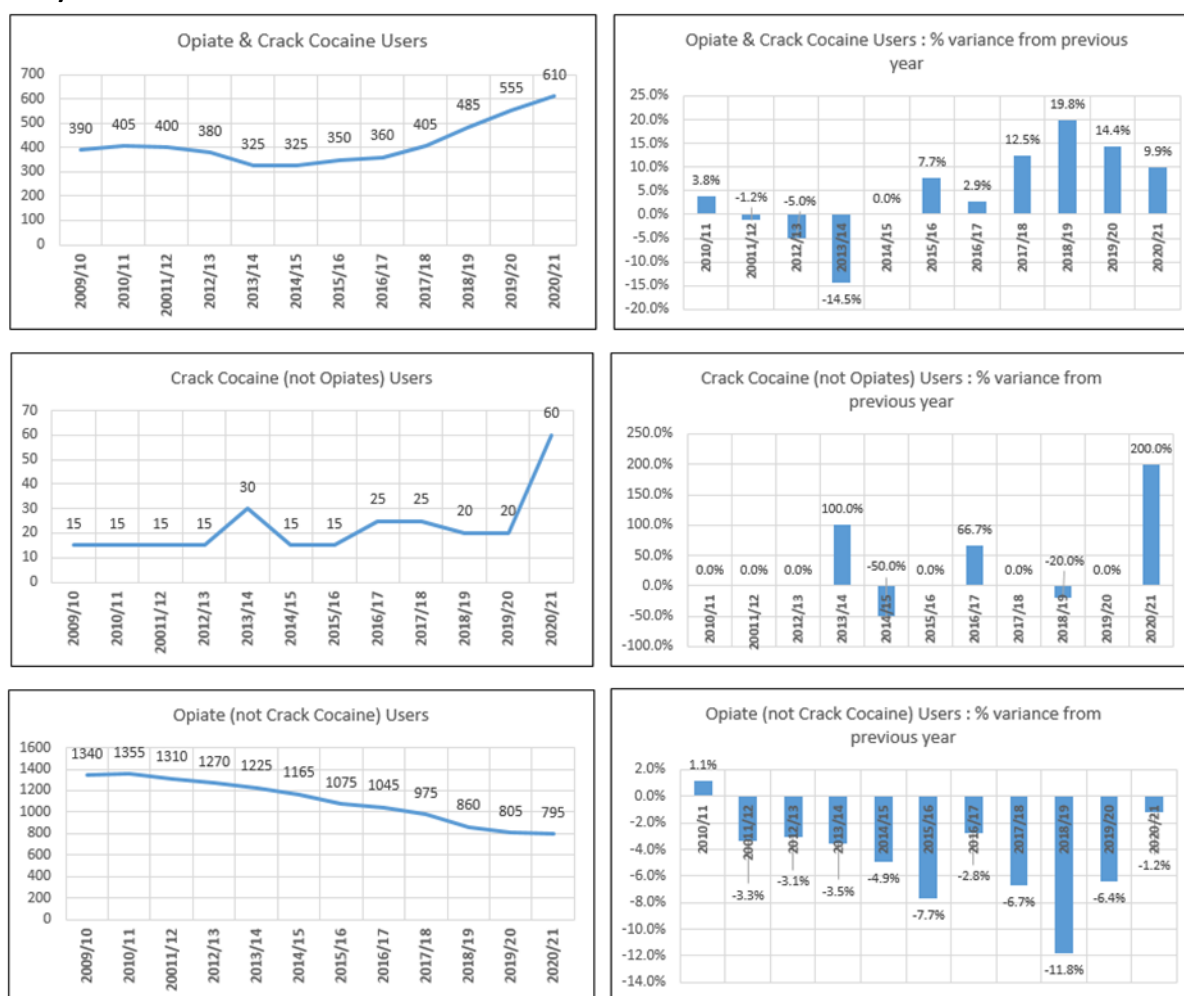


Figure 21 below shows the number of individuals who have accessed structured support and treatment provision between 2009/10 to 2020/21. Over the last decade opiate and crack cocaine users in treatment has increased by 56%. Clients in treatment for crack cocaine (only) from 2009/10 – 2019/20 has increased by 33%.

However it is interesting to note that between 2019/20 and 2020/21 there has been a dramatic increase of 200%. Conversely clients in treatments for opiates only has decreased by 40%.

Figure 21: Doncaster number of service users in treatment by substances use type, 2009/10 to 2020/21



Source: NDTMS View It

The age distribution of all individuals in treatment in 2020/21 is shown below. Age is calculated on April 1st for clients' already in treatment or at the start of treatment for clients starting treatment in the year.

The largest proportion of service users are in the 30-49 age banding across all drug and alcohol groups.

Figure 22: Age distribution of all clients in treatment 2020/21 by substance type

Age Group	Opiate	Non-Opiate	Alcohol only	Non-opiate & Alcohol	All
18-29	36%	36%	11%	17%	10%
30-49	73%	5%	18%	5%	73%
50+	45%	0%	49%	6%	17%

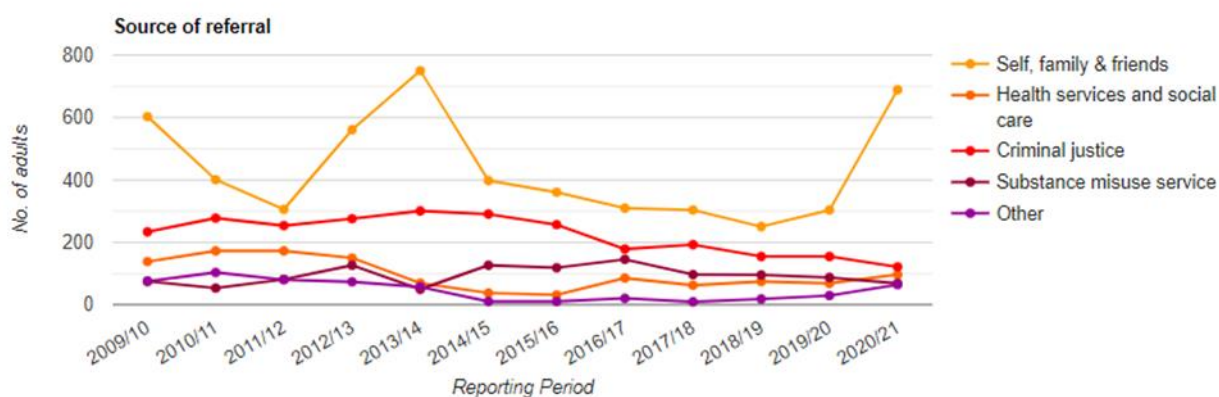
One of the national drug strategy's key priorities is to increase the number of people accessing structured treatment places for both children and young people and adults. The table below shows the targets set in relation to the increase in the number of adults in structured treatment.

Baseline = 2021/22	Target – 2022/23	Target – 2023/24	Target – 2024/25
2,314	2,386	2,544	2,826

The source of referral represents the method of referral into substance use treatment or the source, which promoted their presentation. The graph below shows the proportion of clients referred by each category, by financial year. A considerable increase can be seen in the proportion of referrals from self, family & friends (53% in 2009/10 to 66% in 2020/21), while at the same time, referrals from health and social care services have been low (12% in 2009/10 and after a brief rise have now fallen to 9% in 2020/21). Referrals from criminal justice have also fallen since a high in 2014/15 of 34% to 12% in 2020/21.

Referrals for 'opiates only' show an increase from health and social care services (2% in 2009/10 to 7% in 2020/21) whilst other sources of referrals remain relatively static. For alcohol only referrals, there has been a considerable increase in the proportion of referrals from self, family & friends (53% in 2009/10 to 71% in 2020/21) however both health and social care and criminal justice have seen referrals into treatment reduce.

Figure 23: Referral source for individuals who have accessed structured treatment



Source: OHID NDTMS View It

Adults with a Substance Misuse Treatment Need Who Successfully Engage in Community-Based Structured Treatment Following Release from Prison (Continuity of Care)

One of the key targets set against the supplemental substance misuse treatment and recovery grant is to increase the continuity of care rate to 40% by the end of 2022/23 and 75% in 2023/24 and 2024/25.

Figure 24 below shows the percentage of individuals who at the point of release from prison were transferred to a community treatment provider for structured treatment interventions and other

support and were successfully engaged. As of March 2023 54% of individuals leaving prison engaged with Aspire compared to 44% across the Yorkshire and Humber.

Figure 24: Adults with Substance Misuse Treatment Need Who Successfully Engage in Community-Based Structured Treatment Following Release from Prison



Source: NDTMS Local Outcomes Framework

Number of community sentence treatment requirements

Data received from His Majesty's Prison and Probation Service between December 2021 and October 2022 shows that Doncaster referred 15.5% n=218 to specialist drug and alcohol interventions. As of July 2023, 777 people were on a community sentence in Doncaster, 3.73% (29) are subject to an Alcohol Treatment Requirement (ATR) and 2.57% (20) are subject to a Drug Rehabilitation Requirement (DRR).

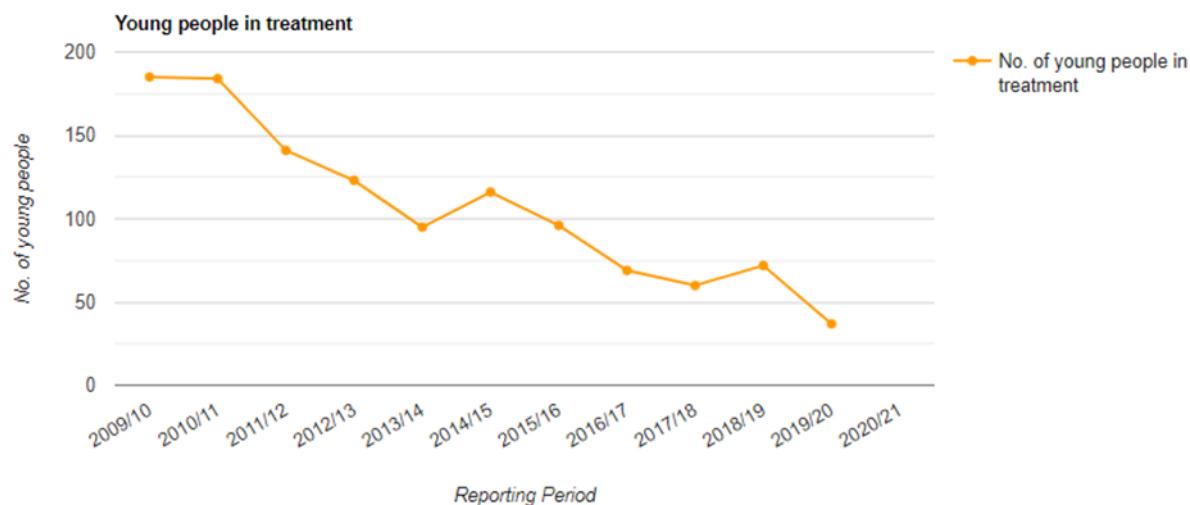
Numbers in treatment – Young people.

There were 37 children and young people in treatment during 2019/20, the lowest number in treatment for a decade. This trend mirrors the national continuation of a year on year downward trend of young people receiving specialist substance misuse treatment. Whilst a number of contributors could have potentially influenced this downward trajectory, it is important to note that this however is not necessarily reflective of the actual need.

Cannabis continues to be the most prevalent substance used, with 89% of those in treatment citing its usage in 2019/20. Thereafter, alcohol was used by nearly a quarter (24%) of children and young people in treatment in 2019/20. Just over 1 in 10 (14%) cited ecstasy. However, cocaine use has increased over the decade to a high of nearly a quarter of young people 24% in 2019/20. 5% of young people cited using heroin, the highest percentage in a decade.

The use of nitrous oxide in parks is also evident, but this cannot be directly attributed to solely young people using or adults / young adults using without further evidence.

Figure 25: Number of children and young people in treatment, Doncaster, 2009/10 – 2019/20



Source: NDTMS View It

No. of young people in treatment	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
No. of young people in treatment	185	184	141	123	95	116	96	69	60	72	37

Figure 26: Age of children and young people (16-17) receiving treatment, Y&H and England 2009-10 to 2019/20

Age (young people)	Area	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)
16-17	England	27	27	27	27	27	27	26	25	24	24	23
16-17	Yorkshire & the Humber	26	28	27	26	27	26	27	27	26	25	23
16-17	Doncaster	25	25	21	24	25	27	29	36	31	31	35

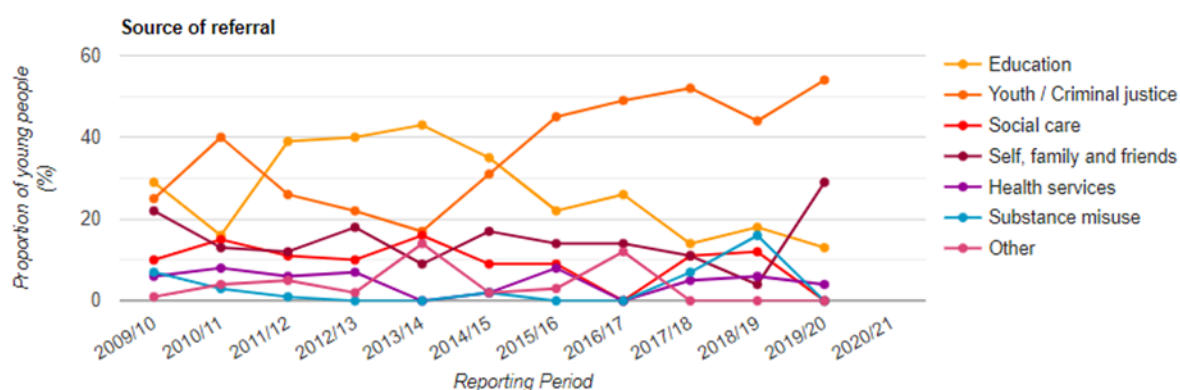
Figure 27: Substances cited by children and young people receiving structured treatment, 2009/10 – 2019/20

Substance Use	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)
Cannabis	81	75	83	89	79	79	88	90	88	83	89
Alcohol	58	54	56	47	54	45	41	41	43	35	24
Ecstasy	5	4	4	2	2	1	0	3	8	14	14
Cocaine	4	5	9	6	3	4	7	6	10	18	24
Other	1	2	1	2	6	0	1	0	0	1	5
Benzodiazepines	1	0	0	0	0	1	1	0	0	0	0
Solvents	4	2	2	0	0	0	0	0	0	1	0
Other opiates	2	1	0	0	0	1	2	0	0	0	0
New psychoactive substances	-	-	-	-	12	20	22	20	20	6	3
Crack	3	2	1	0	0	0	1	1	0	3	5
Codeine	0	0	0	0	0	1	1	0	0	0	0
Ketamine	1	0	0	0	0	0	0	0	0	1	5
Heroin	4	3	1	0	1	1	2	3	0	0	5
Nicotine (adjunctive use only)	0	3	2	2	20	36	29	45	38	28	32

In 2019/20, the highest proportion of referrals for children and young people came from ‘youth /criminal justice’ (54%). There has been a steady decline with referrals from education, however an increase from self, family and friends over the last five years.

Referrals from health services and social care only accounted for 4% in 2019/20.

Figure 28: Referral source into Zone-5-19 young peoples service



As a condition of the Supplemental Substance Misuse Treatment and Recovery Grant targets have been set to increase the number of young people accessing structured treatment places. The table

below shows the targets set in relation to the increase in the number of young people in structured treatment.

Baseline = 2021/22	Target – 2022/23	Target – 2023/24	Target – 2024/25
27	34	42	52

3.6 Improve drug recovery outcomes

Improving drug recovery outcomes

- the proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use

Key additional components integral to recovery include housing, mental health, and employment

Treatment Outcomes

Opiate Users successful completions

A total of 35 people (2020) of the treatment population (2,3% successfully completed treatment for opiates in Doncaster, compared with Yorkshire and Humber at 4.5% and 5% in England. Doncaster sits 15th out of 15 Local Authorities in the Yorkshire and Humber region for opiates successful completions.

Figure 29: Successful completions for opiates Yorkshire and Humber 2021

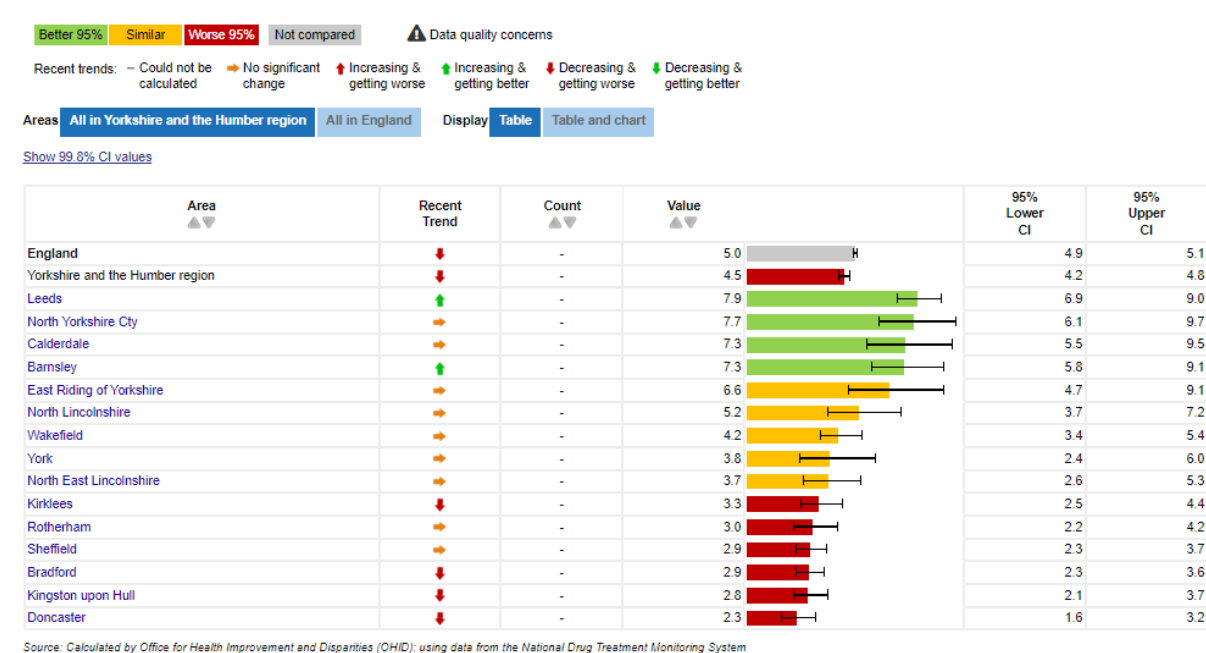
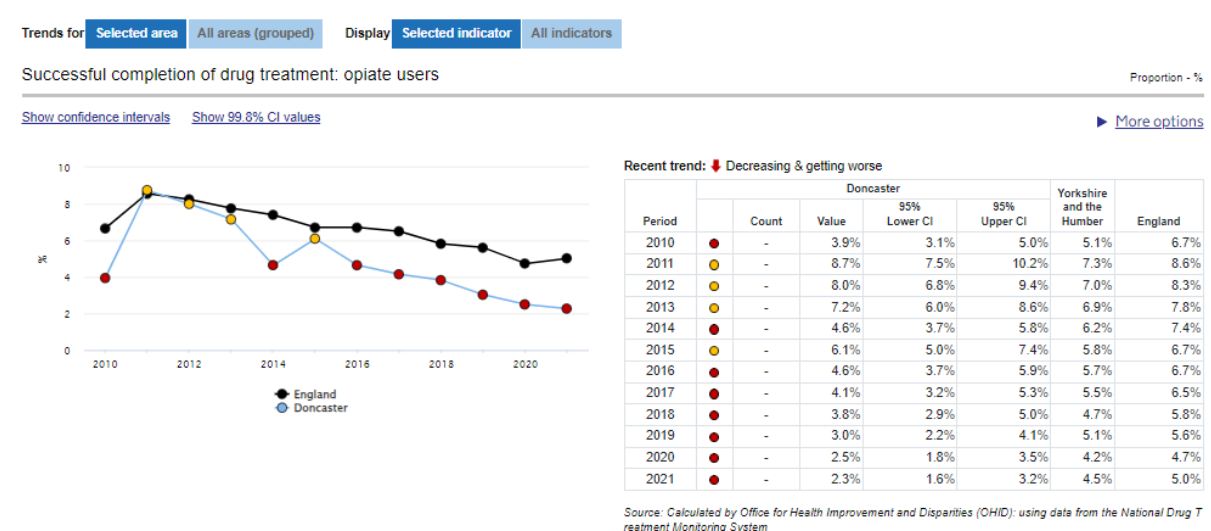


Figure 30: Successful completion of drug treatment, opiate users, Doncaster compared to England, 2010 – 2021



Length in treatment

The data below shows the length of time a person has spent in treatment for opiates. People are counted as continually being in treatment if the time between contact with treatment services is no longer than 21 days before starting treatment again.

People are grouped into the following categories: Under 1 Year, 1 to 2 Years, 2 to 4 Years, 4 to 6 Years and over 6 Years. Aspire clients retained in treatment for over 6 years has increased by 50% since 2009/10 (n=392 in treatment over 6 years for opiates in 2020/21). This is a higher proportion than England however lower than the Yorkshire and Humber region.

Figure 31: Opiate users length in treatment 2009/10 – 2020/21

Length in treatment	Area	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Over 6 Years	England	12	15	19	22	24	26	27	27	27	27	26	27
Over 6 Years	Yorkshire & the Humber	12	17	22	27	29	30	31	31	31	30	29	30
Over 6 Years	Doncaster	14	22	25	26	24	25	26	26	25	25	26	28

Source: NDTMS View-it

Employment status

The proportion of unemployed clients has reduced by 54% since 2009/10, from 100% to 46% in 2020/21, whilst those in employment entering treatment has improved to a high of 26% who are in regular employment.

Since the category of long-term sick and/or disabled was introduced in 2010, service users reporting 'long term sick and/or disabled' rose steadily to nearly half of all new presentations in 2017/18 however we have seen a steady fall to just over a quarter in 2020/21.

Figure 32: Employment status for new presentations, as a proportion, all substances, 2009/10 to 2020/21

Employment Status	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
In regular employment	0	0	9	11	18	19	20	20	16	18	20	26
Unemployed/Economically inactive	100	74	60	57	59	47	44	43	36	45	49	46
Long term sick/disabled	0	26	26	31	22	34	35	36	47	36	30	27
In education	0	0	0	0	1	0	0	1	0	0	0	0
Unpaid/voluntary	0	0	3	2	0	0	0	0	0	0	0	0
Other	0	0	3	0	1	0	0	0	0	0	0	1

Housing Situation

Housing situation data presents the self-reported housing status of the individuals at the time they access treatment. Less than 1 in 10 (8%, n=82) of new presentations for all substances had a housing problem – a similar proportion compared to England (7.4%). Service users who had an urgent housing problem had seen a steady fall since 2017/18 from 10% to 4% in 2020/21. Compared to England and the Yorkshire and Humber, Doncaster service users have a lower percentage of housing need.

Figure 33: Doncaster Housing situation – Drug and alcohol adult new presentations
All substance categories

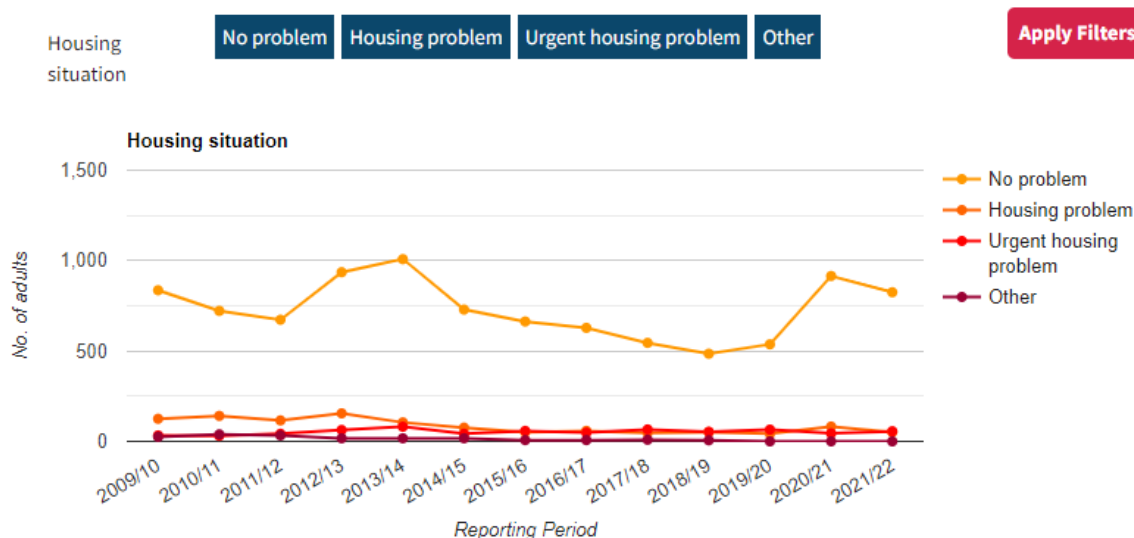


Figure 34: Doncaster Housing situation – housing problem Doncaster compared to Yorkshire and Humber and England 2009/10 – 2021/22

Housing Situation	Area	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)	2021/22 (%)
Housing problem	England	13	13	13	12	12	12	11	11	11	11	11	12	11
Housing Problem	Yorkshire & the Humber	13	13	12	11	10	9	9	8	8	8	8	10	8
Housing Problem	Doncaster	12	15	13	13	9	9	7	8	7	9	7	8	5

Drugs and Mental Health

Just over half (57%, n=354) drug users who entered treatment in Doncaster during 2020/21 were identified as having a mental health treatment need. This is lower than England figure of (63%). Nearly 7 out of 10 (68%) of clients identified as having a mental health need were receiving treatment for their mental health. This is slightly lower than England (71%). Therefore, it is estimated that 32% of drug users who entered treatment in Doncaster during 2020/21 had a mental health treatment need but were not accessing mental health services.

Of the 354 drug users who entered treatment in during 2020/21 and were identified as have a mental health treatment need, the majority (47%, n=165) were receiving mental health treatment from their GP, while 1 in 5 (17%, n=61) were already engaged with the Community Mental Health Team.

Figure 35: Adults who entered drug treatment in 2020-21 and were identified as having mental health treatment need, for Doncaster and England.

Drug group	Local(n)	Proportion of new presentations	Male (%)	Female (%)	England (n)	Proportion of new presentations	Male (%)	Female (%)
Alcohol and non-opiates	87	72%	71%	76%	14,836	71%	67%	81%
Non-opiates	91	65%	62%	79%	12,852	64%	59%	75%
Opiates	176	49%	48%	52%	21,307	57%	53%	67%
Total	354	57%	55%	63%	48,995	63%	58%	73%

Figure 36: Adults in drug treatment identified as having a mental health treatment need and receiving treatment for their mental health, for Doncaster and England, 2020-21.

	Local (n)	Proportion of adults identified	Male (%)	Female (%)	England (n)	Proportion of adults identified	Male (%)	Female (%)
Health-based place	0	0%	0%	0%	266	1%	1%	1%
NICE	0	0%	0%	0%	510	1%	1%	1%
Engaged with IAPT	16	5%	5%	2%	583	1%	1%	1%
Already engaged	61	17%	16%	22%	9,320	19%	17%	22%
GP	165	47%	46%	49%	24,360	50%	48%	52%
Total individuals receiving mental health treatment	241	68%	66%	73%	34,780	71%	68%	77%

Source: OHID drugs commissioning support pack 2021-22

4 Key findings from the data analysis

Reducing drug use

- In England and Wales cannabis continues to be the most common drug used in the last year for 16-59 year olds at 7.8%, the second most prevalent drug was powder cocaine at 2.6%.
- For 16-24 year olds cannabis continues to be the most common drug used in the last year at 18.7%, the second most prevalent drug used in the last year was nitrous oxide at 8.7%.
- There has been an increase of 12% for OCUs from 2,443 in 2010/11, a 10% decrease for opiate users from 2,271 in 2010/11 and a 9.5% increase for crack cocaine users from 955 in 2010/11. Doncaster has a higher rate of opiate and crack cocaine users than the regional and national rates.
- Doncaster has the sixth worse unmet need levels in the Yorkshire and Humber region. However, of the estimated number of OCUs, 46% are currently not accessing treatment for their drug use - this is 7% lower than the national average.
- Between 2009/10 – 2021/22 clients who site the usage of both opiate and crack cocaine who are accessing treatment has increased by 49%. Clients in treatment for crack cocaine (only) from 2009/10 – 2021/22 has increased by 323% Conversely clients in treatment for opiates only has decreased by 42%.
- Clients receiving alcohol support has increased by 73% since 2019/20.
- Doncaster's complex lives cohort is predominantly made up of British males between the ages of 30 and 45. The needs identified are mental health (39%), substance misuse (26%), care needs (8%) and physical health (7%).
- In 2020/21, there were 172 children reported as living with drug users entering treatment in Doncaster. Regarding parental status of new service user presentations, 32% (n=200) were not living with their own children, which was higher than England average (22%).
- An estimated 1,262-1,404 children living with a dependent adult in Doncaster.

Reducing Supply and drug related crime

- There is currently one Organised Crime Group being managed with a primary threat of County Lines
- 23% of the Most Serious Violence offences recorded in Doncaster during the twelve month period were suspected to be drug-related.
- Half of all drug related offences took place in the Central Neighbourhood.

Reducing drug related deaths and harm

- Doncaster currently has a rate of 8.1 deaths per 100,000 compared to Yorkshire and Humber of 6.7. Doncaster is now the third worse for deaths from drug misuse behind Wakefield and York.
- There has been an Increased number of deaths for those receiving structured treatment in Doncaster, from 6 in 2009/10 to 39 in 2021/22. The composition of the deaths while in treatment since 2009/10 have predominantly been opiate users. Doncaster (4%) has a higher percentage rate of deaths for those in treatment compared England (3%) in 2020/21.
- Doncaster has a higher proportion of clients eligible for a HepC test compared to England however a lower rate of referring clients to Hepatitis treatment.
- Doncaster has a higher rate of hospital admissions for drug related mental and behavioural disorders than both regional and the England averages.
- Doncaster also has a higher hospital admission rate for poisoning by drug misuse than both regional and England average.
- In 2020/21 just a quarter (26%) of new presentations stated that they were in regular employment

Increasing engagement with treatment/improving recovery outcomes

- Over half of adults (64%) were in treatment for opiate use, while nearly 1 in 5 (20%) were receiving structured alcohol support. Clients receiving alcohol support has increased by over 100% since 2019.
- Over the last decade opiate and crack cocaine users in treatment has increased by 56%. Clients in treatment for crack cocaine (only) from 2009/10 – 2019/20 has increased by 33%. However it is interesting to note that between 2019/20 and 2020/21 there has been a dramatic increase of 200%. Conversely clients in treatments for opiates only has decreased by 40%.
- The largest proportion of service users are in the 30-49 age banding across all drug and alcohol groups.
- referrals from health and social care services have been low (12% in 2009/10 and after a brief rise have now fallen to 9% in 2020/21). Referrals from criminal justice have also fallen since a high in 2014/15 of 34% to 12% in 2020/21.
- Continuity of care: As of March 2023 54% of individuals leaving prison engaged with Aspire compared to 44% across the Yorkshire and Humber.
- As of July 2023, 777 people were on a community sentence in Doncaster, 3.73% (29) are subject to an Alcohol Treatment Requirement (ATR) and 2.57% (20) are subject to a Drug Rehabilitation Requirement (DRR).
- There were 37 children and young people in treatment during 2019/20, the lowest number in treatment for a decade.
- Cannabis continues to be the most prevalent substance used, with 89% of those in treatment citing its usage in 2019/20.
- Cocaine use has increased over the decade to a high of nearly a quarter of young people 24% in 2019/20. 5% of young people cited using heroin, the highest percentage in a decade.
- In 2019/20, the highest proportion of referrals for children and young people came from 'youth /criminal justice' (54%). There has been a steady decline with referrals from education.
- A total of 35 people (2020) of the treatment population (2,3% successfully completed treatment for opiates in Doncaster, compared with Yorkshire and Humber at 4.5% and 5% in England. Doncaster sits 15th out of 15 Local Authorities in the Yorkshire and Humber region for opiates successful completions.
- Aspire clients retained in treatment for over 6 years has increased by 50% since 2009/10 (n=392 in treatment over 6 years for opiates in 2020/21). This is a higher proportion than England however lower than the Yorkshire and Humber region.
- Less than 1 in 10 (8%, n=82) of new presentations for all substances had a housing problem – a similar proportion compared to England (7.4%). Compared to England and the Yorkshire and Humber, Doncaster service users have a lower percentage of housing need.
- Just over half (57%, n=354) drug users who entered treatment in Doncaster during 2020/21 were identified as having a mental health treatment need. This is lower than England figure of (63%). It is estimated that 32% of drug users who entered treatment in Doncaster during 2020/21 had a mental health treatment need but were not accessing mental health services.

5 Recommendations

The findings arising from the needs analysis encompass a range of themes, services, and populations. Therefore, the recommendations have been grouped into the national strategy's three key priorities and aligned to the drug strategy requirements and outcomes:

1. Break drug supply chains

Deliver the Breaking Supply Chains Pillar Plan¹⁰ using the following themes:

- Targeting the middle market,
- Going after the money – disrupting drug gang operations
- Rolling up County Lines – bringing perpetrators to justice and supporting victims
- Tackling the retail market
- Restricting the supply of drugs into prisons

2. Deliver a world-class treatment and recovery system

- Review both the adult and young persons' treatment services to ensure the delivery of evidence-based harm reduction, specialist treatment and recovery support, as well as improved quality and increased capacity and outcomes.
- Strengthen and upskill the professional workforce - working with ADS (Alcohol Drug Service) to develop and deliver a comprehensive substance misuse workforce development and training strategy.
- Increase the number of people (adults and young people) being referred from other health settings to access drug and alcohol services for structured treatment and support.
- Improve the integration of services to support those with complex needs including physical ill health and co-occurring mental health and alcohol and/or drug use to improve accessibility to services to reduce harm and support recovery.
- Reduce drug and alcohol related harms including deaths, A&E attendances and hospital admissions.
- Improve access to safe and secure accommodation and employment opportunities alongside treatment.
- Improve the engagement of people pre-prison release to ensure better continuity of care and uptake into community services.

3. Achieve a generational shift in demand for drugs

- Improve the delivery of educational and awareness raising communications and early interventions to encourage and inform behaviour change to reduce and prevent alcohol and drug use in children, young people and adults.
- Deliver school-based prevention and early intervention ensuring pupils receive a co-ordinated programme of evidence-based interventions to reduce the chances of them using drugs.
- Reduce the impact of parental alcohol and drug misuse by providing professional awareness and early, targeted, and therapeutic interventions for families most at risk of substance misuse.

Please note that the recommendations included in this report will reflect some of the work already taking place as part of the Drug Strategy grant funding.

The recommendations above also include alcohol as similar patterns and themes have been identified for both alcohol and drug misuse in the full Doncaster drug and alcohol needs assessment.

¹⁰ Doncaster CDP: Breaking Supply Chains Delivery Plan (2023)

Following the approval of the proposed recommendations, these will be translated into local priorities and workstreams which will form the basis of our local substance misuse plan.

The overarching plan will incorporate a detailed delivery plan that will be co-produced with key partners and people with lived experience. It is intended that the delivery plan will be a live document where actions will continue to be added as we address the gaps in data and intelligence to better inform our local picture of need and identify areas requiring development and/or improvement.

Appendix 1: Methodology, Caveats, and Limitations of the Data

Drug-Related Crimes Definition:

For the purpose of this document, crimes considered as drug-related include the following:

- Crimes whereby the suspect's record included a drug-related warning marker.
- Crimes committed by a suspect who was also listed as a suspect for a Drugs Offence during the same year.
- Crimes committed by a suspect who tested positive for Class A drugs in custody during the same year.

It is almost certain that a large proportion of regular drugs users remain hidden on police systems. This may be as they do not need to offend to afford drugs; or as those who use drugs only occasionally or socially may not go on to develop long-term issues associated with problematic use and subsequently may not come into contact with law enforcement.

The following analysis should therefore be used to provide an indication of offending patterns and associated crimes, rather than extrapolated for assessments about the drug-using population as a whole. Incident Created Date has been used to identify offences, therefore a small number of historic offences may be included in the dataset if the crime has only been reported/recorded during the 2021/22 financial year.

Please note the following caveats for custody data:

- Custody drugs testing (Class A) takes place either due to a trigger offence being committed, or under Inspector's authority if there are reasonable grounds for suspecting that the misuse by that person of any specified Class A drug caused or contributed to the offence. Therefore, drugs testing is not routinely performed for all offence types. (Trigger Offences include Theft, Robbery and Burglary as well as Fraud or Drugs.)
- Drug testing upon arrest is also not performed on suspects under 18.
- Due to excessive risk, no drugs testing was carried out between April 2020 – June 2020; annual changes should therefore be used with caution.
- Where district figures are shown, this relates to offences taking place within the area specified, regardless of the location of the drugs test or home address of the suspect.