DONCASTER DRUG & ALCOHOL NEEDS ASSESSMENT

Successful delivery of the government's 10 year drugs strategy, 'From harm to hope', relies on co-ordinated action across Doncaster's local partners to reduce drug-related harm.

Doncaster Public Health has jointly conducted with South Yorkshire Police an initial assessment of evidence and data to understand better the local issues, supply, drug and alcohol related crime and patterns of drug and alcohol related harm.

This process of comprehensively assessing data and trends will be undertaken first in 2022, and then conducted at least once every three years in accordance with the Harm to Hope Government guidance.

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Current Doncaster substance service provision

Aspire

The adult substance misuse treatment and recovery system commissioned and contract managed by DMBC Public Health. Aspire is a partnership organisation set up by Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) and registered charity The Alcohol & Drug Service (ADS).

The service provides a full range of Harm reduction, treatment and recovery services across town centred based and community hubs (Mexborough, Stainforth and Bentley). The service also has a speciality medically managed detoxification provision. The services provides help for all substances including Alcohol and has specialist teams that focus on substitute prescribing, criminal justice, group work, case management , needle exchange, family work.

Zone 5-19

Zone 5-19 Doncaster Children and Young People's Well-being Service launched in August 2022. The new service brings together public health services for 5 to 19 year olds using a progressive universalism model. This integrated model is a holistic offer to address all factors affecting the young person rather than single health issues. The service focuses upon prevention as well as intervention and offers support to help build resilience and life skills in young people; working with others including schools, families and communities.

The service delivers evidence-based programmes and interventions for children and young people in 7 key delivery areas:

- Health Promotion/Health Education
- Supporting educational settings
- Screening and surveillance
- Sexual Health
- Substance Misuse (to include drugs, alcohol and tobacco)
- Emotional Wellbeing and Building Capabilities
- Safeguarding and Vulnerable Children

Project 6

Project 6 is a charity that works across West and South Yorkshire supporting people affected by substance use and other multiple disadvantages, supporting people and communities to make sustainable positive change to their wellbeing, through evidence-based harm reduction and recovery interventions. In Doncaster Sober Social they deliver a mix of wellbeing activities and therapeutic interventions for people in recovery from substance use. Project 6 provide specific support to those people over 55 who are drinking at more harmful levels and wish to make changes involving working across primary care and with other VCS and housing providers.

Key findings

Drug and alcohol community treatment

- New presentations for opiates into Aspire over the last decade have fallen by 65%.

- New presentations for opiate and crack use has increased from 21% in 2009/10 to 60% in 2020/21.

- An estimated 46% of Opiate and Crack users in Doncaster were not accessing treatment services in 2020/21.

- Doncaster ranked 4th worse out of the 15 local authorities in the Yorkshire and Humber for the rate of alcohol dependant adults per 100 of adult population. The rate of alcohol dependent adults in Doncaster is worse than both the Yorkshire and Humber and England.

- In 2020/21, there was an estimated 4,087 alcohol-dependent residents in Doncaster, of those only 15% were accessing specialist alcohol treatment. This represents an unmet need of 85% in 2020/21.

- The 50+ age group treatment population for opiates in Aspire has increased from 2% (n=40) to 12% (n=165) in the last decade.

- 50+ years females have seen a rise into treatment of 108% for alcohol since the start of the pandemic.

- Given the estimates of LGBT people in Doncaster and more prevalence of drugs and alcohol in their community, this is not being reflected in the proportion accessing treatment to Aspire.

- Although Doncaster is less diverse than the Yorkshire and Humber region, the numbers accessing treatment for drugs and alcohol are disproportionally low for BAME groups. The majority of service users in treatment are white (98.2%) and male (68.5%)

- An increase can be seen in the proportion of referrals from self, family & friends into Aspire (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 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.

- 32% of drug users and 19% of alcohol users who entered treatment in Doncaster during 2020/21 had a mental health treatment need but were not accessing mental health services.

- 44% of Aspire clients dropped out or left treatment in 2020/21, higher than the regional average of 34%.

- A total of 35 people 2.5% of the treatment population successfully completed treatment for opiates in Doncaster in 2020 compared with Yorkshire and Humber at 4.2% and 4.7% in England. Doncaster sits 13 worse out of 15 Local Authorities in the Yorkshire and Humber region for successful opiate completions.

Harm reduction and deaths

- 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 people confirmed positive only 3 people were referred on to hep C treatment.

- From 2016-18 Doncaster has seen an increase in deaths from drug misuse in comparison to our Yorkshire and Humber neighbours. Doncaster is now the third worse for deaths from drug misuse behind Wakefield and York

- Deaths for those receiving structured substance misuse treatment in Doncaster has risen from 6 people in 2009/10 to 33 people in 2020/21. Doncaster (5%) has a higher percentage rate of deaths in treatment compared with both Yorkshire & Humber (4%) and England (3%) in 2020/21.

- Females in Doncaster who have died from an alcohol specific reason is above the England average and rising since 2017-19

Hospital admissions

- Doncaster has a significantly worse hospital admission rate for alcohol-related conditions compared to England. Compared to the Yorkshire and Humber region

Doncaster lies second worse. Alcohol specific admissions to DRI shows that 39% of admissions come from the most deprived quintile.

- Doncaster hospital admissions for alcohol related liver disease has seen a 212% increase in 10 years. Females have risen by 171% in the same time-period. Doncaster is second worse in the Yorkshire and Humber for female hospital admissions for alcohol related liver disease.

- Hospital admissions with a primary or secondary diagnosis of drug-related mental and behavioural disorders in 2019/20 shows that Doncaster had 925 admissions, significantly worse than the Yorkshire and Humber and England average which has been the trend since 2013/14.

- Between 1st of April 2017 and 31st of March 2022, 356 patients over the age 50 where admitted 3 times to DRI or more for an alcohol specific diagnosis. In 2019/20, there were 27 patients over the age of 50 who were admitted over 6 times to DRI for an alcohol specific reason.

- There has been 8954 alcohol specific admissions to DRI between 1st of April 2013 and 31st of March 2022 for patients over the age of 50. An increase of 31% over the time period. Broken down by gender, males over the age of 50 have increased by 20% however females over the age of 50 has increased by 61%

Children, young people and families

- OHID estimates that between 1200-1400 children in Doncaster live with a dependent adult.

- The number of children and young people in treatment during 2019/20, was the lowest number in treatment for a decade, a trend observed nationally. This is not necessarily reflective of the actual need however.

- For those accessing structured treatment, cannabis continues to be the most prevalent substance used, followed by alcohol. Cocaine use has increased over the decade as has heroin use.

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

- The majority of children and young people (79%) accessing specialist treatment services live with their parents or relatives.

Recommendations

Reducing harm from substance misuse		
Recommendation		Rationale
1.	**The creation of an all age multi-agency, targeted prevention strategy**	Many stakeholders work with individuals that have low levels of problematic substance use and do not meet the threshold for level 2 or 3 specialist substance use treatment. Public Health and Doncaster communities/localities should look to create a prevention strategy that reduces harm associated with substance use that targets groups with additional complex needs (i.e., unemployed, those with mental health issues, poor housing or homeless).
2.	**Continued emphasis on a holistic approach to treatment**	Many clients require multiple courses of treatment to achieve recovery and may never achieve abstinence. Therefore, there is a need to adopt a model of long-term, active care management for problematic substance use that is holistic. A long-term, holistic model of care would require both strengthened recovery services and an increase in harm reduction approaches. Existing schemes such as supervised consumption and needle exchange schemes would require further development and expansion. New commissioning approaches are required to engage more community pharmacists and GPs to undertake holistic care. Greater GP involvement would assist in the management also of any physical/mental health co-morbidities.
3.	**Continue to develop dedicated recovery support and communities supporting long term recovery.**	Develop and expand recovery services, including 12 Steps and Smart Recovery, which strengthen support from the community and address the complex socio-economic issues with the aim of securing a sustained recovery. This could include expanding the length of time that a person receives recovery support from services to reflect client need with the objective of reducing the high number of re-presentations within six months. Peer led recovery networks are key to encourage and show people that long term recovery is achievable.
4.	**Reduce drug related deaths in Doncaster by analysing**	Drug related deaths are increasing in Doncaster. A surveillance system will enable

	patterns and trends.	Doncaster council to collaborate with a range of organisations and services to understand, derive lessons from, and implement action to address and reduce drug and alcohol related deaths in the borough.
5.	**Undertake a review and analysis of admission profile of over 50's people admitted to Doncaster Royal Infirmary for alcohol-related conditions to inform harm reduction approaches.**	Nationally and locally the over 50's have seen an increase in alcohol specific hospital admissions over the last decade. Multiple admissions are common with 27 patients over the age of 50 being admitted over 6 times in 2019/20
6.	**Reduce alcohol related liver disease hospital admissions.**	Doncaster hospital admissions for alcohol related liver disease has seen a 212% increase in 10 years. Females have risen by 171% in the same time-period. Identifying liver damage earlier will reduce admissions and prevent early mortality.
7.	**Improve vaccination uptake and screening for Hepatitis B (Hep B) and Hepatitis C (Hep C) in commissioned drug and alcohol services.**	The number of people living with chronic hepatitis C virus (HCV) infection in England has fallen dramatically, by 37% since 2015, to 81,000 in 2020, with many of those drawn from marginalised and underserved groups in society, such as people who inject drugs (PWID). In Doncaster (2020/21) of the 18 people confirmed positive for Hep C only 3 people were referred on for treatment.
8.	**Review impact of current support for people using substances to maintain housing tenancy.**	Coordinated action across agencies to support this cohort and the need to support housing providers to effectively help clients sustain their tenancies in the light of relapse, difficult circumstances etc.
Meeting the needs of underserved populations		
Recommendation		Rationale
9.	**Increase numbers in treatment for problematic alcohol use.**	Data indicates unmet need for those with problematic alcohol use. Maximise opportunities across primary and secondary care and community-based services to engage with people requiring support for dependency on alcohol, supporting entry and reducing barriers into specialist treatment.
10.	**Increase access and treatment uptake by delivering specialist treatment for substance use in localities in context of hub and spoke model.**	Engagement will increase if travel is reduced and access to treatment is nearer their home.
11.	**Increase knowledge and awareness via communications targeted to women to increase service uptake.**	DRI admissions for alcohol related liver disease for females has risen 171% in the last 10 years. Since the pandemic Aspire has seen an increase of females accessing support by 108%.
12.	**Embed consideration, understanding and support**	Doncaster has an ageing population and seen increased alcohol specific hospital admissions

	for substance use issues within services that support older people in Doncaster.	for over 50s by 31% in the last decade. Raise awareness /education about substance use amongst older people with statutory and voluntary sector older people's services.
13.	Promote knowledge, understanding and awareness of substance misuse and treatment with underserved groups	Evidence suggests that drug and alcohol use along with mental health problems are more prevalent among LGBT groups, however LGBT and BAME are under-represented in drug and alcohol treatment services in Doncaster.
Working together to address complex needs		
Recommendation		Rationale
14.	**Review, develop and implement a clear pathway / service offer between substance use services and mental health services.**	DRI hospital admissions with a primary or secondary diagnosis of drug-related mental and behavioural disorders in 2019/20 shows that Doncaster had 925 admissions, significantly worse than the Yorkshire and Humber and England average Currently, individuals experiencing substance use and mental ill-health are too complex for commissioned service that address mild to moderate mental health needs. A statutory service that these individuals can access to address their mental health needs should be explored. The service pathway and options for addressing this gap also need consideration. There is an on-going need to build collaboration and overcome the organisational challenges between services.
15.	**Ensure specialist treatment services for homeless individuals (including assertive outreach) are accessible and effective for people with multiple and complex needs**	The number of people experiencing multiple and complex disadvantages is increasing nationally and Doncaster is no exception. Creating a safe, non-judgemental environment where people can access under the influence of alcohol will help to reduce health inequalities and give people the opportunities of choice and positive change to their wellbeing.
Developing services		
Recommendations		Rationale
16.	**Review options for funding interventions beyond commissioned specialist drug and alcohol treatment providers, optimising opportunities to align resources across the wider Doncaster system.**	There is a need for brief and extended interventions beyond traditional commissioned services, in areas where they are most effective and have the greatest cost benefits. For example, interventions at a population level through PCNs or GP Practices and preventative programmes through specialist nurses in acute hospitals when service users present with substance use issues.
17.	**Increase capacity and effectiveness of hospital liaison services in the context of the substance misuse treatment system.**	Alcohol Specialist Nurses provide great support and treatment in the acute setting, and a clear cost benefit provided by the liaison service. Learning from Alcohol Care Teams demonstrates the benefits of acute hospitals

		proactively focusing on alcohol to identify problematic use and developing pathways of care into the community. Preliminary discussions indicates that there is a cohort of people who present on numerous occasions for alcohol/drugs (i.e.,'frequent flyers') to DRI. Thought should also be given to establishing multiagency meetings concerning frequent flyers such as the AlcoholChange UK Bluelight model.
18.	**Develop a Doncaster drug and alcohol workforce development plan.**	The sector is expanding rapidly and recruitment and retention of staff is a challenge
19.	**Co-ordinated multi-agency interventions for those people who use substances and are in the criminal justice/community safety arenas.**	The findings from the HNA show that a low number of prisoners on release are attending the commissioned drug and alcohol services
Supporting children and young people		
Recommendation		Rationale
20.	**Increased support and embedding of drugs and alcohol universal offer to all educational settings, children's homes, youth services and CYPs teams.**	Increased support can help to build resilience in young people and supporting young people and families at risk of substance misuse. Recognition that the low numbers children and young people in treatment is not necessarily reflective of the actual need.
21.	**Targeted and co-ordinated population-level outreach in high-risk areas and/or with high-risk groups, building on pockets of good practice.**	In order to support young people and families most at risk of substance misuse. To reach young people who may not be engaging with school based settings, in particular those young people excluded from mainstream education due to substance misuse
22.	**Embed coproduction and principles of resilience and managing risk into services that work with children and young people**	Recognise the impact of wider determinants such as deprivation and exploitation as risk factors for children and young people.
23.	**Improve interagency working for children and young people who have parents or carers misusing substances.**	Children living with parents who have problematic substance use are at high risk of poorer health and wellbeing outcomes.

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Background

Use of alcohol or drugs at some stage in life is common; it is estimated that approximately 10.4 million adults in England consume alcohol at levels associated with some risk to their health, and that nearly one in three of the adult population have tried illegal drugs[1].

For a proportion of these individuals, their alcohol and drug use may reflect dependency or excessive consumption and may be associated with substantial harmful consequences such as health problems or encounters with the criminal justice system. Alcohol is one of the leading modifiable health behaviour related drivers of non-communicable diseases alongside smoking and obesity, and it is estimated to be the behavioural risk factor with the second highest impact on the NHS budget after poor diet[2].

It is also a causal factor in more than 200 medical conditions, including circulatory and digestive diseases, liver disease, several cancers and depression[3].

The impact of alcohol and drug use on wider communities can be far-reaching and include; 1) direct economic costs on health and social care services, the criminal justice system and the social welfare system; 2) indirect costs from low productivity, unemployment, absenteeism and premature mortality or morbidity; and 3) intangible costs to the affected individual or their family members from anxiety, pain, financial worries and reduced quality of life[4].

Alcohol and drug treatment services have an important and evidence-based role in mitigating the personal and financial costs of alcohol and drug misuse and have the potential to provide cost efficiency savings for a range of public services including health and social care, housing and welfare, and the criminal justice system. This Health Needs Assessment will comparatively describe the needs of alcohol and drug users in Doncaster.

Aims and objectives

This Health Needs Assessment aims to:

1. Use quantitative and qualitative data sources to assess the needs of the population of Doncaster in relation to alcohol and drug use;
2. Identify areas of currently unmet need and inequalities; and
3. Inform decision makers/partners of the needs of the local community in future service commissioning and provision.

Understanding Doncaster's population

The health and health care needs of a population cannot be measured or met without knowledge of its size and characteristics. The main population influences on health service needs are:

- size
- age structure
- ethnicity
- migration
- inequalities and deprivation

One individual may belong to more than one demographic "group". Not everyone within the same demographic group will experience the same challenges.

Understanding how a population has changed in the past can help project how a population may appear in the future, whether by complex calculations or simple facts. For example, the "baby boomers" born in the 1960s will be in "older age" by 2041. These projections can inform future health and care planning.

Some life stages require higher levels of health care, such as:

- Neonatal period (first 4 weeks of life) and infancy
- Fertile years for women (support for pregnancy and childbirth)
- Old age (when multi-morbidity increases, healing may be slower, and treatments may be palliative rather than curative)

Further impacts of longer life include:

- Increased need for social care. One in five people aged 75 to 84 have at least some difficulty washing or dressing, and this is even higher for people aged 85 and over
- Difficulty accessing services, as older people often live in more rural areas and may find it difficult to travel

In Doncaster (and England as a whole) the population aged 65 and over is growing more rapidly than the working age population, and faster than the retirement age is increasing.

Population data should be used to improve access to services and reduce inequalities. The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the grounds of age, disability (physical or mental, including long-term conditions), gender

reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation (these are known collectively as “protected characteristics”). Integrated Care Boards are legally required to reduce inequalities in access to and outcomes of health services. Therefore, organisations need to know about our communities and their needs.

What is the local picture?

Doncaster has a population of around 316,700 (2022 population projection). Some areas within the Borough are relatively affluent compared to the national average, though other areas are amongst the most deprived in the country. No Doncaster communities are free of lifestyle or social problems but some areas have multiple and persistent issues afflicting people across the life course.

Age Profile of the Population

Compared to the England average, it is estimated that Doncaster has a smaller proportion of adults aged 20 to 44 but has a higher proportion of people aged 45-69 and above (2020 population mid-year estimates). The number of children and teenagers and the number of people aged 70 and above are similar to the national trend.

Table 1: Doncaster age range and percentage compared to England

Age Range	Doncaster		England
	Count	%	%
0-19	73,197	23.4	23.6
20-44	96,244	30.8	32.3
45-69	99,915	31.9	30.5
Above 70	43,429	13.9	13.6
All ages	312,785		

Since 2001, Doncaster’s population has increased by 9% (or 25,800 people) and is estimated to be around 312,785 (2020 population mid-year estimates).

Doncaster`s population is expected to grow by approximately 3.2% - to 326,800 by 2032 (2022 population projection).

Table 2: Estimated Percentage change between 2022 and 2032 (2022 population projection).

Age Group	2022	2032	% Change
0-4	16,972	16,432	-3.2
5-9	19,246	17,185	-10.7
10-14	20,089	18,085	-10.0

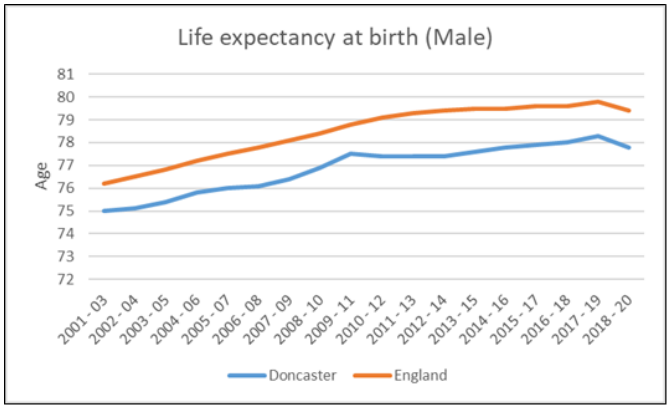
15-19	17,168	18,852	9.8
20-24	15,251	17,441	14.4
25-29	19,812	18,488	-6.7
30-34	22,127	19,428	-12.2
35-39	21,336	21,622	1.3
40-44	19,185	22,525	17.4
45-49	18,271	21,488	17.6
50-54	21,492	19,662	-8.5
55-59	22,386	18,545	-17.2
60-64	20,499	21,179	3.3
65-69	17,521	21,226	21.1
70-74	16,112	18,530	15.0
75-79	13,148	14,544	10.6
80-84	8,285	11,436	38.0
85-89	5,130	6,978	36.0
90+	2,634	3,159	19.9
All ages	316,662	326,804	3.2

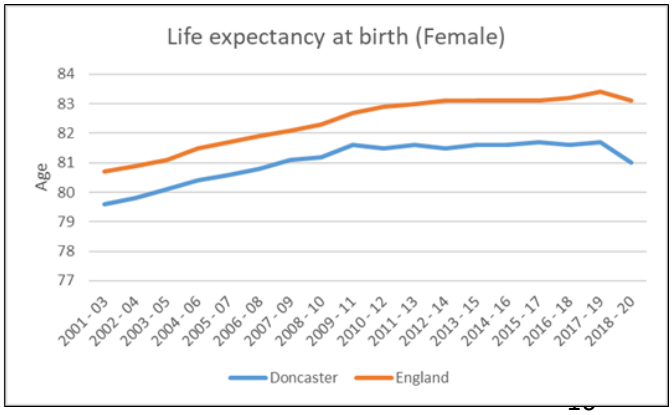
The largest increase (38.0%) is expected to be in the 80-84 age band. Notably, there is predicted to be an increase in all age groups from 60 years and above. This increase in the age profile will have implications for health and social care services including pharmacies. The forecast also predicts a decrease in children aged 0-14 years.

Life Expectancy

Life expectancy at birth is 77.8 years for men and 81.0 years for women (latest data available 2018-20). Life expectancy has been improving steadily in both men and women for the last 18 years, in the 2 years there is evidence that life expectancy has fallen slightly. These average increases mean more people in Doncaster will reach very old age and extreme old age, with associated health needs.

Graph 1: Life expectancy gap for males and females (Public Health England (PHE), 2014)

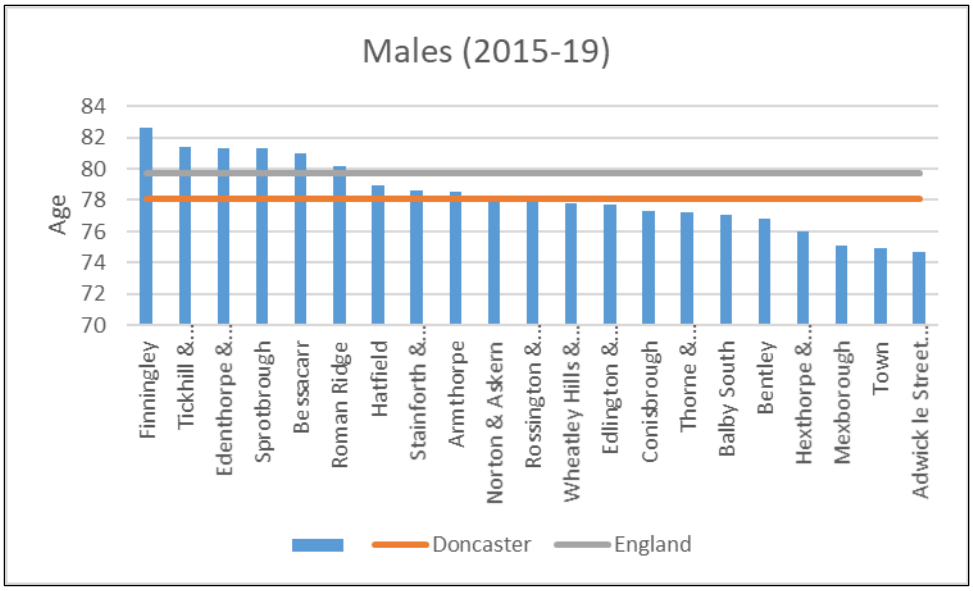




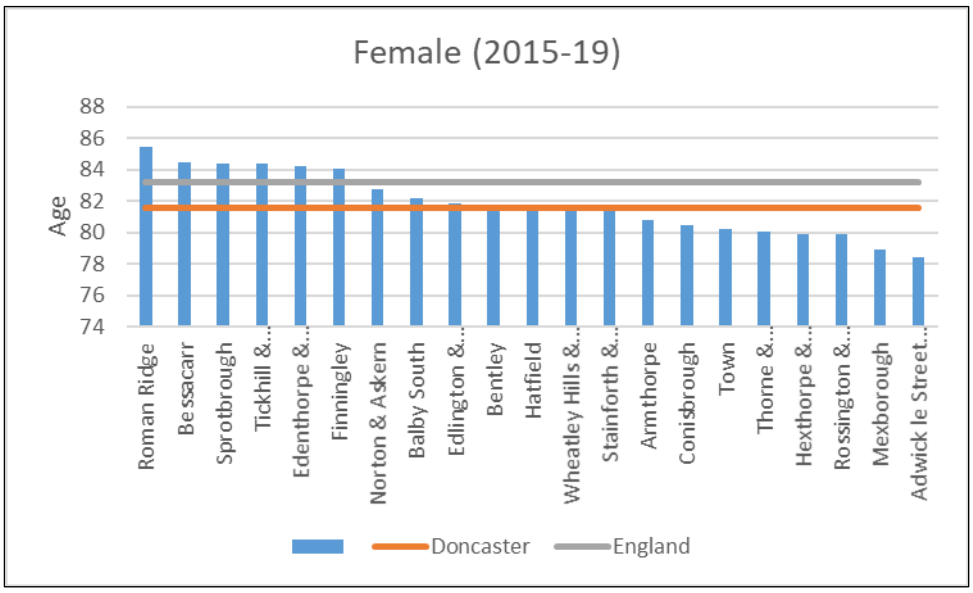
Variation in Life Expectancy

Graph 2 shows that there is a variation in life expectancy within Doncaster. For males, there is a 7.9 year range from 74.7 years in Adwick le Street & Carcroft to 82.6 years in Finningley. For females, there is a 7.1 year range from 78.4 years in Adwick le Street & Carcroft to 85.5 years in Roman Ridge.

Graph 2: Life expectancy for males by Doncaster Electoral Wards (Doncaster Data Observatory, Electoral Ward Profiles 2010-14).



Graph 3: Life expectancy for females by Doncaster Electoral Wards (Doncaster Data Observatory, Electoral Ward Profiles 2010-14).

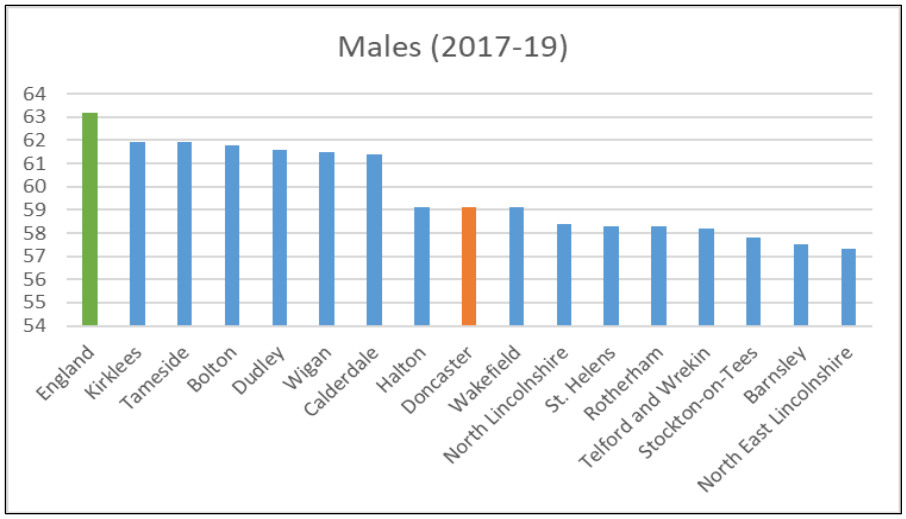


Healthy Life Expectancy

Both males and females in Doncaster have a lower healthy life expectancy compared to England average. The healthy life expectancy for both males and females is also lower when compared to the Yorkshire average. This means that people in Doncaster might spend the latter 20 years of their life without good health.

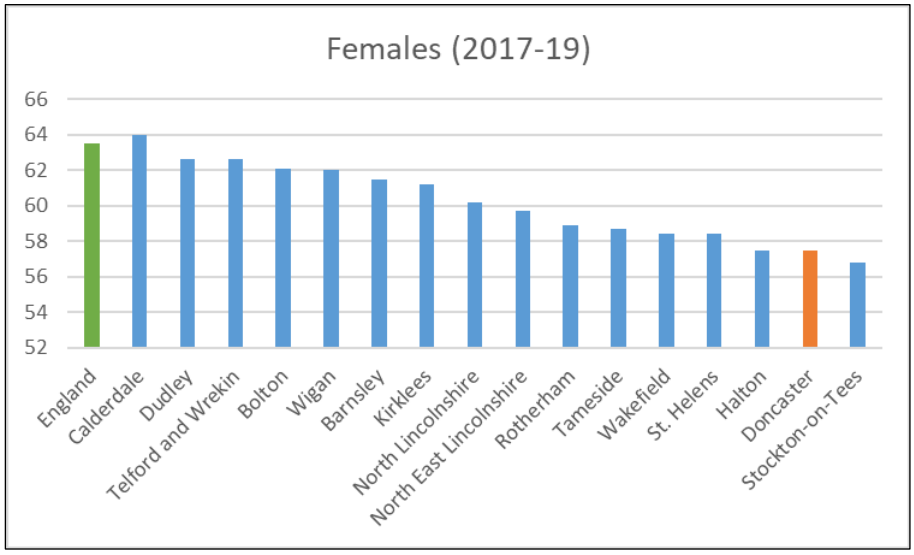
Graphs 4 and 5 below compare healthy life expectancy in Doncaster to its Chartered Institute for Public Finance and Accountancy (CIPFA) nearest neighbours.

Graph 4: Healthy Life Expectancy males (PHOF).



On average, males in Doncaster experience ill health from the age of 59.7. This is significantly lower than the national average of 63.4 years of age.

Graph 5: Healthy Life Expectancy Females (PHOF)



The growing population and increasing life expectancy means more people will reach very old and extreme old age, with the associated health problems that result in low healthy life

expectancy. Commissioners need to be prepared for increasing demand, to support older people to be a valued part of society, leading full and active lives for as long as possible, and to be cared for in the best possible way up to the end of their lives.

Ethnicity

In the 2011 Census, the Doncaster population was 91.8% White British compared with 85.5% for Yorkshire and Humber and 79.8% for England. Though less diverse than the regional and national average, the proportion has increased in recent years-In 2001 the population was 96.5% White British. The main other ethnic groups in Doncaster are detailed in the following table.

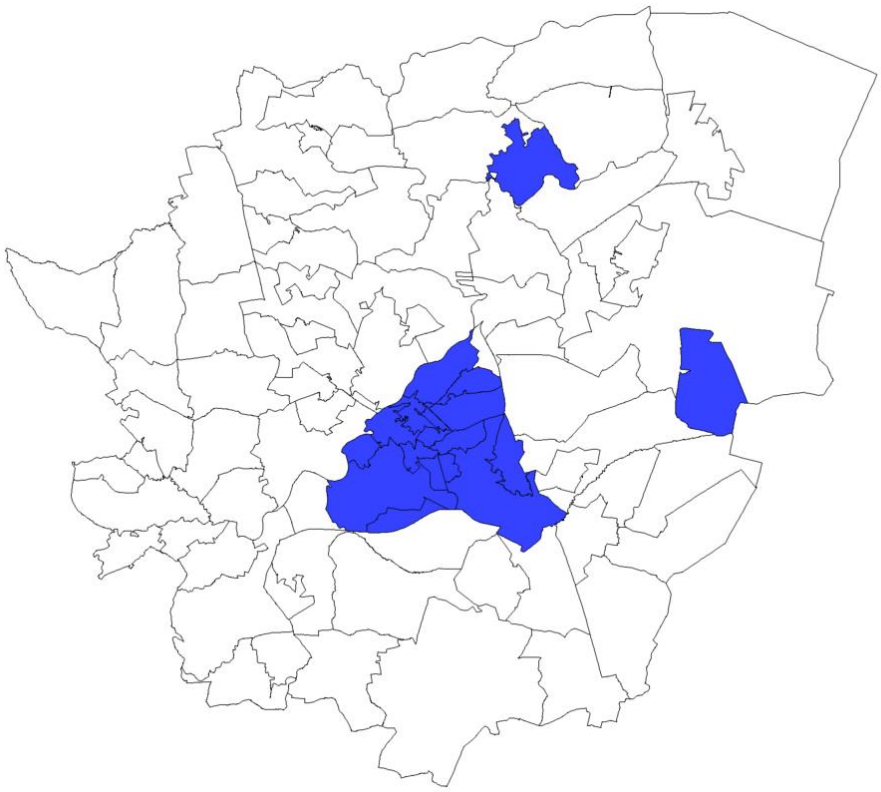
Table 3: Minority ethnic groups in Doncaster (Nomis, 2013)

Ethnic Group	Person %
All categories: Ethnic group	302402
White: Total	95.2
White: English/Welsh/Scottish/Northern Irish/British	91.8
White: Irish	0.39
White: Gypsy or Irish Traveller	0.19
White: Other White	2.84
Mixed/multiple ethnic group: Total	1.09
Mixed/multiple ethnic group: White and Black Caribbean	0.46
Mixed/multiple ethnic group: White and Black African	0.14
Mixed/multiple ethnic group: White and Asian	0.29
Mixed/multiple ethnic group: Other Mixed	0.19
Asian/Asian British: Total	2.51
Asian/Asian British: Indian	0.61
Asian/Asian British: Pakistani	0.90
Asian/Asian British: Bangladeshi	0.03
Asian/Asian British: Chinese	0.37
Asian/Asian British: Other Asian	0.58
Black/African/Caribbean/Black British: Total	0.77
Black/African/Caribbean/Black British: African	0.43
Black/African/Caribbean/Black British: Caribbean	0.25
Black/African/Caribbean/Black British: Other Black	0.08
Other ethnic group: Total	0.35
Other ethnic group: Arab	0.08
Other ethnic group: Any other ethnic group	0.27

Overall Doncaster has low ethnic diversity, though the map below shows there are diverse areas within the Borough. There are significant non-white British populations in the urban centre and surrounding areas, namely Balby (16%), Belle Vue (26%), Bennethorpe (18%), Hexthorpe (24%), Hyde Park (46%), Intake (16%), Lower Wheatley (37%), Town Moor

(20%), and Wheatley Park (20%). There are anomalous hotspots in the North and East (HM Prisons and Braithwaite & Kirk Bramwith).

Map 1: Significant non-white British populations (ONS, 2013a)



Language in Doncaster

96% of Doncaster's population (aged >3 years) speak English as their first or preferred language – compared to 94% across Yorkshire and Humber and 92% across England and Wales. 2.1% of people speak 'Other European' languages as a first or preferred language, of which 1.6% of people speak Polish.

No other language accounts for half a percentage in Doncaster though 0.3% speak Urdu as a first or preferred language and 0.2% speak Punjabi as a first or preferred language.

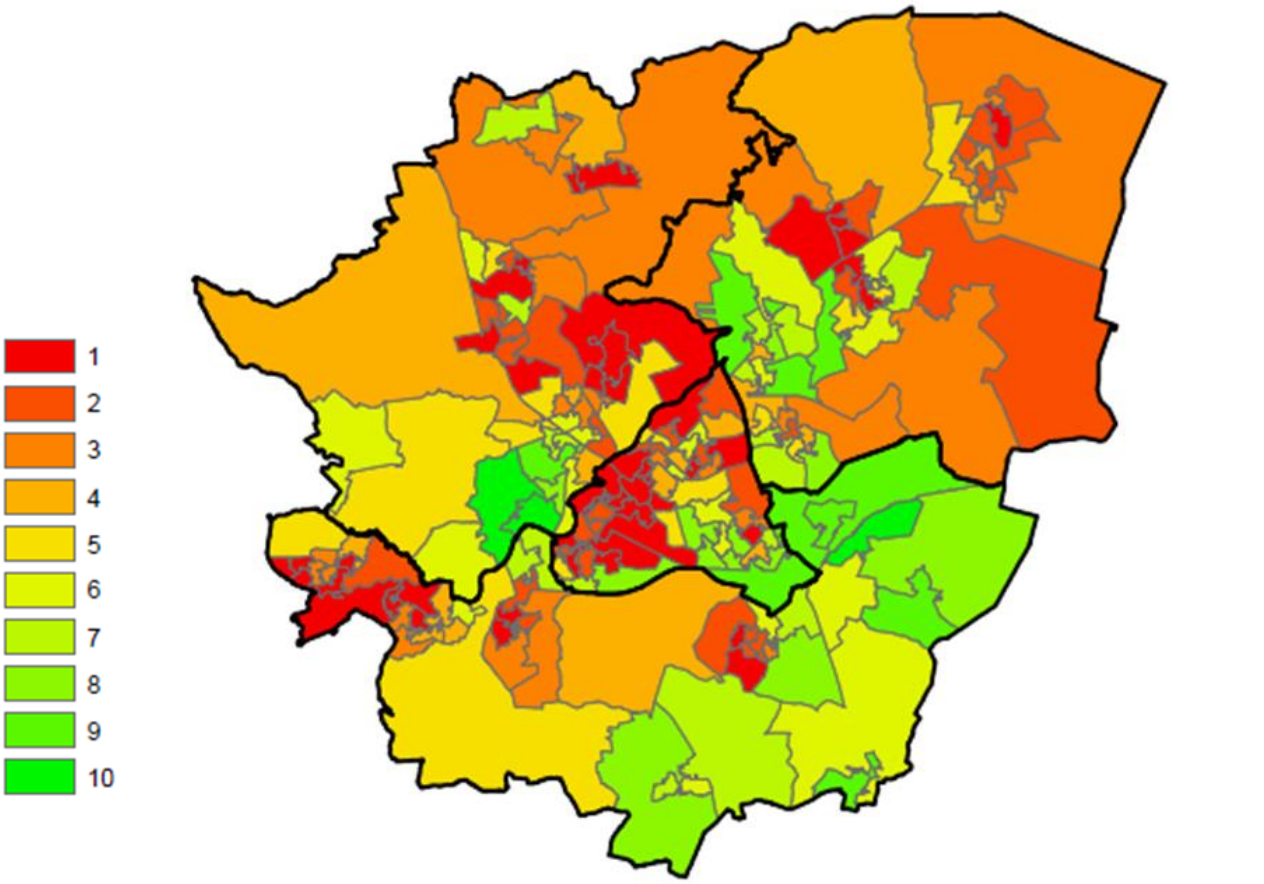
Deprivation

The Indices of Deprivation 2019 provides a composite measure of deprivation across multiple domains including income, employment, health and disability, education, skills and training, housing, crime and living environment (Index of Multiple Deprivation, 2019).

Doncaster is the 37th most deprived Local Authority (of 317 lower tier local authorities in England). In 2015 Doncaster was 39th. However, there are concentrated areas of

deprivation in all 4 corners of the Borough. Over 24% of the population in Doncaster are within the 10% most deprived in England.

Map 2: - Deprivation by LSOA in Doncaster



Substance use prevalence estimates

These prevalence estimates for were last updated in March 2019 for the period between 2016 and 2017. They were published by Liverpool John Moores University (LJMU) and contain comparisons with prevalence estimates of previous periods between 2010/11 and 2014/15[2]. At present, there is no more timely data available.

'OCU' refers to use of opiates and/or crack cocaine. It does not include the use of cocaine in a powder form, amphetamine, ecstasy, or cannabis. Although many opiates and/or crack users also use these drugs, it is very difficult to identify exclusive users of these drugs from the available data sources.

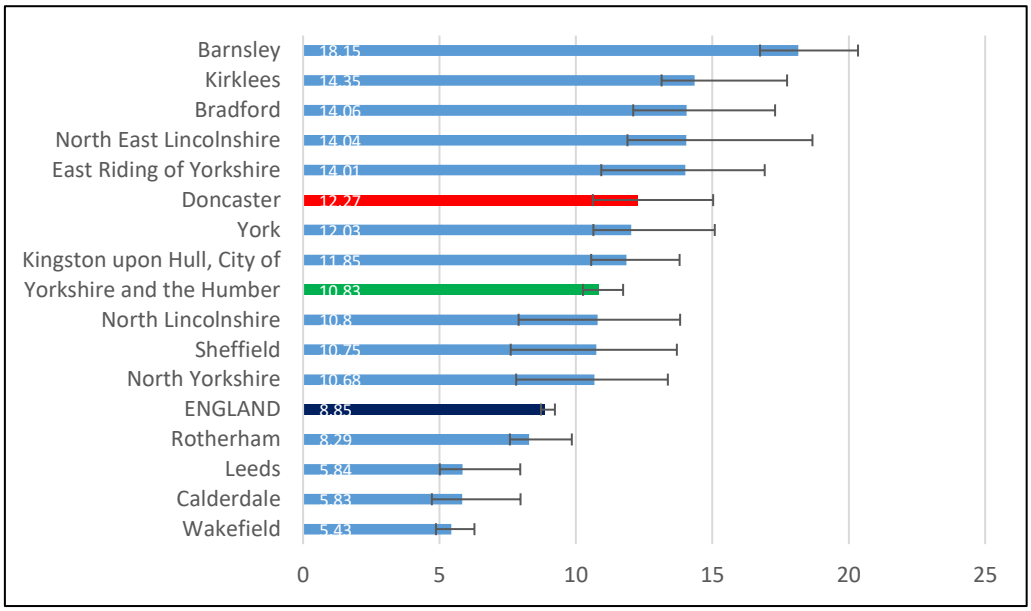
It is advisable to look at the prevalence rate as well as the actual numbers, because any significant changes in the number of OCUs may simply reflect fluctuations in the general population for that area. The age range employed within the study is from 15 to 64 and

where the estimates have been stratified by age group, these are from 15 to 24, from 25 to 34, and from 35 to 64.

Opiate and/or crack cocaine use (OCU) in 2016/17

The graph below compares the OCU prevalence rate in Doncaster with its Yorkshire and Humber neighbours, the Yorkshire and Humber region, and England. At a rate of 12.27 OCU per 1,000 population Doncaster sits sixth worse in the region and significantly higher rate than the regional average of 10.83 per 1,000.

Graph 6: OCU prevalence estimates for those aged 15-64 in 2016/17 (with 95% confidence intervals), rate per 1,000 of the population



Source: Liverpool John Moores University

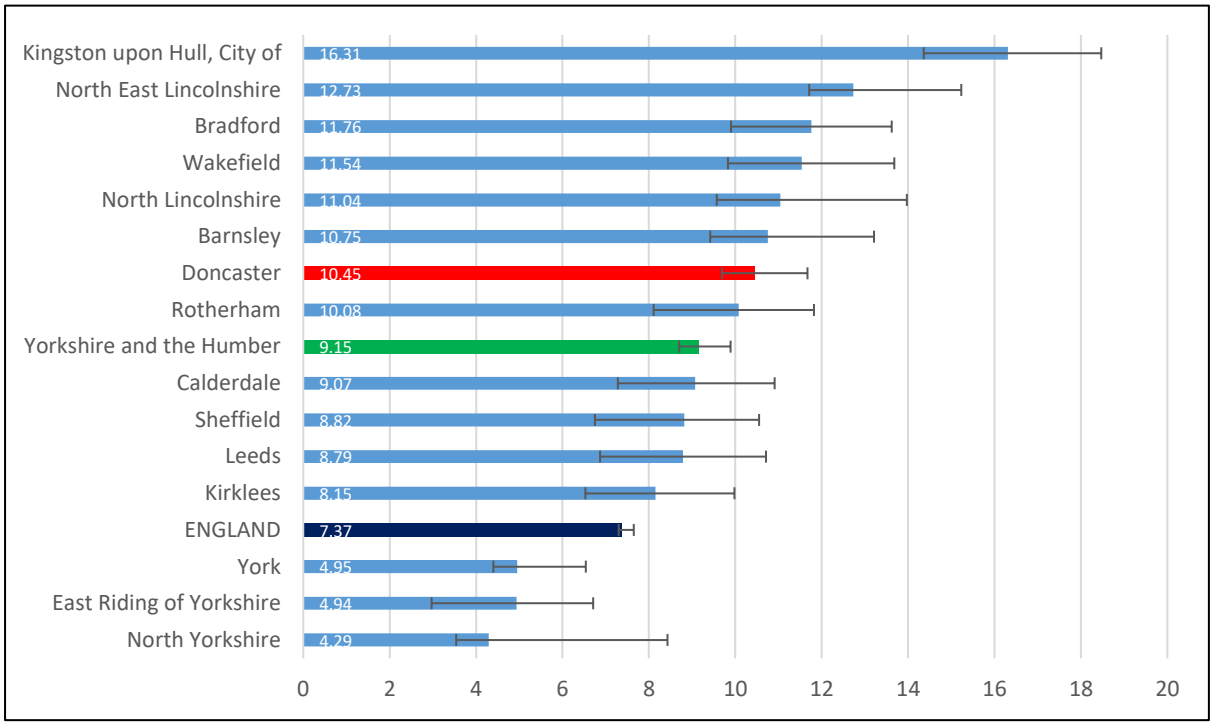
The graphs below show opiate and crack cocaine rates separated for Doncaster compared to the Yorkshire and Humber Local Authorities and England.

Doncaster had the 7th highest rate of opiate users per 1,000 (10.45 per 1,000) out of the 15 LAs in the Yorkshire and Humber region. In 2014/15 there were 2,116 opiate users compared to 2,037 opiate users in 2016/17. Reasons for the fall in numbers could be due to an ageing cohort of opiate users, evidence shows drug related deaths of those born in the 1970s continues to rise. New presentations for opiates only into Aspire over the last decade have fallen by 65%.

Doncaster had the 9th highest rate of crack cocaine users per 1,000 (5.37 per 1,000) out of the 15 LAs in the Yorkshire and Humber and is slightly lower than the region average but higher than the England rate. In 2016/17 there were an estimated 1,046 crack cocaine users

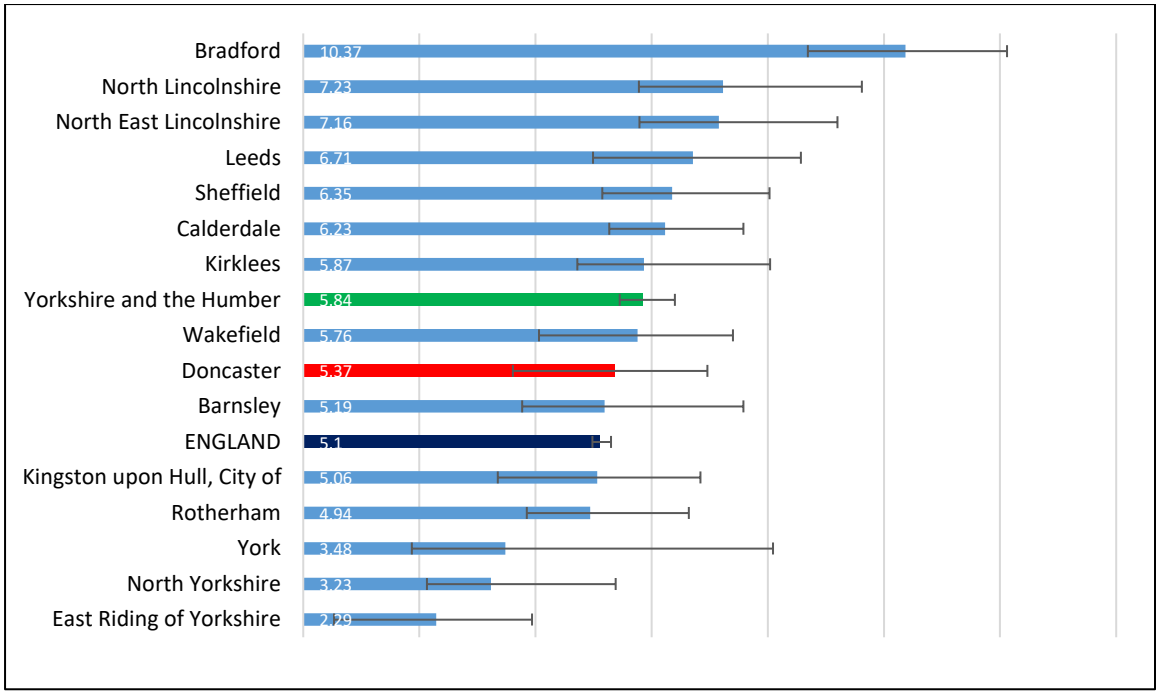
compared to 842 (+204) in 2014/15. In the Yorkshire and Humber region only Leeds and Wakefield saw more of an increase in crack users than Doncaster from 2014/15 to 2016/17. However new presentations for opiate and crack use has increased from 21% IN 2009/10 to 60% in 2020/21.

Graph 7: Opiates prevalence estimates and rates per 1,000 population aged 15-64 with 95% confidence intervals - 2016-17



Source: Liverpool John Moores University

Graph 8: Crack cocaine prevalence estimates and rates per 1,000 population aged 15-64 with 95% confidence intervals - 2016-17

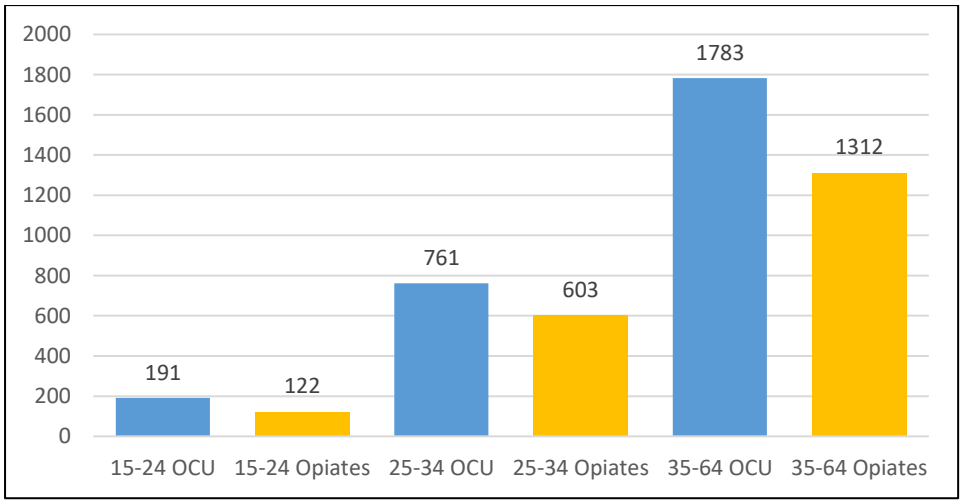


Source: Liverpool John Moores University

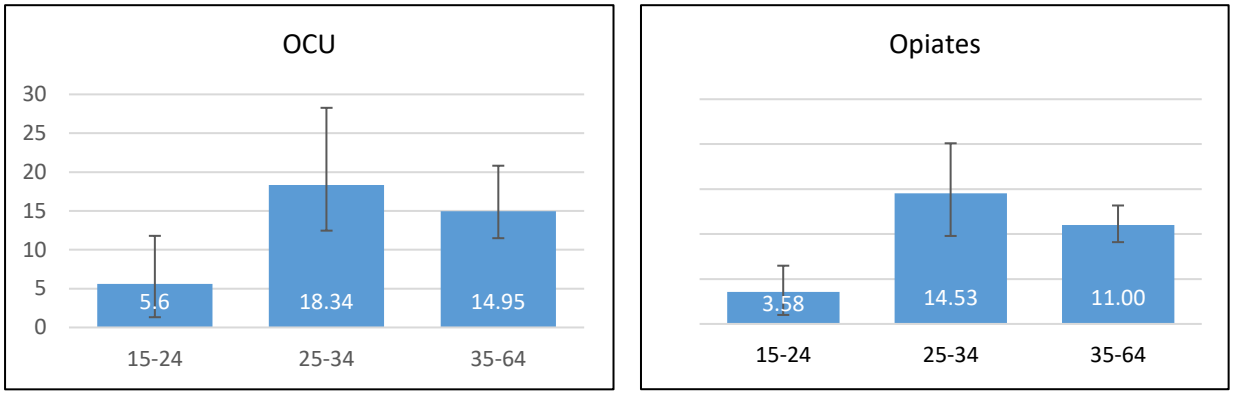
OCU age group analysis

The graph below shows the estimated number and rate by age group. When looking at the number of OCU and opiate users there are significantly more aged 35 and over (1,783 and 1,312 respectively) compared to under 25's (191 and 122 respectively). When looking at the rate, the most prevalent group is those aged 25-34; 18.34 per 1,000 for OCU users and 14.53 per 1,000 for opiate users.

Graph 9: prevalence estimates for OCU and Opiates users, raw numbers by age group for Doncaster, 2016-17



Graph 10: prevalence estimates for OCU and Opiates users, per 1,000 pop by age group for Doncaster with 95% confidence intervals, 2016-17

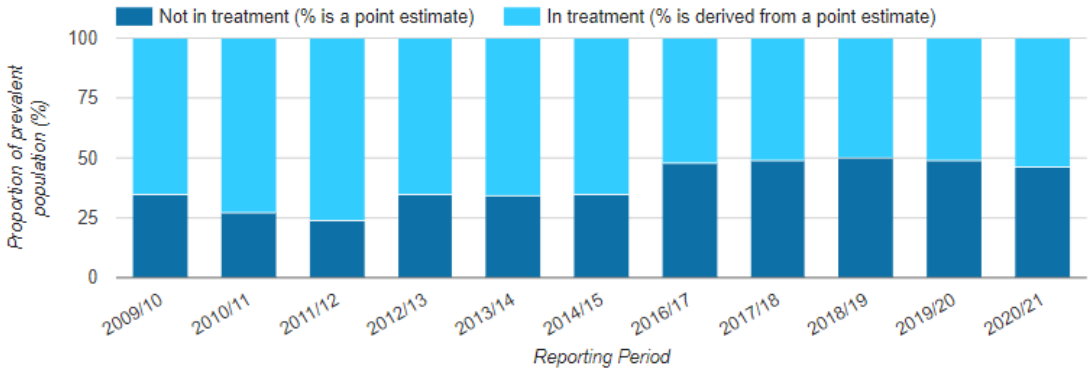


Source: Liverpool John Moores University

Unmet need for opiate and/or crack cocaine users

Graph 11 below shows the estimated proportion of OCU users in Doncaster and the proportion of unmet need. In 2020/21,there was an estimated 46% of OCU users in Doncaster who were not accessing treatment services. OHID plans to update the methodology used to produce these estimates and release updated opiate and / or crack estimates in 2023.

Graph 11: 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

Alcohol prevalence estimates

The National estimates of alcohol dependence were updated in November 2018 by the University of Sheffield[3]. The estimation is based upon the Adult Psychiatric Morbidity Survey (APMS 2014) which is a nationally-representative cross-sectional survey of 7,546 individuals in private accommodation aged 16 or over. The APMS includes demographic information including age, sex, ethnicity, and index of multiple deprivation (IMD) quintile, and the Government Office Region (GOR) of residence.

It estimates the number of adults (aged 18+) within each local authority with an alcohol dependency, potentially in need of specialist treatment.

The table and chart below compare the numbers and rate of estimated alcohol prevalence across the Yorkshire and Humber local authorities.

Doncaster ranked 4th out of the 15 local authorities in the Yorkshire and Humber for the rate of alcohol dependant adults per 100 of adult population. The rate of alcohol dependent adults in Doncaster is worse than both the Yorkshire and Humber and England.

Table 4: Alcohol prevalence estimates, raw Figure, and rate per 100 of adult population, Yorkshire and Humber local authorities and England, 2018

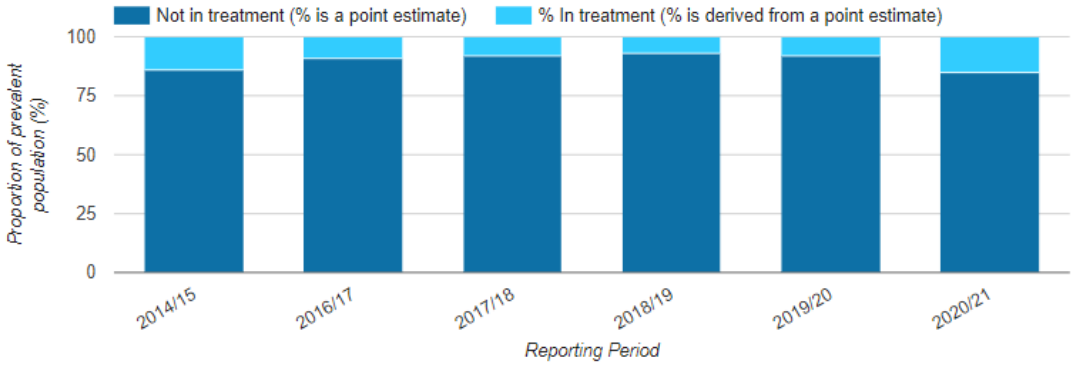
Local Authority	Estimated number of adults with alcohol dependency	Rate per 100 of the adult population
Barnsley	3,839	1.97
Bradford	5,744	1.45
Calderdale	2,256	1.38
Doncaster	**4,087**	**1.67**
East Riding of Yorkshire	2,759	1.00
Kingston Upon Hull	4,242	2.08
Kirklees	4,527	1.34
Leeds	9,954	1.60
North East Lincolnshire	1,905	1.52
North Lincolnshire	1,797	1.32
North Yorkshire	5,507	1.11
Rotherham	3,627	1.75
Sheffield	7,124	1.53
Wakefield	4,230	1.55
York	2,458	1.42
Yorkshire and Humber	**64,056**	**1.51**
England	**602,391**	**1.37**

Source: University of Sheffield

Unmet need for alcohol treatment

Graph 12 shows the estimated number of dependent drinkers in Doncaster and the rate of unmet need. In 2020/21, there was an estimated 4,087 alcohol-dependent residents in Doncaster, of those only 15% were accessing specialist alcohol treatment. This represents an unmet need of 85% in 2020/21.

Graph 12: prevalence estimates and rates of unmet need for alcohol treatment (%), 2009 – 2021



Unmet need	2014/15 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Not in treatment (% is a point estimate)	86	91	92	93	92	85
% In treatment (% is derived from a point estimate)	14	9	8	7	8	15

Adults (combined drugs and alcohol)

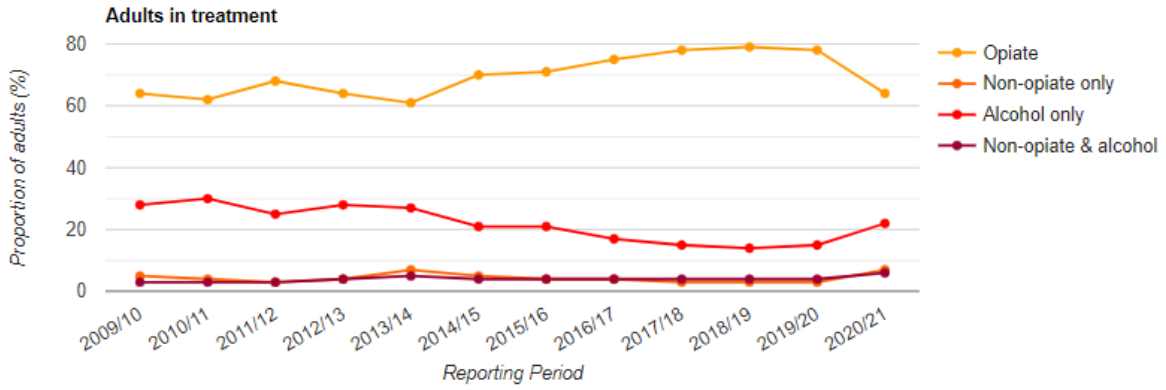
Numbers in treatment – trends

The data used in compiling this drug and alcohol needs assessment is taken from the National Drug Treatment Monitoring System with the latest data available during the Covid pandemic. It has to be taken into account that although Aspire was open for business during the pandemic numbers reported accessing Aspire need to be factored for people not accessing healthcare during the pandemic.

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 in table 5 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.

Graph 13: Doncaster proportion of adults in treatment (%), 2009 – 2021



Source: NDTMS view it

Table 5: Doncaster number of adults in treatment, 2009 – 2021

Substance Category	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Opiate	1732	1758	1710	1654	1551	1493	1425	1406	1383	1347	1363	1406
Non-opiate only	144	118	87	108	175	107	78	71	60	52	50	152
Alcohol only	769	854	637	713	689	454	421	327	261	241	267	487
Non-opiate & alcohol	73	91	84	112	136	90	80	69	73	60	71	135

Source: NDTMS view it

Substance use profile (all in treatment)

Substance breakdown of all clients in treatment

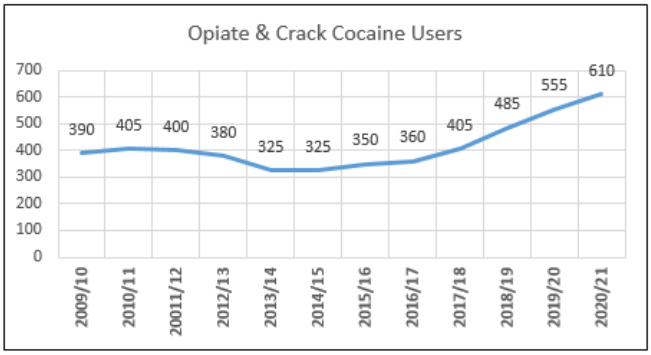
The distribution of substances used by all individuals in treatment is shown below. This substance use profile defines clients by groups of substance use and relates to any use within a client's journey. People are grouped into the following categories: Opiate and crack cocaine, Opiate (not crack cocaine), Crack cocaine (not opiate), Cannabis, Cocaine, Benzodiazepine, Amphetamine (not ecstasy), Ecstasy, Mephedrone, NPS, Hallucinogen, Alcohol and Other.

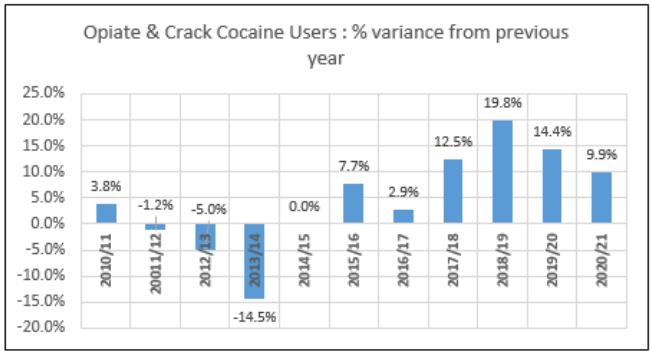
People can report a problem with up to three substances at the start of each treatment episode so may be recorded as having multiple substances. Because of this, a person may be included in more than one of the categories listed below.

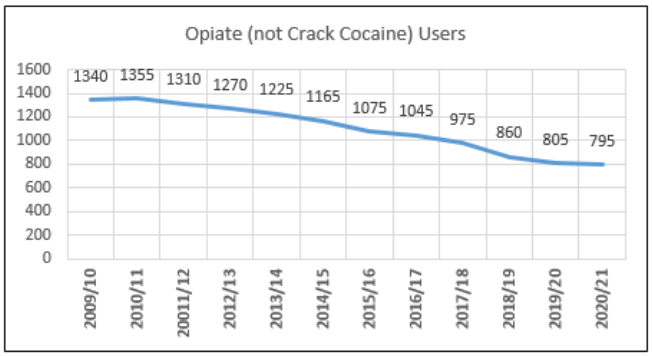
Over the last decade 2009/10 – 2020/21 opiate and crack cocaine users in treatment has increased by 56%. Clients in treatment for crack cocaine (only) from 2009/10 – 2019/20 has increased by 33% however it is interesting to note that 2019/20 and 2020/21 there has been

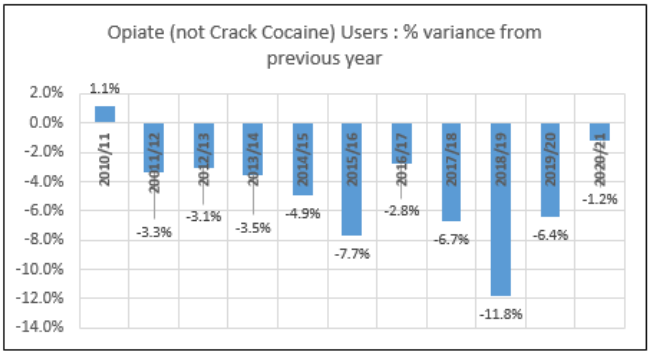
a dramatic increase of 200%. Conversely clients in treatments for opiates only has decreased by 40%.

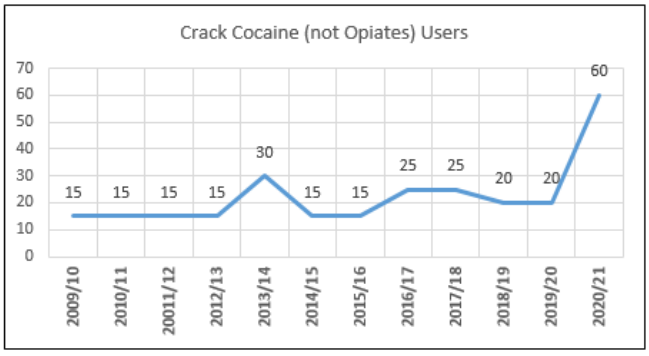
Graph 14: Doncaster number of service users in treatment by substances use type, 2009/10 to 2020/21

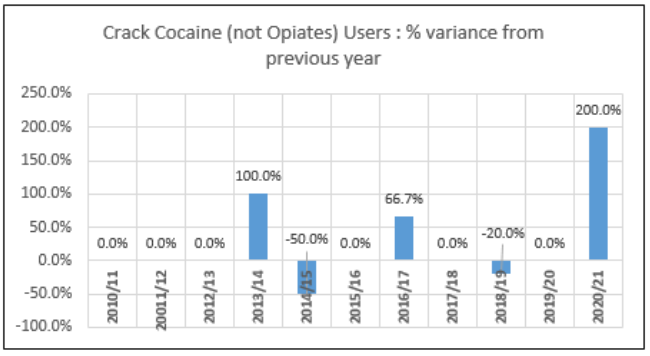










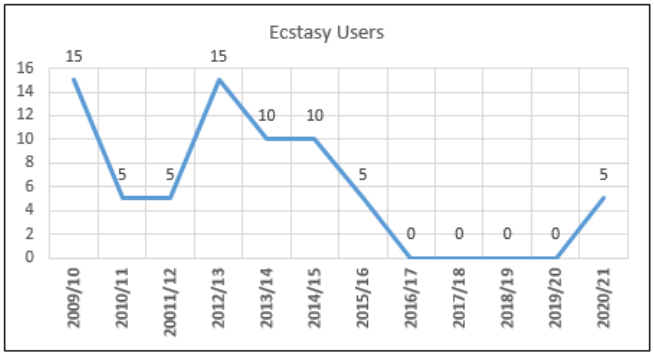


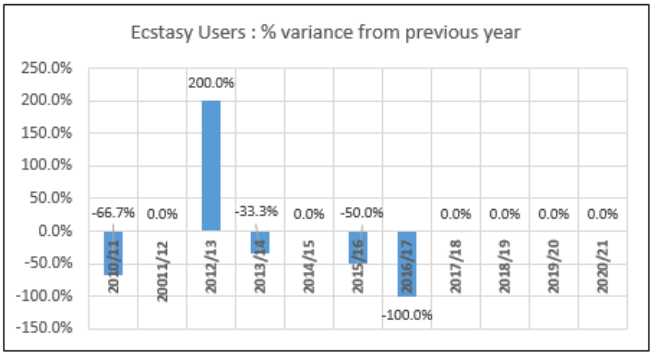
Source: NDTMS view it

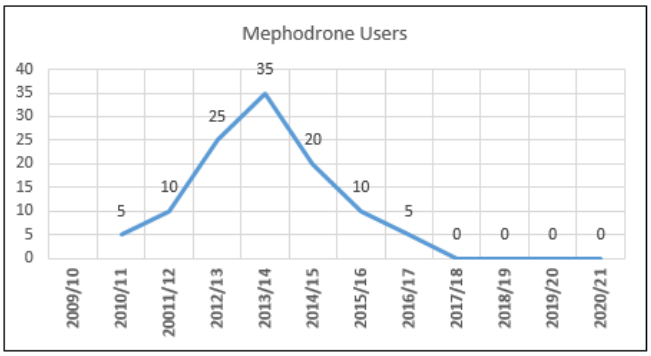
Club drugs are psychoactive substances often used recreationally in nightclubs, bars, and festivals. New Psychoactive Substances (NPS) are synthesised to mimic traditional drugs and are marketed “not for human consumption” to avoid detection. They are sold under the guise of bath salts or other chemicals[6].

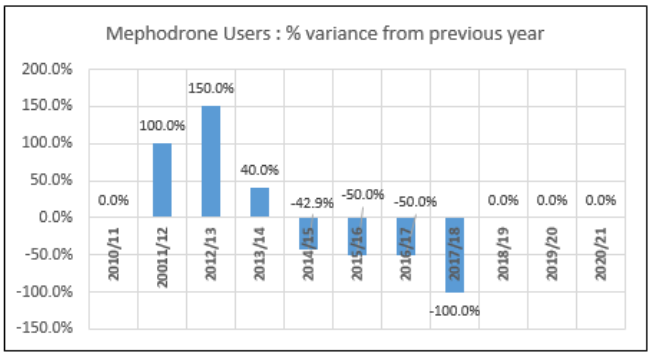
There are very few service users (n=75), who report using club drugs and NPSs (mephadrone, ecstasy and NPS). This represents only 3% of drug and alcohol service users in Doncaster in 2020/21. Although NPS users appear to have a marked increase since 2014/15 this is due to being a new recording field on NDTMS from this date. Local evidence shows that the NPS using cohort have complex needs and are poly drug users.

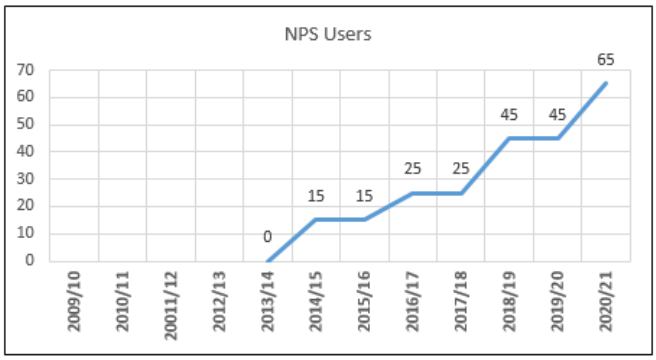
Graph 15: Number of service users in treatment and proportion, club drugs and new psychoactive substances, 2009/10 to 2020/21

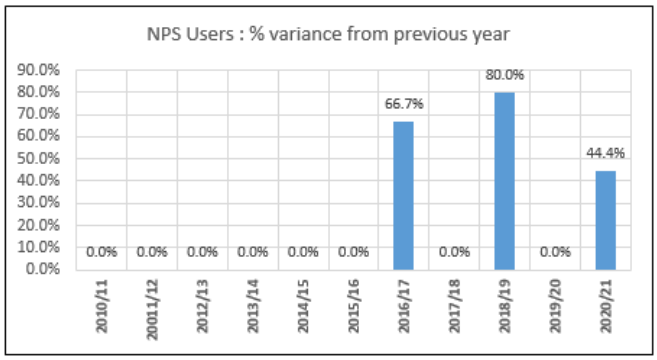












Source: NDTMS view it

Age of clients (all in treatment)

The age distribution of all individuals in treatment in 2020/21 is shown in table 6 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.

Table 6: 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%

Source: NDTMS view it

Age distribution trend

Table number 7 shows the proportion of clients within each age group, by financial year for opiates. Proportionally, clients are now older than they were 11 years ago, in 2009/10. In particular, the 50+ age group treatment population for opiates has increased from 2% (n=40) to 12% (n=165) in the last decade. This is reflected in an ageing cohort of opiate users across England.

Table 7: Proportion of all clients in treatment for opiates by age group and year

Age Group	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
18-29	35	31	26	20	17	13	12	10	8	7	6	5
30-49	63	66	71	76	79	83	83	84	85	84	84	83
50+	2	3	3	3	4	4	5	6	7	9	10	12

Source: NDTMS view it

Table 8: Proportion of all clients in treatment for alcohol by age group and year

Age Group	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
18-29	14	13	13	12	14	10	11	9	9	8	4	4
30-49	60	60	58	59	57	59	56	52	53	54	59	59
50+	26	26	29	29	29	31	33	38	38	38	37	37

Clients accessing Aspire for alcohol only has seen a proportional reduction of 10% from the 18-24 age range in the last decade. However clients aged 50+ accessing Aspire has increased by 11%.

Gender of clients (all in treatment)

From a total of 2,180 clients in 2020/21, there are 652 females (30%) and 1,528 males (70%). A breakdown by substance category can be seen in the table below. Just over three quarters of all clients are receiving treatment for drug-related substances (77.7%) alcohol only make up the rest (22.3%).

Table 9: Substance use category by gender, 2020/21

	Female		Male		Persons	
Substance category	**n**	**Proportion of gender**	**n**	**Proportion of gender**	**n**	**Proportion of substance use**
Opiates	381	27%	1025	73%	1406	64.5%
Non opiates only	32	21%	120	79%	152	6.9%
Non opiates and alcohol	42	31%	93	69%	135	6.3%
Alcohol only	197	40%	290	60%	487	22.3%
Total	652	30%	1528	70%	2180	100%

Source: NDTMS view it

When we look deeper at substance misuse category by gender and age it is noticeable that 50+ years females have steadily increased for opiates since 2009/10 and for alcohol seen a steep rise into treatment of 108% since the start of the pandemic (2019/2020/21). This is also reflected in data received from the Doncaster Integrated Care Board on alcohol specific admissions, see page 56.

Table 10: Substance use category by females 50+ trend 2009- 2021

Substance Category	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Opiate	10	13	14	13	16	14	18	21	20	25	30	36
Non-opiate only	3	3	1	1	5	1	0	0	0	0	0	1
Alcohol only	79	95	85	77	83	52	52	49	37	36	35	77
Non-opiate & alcohol	2	1	1	2	4	1	2	2	3	2	0	2

Source: NDTMS view it

Ethnicity and gender of clients

The table below show the proportion of clients in treatment by ethic group, self-reported by the client at the start of their journey. The table includes all substances. A separate table for drug clients and alcohol only clients has been omitted as there is very little difference to the 'all substance' table and many of the ethnicity fields are supressed due to low numbers in treatment.

Although Doncaster is less diverse than the Yorkshire and Humber region, the numbers accessing treatment for drugs and alcohol are disproportionally low for BAME groups. The majority of service users in treatment are white (98.2%) and male (68.5%)

Table 11: Proportion of all clients in treatment by ethnic group and gender (all substances),2020/21

			Proportion by gender	
Ethnicity Group	**n**	**Proportion**	**Male**	**Female**
White	2133	98.2%	68.5%	29.7%
Mixed/multiple ethnic group	12	0.55%	0.5%	0.05%
Asian/Asian British	12	0.55%	0.5%	0.1%
Black/African/Carribean/Black British	6	0.27%	0.2%	0.05%
Other ethnic group	9	0.4%	0.4%	0.00%
Total	2172	100%	70.1%	29.9%

Source: NDTMS view it

Sexuality – new presentations

All substances have been combined to allow presentation of clients' sexuality. The majority of new clients in 2020/21 were heterosexual (97.3%). Data calculated using the PHE model to estimate the numbers of LGBT people shows that approx 6,200 people in Doncaster identify themselves as LGBT[7]. However, accurate assessment of the extent of drug and alcohol use within LGBT populations is complex because of the lack of robust data about LGBT populations as a whole.

There is clear evidence to suggest that drug and alcohol use along with mental health problems are more prevalent among LGBT groups[8]. Given the estimates of LGBT people in Doncaster and more prevalence of drugs and alcohol in their community, this is not being reflected in the proportion accessing treatment to Aspire.

Table 12: Sexuality of adults receiving structured treatment, 2020/21

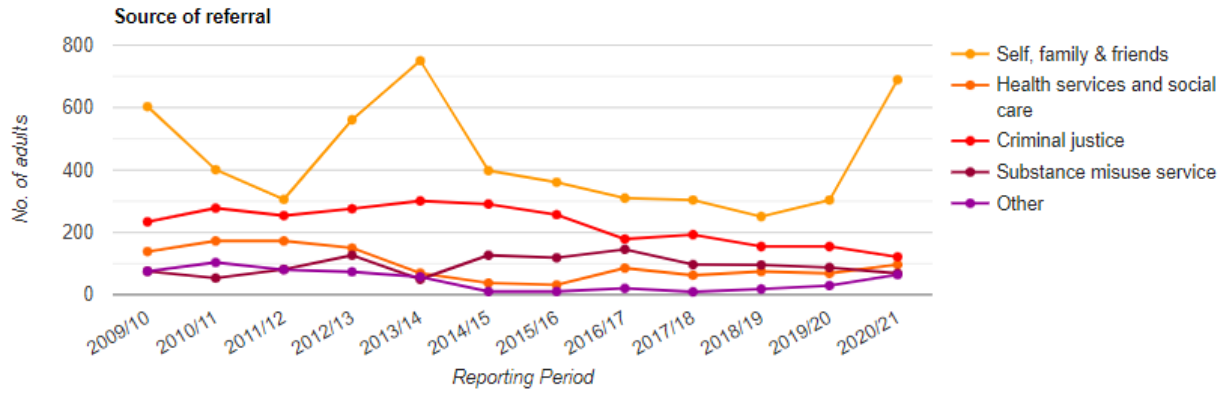
Sexual orientation	Number	Proportion
Heterosexual	990	97.3%
Bisexual	4	0.4%
Not stated	9	0.9%
Gay/Lesbian	14	1.4%
Client asked and does not know or is not sure	0	0.0%
Other	0	0.0%
Total	1017	100%

Source of referral into treatment

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.

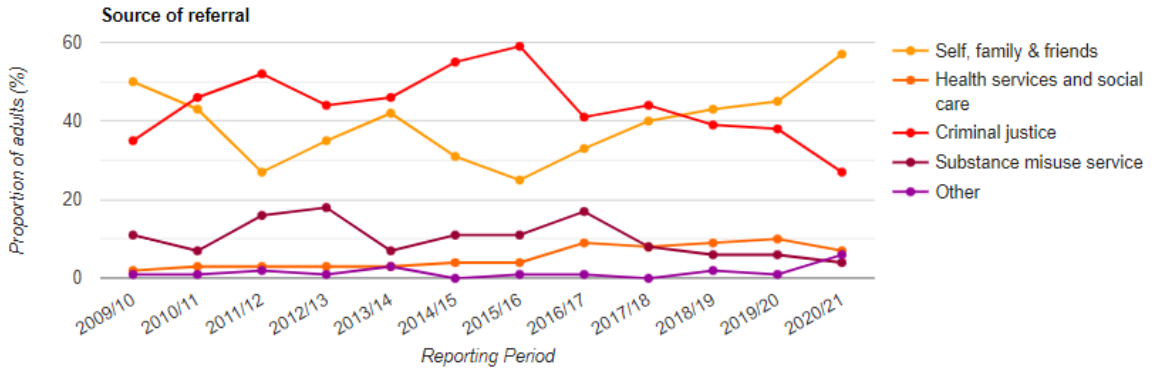
Table 13: Source of referrals into treatment for new presentations (all substances)



Source of Referral	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Self, family & friends	53	40	34	47	61	46	46	42	46	42	47	66
Health services and social care	12	17	19	13	6	4	4	12	9	13	11	9
Criminal justice	21	28	28	23	24	34	33	24	29	26	24	12
Substance misuse service	7	5	9	11	4	15	15	20	15	16	14	7
Other	7	10	9	6	5	1	1	3	1	3	5	6

Source: NDTMS view it

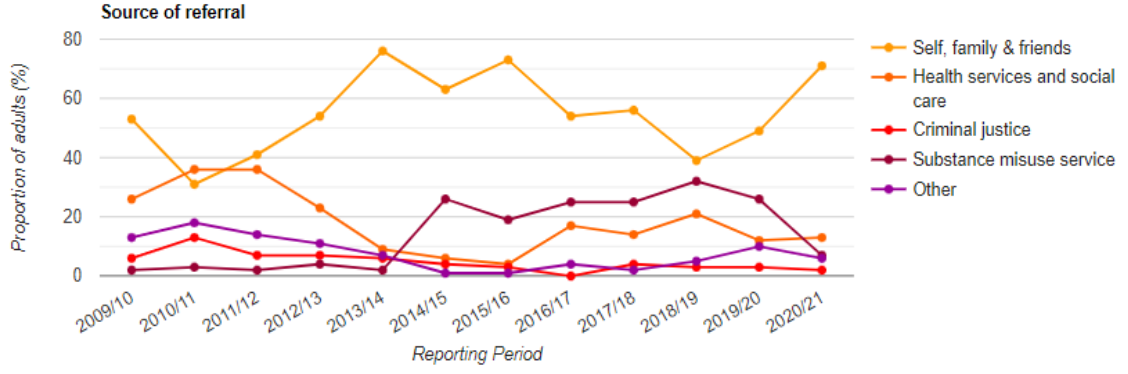
Table 14: Source of referrals into treatment for new presentations (opiates only)



Source of Referral	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Self, family & friends	50	43	27	35	42	31	25	33	40	43	45	57
Health services and social care	2	3	3	3	3	4	4	9	8	9	10	7
Criminal justice	35	46	52	44	46	55	59	41	44	39	38	27
Substance misuse service	11	7	16	18	7	11	11	17	8	6	6	4
Other	1	1	2	1	3	0	1	1	0	2	1	6

Source: NDTMS view it

Figure 15: Source of referrals into treatment for new presentations (alcohol only)



Source of Referral	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Self, family & friends	53	31	41	54	76	63	73	54	56	39	49	71
Health services and social care	26	36	36	23	9	6	4	17	14	21	12	13
Criminal justice	6	13	7	7	6	4	3	0	4	3	3	2
Substance misuse service	2	3	2	4	2	26	19	25	25	32	26	7
Other	13	18	14	11	7	1	1	4	2	5	10	6

Source: NDTMS view it

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.

Table 16: Housing situation for new presentations, as a proportion, all substances, 2009/10 to 2020/21

Housing Situation	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
No problem	82	77	78	80	83	84	85	85	82	82	83	88
Housing Problem	12	15	13	13	9	9	7	8	7	9	7	8
Urgent Housing Problem	3	3	5	5	7	5	7	6	10	9	10	4
Other	2	4	4	1	1	2	1	1	1	1	0	0

Source: NDTMS view it

Table 17: Housing situation for new presentations, as a proportion, all substances 2009/10 to 2020/21. England, Yorkshire and Humber and Doncaster comparison

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 (%)
Housing problem	England	13	13	13	12	12	12	11	11	11	11	11	12
Urgent Housing Problem	England	6	6	7	7	7	7	7	7	8	8	7	6
Housing Problem	Yorkshire & the Humber	13	13	12	11	10	9	9	8	8	8	8	10
Urgent Housing Problem	Yorkshire & the Humber	4	6	5	5	5	5	4	5	6	6	6	5
Housing Problem	Doncaster	12	15	13	13	9	9	6	8	7	8	6	8
Urgent Housing Problem	Doncaster	3	3	5	6	7	5	8	7	10	9	10	4

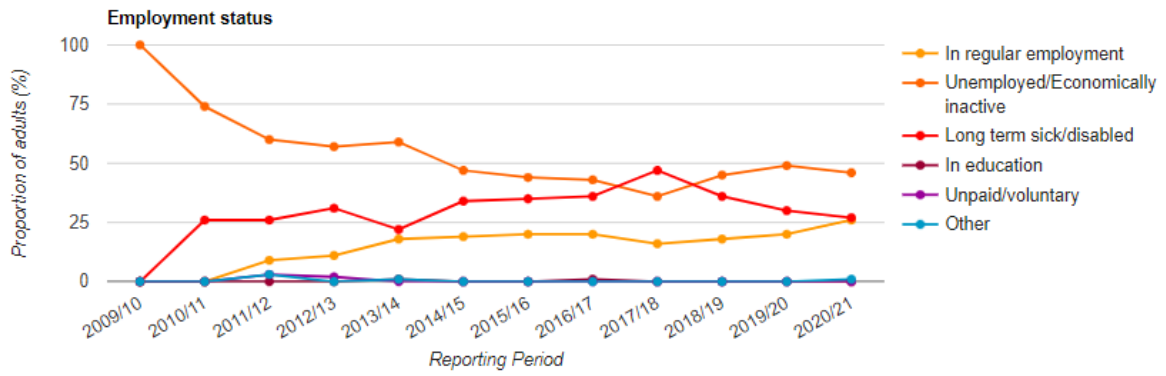
Source: NDTMS view it

Employment status

The proportion of unemployed clients has reduced by 54% since 2009/10, from 100% to 46% in 2020/21, whist 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 16: 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

Source: NDTMS view it

Parental status and safeguarding

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[9].

As we understand more about the impacts of parental problem alcohol and drug use on children, it becomes more important that all health, social care and support organisations take a whole family approach. This is where action to protect children, and enabling all children to have the best outcomes, becomes integral to organisations' service delivery.

Drug clients

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%).

Table 18: 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

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	
Type	N	Male (%)	Female (%)	N	Male (%)	Female (%)
Number of children living with drug users	172	63%	37%	25,007	59%	41%

Source: OHID drugs commissioning support pack 2021-22

Alcohol clients

In 2020/21, there were 192 children reported as living with alcohol clients entering treatment in Doncaster. Regarding parental status of new service user presentations, 27% (n=113) were living with their own or other children, which was higher than England (22%). Clients who were parents but not living with their children in Doncaster was (25%, n=106) higher than the England rate of 18%.

Figure 19: Children living with adults entering alcohol only treatment for Doncaster and England, 2020-21

Living with children	Local	Proportion of children by adult sex		England	Proportion of children by adult sex	
Type	Total adults	Male (%)	Female (%)	Total adults	Male (%)	Female (%)
Number of children living with alcohol adults	192	60%	40%	22,681	47%	53%

Source: OHID drugs commissioning support pack 2021-22

Mental health

It is very common for people to experience mental ill-health and alcohol/drug use (co-occurring conditions) at the same time. Research shows that mental ill-health are experienced by the majority of drug (70%) and alcohol (86%) of alcohol users in community substance use treatment[9]. Death by suicide is also common, with a history of alcohol or drug use being recorded in 54% of all suicides in people experiencing mental-ill health[10].

Moreover, evidence shows that despite the shared responsibility that NHS and local authority commissioners have to provide treatment, care and support, people with co-occurring conditions are often excluded from services[10].

Drugs clients

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 (see table 21). 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.

Table 20: 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%**

Source: OHID drugs commissioning support pack 2021-22

Table 21: 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

Alcohol clients

This data shows the number of alcohol adults who started treatment in 2020-21 who were identified as having a mental health treatment need and of these, the number who were receiving treatment from health services.

Just over 6 out of 10 (63%, n=265) alcohol users who entered treatment in Doncaster during 2020/21 were identified as having a mental health treatment need. This is similar to England (64%).

Table 23 shows that nearly 8 out of 10 (81%) of clients identified as having a mental health need were receiving treatment for their mental health. This is similar to England (80%). Therefore, it is estimated that 19% of alcohol users who entered treatment in Doncaster during 2020/21 had a mental health treatment need but were not accessing mental health services.

Of the 265 alcohol users who entered treatment in during 2020/21 and were identified as having a mental health treatment need, just over half (58%, n=153) were receiving mental health treatment from their GP, while just under 1 in 5 (17%, n=46) were already engaged with the Community Mental Health Team.

Table 22; Adults who entered alcohol only treatment in 2020-21 and were identified as having mental health treatment need, for Doncaster and England

Local				England			
Total adults	Proportion of new presentations	Male (%)	Female (%)	Total adults	Proportion of new presentations	Male (%)	Female (%)
265	63%	59%	69%	33,618	64%	59%	71%

Source: OHID drugs commissioning support pack 2021-22

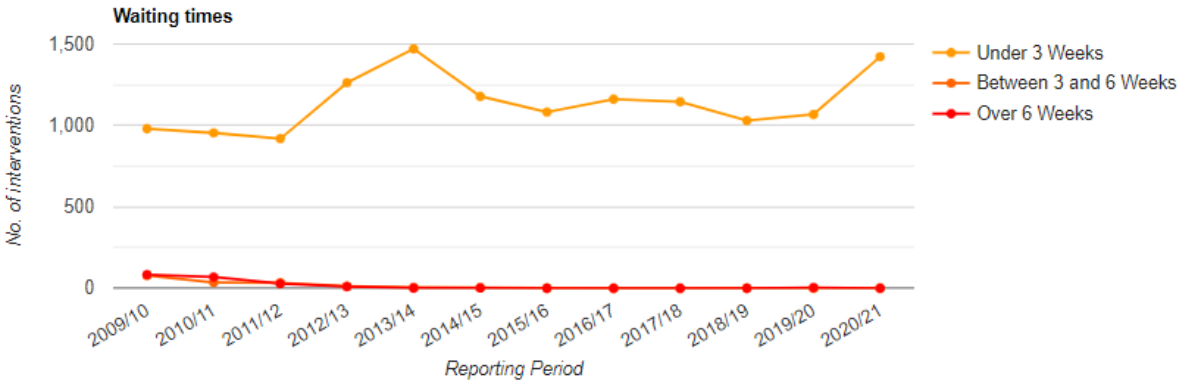
Table 23: Adults in alcohol only treatment identified as having a mental health treatment need and receiving treatment for their mental health, for Doncaster and England, 2020-21

Treatment type	Local (n)	Proportion of new presentation	Male (%)	Female (%)	England (n)	Proportion of new presentation	Male (%)	Female (%)
Already engaged*	46	17%	18%	17%	5,516	16%	15%	18%
GP*	153	58%	59%	57%	20,681	62%	59%	64%
Health-based place*	1	0%	0%	1%	142	0%	1%	0%
NICE*	2	1%	1%	0%	338	1%	1%	1%
Engaged with IAPT	14	5%	3%	8%	535	2%	1%	2%
Total	**215**	**81%**	**81%**	**82%**	**27,027**	**80%**	**77%**	**84%**

Access to services: waiting times

This represents the number of weeks from assessment to first treatment. Doncaster has reached 100% of all clients seen within a 3-week period for the last 2 years (2018-2020). Please note that this data does not present the time taken from external referral (i.e., first contact with the drug and alcohol service provider) to assessment.

Figure 17: Waiting times for access to Aspire all in treatment as a proportion (all substances)



Source: NDTMS view it

Treatment and recovery outcomes

Treatment exits

All substance

The tables below show the three main categories for treatment exits. Others such as treatment withdrawn, moved away, transferred to custody and 'other' were not used due to very low percentage numbers.

Successful treatment completions for all substances in Doncaster have fallen from a high of 54% in 2015/16 to 36% in 2020/21 lower than the regional average of 50%. There has also been a steady rise of people dropping out or leaving treatment to a high of 44% in 2020/21 higher than the regional average of 34%.

Table 24: Proportion of clients who exit treatment all substances, 2009/10 –2020/21

Treatment Exits	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Successful completion	32	43	52	46	43	42	54	47	43	34	42	36
Dropped out/left	31	29	25	29	33	30	20	29	33	38	33	44
Died	1	1	2	1	1	2	3	3	2	3	2	5

Opiate users

Successful treatment completions for opiate users who completed treatment (this figure includes those that have re-entered within 6 months) in Doncaster is lower than the average for all substances. The proportion of successful completions has reduced over the last decade from a high of 38% - in 2011/12 to 15% in 2020/21. Clients who have died whilst in treatment for opiates has steadily risen over the last decade to a high of 11% (n=26) 2020/21. All three indicators are worse than the Yorkshire and Humber comparison.

Table 25: Proportion of clients who exit treatment, opiate users, 2009/10 – 2020/21

Treatment Exits	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Successful completion	20	25	38	27	26	19	25	18	21	14	16	15
Dropped out/left	23	27	23	31	32	34	30	46	43	51	48	42
Died	2	1	4	3	3	3	6	5	4	5	4	11

Source: NDTMS view it

Alcohol

Successful treatment completions for alcohol clients in Doncaster is higher than the average for all substances. The proportion of successful completions has remained above 50% since 2010/11, reaching a high of 81% in 2016/17 however there has been a significant fall with 2020/21 the lowest since 2013/14. Clients dropping out of treatment has gone from a low of 7% in 2016/17 to a high of 40% in 2020/21. Alcohol 'successful completions' and 'dropped out/left' are worse than Yorkshire and Humber comparisons.

Table 26: Proportion of clients who exit treatment, alcohol users, 2009/10 – 2020/21

Treatment Exits	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Successful completion	44	58	65	65	53	61	78	81	73	61	68	55
Dropped out/left	47	30	29	29	35	26	13	7	19	22	18	40
Died	0	1	1	1	0	1	1	1	1	1	1	2

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.

Table 27: 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

Successful completions and not re-presenting

Opiate users

The data below shows the proportion of drug users who completed their treatment free of dependence who did not relapse and re-enter treatment within 6 months. Individuals achieving this outcome demonstrate a significant improvement in health and wellbeing in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.

It aligns with the ambition of both public health and the Government's drug strategy of increasing the number of individuals recovering from addiction. Offending behaviour is closely linked to substance use, and it is well demonstrated that cessation of drug use reduces re-offending significantly. This in turn will have benefits to a range of wider services and will address those who cause the most harm in local communities.

A total of 35 people 2.5% of the treatment population successfully completed treatment for opiates in Doncaster in 2020 compared with Yorkshire and Humber at 4.2% and 4.7% in England. Doncaster sits 13 out of 15 Local Authorities in the Yorkshire and Humber region. The trend over the last decade shows a decrease in successful completions across England, Yorkshire and Humber and Doncaster.

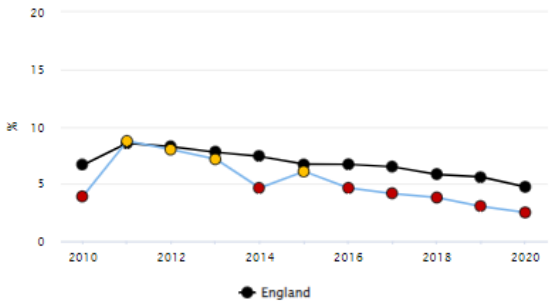
Figure 18: Successful completions for opiates Yorkshire and Humber 2020

Areas: All in Yorkshire and the Humber region | All in England Display: Table | Table and chart

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	6,701	4.7	4.6	4.9
Yorkshire and the Humber region	↓	802	4.2	3.9	4.5
East Riding of Yorkshire	→	41	8.2	6.1	10.9
Leeds	↑	207	7.8	6.8	8.8
Barnsley	→	57	6.2	4.8	7.9
North Lincolnshire	→	32	4.9	3.5	6.8
North Yorkshire	→	39	4.7	3.5	6.4
Calderdale	→	30	4.6	3.2	6.4
Wakefield	→	65	4.0	3.2	5.1
York	→	18	3.9	2.5	6.0
North East Lincolnshire	→	29	3.7	2.6	5.2
Bradford	↓	78	3.4	2.7	4.2
Kirklees	→	44	3.3	2.5	4.5
Sheffield	→	64	2.9	2.3	3.7
Doncaster	↓	35	2.5	1.8	3.5
Rotherham	→	25	2.3	1.6	3.4
Kingston upon Hull	↓	38	2.3	1.7	3.1

Source: Calculated by Office for Health Improvement and Disparities (OHID): using data from the National Drug Treatment Monitoring System

Figure 19: Successful completion of drug treatment, opiate users, Doncaster compared to England, 2010 - 2020



Recent trend: ↓ Decreasing & getting worse

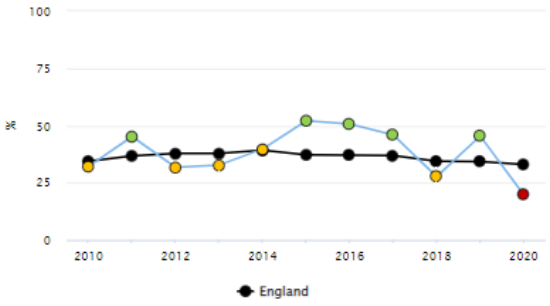
Period		Doncaster Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2010	●	70	3.9%	3.1%	5.0%	5.1%	6.7%
2011	●	151	8.7%	7.5%	10.2%	7.3%	8.6%
2012	●	133	8.0%	6.8%	9.4%	7.0%	8.3%
2013	●	113	7.2%	6.0%	8.6%	6.9%	7.8%
2014	●	70	4.6%	3.7%	5.8%	6.2%	7.4%
2015	●	88	6.1%	5.0%	7.4%	5.8%	6.7%
2016	●	66	4.6%	3.7%	5.9%	5.7%	6.7%
2017	●	58	4.1%	3.2%	5.3%	5.5%	6.5%
2018	●	52	3.8%	2.9%	5.0%	4.7%	5.8%
2019	●	41	3.0%	2.2%	4.1%	5.1%	5.6%
2020	●	35	2.5%	1.8%	3.5%	4.2%	4.7%

Source: Calculated by Office for Health Improvement and Disparities (OHID): using data from th e National Drug Treatment Monitoring System

Non-opiate users

The chart below shows that Doncaster successful completions for non-opiate users has been historically fluctuating between similar and significantly better than England from 2010 to 2019. However, successful completions for non-opiate users are now significantly worse than the England average in 2020.

Figure 20: Successful completion of drug treatment, non-opiate users, Doncaster compared to England, 2010 – 2020



Recent trend: ⬇ Decreasing & getting worse

Period		Doncaster Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2010		64	32.2%	26.1%	38.9%	30.4%	34.4%
2011		79	45.1%	38.0%	52.5%	36.7%	36.8%
2012		61	31.8%	25.6%	38.7%	35.9%	37.9%
2013		99	32.8%	27.7%	38.3%	36.3%	37.8%
2014		93	39.7%	33.7%	46.1%	40.1%	39.2%
2015		90	52.0%	44.6%	59.3%	34.8%	37.3%
2016		72	50.7%	42.6%	58.8%	36.0%	37.1%
2017		61	45.9%	37.6%	54.3%	37.7%	36.9%
2018		31	27.7%	20.2%	36.6%	29.6%	34.4%
2019		59	45.4%	37.1%	54.0%	31.0%	34.2%
2020		48	19.8%	15.2%	25.2%	33.6%	33.0%

Source: Calculated by Office for Health Improvement and Disparities (OHID): using data from th e National Drug Treatment Monitoring System

Successful completions - alcohol clients

The following section relates to adults completing their period of treatment in 2020-21, and shows whether they completed successfully and did not return within 6 months.

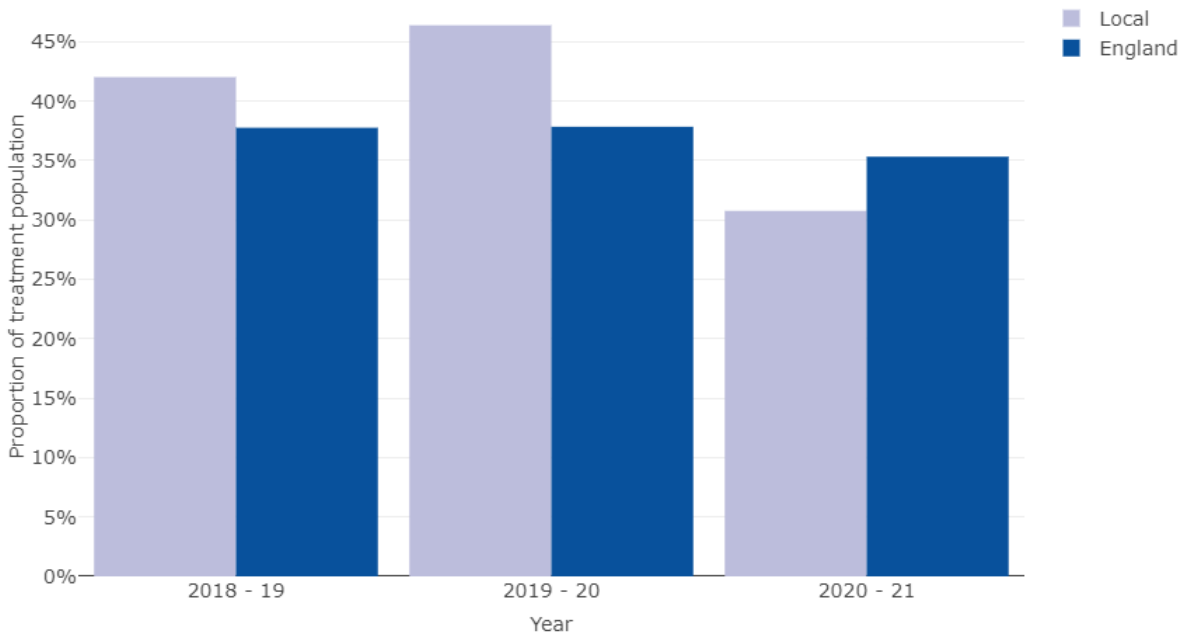
Almost 1 in 3 (31%, n=132) of alcohol clients in Doncaster exited treatment successfully in 2020/21, a lower proportion than England (35%). Male clients in Doncaster successfully exited alcohol treatment services below the England average however females fared slightly better (27% and 37%, respectively).

Graph 16 shows the trend of the proportion of successful completions from 2018 compared with the England average. Doncaster fared better in between 2018 and 2019 however fell below in 2020/21. Compared to the Yorkshire and Humber region, Doncaster sits 9th out of the 15 regions, see figure 21.

Figure 21: Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months (PHOF C19c) for Doncaster and England, 2020-21

Area	Total adults	Proportion of treatment population	Male (%)	Female (%)
Local	132	31%	27%	37%
England	26,703	35%	35%	35%

Graph 16: Proportion of all in treatment for alcohol who completed successfully and did not return within 6 months for Doncaster and England, 2018-19 to 2020-21



Source: OHID drugs commissioning support pack 2021-22

Figure 22: Successful completion of alcohol treatment, Yorkshire and Humber (LAPE) 2020

Areas: All in Yorkshire and the Humber region | All in England Display: Table | Table and chart

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	26,703	35.3	35.0	35.7
Yorkshire and the Humber region	→	3,135	35.0	34.1	36.0
Barnsley	→	197	53.4	48.3	58.4
East Riding of Yorkshire	↑	169	52.8	47.3	58.2
Leeds	↑	839	45.9	43.7	48.2
North Lincolnshire	→	121	42.0	36.5	47.8
Calderdale	→	96	39.7	33.7	45.9
Sheffield	→	235	33.8	30.3	37.4
North Yorkshire	→	352	32.8	30.0	35.6
York	→	80	31.0	25.7	36.9
Doncaster	↓	132	30.8	26.6	35.3
Kingston upon Hull	→	174	30.5	26.8	34.4
Kirklees	↓	218	28.6	25.5	31.9
Wakefield	→	147	25.3	21.9	28.9
North East Lincolnshire	↓	74	25.1	20.5	30.3
Rotherham	↓	134	25.0	21.5	28.8
Bradford	↓	167	23.9	20.9	27.2

Source: Calculated by Office for Health Improvement and Disparities (OHID): using data from the National Drug Treatment Monitoring System

Health protection & harm reduction

Injecting behaviour

People who inject drugs (PWID) experience substantially worse health outcomes than the general population. The coronavirus (COVID-19) pandemic has had a significant impact, limiting access to blood-borne virus (BBV) testing and safe injecting equipment, which has likely widened health inequalities[11]. Sharing of injecting equipment is the single biggest factor in blood-borne virus transmission among individuals who use and inject drugs, it also elevates the risk of premature mortality.

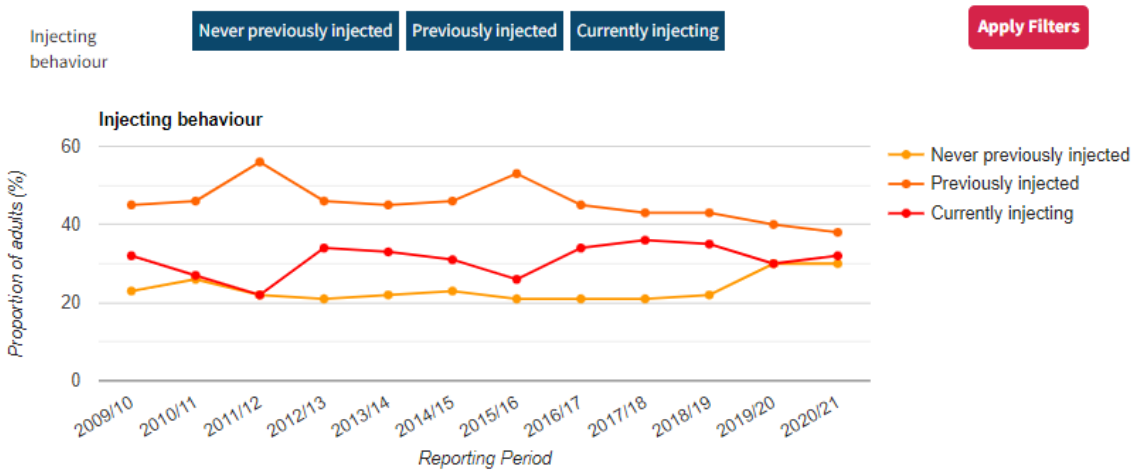
The full impact of the COVID-19 pandemic and the resulting restricted access to services on the health and wellbeing of PWID in the UK remains to be seen[12]. Continued public health monitoring of infectious diseases and other drug-related harms among PWID is critical to understanding the impact of COVID-19 on national HIV and viral hepatitis elimination efforts, as well as on the health inequalities experienced by this marginalised group.

Opiate users

The injecting behaviour at time of presentation represents whether the client has injected in the last 30 days (categorised as current), previously or never. In 2020/21, 38% of opiate users in treatment had previously injected, while a quarter (32%) were still injecting. A third of opiate users in treatments (30%) had never previously injected.

The proportion of opiate users in treatment services in Doncaster that have previously injected has remained similar to the Yorkshire and Humber since 2009/10. For the first time in 2020/21, Doncaster reported a lower proportion of opiate users in service who had previously injected compared Yorkshire and Humber however Doncaster has remained higher than the England average in the last decade, figure 23.

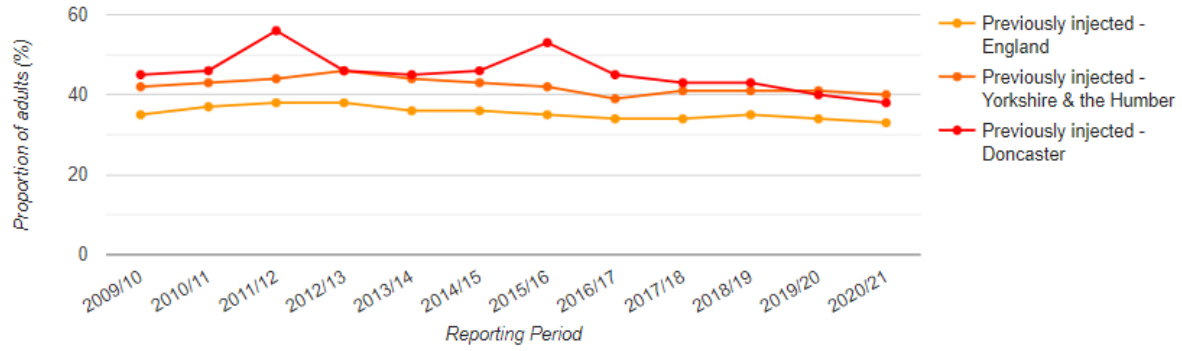
Figure 23: Injecting behaviour for new opiate presentations 2009/10 – 2020/21



Injecting Behaviour	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Never previously injected	23	26	22	21	22	23	21	21	21	22	30	30
Previously injected	45	46	56	46	45	46	53	45	43	43	40	38
Currently injecting	32	27	22	34	33	31	26	34	36	35	30	32

Source: NDTMS view it

Figure 24: Injecting behaviour for new opiate presentations, previously injected only, Doncaster compared to England and Yorkshire and Humber, 2009/10 – 2020/21



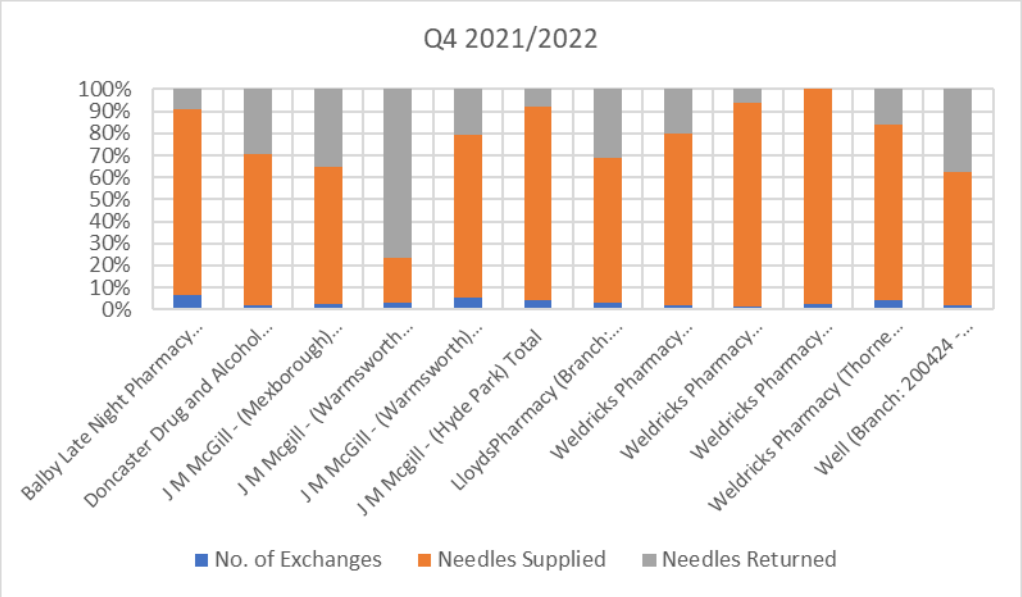
Injecting Behaviour	Area	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Previously injected	England	35	37	38	38	36	36	35	34	34	35	34	33
Previously injected	Yorkshire & the Humber	42	43	44	46	44	43	42	39	41	41	41	40
Previously injected	Doncaster	45	46	56	46	45	46	53	45	43	43	40	38

Source: NDTMS view it

Needle exchange

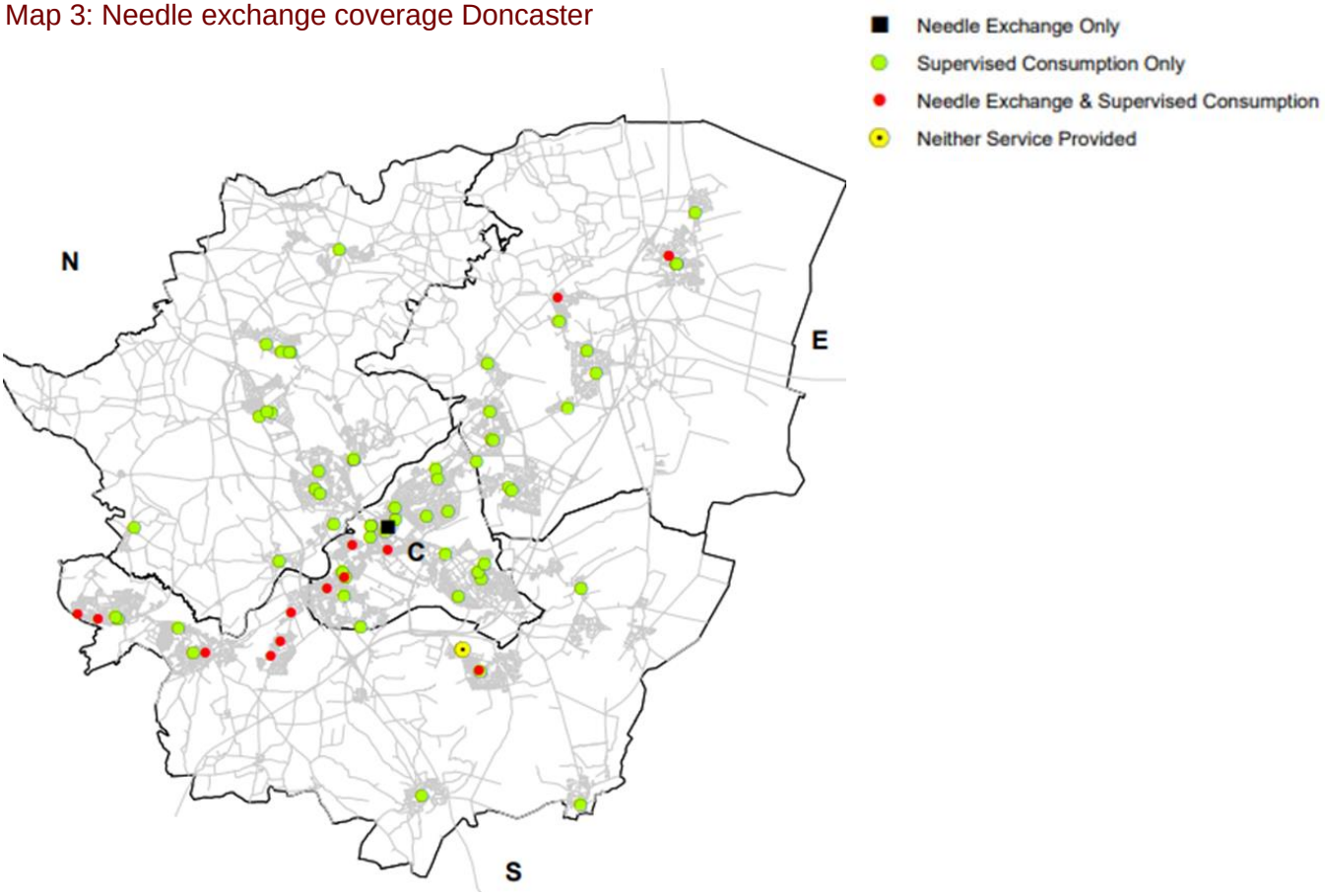
Pharmacy based Needle Exchange Service, is an easy to access and user-friendly service and which respects the confidentiality of all injecting drug users. Pharmacy staff will proactively signpost people who inject drugs to drug treatment services who can provide wider health services including a broader range of injecting paraphernalia, wound checking, the promotion of safer injecting or alternative drug taking practices. Treatment services, Blood-borne Virus testing and inoculation to reduce the risk of blood-borne virus infection & access to overdose awareness and basic first aid training.

Graph 17: Doncaster needle exchange rates Pharmoutcomes Q4 2021/22

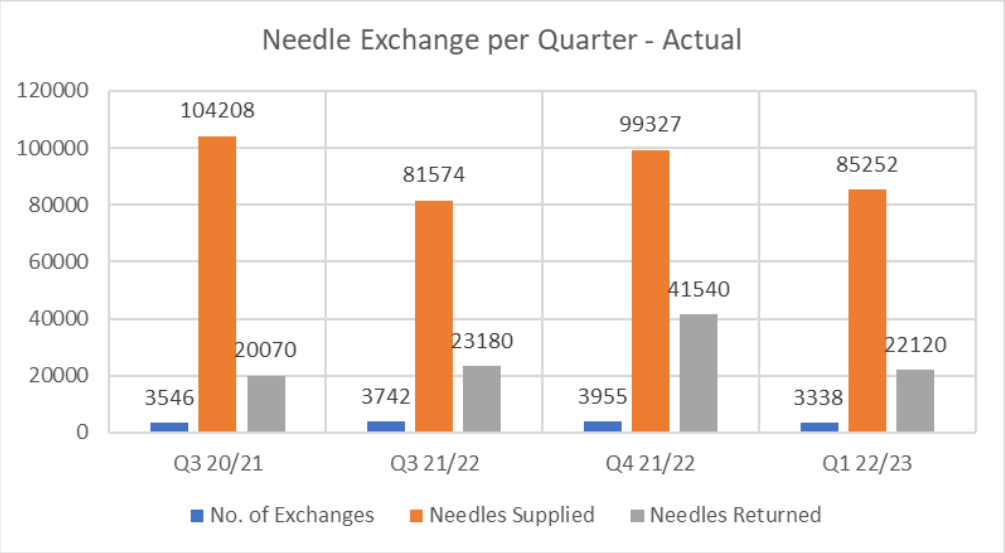


Doncaster has 12 pharmacy based needle exchanges across Doncaster and a specialist needle exchange based at Aspire in Doncaster city centre. Narrative!!!!!

Map 3: Needle exchange coverage Doncaster



Graph 18: Pharmacy needle exchange return rates Q3 2020/21 – Q1 2022/23



Blood-borne virus status

Sharing injecting equipment can spread blood-borne viruses. Providing opioid substitution treatment (OST), sterile injecting equipment and antiviral treatments protects people who use drugs and communities and provides long-term health savings. Eliminating hepatitis C as a major public health threat requires the identification and treatment of many more infected people who use drugs[11].

Hepatitis C testing and referral data will vary from area to area depending on local systems and pathways, the availability of test results to providers and where/how Hepatitis C treatment is provided, so it needs to be assessed and understood locally more than compared to national Figures[11].

Blood-borne virus status: new presentations to treatment

Hepatitis B virus (HBV) vaccination

HBV vaccination is recommended for all people who currently inject drugs and those who are likely to 'progress' to injecting, for example those who are currently smoking heroin and/or crack. Immunisation is also recommended for all sentenced prisoners and all new inmates entering prison in the UK[12].

In 2020/21, 27% (n=123) clients in treatment who were eligible for an Hepatitis B vaccination (HBV) vaccination accepted one (Figure 24). Of those, only 8% (n=10) completed the course of the vaccination (Figure 25).

Figure 24: Latest status of adults in drug treatment in 2020-21 eligible for HBV vaccination who accepted one for Doncaster and England, 2020-21.

Hepatitis B	Local (n)	Proportion of eligible adults	Male (%)	Female (%)	England (n)	Proportion of eligible adults	Male (%)	Female (%)
Adults eligible for a HBV vaccination who accepted one	123	27%	28%	24%	15,264	29%	29%	30%

Figure 25: Latest status of adults in drug treatment in 2020-21 eligible for HBV vaccination who started one and those who completed a course of vaccination, for Doncaster and England.

Hepatitis B	Local (n)	Proportion of eligible adults	Male (%)	Female (%)	England (n)	Proportion of eligible adults	Male (%)	Female (%)
Adults in treatment who accepted and completed a course of vaccination	10	8%	7%	11%	1,376	9%	9%	8%

Source: OHID drugs commissioning support pack 2021-22

Hepatitis C virus (HCV)

People who have ever injected drugs are the group most affected by HCV in the UK, with over 90% of infections diagnosed in England thought to have been acquired through injecting drug use[13]. In 2020, 60% of Unlinked Anonymous Monitoring (UAM) Survey participants in England, Wales and Northern Ireland had antibodies to HCV, indicative of ever being infected with the Hep C virus, an increase of 17% since 2011[13].

People are considered to have chronic HCV infection when they test positive for HCV ribonucleic acid (RNA) in addition to HCV antibodies. In England, Wales and Northern Ireland in 2020, 20% of people who injected drugs in the last year had chronic HCV. This is a significant decrease from 33% in 2016, when the level of chronic infection was at its highest, during the past decade, and from 28% in 2019[14].

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 people were referred on to hep C treatment (see figures 26, 27 and 28 below).

Figure 26: 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 27: 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 28: Adults in drug treatment in 2020-21 referred to Hepatitis C treatment, for Doncaster and England.

	Local				England			
Hepatitis Treatment	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

Drug related deaths

Drug related deaths and deaths from drug poisoning are two separate indicators of mortality associated with substance use. A definition of each is provided below before reviewing the current data for Doncaster.

Drug related deaths: Death classified as drug misuse must be a drug poisoning and meet either one (or both) of the following conditions:

- the underlying cause is drug abuse or drug dependence, defined by ICD-10[1]as mental and behavioural disorders due to use of: opioids (F11), cannabinoids (F12), sedatives or hypnotics (F13), cocaine (F14), other stimulants, including caffeine (F15), hallucinogens (F16) and multiple drug use and use of other psychoactive substances (F19)
- any of the substances controlled under the Misuse of Drugs Act 1971 are involved, this includes class A, B and C drugs

Drug poisoning: Drug poisoning deaths involve a broad spectrum of substances, including controlled and non-controlled drugs, prescription medicines (either prescribed to the individual or obtained by other means) and over-the-counter medications. As well as deaths from drug abuse and dependence,

Figures include accidents and suicides involving drug poisonings, and complications of drug abuse such as deep vein thrombosis or septicaemia from intravenous drug use. They do not include other adverse effects of drugs, for example, anaphylactic shock, or accidents caused by an individual being under the influence of drugs

Drug related deaths

In England and Wales, most drug-related deaths are certified by a coroner following an inquest and cannot be registered until the inquest is completed, therefore the 'drug related death' cannot be registered until the inquest concludes. This can take months or even years before the death is registered. In line with other mortality statistics, drug-related death figures are based on deaths registered in a particular year, rather than those occurring each year. This allows timelier publications, but can make trends difficult to interpret, especially for smaller geographical areas.

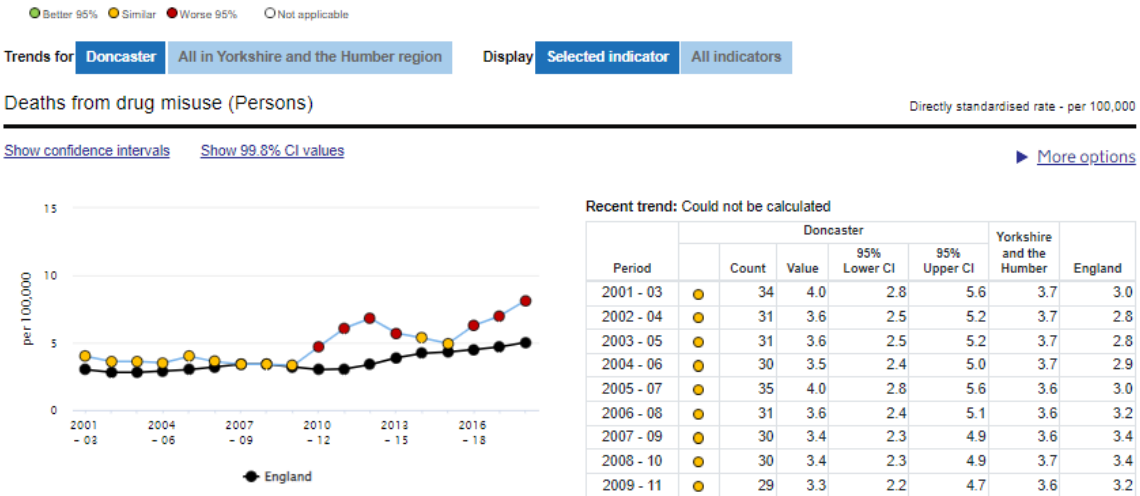
According to the latest ONS report[15], the majority (84.4%) of drug-related deaths nationally are from accidental poisoning.

Drug-related deaths is included as an indicator within the Public Health Outcomes Framework (PHOF). Figure 29 shows how Doncaster compares with England between 2001-03 and 2018-20. 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

[1] The International Classification of Disease (ICD) is a standard diagnostic tool created by the World Health Organization (WHO), for monitoring the incidence and prevalence of diseases and related conditions.

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 (Figure30).

Figure 29: Doncaster deaths from drug misuse, compared to Yorkshire and Humber, 2001-03 to 2018-20



Recent trend: Could not be calculated

Period		Doncaster Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2001 - 03		34	4.0	2.8	5.6	3.7	3.0
2002 - 04		31	3.6	2.5	5.2	3.7	2.8
2003 - 05		31	3.6	2.5	5.2	3.7	2.8
2004 - 06		30	3.5	2.4	5.0	3.7	2.9
2005 - 07		35	4.0	2.8	5.6	3.6	3.0
2006 - 08		31	3.6	2.4	5.1	3.6	3.2
2007 - 09		30	3.4	2.3	4.9	3.6	3.4
2008 - 10		30	3.4	2.3	4.9	3.7	3.4
2009 - 11		29	3.3	2.2	4.7	3.6	3.2
2010 - 12		42	4.7	3.4	6.4	3.5	3.0
2011 - 13		54	6.1	4.6	7.9	3.5	3.1
2012 - 14		60	6.8	5.2	8.8	3.7	3.4
2013 - 15		50	5.7	4.2	7.5	4.5	3.9
2014 - 16		47	5.4	3.9	7.1	4.9	4.2
2015 - 17		44	5.0	3.6	6.7	5.5	4.3
2016 - 18		56	6.3	4.8	8.2	5.7	4.5
2017 - 19		62	7.0	5.3	8.9	6.2	4.7
2018 - 20		73	8.1	6.4	10.2	6.7	5.0

Source: Office for National Statistics (ONS)

Source OHID PHOF

Figure 30: Doncaster deaths from drug misuse, Yorkshire and Humber table, 2018-20

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	8,185	5.0	4.9	5.1
Yorkshire and the Humber region	–	1,030	6.7	6.3	7.1
Wakefield	–	104	10.4	8.3	12.4
York	–	47	8.3	6.1	11.1
Doncaster	–	73	8.1	6.4	10.2
Leeds	–	175	8.1	6.9	9.3
Barnsley	–	55	7.9	5.9	10.3
Sheffield	–	123	7.8	6.4	9.2
Calderdale	–	46	7.6	5.6	10.2
Kirklees	–	80	6.5	5.1	8.1
Rotherham	–	46	6.4	4.7	8.6
Bradford	–	95	6.2	5.0	7.6
North Yorkshire	–	89	5.3	4.2	6.6
Kingston upon Hull	–	37	5.1	3.5	7.0
North East Lincolnshire	–	20	5.0	3.0	7.7
North Lincolnshire	–	20	4.3	2.6	6.6
East Riding of Yorkshire	–	20	2.0	1.2	3.1

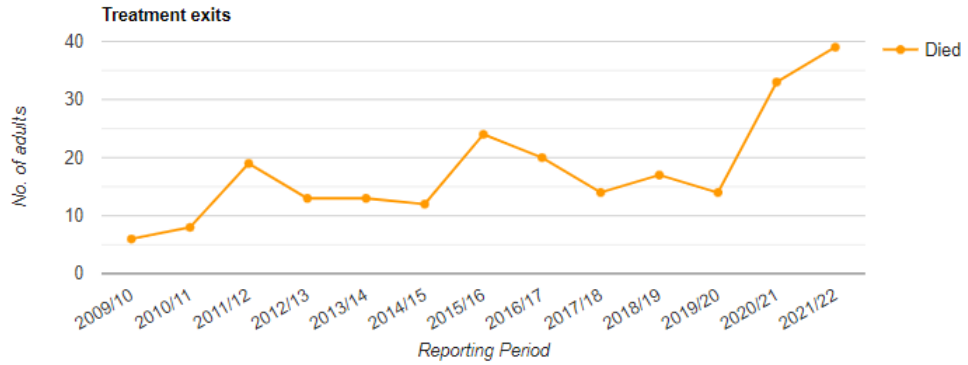
Source: Office for National Statistics (ONS)

Deaths while in treatment

Figure 31 below shows the increased number of deaths for those receiving structured treatment in Doncaster, from 6 in 2009/10 to 33 in 2020/21. Please note: although these deaths were registered in the same year, from the data it is not possible to ascertain whether these clients actually died in that year. This is due to the length of time it takes to complete a coroner's inquest, it can take months or even years for a drug-related death to be registered.

The composition of the deaths while in treatment since 2009/10 have predominantly been opiate users. Out of the 33 deaths in 2020/21, 29 (88%) were opiate users and 4 (12%) were alcohol only users (note, these are deaths in treatment not official drug related deaths). It is worth noting that Doncaster (5%) has a higher percentage rate of deaths in treatment compared with both Yorkshire & Humber (4%) and England (3%) in 2020/21.

Figure 31: Number of deaths in treatment, all users 2009/10 to 2021/22



Edit Chart

Treatment Exits	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
Died	6	8	19	13	13	12	24	20	14	17	14	33	39

Source: NDTMS view it

Local drug related deaths

In Doncaster, we have an established a Drug Related Deaths Steering Group and Local Drug Related Deaths Protocol. This enables Public Health to review all Doncaster Drug Related Deaths with the Coroner's office to establish any patterns and trends leading up to the death. Each report and findings are then taken to our quarterly DRD Steering Group Meeting for discussion and subsequent recommendation / action.

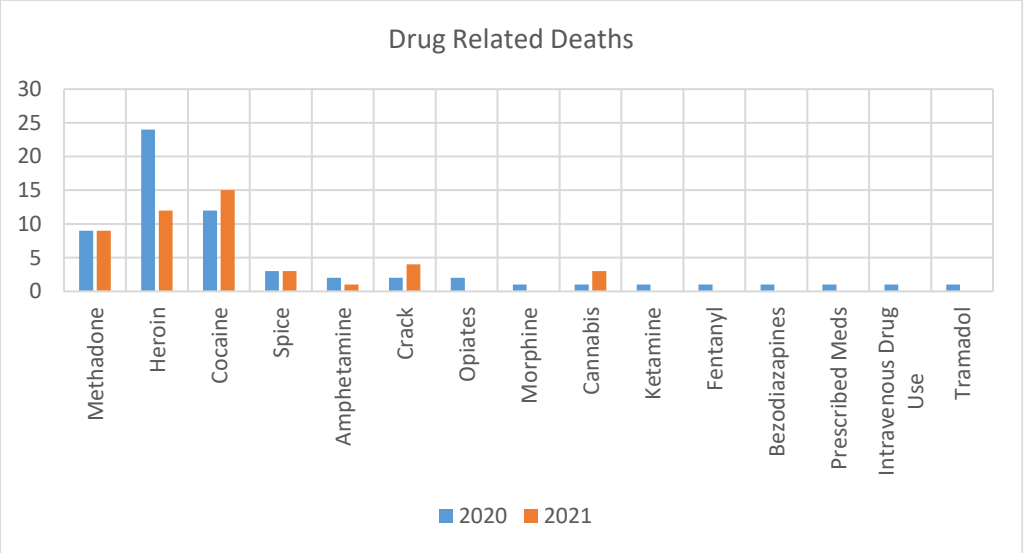
Doncaster DRD Data and Trends from Coroner's Report (Verdict 'Drug Related')

Year 2020: The Coroner recorded 39 Drug Related Deaths in Doncaster, this number has increased year on year. The highest number of DRDs are aged between 40 – 49 years. This

is the same trend for 2018 and 2019 in Doncaster. The breakdown of gender was male = 33 and female = 6.

Drugs involved: Note: the majority of DRDs have multiple drugs listed as involved in the death. Heroin featured in 24 of the 39 deaths. Cocaine featured in 12 DRDs. Methadone featured in 9 of the DRDs.

Figure 32: Drug related deaths by drugs involved 2020/21 comparison



Year 2021: Coroner recorded 25 Drug Related Deaths in Doncaster to date; the full list is incomplete, as there is a delay from date of death to coroner verdict. The highest number of DRDs are aged between 40 – 49 years. This is the same trend for 2018, 2019 and 2020 in Doncaster. The breakdown of gender was male = 20 and female = 5.

Drugs involved: Note, the majority of DRDs have multiple drugs listed as involved in the death. Cocaine featured in 15 of the 25 deaths. Heroin featured in 12 deaths and methadone featured in 9 of the DRDs.

Compared to the ONS data for England[15], Doncaster has similar trends.

- The number of DRDs in Doncaster has increased year on year.
- The highest rate of DRDs in Doncaster are among those born in the 1970s, “Generation X”, with the highest rate in those aged 45 to 49 years.
- Doncaster also see a higher number of male DRDs year on year compared to females.
- Looking back at Doncaster DRD reports since 2018, Cocaine use has shown up in at least 25% of cases, however, it is increasing and so far for the 2021 DRD cases, it is the most reported within the coroner’s reporting. This echoes the findings from ONS.

Doncaster Public Health is commissioning a new real time suspected drug related deaths surveillance system due to be implemented in December 2022. The system will be able to get a better picture early on of the circumstances surrounding the person's death including service involvement and health issues in order to implement improvements to bring Doncaster DRD numbers down.

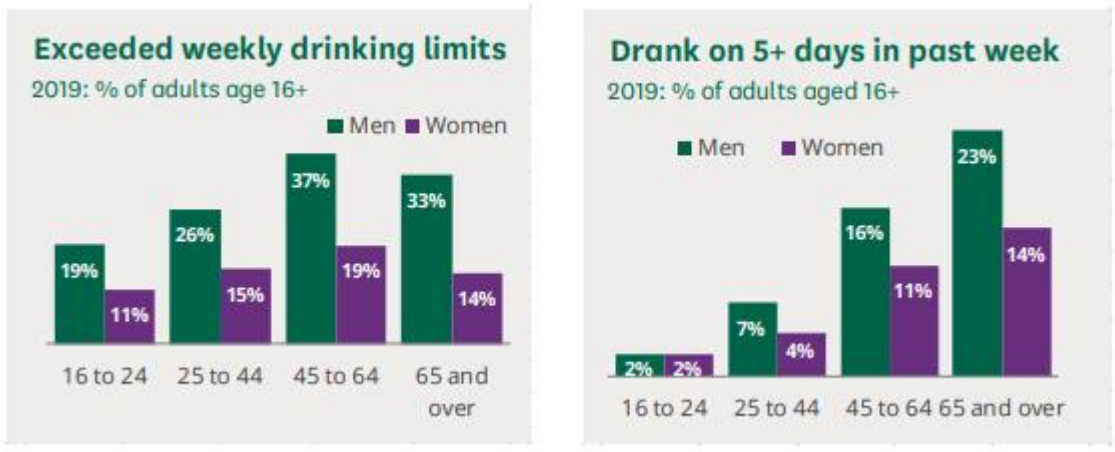
Harm prevention: alcohol specific

What is the national and regional picture?

In 2019, 54% of adults In England reported drinking alcohol in the last week. Men were more likely to drink than women (59% of men and 50% of women drank alcohol during the previous week). Men also drank more frequently than women: 13% of men compared with 8% of women had drunk on at least five days in the previous week[16]

Adults aged 45-64 were more likely to exceed the weekly limits, with 37% of men and 19% of women drinking over 14 units of alcohol in a week. Younger adults, aged 16-24, were the least likely to drink in excess of 14 units per week (19% of men and 11% of women).

Figure 33: England drinking habits by age range 2019



Source: Alcohol Statistics England Commons Library Research Briefing, 28 July 2021

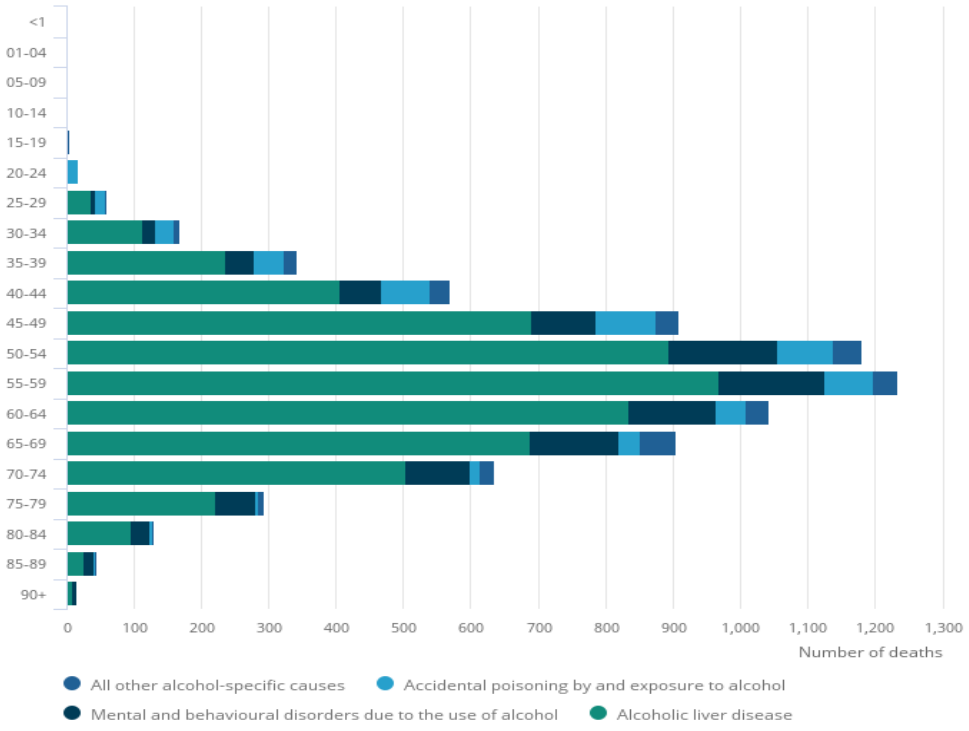
Younger adults also drank less frequently; 2% of men and 2% of women aged 16-24 had drunk on 5 or more days during the previous week compared with 23% of men and 14% of women aged 65 and over.

In 2018, 9% of children aged 11-15 in England had drunk alcohol in the last week. Most pupils who drank in the last week had done so on one or two days (59% and 24% respectively)[16].

In England in 2019/20 there were 280,000 estimated admissions where the main reason for admission to hospital was attributable to alcohol. This is 2% higher than 2018/19 and 8% higher than 2016/17.

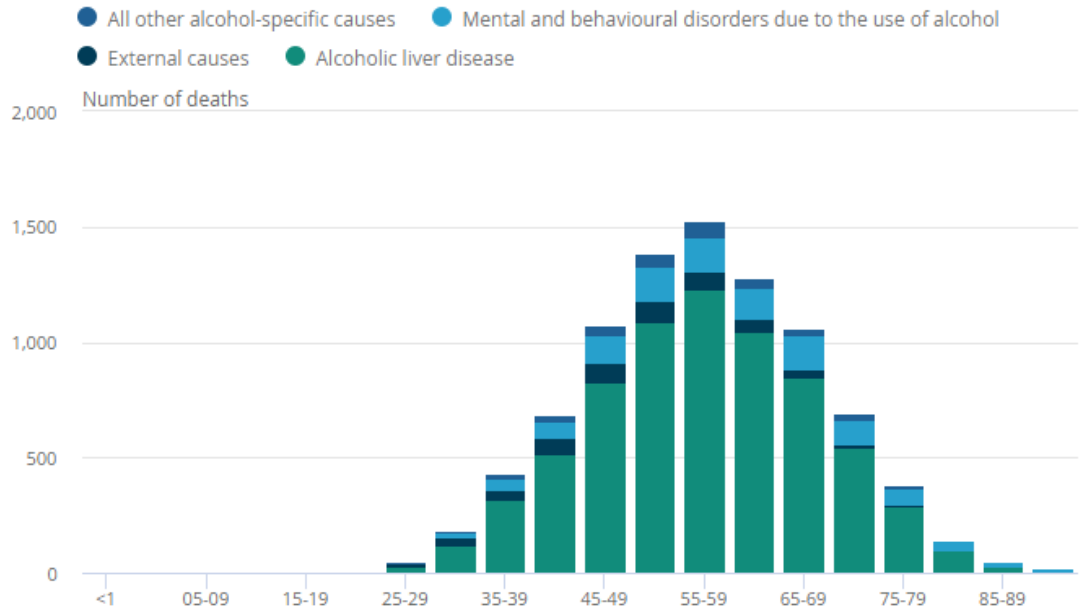
Alcohol consumption and harm during the COVID-19 pandemic shows an unprecedented increase in alcoholic liver disease deaths. In 2020, 5,608 alcoholic liver deaths were recorded in England, a rise of almost 21% compared to 2019. This is substantially above pre-COVID trends - between 2018 and 2019 the increase was under 3%[17].

Figure 34: Numbers of alcohol-specific deaths, by five-year age group and individual cause; UK, deaths registered in 2018



Source: Alcohol-specific deaths in the UK: registered in 2020

Figure 35: Numbers of alcohol-specific deaths, by five-year age group and individual cause; UK, deaths registered in 2020



Source: Alcohol-specific deaths in the UK: registered in 2020

In 2016 Public Health England published an evidence review on the public health burden of alcohol in England in 2016[18], which reported that “among those aged 15 to 49 in England, alcohol is now the leading risk factor for ill-health, early mortality and disability and the fifth leading risk factor for ill-health across all age groups”.

Alcohol-related mortality tends to be worse in areas with higher levels of deprivation. However, studies have shown that people living in less deprived areas tend to consume more alcohol. This gives rise to the alcohol harm paradox, whereby the burden of alcohol harm falls more heavily on individuals from lower socio-economic backgrounds, despite drinking the same amount, if not less, than those of higher socio-economic status. For instance, almost half of alcohol-related hospital admissions in the UK occur within the lowest three socioeconomic deciles[18].

Data received from Doncaster Integrated Care Board on alcohol specific admissions to DRI shows that 39% of admissions come from the most deprived quintile.

Figure 36: Doncaster alcohol specific DRI admissions by deprivation, April 2016 – June 2022

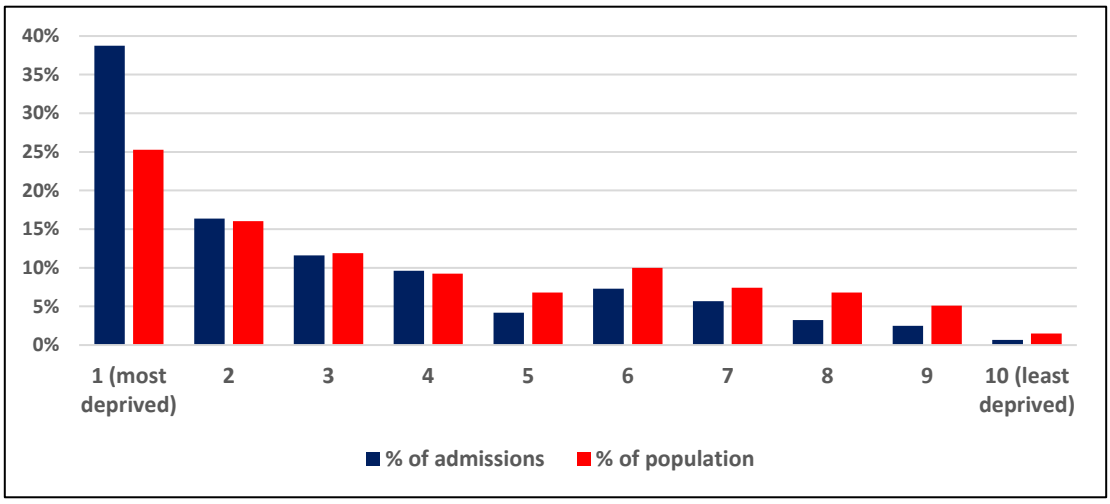
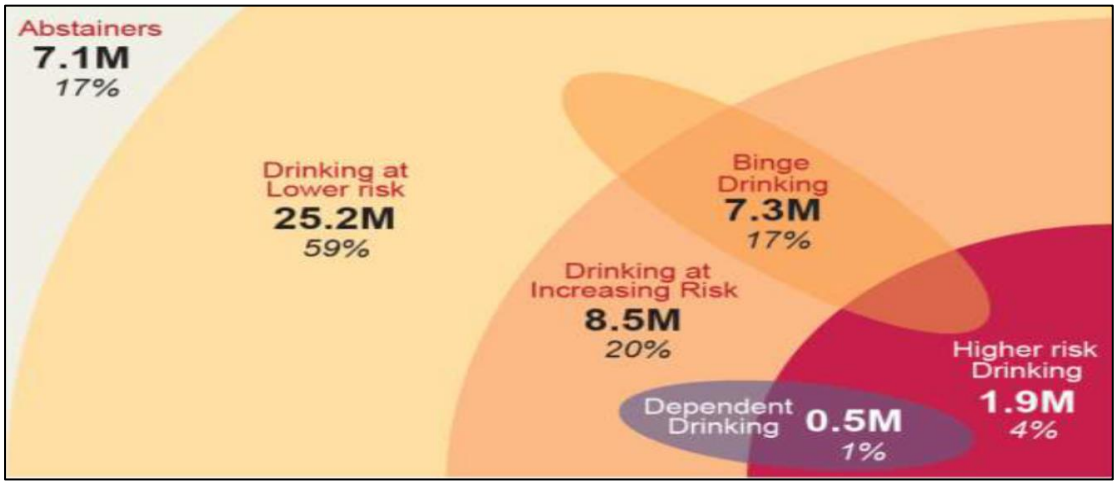


Figure 37: The distribution of drinkers in England (PHE 2016)



Definitions of levels of drinking

- Lower risk - under 14 units per week.
- Increased risk - over 14 units and up to 50 units, and for women over 14 units and up to 35 units per week (20% of England population)
- High risk drinkers - Men who regularly drink more than 50 units a week and women more than 35 units (4% of England population)
- Binge drinking defined as 8+/6+ units on heaviest drinking day in previous week for men and women respectively;
- Dependent drinking derived from the Adult Psychiatric Morbidity Survey

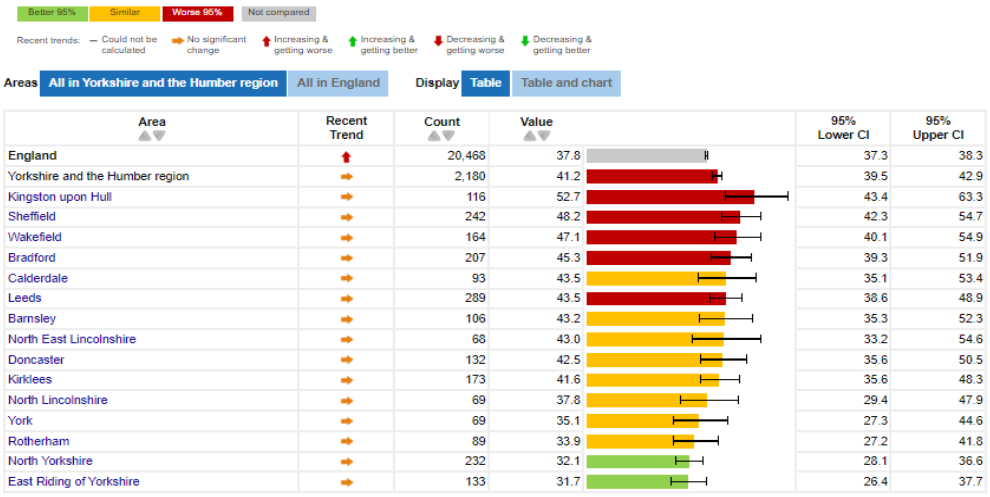
Alcohol-related mortality

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS here in Doncaster £17.2 million per year[19].

The Government has said that everyone has a role to play in reducing the harmful use of alcohol. This indicator is one of the key contributions by the Government (and the Department of Health and Social Care) to promote measurable, evidence-based prevention activities at a local level, and supports the national ambitions to reduce harm set out in the Government's Alcohol Strategy. This ambition is part of the monitoring arrangements for the Responsibility Deal Alcohol Network. Alcohol-related deaths can be reduced through local interventions to reduce alcohol misuse and harm[20].

Alcohol-related mortality in Doncaster is similar to England (42.5.per 100,000 compared to 37.8 per 100,000, respectively).

Figure 38: Alcohol related mortality, Yorkshire and Humber per 100,000, 2020



Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	20,468	37.8	37.3	38.3
Yorkshire and the Humber region	→	2,180	41.2	39.5	42.9
Kingston upon Hull	→	116	52.7	43.4	63.3
Sheffield	→	242	48.2	42.3	54.7
Wakefield	→	164	47.1	40.1	54.9
Bradford	→	207	45.3	39.3	51.9
Calderdale	→	93	43.5	35.1	53.4
Leeds	→	289	43.5	38.6	48.9
Barnsley	→	106	43.2	35.3	52.3
North East Lincolnshire	→	68	43.0	33.2	54.6
Doncaster	→	132	42.5	35.6	50.5
Kirklees	→	173	41.6	35.6	48.3
North Lincolnshire	→	69	37.8	29.4	47.9
York	→	69	35.1	27.3	44.6
Rotherham	→	89	33.9	27.2	41.8
North Yorkshire	→	232	32.1	28.1	36.6
East Riding of Yorkshire	→	133	31.7	26.4	37.7

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates.

Alcohol-specific mortality

Alcohol-specific mortality is defined as deaths, which have been wholly caused by alcohol consumption, registered in the calendar year for all ages. Doncaster has seen a fall of alcohol specific deaths since 2008/10 and is now similar to England average (figure 39), however females in Doncaster who have died from an alcohol specific reason is now above the England average and rising since 2017-19 (figure 40).

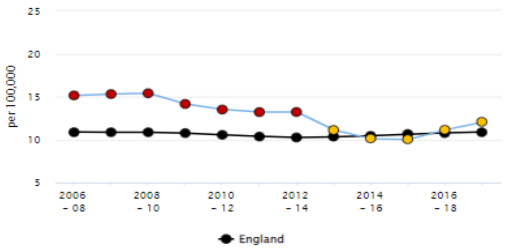
Figure 39: Alcohol specific mortality, Doncaster and England

Trends for: Doncaster | All in Yorkshire and the Humber region — Display: Selected indicator | All indicators

Alcohol-specific mortality (Persons, 3 year range)

Directly standardised rate - per 100,000

Show confidence intervals | Show 99.8% CI values | More options



Recent trend: Could not be calculated

Period		Doncaster Count	Doncaster Value	Doncaster 95% Lower CI	Doncaster 95% Upper CI	Yorkshire and the Humber	England
2006 - 08		128	15.1	12.6	18.0	11.4	10.9
2007 - 09		131	15.3	12.8	18.2	11.2	10.9
2008 - 10		135	15.4	12.9	18.2	11.2	10.9
2009 - 11		124	14.2	11.8	16.9	11.6	10.7
2010 - 12		119	13.5	11.2	16.2	11.6	10.6
2011 - 13		116	13.2	10.9	15.8	11.8	10.4
2012 - 14		116	13.2	10.9	15.9	11.5	10.3
2013 - 15		98	11.1	9.0	13.6	11.6	10.3
2014 - 16		91	10.1	8.1	12.4	11.6	10.4
2015 - 17		91	10.0	8.1	12.3	12.4	10.6
2016 - 18		102	11.1	9.1	13.5	12.4	10.8
2017 - 19		110	12.0	9.9	14.5	13.1	10.9

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

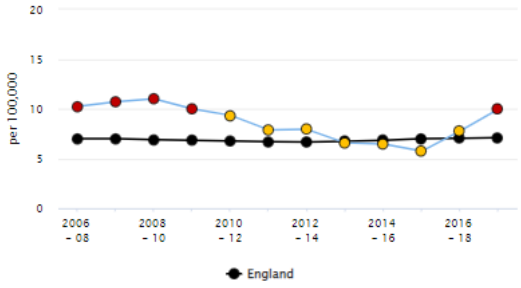
Figure 40: Alcohol specific mortality, Females Doncaster and England

Trends for: Doncaster | All in Yorkshire and the Humber region — Display: Selected indicator | All indicators

Alcohol-specific mortality (Female, 3 year range)

Directly standardised rate - per 100,000

Show confidence intervals | Show 99.8% CI values | More options



Recent trend: Could not be calculated

Period		Doncaster Count	Doncaster Value	Doncaster 95% Lower CI	Doncaster 95% Upper CI	Yorkshire and the Humber	England
2006 - 08		44	10.2	7.4	13.7	7.1	7.0
2007 - 09		46	10.7	7.8	14.3	7.1	7.0
2008 - 10		48	11.0	8.1	14.6	6.9	6.9
2009 - 11		44	10.0	7.3	13.4	7.5	6.9
2010 - 12		42	9.3	6.7	12.6	7.5	6.8
2011 - 13		35	7.9	5.5	11.0	8.0	6.7
2012 - 14		35	7.9	5.5	11.0	7.4	6.7
2013 - 15		29	6.6	4.4	9.5	7.8	6.7
2014 - 16		29	6.5	4.3	9.3	7.5	6.8
2015 - 17		26	5.8	3.8	8.4	8.2	7.0
2016 - 18		35	7.7	5.4	10.8	8.1	7.0
2017 - 19		45	10.0	7.2	13.3	8.7	7.1

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

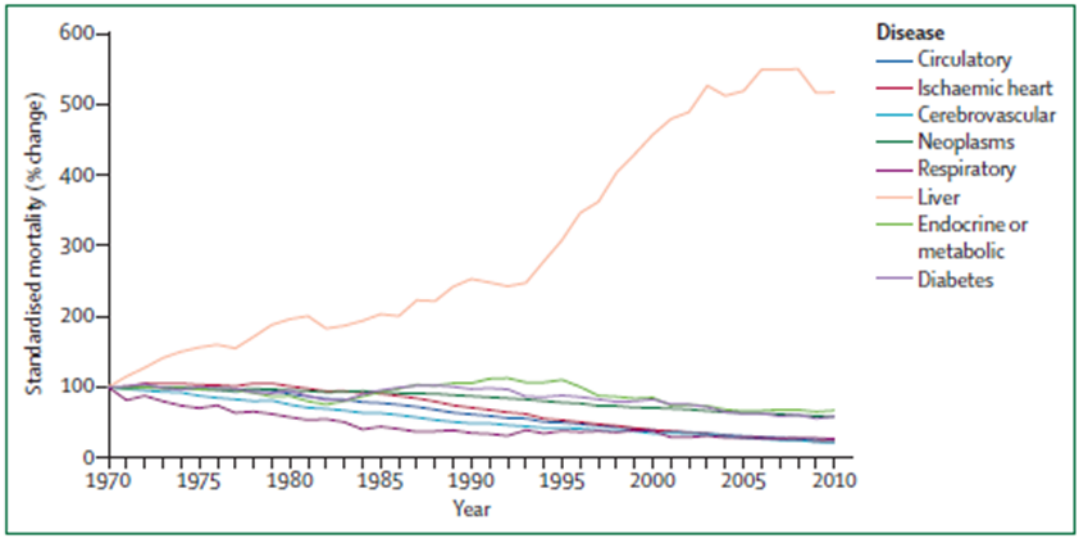
Alcohol related liver disease

Liver disease is the third most common cause of premature mortality in the UK. Unlike all other major causes of mortality in the UK, liver disease mortality rates have shown a continued rise over the past half century. Figure 41 shows that the liver disease mortality rate in the UK has increased by more than 400% since 1970, in contrast to a decline in mortality rate in all other chronic diseases over the same period[21].

Liver disease is a silent killer. It's primarily caused by alcohol use and obesity and most people with the condition don't know they have it until the disease is at an advanced stage. Research shows that people with advanced liver disease admitted to hospital in emergency are 7 to 8 times more likely to die than those admitted for stroke or heart attack[22].

People in deprived groups in England are more likely to develop, be hospitalised by, and die from liver disease than the most affluent. In 2020, over half of all alcoholic liver disease admissions (57.7%) and deaths (56.5%) occurred in the most deprived 40% of the population[22].

Figure 41: Standardised UK mortality rate data since 1970 for key chronic diseases



Source: Lancet Commission 2014

Doncaster picture

Doncaster hospital admissions for alcohol related liver disease has seen a 212% increase in 10 years and significantly worse than the England average (figure 42). Females have risen by 171% in the same time period shown in figure 43. Figure 44 shows that Doncaster is second worse in the Yorkshire and Humber for female hospital admissions for alcohol related liver disease.

Figure 45 shows the mortality rate for males under the age of 75 from liver disease between 2017 and 2019. Doncaster fares similar to the England average and mid table in the Yorkshire and Humber. Female mortality from liver disease in Doncaster is significantly worse than the England average and second worse in the Yorkshire and Humber (Figure 46).

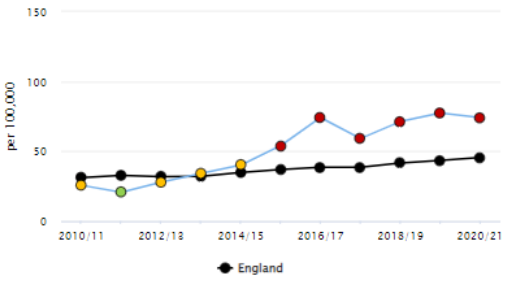
Figure 42: Doncaster hospital admission rate alcohol liver disease (person)

Trends for **Doncaster** | All in Yorkshire and the Humber region | Display **Selected indicator** | All indicators

Hospital admission rate for alcoholic liver disease (Persons)

Directly standardised rate - per 100,000

Show confidence intervals | Show 99.8% CI values | ▶ More options



Period		Doncaster Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2010/11		75	25.7	20.2	32.2	32.6	31.3
2011/12		60	20.7	15.8	26.7	31.9	32.9
2012/13		80	27.9	22.2	34.7	36.1	31.9
2013/14		100	34.2	27.8	41.7	34.6	32.0
2014/15		120	40.2	33.3	48.1	34.9	35.0
2015/16		165	54.1	46.1	63.1	37.4	37.1
2016/17		225	74.2	64.8	84.6	41.8	38.5
2017/18		180	59.2	50.9	68.5	45.2	38.7
2018/19		220	71.3	62.1	81.4	52.4	41.7
2019/20		240	77.5	68.0	87.9	51.7	43.4
2020/21		225	74.1	64.8	84.5	63.0	45.5*

Source: Calculated by Office for Health Improvement and Disparities (OHID): Health & Social Care from data using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

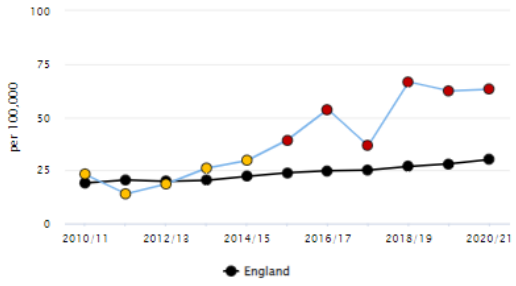
Figure 43: Doncaster hospital admission rate alcohol liver disease (females)

Trends for **Doncaster** | All in Yorkshire and the Humber region | Display **Selected indicator** | All indicators

Hospital admission rate for alcoholic liver disease (Female)

Directly standardised rate - per 100,000

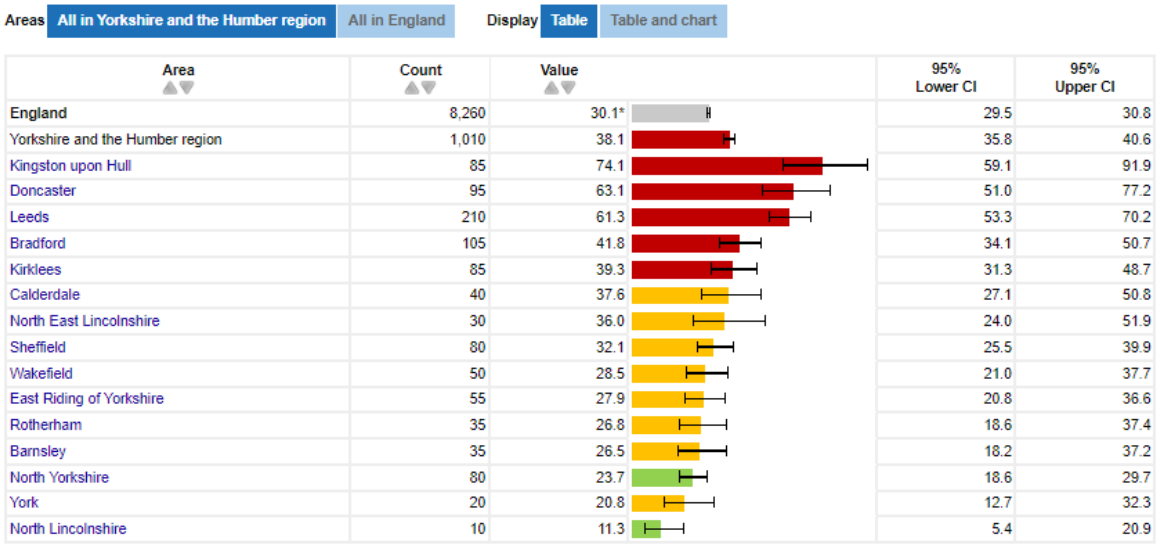
Show confidence intervals | Show 99.8% CI values | ▶ More options



Period		Doncaster Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2010/11		35	23.0	15.9	32.2	19.0	19.1
2011/12		20	14.0	8.7	21.4	22.2	20.5
2012/13		30	18.6	12.3	26.9	22.4	19.8
2013/14		40	26.1	18.4	35.9	23.1	20.4
2014/15		45	29.6	21.4	40.0	22.4	22.2
2015/16		60	39.2	29.9	50.6	25.7	23.9
2016/17		80	53.7	42.6	66.7	27.5	24.8
2017/18		55	36.6	27.6	47.6	28.1	25.2
2018/19		100	66.6	54.1	81.1	34.6	26.7
2019/20		100	62.4	50.6	76.1	30.9	28.1
2020/21		95	63.1	51.0	77.2	38.1	30.1*

Source: Calculated by Office for Health Improvement and Disparities (OHID): Health & Social Care from data using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figure 44: Doncaster hospital admission rate alcohol liver disease (female) compared to Yorkshire and Humber 2017-19

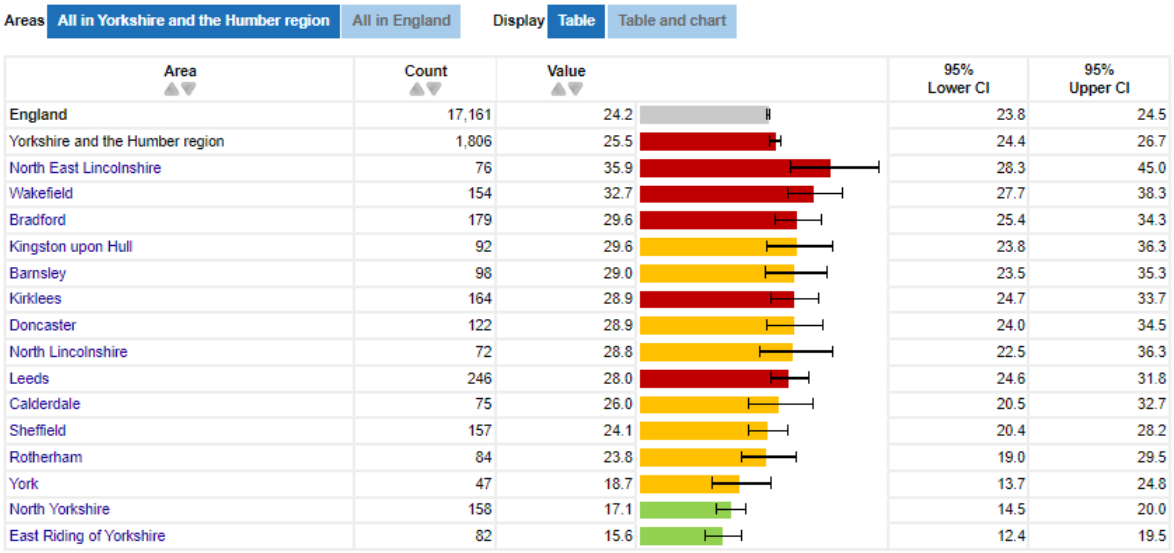


Areas: All in Yorkshire and the Humber region | All in England Display: Table | Table and chart

Area	Count	Value	95% Lower CI	95% Upper CI
England	8,260	30.1*	29.5	30.8
Yorkshire and the Humber region	1,010	38.1	35.8	40.6
Kingston upon Hull	85	74.1	59.1	91.9
Doncaster	95	63.1	51.0	77.2
Leeds	210	61.3	53.3	70.2
Bradford	105	41.8	34.1	50.7
Kirklees	85	39.3	31.3	48.7
Calderdale	40	37.6	27.1	50.8
North East Lincolnshire	30	36.0	24.0	51.9
Sheffield	80	32.1	25.5	39.9
Wakefield	50	28.5	21.0	37.7
East Riding of Yorkshire	55	27.9	20.8	36.6
Rotherham	35	26.8	18.6	37.4
Barnsley	35	26.5	18.2	37.2
North Yorkshire	80	23.7	18.6	29.7
York	20	20.8	12.7	32.3
North Lincolnshire	10	11.3	5.4	20.9

Source: Calculated by Office for Health Improvement and Disparities (OHID): Health & Social Care from data using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figure 45: Doncaster under 75 mortality liver disease males compared to Yorkshire and Humber 2017-19



Areas: All in Yorkshire and the Humber region | All in England Display: Table | Table and chart

Area	Count	Value	95% Lower CI	95% Upper CI
England	17,161	24.2	23.8	24.5
Yorkshire and the Humber region	1,806	25.5	24.4	26.7
North East Lincolnshire	76	35.9	28.3	45.0
Wakefield	154	32.7	27.7	38.3
Bradford	179	29.6	25.4	34.3
Kingston upon Hull	92	29.6	23.8	36.3
Barnsley	98	29.0	23.5	35.3
Kirklees	164	28.9	24.7	33.7
Doncaster	122	28.9	24.0	34.5
North Lincolnshire	72	28.8	22.5	36.3
Leeds	246	28.0	24.6	31.8
Calderdale	75	26.0	20.5	32.7
Sheffield	157	24.1	20.4	28.2
Rotherham	84	23.8	19.0	29.5
York	47	18.7	13.7	24.8
North Yorkshire	158	17.1	14.5	20.0
East Riding of Yorkshire	82	15.6	12.4	19.5

Source: Office for Health Improvement and Disparities (based on ONS source data)

Figure 46: Doncaster under 75 mortality liver disease females compared to Yorkshire and Humber

Areas: All in Yorkshire and the Humber region | All in England Display: Table | Table and chart

Area	Count	Value	95% Lower CI	95% Upper CI
England	10,132	13.7	13.4	13.9
Yorkshire and the Humber region	1,095	15.0	14.2	16.0
Wakefield	96	20.0	16.2	24.4
Doncaster	83	19.8	15.7	24.6
Rotherham	64	17.7	13.6	22.6
Sheffield	118	17.4	14.4	20.8
Leeds	150	16.3	13.8	19.1
Kirklees	94	16.3	13.2	19.9
Kingston upon Hull	50	16.0	11.9	21.1
North East Lincolnshire	34	15.7	10.9	22.0
Barnsley	51	15.2	11.3	20.0
North Lincolnshire	37	14.5	10.2	20.0
Bradford	92	14.3	11.5	17.6
Calderdale	38	12.9	9.1	17.7
North Yorkshire	111	11.1	9.1	13.4
York	25	9.6	6.2	14.2
East Riding of Yorkshire	52	9.3	6.9	12.2

Source: Office for Health Improvement and Disparities (based on ONS source data)

Hospital admissions related to drug use

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 47 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 48 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 49 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 47: Doncaster admissions for drug related mental and behavioural disorders 2019/20

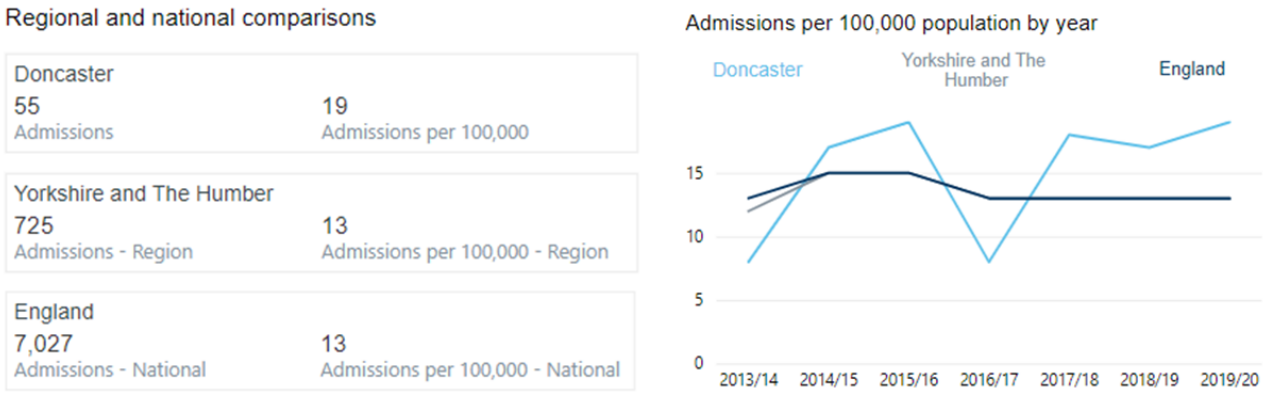


Figure 48: Doncaster admissions for poisoning by drug misuse 2019/20

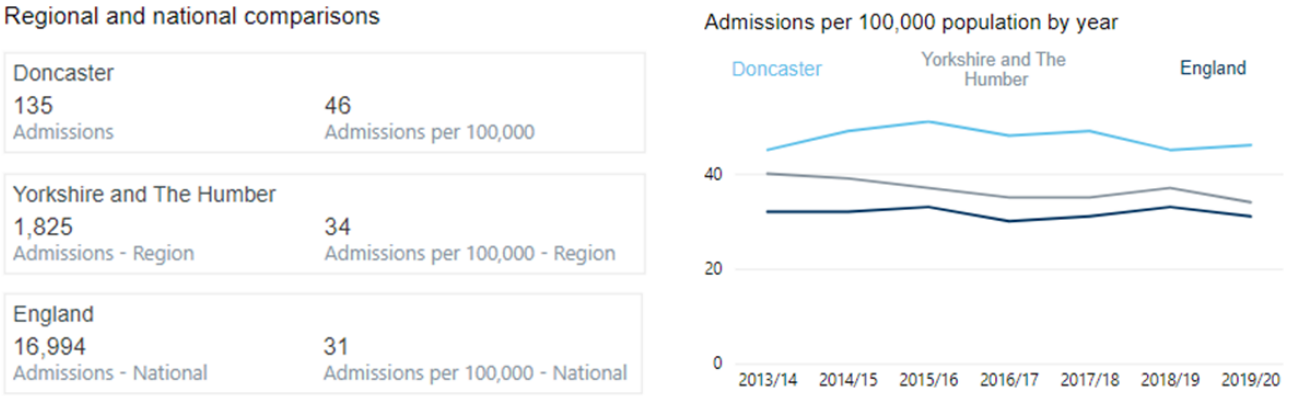
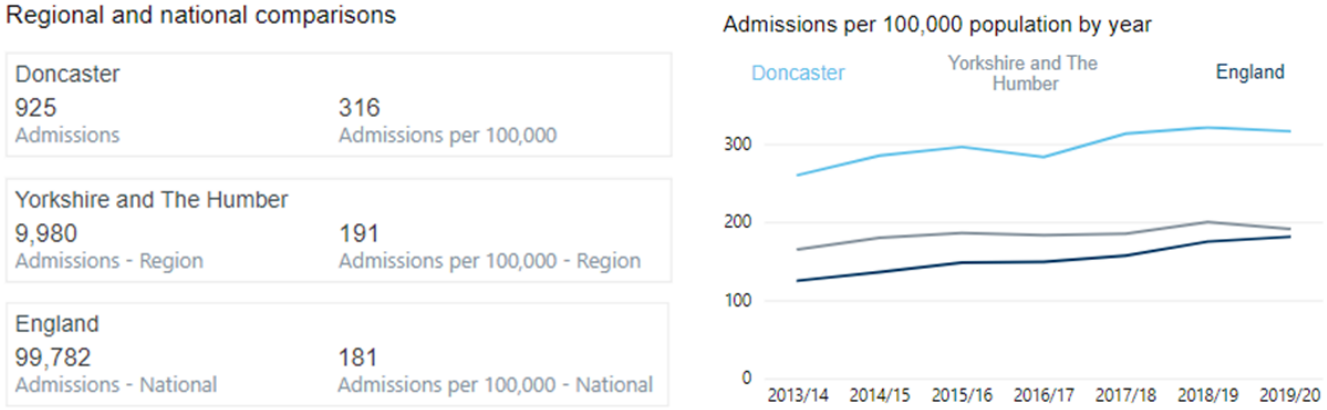


Figure 49: Admissions were drug related mental and behavioural disorders were a factor 2019/20



Source: Hospital Episode Statistics, NHS Digital 2021

Hospital admissions relating to alcohol use

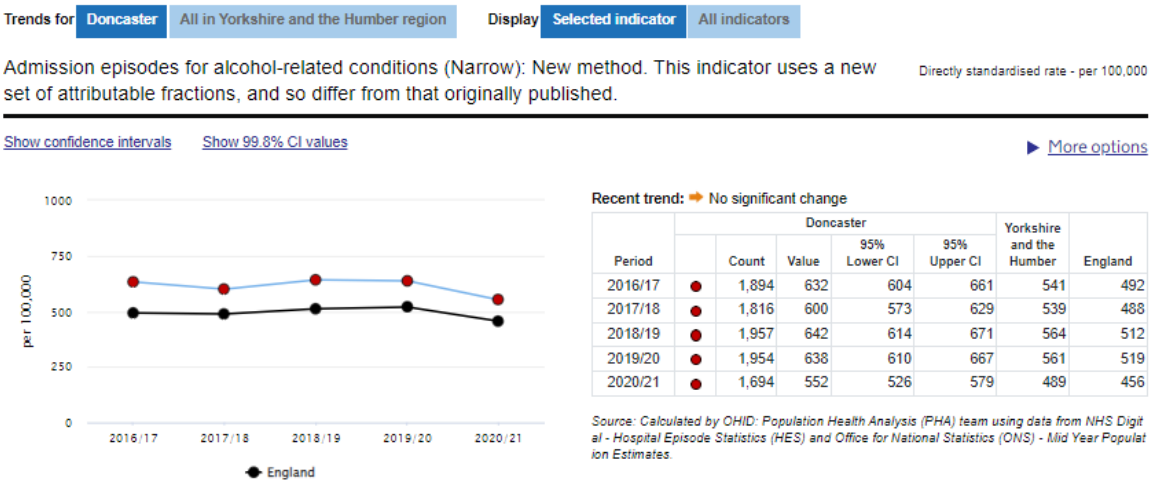
For the purposes of this report, data is taken from the Local Profiles for England (LAPE) and local alcohol specific admissions data to DRI supplied by Doncaster Integrated Care Board. Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. There are two measures used in Local Alcohol Profiles for England (LAPE) and elsewhere to assess this burden, the Broad and the Narrow measure. Again, for the purposes for this report the narrow measure will be used.

Narrow definition: *A measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition.* This represents a Narrower measure. Since every hospital admission must have a primary diagnosis, it is less sensitive to coding practices but may also understate the part alcohol plays in the admission.

In general, the Broad measure gives an indication of the full impact of alcohol on hospital admissions and the burden placed on the NHS. The Narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions.

Figure 50 shows Doncaster has a significantly worse hospital admission rate for alcohol-related conditions compared to England (552 per 100,000 compared to 456 per 100,000, respectively). Compared to the Yorkshire and Humber region Doncaster lies second worse (Figure 52).

Figure 50: Admission episodes for alcohol-related conditions (Narrow) Directly standardised rate - per 100,000, 2020/21

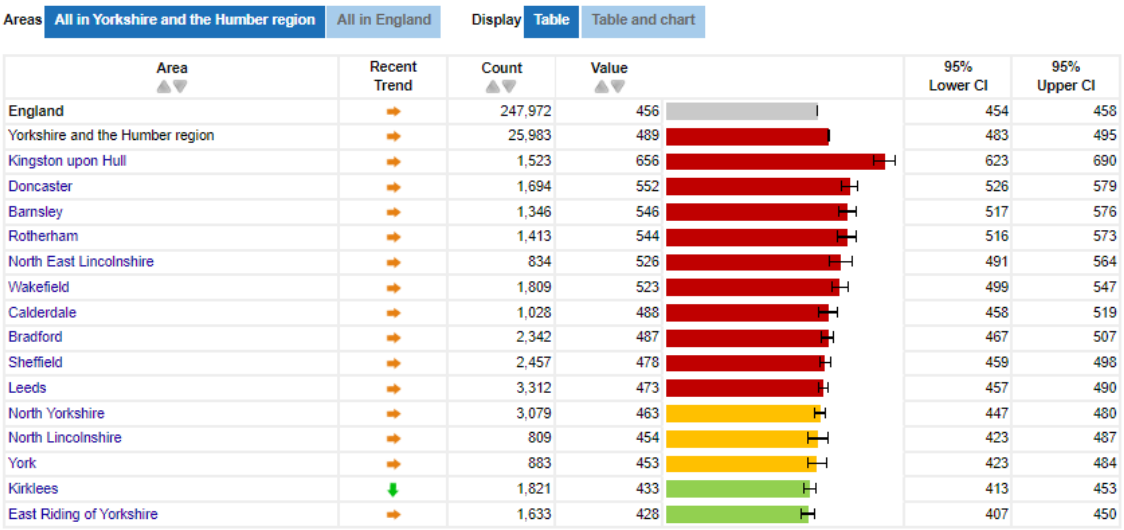


Recent trend: No significant change

Period		Doncaster Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2016/17		1,894	632	604	661	541	492
2017/18		1,816	600	573	629	539	488
2018/19		1,957	642	614	671	564	512
2019/20		1,954	638	610	667	561	519
2020/21		1,694	552	526	579	489	456

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figure 51: Admission episodes for alcohol-related conditions (Narrow), Yorkshire and Humber Directly standardised rate - per 100,000, 2020/21



Areas: All in Yorkshire and the Humber region | All in England Display: Table | Table and chart

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	247,972	456	454	458
Yorkshire and the Humber region	→	25,983	489	483	495
Kingston upon Hull	→	1,523	656	623	690
Doncaster	→	1,694	552	526	579
Barnsley	→	1,346	546	517	576
Rotherham	→	1,413	544	516	573
North East Lincolnshire	→	834	526	491	564
Wakefield	→	1,809	523	499	547
Calderdale	→	1,028	488	458	519
Bradford	→	2,342	487	467	507
Sheffield	→	2,457	478	459	498
Leeds	→	3,312	473	457	490
North Yorkshire	→	3,079	463	447	480
North Lincolnshire	→	809	454	423	487
York	→	883	453	423	484
Kirklees	↓	1,821	433	413	453
East Riding of Yorkshire	→	1,633	428	407	450

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

As mentioned previously alcohol specific hospital admission data to DRI supplied by Doncaster Integrated Care Board has supplemented this report. ICD-10 codes (International Classification of Diseases), the international standard diagnostic classification for all general epidemiological, health management purposes and clinical use used to identify the alcohol admissions diagnoses.

Figure 52: ICD-10 codes Wholly Attributable Alcohol Diagnosis

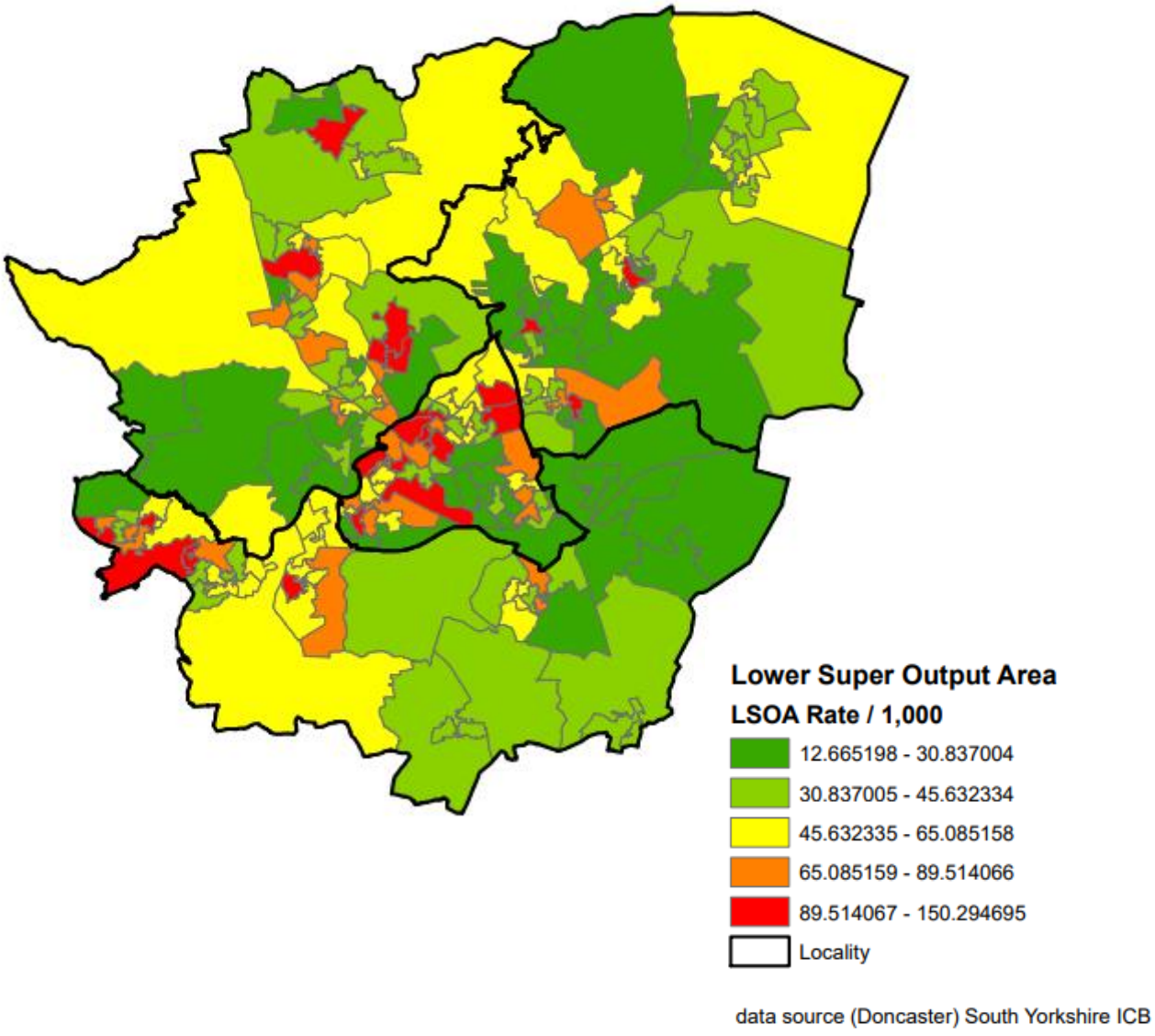
Accidental poisoning by and exposure to alcohol
Alcohol induced acute pancreatitis
Alcoholic cardiomyopathy
Alcoholic gastritis
Alcoholic liver disease
Alcoholic polyneuropathy
Alcohol-induced chronic pancreatitis
Degeneration of nervous system due to alcohol
Ethanol poisoning
Evidence of alcohol involvement determined by blood alcohol level
Evidence of alcohol involvement determined by level of intoxication
Foetal alcohol syndrome
Intentional self-poisoning by and exposure to alcohol
Mental disorders due to alcohol
Poisoning by and exposure to alcohol

The data received from the Doncaster Integrated Care Board shows since April 2013 to June 2022 there has been 16,998 alcohol specific admissions to DRI, 38.7% are from the most

deprived areas of Doncaster. In the nine years of full data, admissions for males has fallen by 3% however females have risen by 23% over the same time period.

The data also shows the LSOA in which the patients reside. In Map 3, the areas shown in red are the LSOA's with the highest alcohol specific admissions between April 2013 and May 2022. The ten LSOA's with the highest number of are alcohol admissions are; Balby Bridge, Lower Wheatley/Highfield Road, Denaby Main, Balby Carr Bank, Intake Heather Wood, Lower Wheatley North Bridge, Kirk Sandall Graham Road, Mexborough Wind Hill, Edlington South and Carcroft South Enterprise Park.

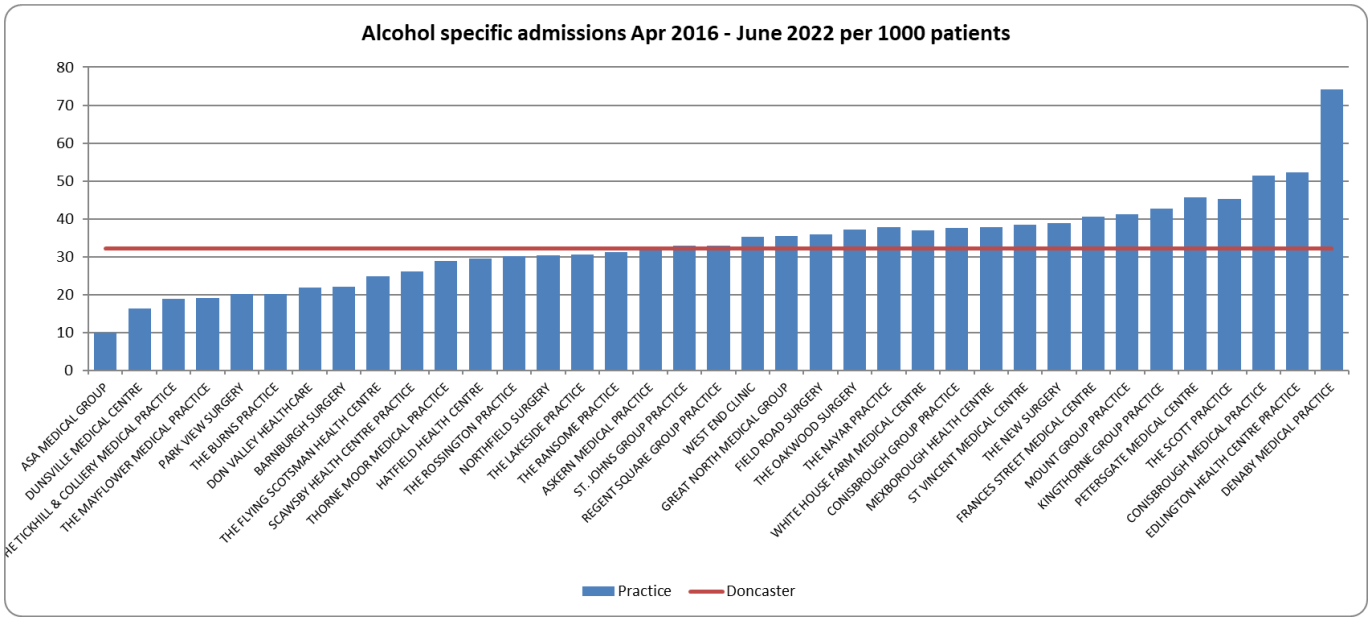
Map 3: Alcohol Specific Admissions April 2013 to May 2022 per 1,000 of population by Lower Super Output Area



data source (Doncaster) South Yorkshire ICB

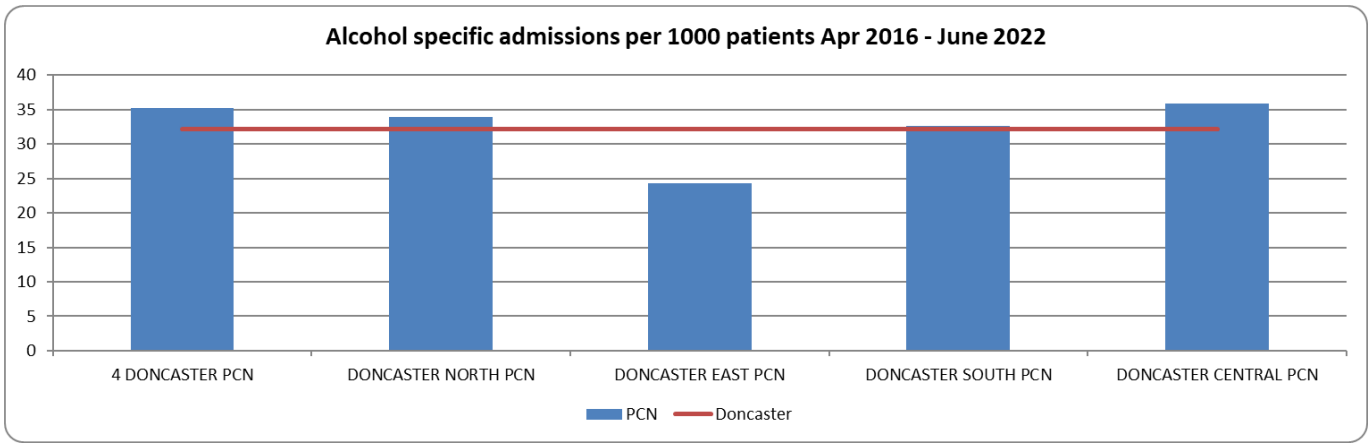
The Doncaster Integrated Care Board data also shows where patients who were admitted to DRI for an alcohol specific reason are registered to a GP. Figure 53 shows the GP practices with most patients who have had an alcohol specific admission per 1,000 of practice population. The Denaby Medical Practice has substantially higher rate (74.13 per 1,000) than then any other practice with a total 266 admissions from a practice population of 3,588. However the highest number of admissions is from the Scott Practice (698 admissions from a practice population of 15,448 giving a rate of 45.18).

Figure 53: Alcohol specific DRI admissions by GP practice



Doncaster central PCN has the highest rate of alcohol specific DRI admissions at 35.86 per 1,000 patients, which is above the Doncaster average of 32.12. This is also shown in the map on page 61.

Figure 54: Alcohol specific DRI admissions by Primary Care Network (PCN)



Multiple alcohol related hospital admissions

Evidence suggests that nationally 82% of dependent drinkers are not engaging with specialist alcohol services[23]. In Doncaster, this equates to approx. 3,350 people (based on the estimated PHE dependant drinking population in Doncaster of 4,087). Multiple alcohol related admissions to hospital are common, Alcohol ChangeUK[23] highlight that alcohol related brain injury is present in a far greater proportion of drinkers (35% of dependent drinkers post mortem) than previously considered and that other patterns of head injury may contribute to decision making and will make it difficult for clients to motivate themselves to access treatment. Other barriers could include low self-esteem, mental health problems or peers who sabotage change.

Patients admitted with alcohol-related conditions are more likely to be re-admitted in the subsequent two years and to have more frequent emergency department attendances than other patients[24].

Data received from the Doncaster Integrated Care Board shows that between 1st of April 2017 and 31st of March 2022, 356 patients over the age 50 where admitted 3 times or more (Figure 55). These drinkers also attend emergency departments regularly and are often known as ‘frequent attenders’.

In 2019/20, there were 27 patients over the age of 50 who were admitted over 6 times to DRI for an alcohol specific reason (males 19, females 8). The 5 most frequently admitted male patients in 2019/20 had 72 admissions between them and the 5 frequent females had 62 admissions (Figure 56).

Alcohol ChangeUK estimate approx. 400 people falling into this client group in an average need Local Authority of 350,000 people. This group will cost the Authority at least £12 – 15 million pounds a year through multiple use of individual services such as health, social care, criminal justice, emergency services and housing and homeless agencies[25].

Figure 55: Multiple alcohol specific DRI admissions 2017/18 to 2021/22

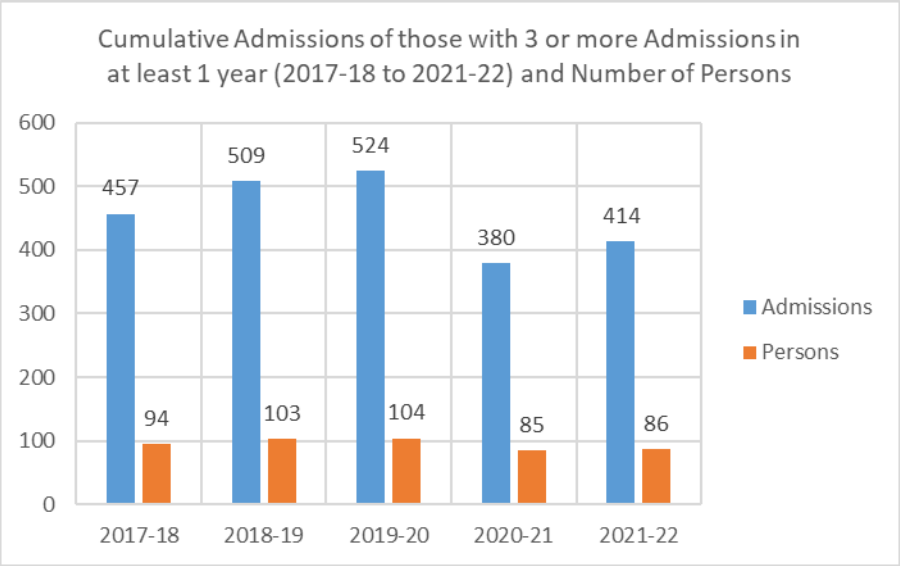
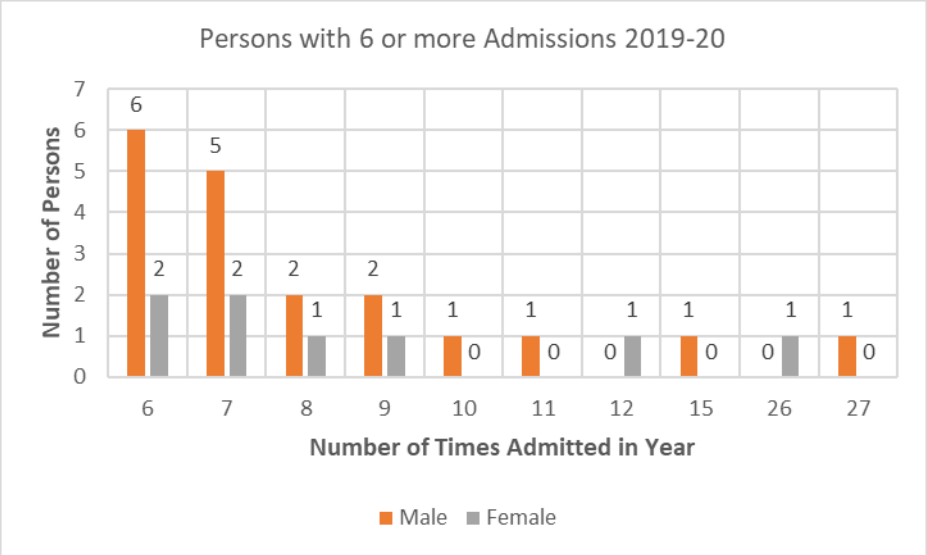


Figure 56: 6 or more multiple alcohol specific DRI admissions 2019/20

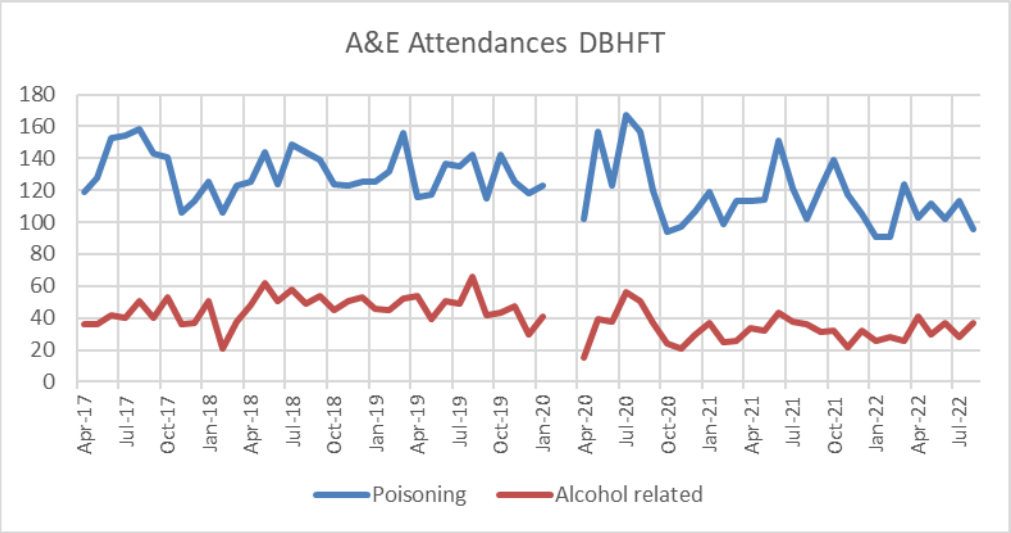


Hospital A&E attendances related to substance misuse

The adverse effects of alcohol intoxication are commonly seen in emergency departments particularly at evenings and weekends. These include accidents and injuries (including head injury), assaults, collapse, falls, and unconsciousness. In emergency departments it is estimated that 40% of attendances are alcohol related, rising to 70% at weekends[26].

Data supplied by Doncaster Integrated Care Board shows 7,820 categorised drug related attendances to DRI between 1st of April 2017 and 31st of August 2022 and 2,509 categorised alcohol attendances. Note: no data available February and March 2022 due to DRI submission burden temporarily reduced to accommodate covid-related report building. Figure 57 shows the pattern of attendances to DRI A&E by alcohol and drug poisonings.

Figure 57: DRI attendances to A&E by alcohol and drug poisonings



Between 1st of April 2017 and 31st of August 2022 drug poisonings to DRI A&E totalled 7,820 however Figure 58 shows the five most commonly occurring substances used in overdose totalling 3,496 with paracetamol poisonings the highest number with 1,922. The age range of attendances shows that those between 20 and 39 years account for the highest totals for alcohol related and drug poisonings (Figures 59 and 60).

Figure 58: Breakdown of DRI A&E attendances by drug type

Diagnosis Description	2017	2018	2019	2020	2021	2022	Total
Paracetamol Overdose	139	410	403	326	393	251	1922
Antidepressant Overdose	21	128	157	153	156	89	704
Opiate Overdose	22	93	84	75	78	61	413
NSAID Overdose	10	70	63	47	35	23	248
Benzodiazepine Overdose	13	47	40	40	44	25	209

Figure 59: Breakdown of DRI A&E drug poisonings by age

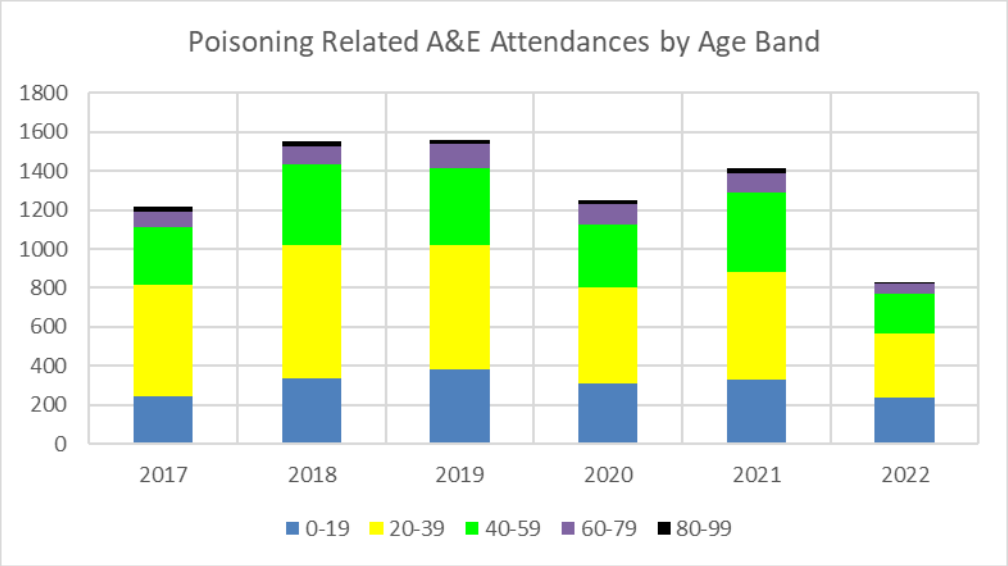
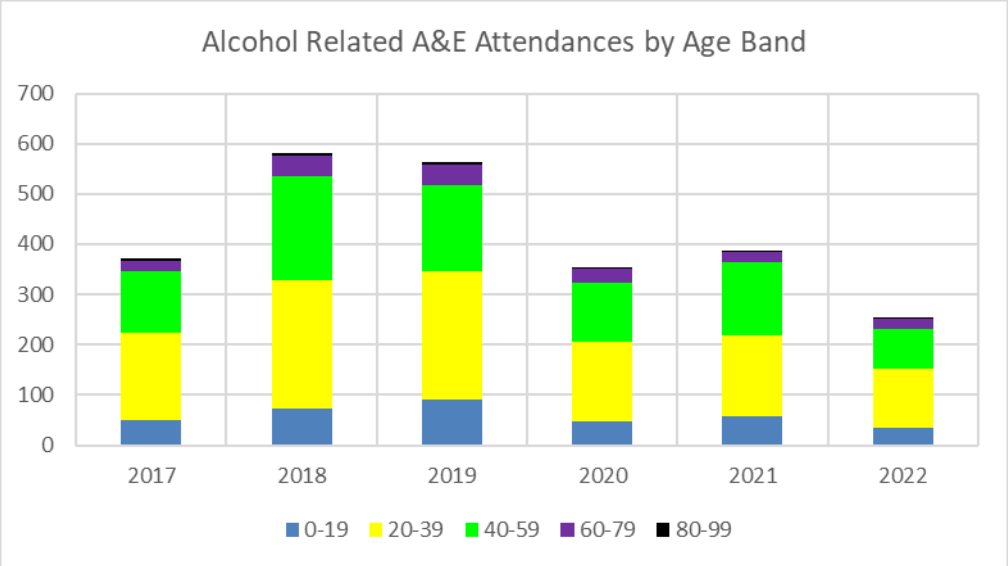


Figure 60: Breakdown of DRI A&E alcohol related attendances by age



Alcohol and older people

Making the invisible visible is a Doncaster Public Health core principle. In 2011, the Royal College of Psychiatrists published “Our Hidden Addicts” which examined alcohol misuse in older people[27]. It set out three particular problems:

- Mortality rates linked to alcohol use are higher in older people than younger people;
- High rates of mental health problems in older people (including a high prevalence of cognitive disorders) result in frequent, complex psychiatric comorbidity accompanying substance use disorders;
- Older people may show complex patterns and combinations of substance use (e.g. alcohol plus inappropriate use of prescribed medications)

Our ageing population is increasing with people living longer than before. According to the Office of National Statistics the population aged 65 and over in the UK is projected to increase by almost a third in the next 20 years[28]. Ageing and older age are associated with a number of life changes and losses which can trigger or increase alcohol problems. It is estimated that 1 in 3 adults aged over 65 with an alcohol problem will have developed this in later life[27].

Much of the evidence and research on alcohol and older people focusses on people aged between 55 and over, a generation often referred to as ‘baby boomers’. The drinking habits of this generation are increasing in contrast to the rest of the population who are reducing their drinking[27].

The over 50s are a diverse group, with different characteristics being associated with higher levels of alcohol consumption and higher risks of alcohol-related harm. Having a chronic illness or disability, living alone or without a partner and being male are all associated with being at higher risk from alcohol-related harm, as is not engaging in fulfilling activities and not coping with stresses in life[28].

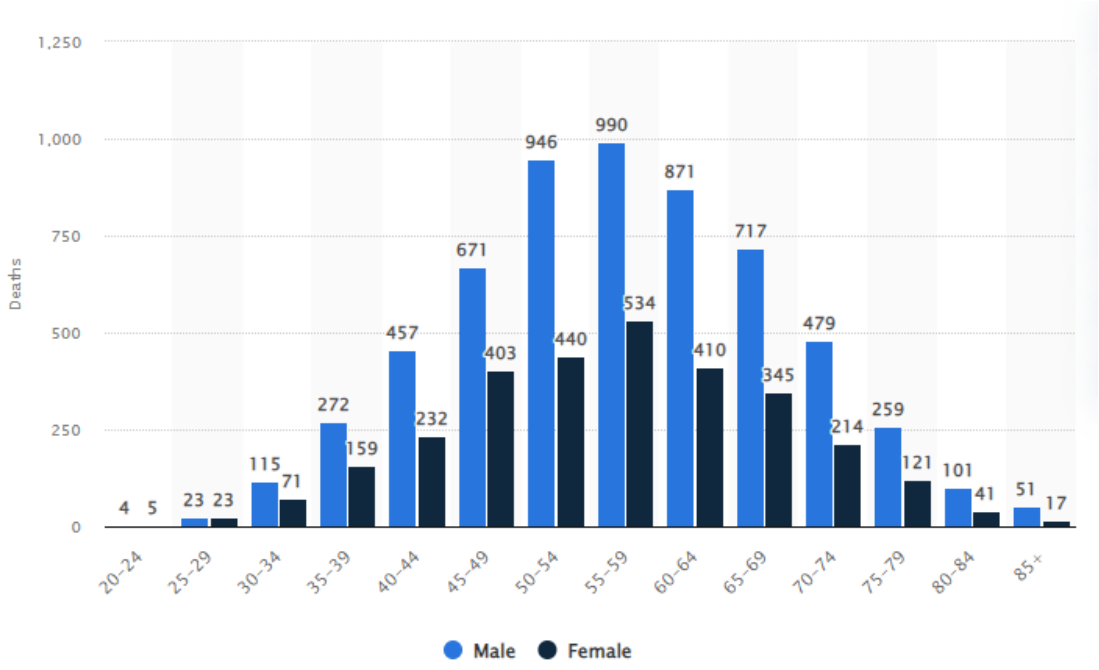
In a survey by DrinkWiseAgeWell[29] which had more than 16,700 respondents from people over the age of 50, said they were drinking more now than in the past. The five most frequently reported reasons for the increase are age-related, these were retirement (40%), bereavement (26%), loss of sense of purpose in life (20%), fewer opportunities to socialise (18%) and a change in financial circumstances (18%).

National Statistics data on patterns of alcohol consumption show 20% of people over 55 are drinking alcohol on more than 5 days than any other age group[28]. If this is applied to the current Doncaster population of over 55’s there could be 8,751 drinking at harmful risk levels.

In 2020, there were 8,974 deaths (14.0 per 100,000 people) from alcohol-specific causes registered in the UK, an 18.6% increase compared with 2019 (7,565 deaths; 11.8 per 100,000 people) and the highest year-on-year increase since the data time series began in 2001.

Figure 61 below shows the total number of alcohol-specific death rates in the United Kingdom (UK) in 2020, by age and gender. Male death figures tended to be significantly higher that of their female counterparts. In 2020, 990 males aged between 55 and 59 years died of alcohol-specific conditions, while 534 women in the same age died as a result of alcohol use.

Figure 61: Alcohol specific deaths UK 2020, by age and gender

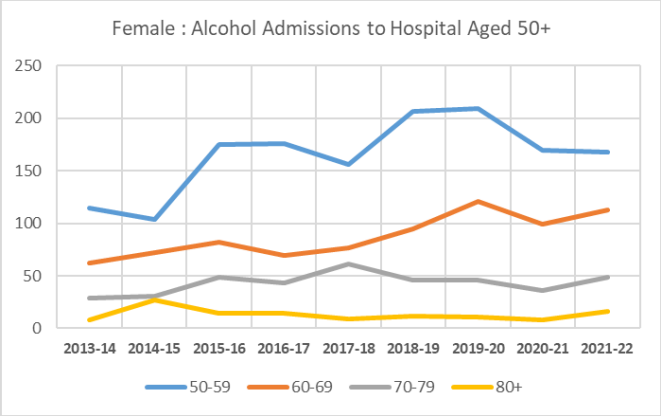


Source ONS 2020

Using data supplied by the South Yorkshire Integrated Care Board (formerly Doncaster CCG) there has been 8954 alcohol specific admissions to DRI between 1st of April 2013 and 31st of March 2022 for patients over the age of 50. An increase of 31% over the time period. Broken down by gender, males over the age of 50 have increased by 20% however females over the age of 50 has increased by 61% (Figure 62).

Figure 63 shows the numbers of females accessing structured alcohol support from Aspire since 2009. There has been a steady reduction until a 120% increase from 2019/20 to 2020/21.

Figure 62: Alcohol specific admissions to DRI by over 50s male and female comparison 2013/14 – 2020/21



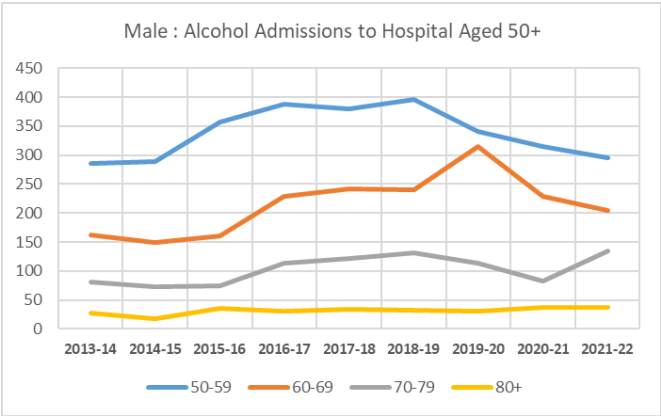
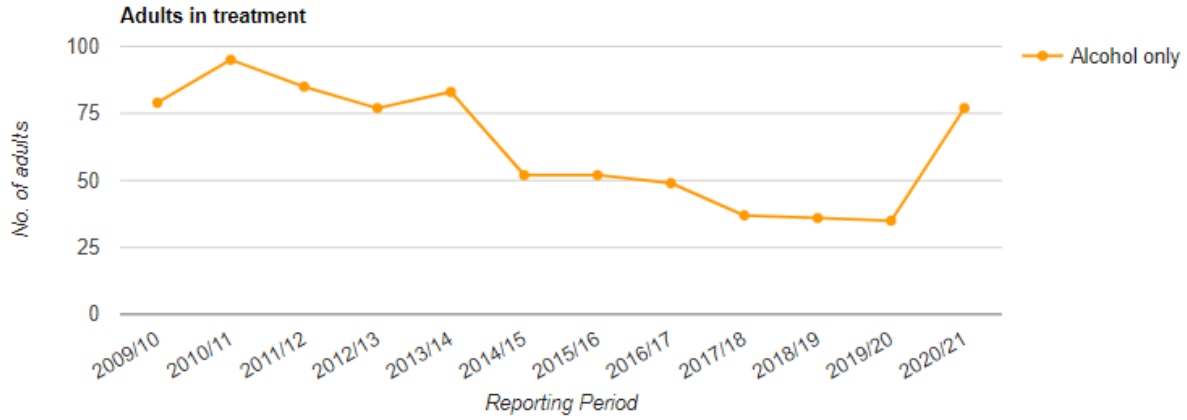


Figure 63: Female alcohol - 50+ - Aspire all in treatment 2009/10 – 2020/21



Substance Category	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Alcohol only	79	95	85	77	83	52	52	49	37	36	35	77

Criminal Justice

Although the link between substance misuse and crime is complex, there is evidence to suggest that a significant number of those committing criminal offences have problematic alcohol or drug use[29].

Dame Carol Black's Review of Drugs highlighted the challenges facing service users who require treatment in the community[30]. Cuts in funding, reduced accountability, and the loss of skills, expertise, and capacity in the third sector have all posed challenges for the availability of suitable treatment for those under probation supervision. For those who have spent time in custody, there are significant problems with the transition to community treatment on release.

Recent policy related to substance misuse has emphasised the need for better treatment for service users in the community, with those recently released from custody identified as especially vulnerable to relapse, reoffending, and drug-related deaths.

In 2022, the Office for Health Improvement and Disparities (OHID) introduced a new public health outcomes framework indicator focussing on adults with substance misuse treatment need who then engage in community treatment on release from prison. Between 1st of July 2021 and 31st of June 2022, 199 prisoners were released to Doncaster where an ongoing treatment need was identified. 32.2% n=64 continued with community treatment episode within 3 weeks of release.

Figure 64 NDTMS PHOF C20 Companion Report – Doncaster Quarter 2 2022-23

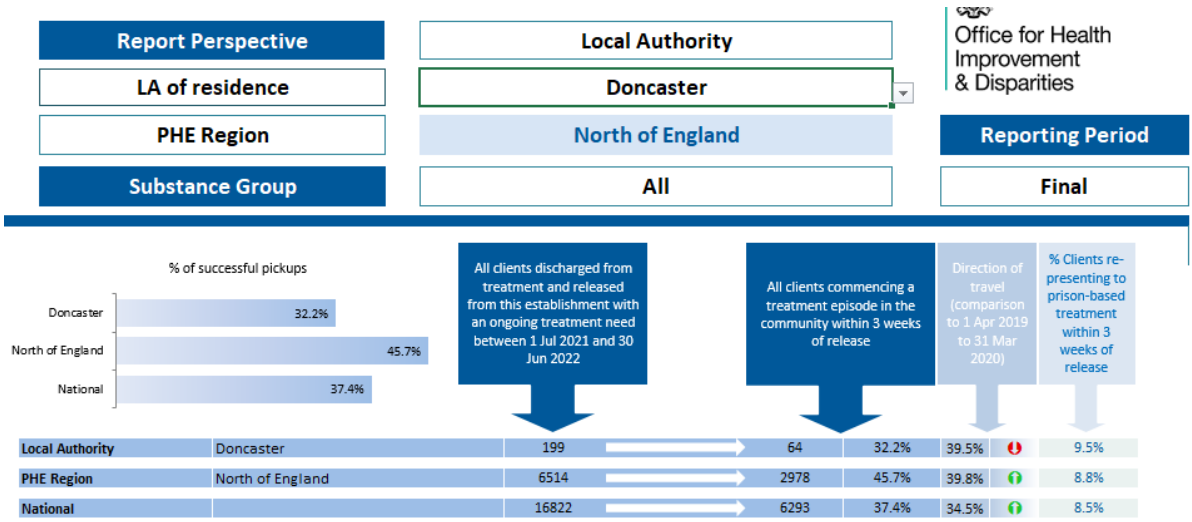
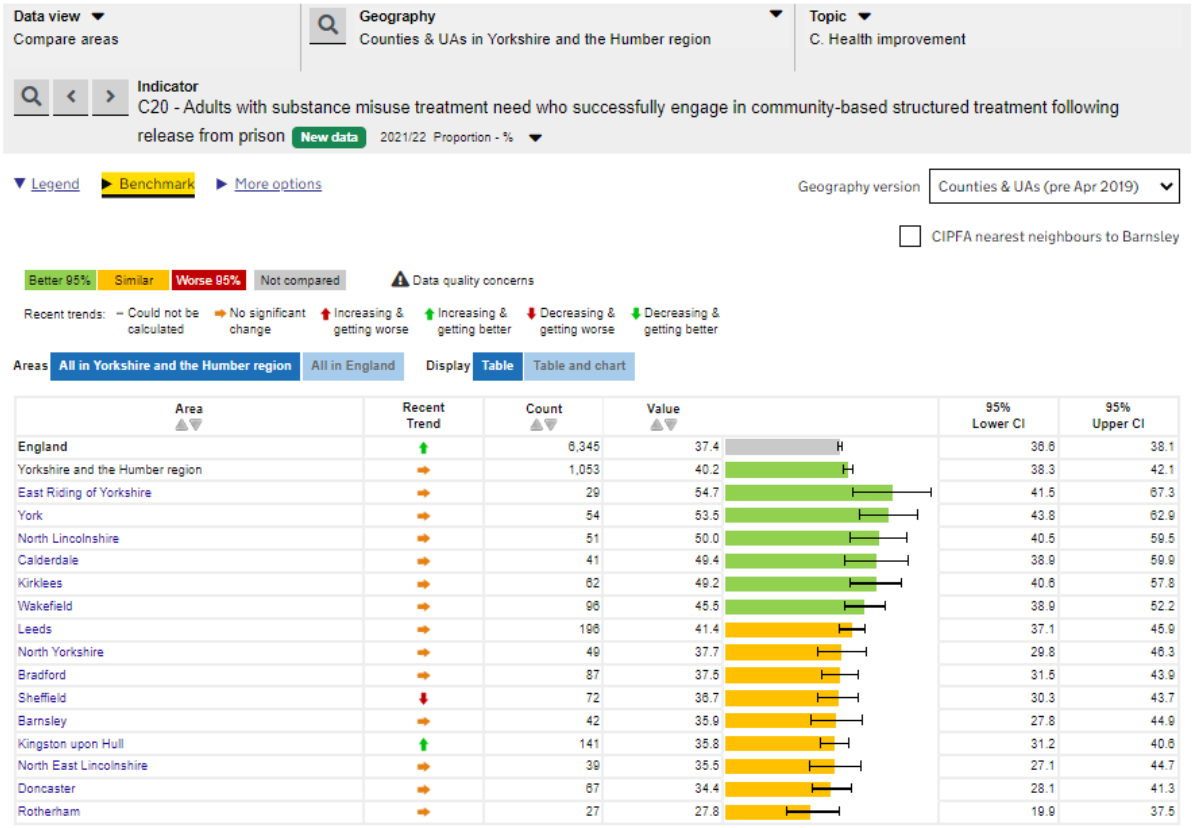


Figure 65 shows adults with substance treatment need who successfully engage in community based structured treatment following release from prison. Doncaster ranks 14 out o15 when comparing all of the Yorkshire and Humber region.

Figure 65 PHOF C20 Yorkshire and Humber regional comparison



Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	6,345	37.4	36.6	38.1
Yorkshire and the Humber region	→	1,053	40.2	38.3	42.1
East Riding of Yorkshire	→	29	54.7	41.5	67.3
York	→	54	53.5	43.8	62.9
North Lincolnshire	→	51	50.0	40.5	59.5
Calderdale	→	41	49.4	38.9	59.9
Kirklees	→	62	49.2	40.6	57.8
Wakefield	→	96	45.5	38.9	52.2
Leeds	→	196	41.4	37.1	45.9
North Yorkshire	→	49	37.7	29.8	46.3
Bradford	→	87	37.5	31.5	43.9
Sheffield	↓	72	36.7	30.3	43.7
Barnsley	→	42	35.9	27.8	44.9
Kingston upon Hull	↑	141	35.8	31.2	40.6
North East Lincolnshire	→	39	35.5	27.1	44.7
Doncaster	→	67	34.4	28.1	41.3
Rotherham	→	27	27.8	19.9	37.5

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).

Data received from Rdash shows Aspire Criminal Justice numbers in treatment and successful exits between December 2021 to December 2022 (Figure 66).

Figure 66 PHOF Aspire criminal justice successful exits December 2021/22

	Numbers In Treatment	Successful Exits
Dec-21	154	0
Jan-22	157	0
Feb-22	157	0
Mar-22	156	0
Apr-22	153	1
May-22	155	1
Jun-22	154	1
Jul-22	147	0
Aug-22	147	0
Sep-22	147	0
Oct-22	148	0
Nov-22	142	0
Dec-22	127	0

Minority groups

LGBT

Data calculated using the PHE model to estimate the numbers of LGBT shows that approx 6,200 people in Doncaster identify themselves as LGBT[31] however accurate assessment of the extent of drug and alcohol use within LGBT populations is complex because of the lack of robust data about LGBT populations as a whole.

There is clear evidence to suggest that drug and alcohol use along with mental health problems are more prevalent among LGBT groups. A study based on the Adult Psychiatric Morbidity Survey found that mental health problems and alcohol and drug dependence were significantly more common amongst LGB people[32]. Lesbian, gay, bisexual and/or transgender people may be more susceptible to mental health problems than heterosexual people due to a range of factors, including discrimination and inequalities[33].

In line with trends in the general population, LGBT people's alcohol consumption vary according to age: older LGBT people are more likely to drink alcohol almost every day than younger LGBT people[32]. In a survey by Stonewall and Yougov31 5,000 lesbian, gay, bi and trans people across England, Scotland and Wales identified one in six LGBT people (16 per cent) who said they drank alcohol almost every day over the last year. The survey showed:-

- A third of lesbian & bisexual women drink three times or more a week compared to 25% of women in general
- 42% of gay & bisexual men drink three times or more a week compared to 35% of men in general
- 77% of lesbian, gay & bisexual people drank in the past week compared to 58% of women and 68% of men in general
- 29% of lesbian & bisexual women binge drink at least once a week compared to 15% of women in general
- 34% of gay & bisexual men binge drink at least once a week compared to 19% of men in general
- 16% drink at levels indicating potential dependency

In 2020/21 there were 1,117 new presentations to Aspire for drug/alcohol treatment/support of which 1.6% n=18 people identified themselves as gay/lesbian/bi sexual. Given the findings of the Stonewall survey[33] these numbers appear small from the LGBT community here in Doncaster.

BAME

Over the last two decades, England has become more ethnically diverse. The proportion of people in England and Wales who identified their ethnic group as White in the decennial census, fell from 94.1% in 1991 to 87.0% in 2011, correspondingly the proportion identifying as one of the Minority Ethnic Groups has increased[34]

There is no up to date ethnicity data for Doncaster however based on the Census from 2011 the Doncaster population was 91.8% White British compared with 85.5% for Yorkshire and Humber and 79.8% for England. Though less diverse than the regional and national average, the proportion has increased in recent years -in 2001 the population was 96.5% White British. The main other ethnic groups in Doncaster are detailed in the following table.

Figure 67 – Minority ethnic groups in Doncaster (Nomis, 2013)

Ethnic Group	Person %
All categories: Ethnic group	302402
White: Total	95.2
White: English/Welsh/Scottish/Northern Irish/British	91.8
White: Irish	0.39
White: Gypsy or Irish Traveller	0.19
White: Other White	2.84
Mixed/multiple ethnic group: Total	1.09
Mixed/multiple ethnic group: White and Black Caribbean	0.46
Mixed/multiple ethnic group: White and Black African	0.14
Mixed/multiple ethnic group: White and Asian	0.29
Mixed/multiple ethnic group: Other Mixed	0.19
Asian/Asian British: Total	2.51
Asian/Asian British: Indian	0.61
Asian/Asian British: Pakistani	0.90
Asian/Asian British: Bangladeshi	0.03
Asian/Asian British: Chinese	0.37
Asian/Asian British: Other Asian	0.58
Black/African/Caribbean/Black British: Total	0.77
Black/African/Caribbean/Black British: African	0.43
Black/African/Caribbean/Black British: Caribbean	0.25
Black/African/Caribbean/Black British: Other Black	0.08
Other ethnic group: Total	0.35

Other ethnic group: Arab	0.08
Other ethnic group: Any other ethnic group	0.27

A review of the literature concerning alcohol and ethnicity found that generally, BAME groups tend to have higher rates of abstinence and lower levels of alcohol use than White ethnic groups[34]. Of all BAME groups, people from mixed ethnic backgrounds were less likely to abstain and more likely to drink heavily than any other. As far as risk is concerned, individuals from Chinese, Irish and Pakistani groups tend to drink above recommended limits in higher income households. Alcohol-related deaths are higher than average within the Irish and Scottish populations and in Indian men, while Sikh men suffer higher levels of liver cirrhosis[34]

During 2016 a multi-staged Health Needs Assessment for Black and minority Ethnic (BME) communities was commissioned by the Doncaster Health and Wellbeing board (HWB). This work was undertaken by the Doncaster Public Health team under the oversight of the Health Inequalities Working Group to address health inequalities across the Borough.

The March 2017 HNA identified that migrants and new arrivals were a key group for further attention. This priority reflects the migrant data collected subsequently to the 2011 National Census. For example, an analysis of spoken languages in Doncaster detailed in the March 2017 HNA report shows that Polish is the largest minority language spoken. This is likely to represent the large proportion of the 'White not-British' population documented in the above figure. Additionally, it is documented in 'Migration Yorkshire 2018' that in 2017 there were 2870 new migrant workers to Doncaster. This significant migrant working population are clearly important to engage, despite not perhaps being fully represented in the 2011 national census data.

Obstacles to accessing treatment services may include higher than average levels of shame and stigma experienced by BME individuals. High levels of stigma could be directed at the families of drug users, causing concerns that the whole family and not just the individual could be alienated from the community[35]. This could lead not only to a reluctance on behalf of the individual to seek support or disclose their drug or alcohol problem to family members, but also to the concealment, denial and underreporting of substance misuse[35]. Language and cultural barriers, concerns surrounding confidentiality and anonymity, and the unfamiliarity of treatment (in particular talking therapies) were identified as other barriers[36].

Data received from PHE Commissioning Support Packs for Doncaster show that between 2016 and 2018 there was a total of 395 new presentations for alcohol treatment, of these 95% where White/British, this does not represent the diverse Doncaster community, and did

not include any of the Chinese, Pakistani and Sikh communities highlighted previously. Hurcombe et al suggested that problematic alcohol use could well be hidden among some BAME communities and a greater understanding of cultural issues is necessary when developing mainstream and specialist alcohol services[36]

Children and young people

Introduction

While the majority of children and young people do not use drugs, and most of those who do are not dependent, drug and alcohol misuse can have a major impact on children and young people's health, their education, their families and their long-term chances in life[37]. It is for these reasons that local authorities are strongly encouraged to continue to invest in substance related service provision across the different levels of need from schools to treating children and young people's substance use.

This chapter provides key performance information about children and young people (under the age of 18 years) accessing specialist substance use interventions in Doncaster alongside national data for comparison. The data is taken from the National Drug Treatment Monitoring System (NDTMS) which, for children and young people, reflects specialist treatment activity reported for those with problems around both alcohol and drug misuse

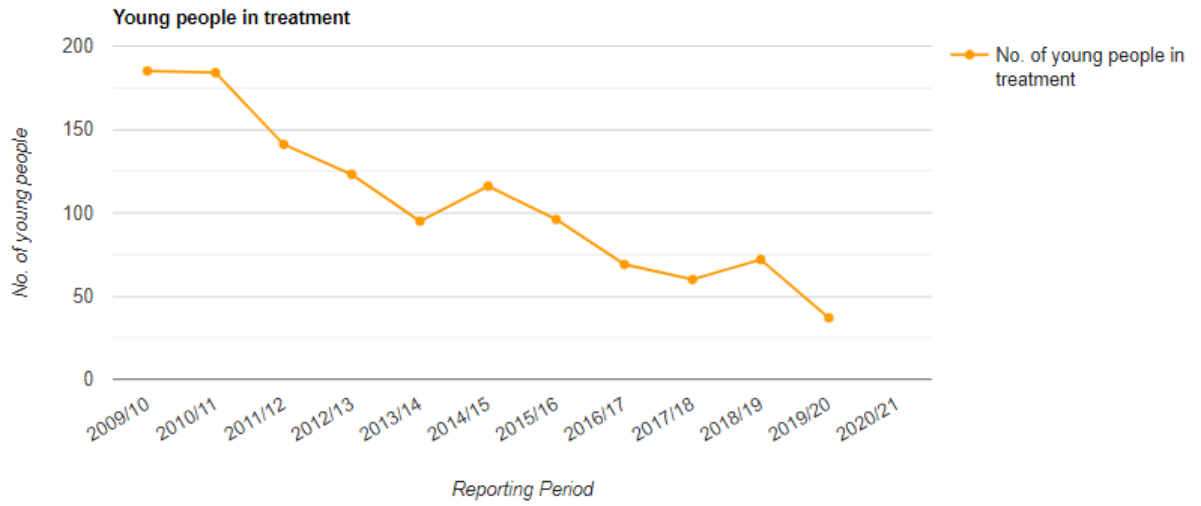
Evidence suggests that effective specialist substance use interventions contribute to improved health and wellbeing, better educational attainment, reductions in the numbers of children and young people not in education, employment, or training (NEET) and reduced risk-taking behaviour, such as offending[38].

When presenting this data, some categories are omitted due to the low numbers of children and young people involved. An example is referral sources, where only the top four categories are included.

Number in treatment

There were 37 children and young people in treatment during 2019/20, the lowest number in treatment for a decade (Figure 68). 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.

Figure 68: Number of children and young people in treatment, Doncaster, 2009/10 – 2019/20



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

Source: NDTMS View It

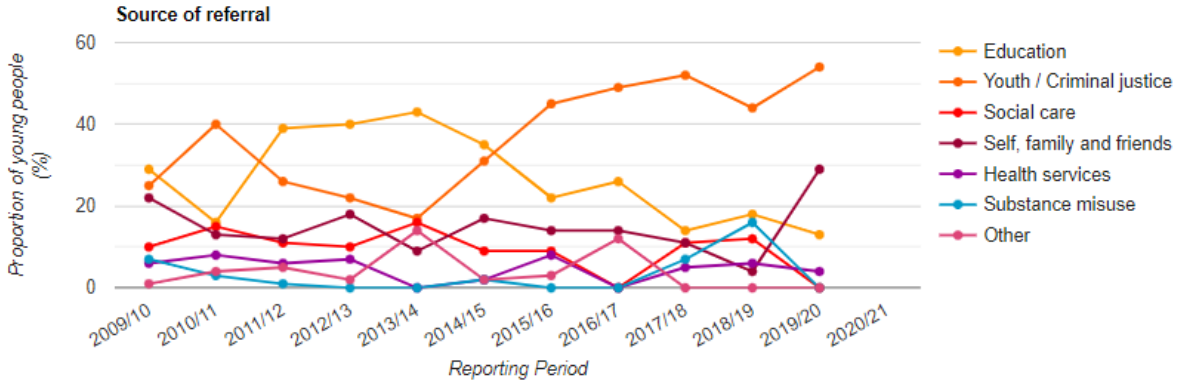
Referral sources (routes into treatment)

Children and young people come to specialist services from various routes but are typically referred by education, youth justice, children and family services and self, family and friends. Data in the chart and table below show the number and percentage of referrals in each year, for new presentations. As each individual episode is counted, there may be more episodes than new clients due to clients presenting more than once.

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 69: Children and young people referral sources, 2009/10 – 2019/20



Source of Referral	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)
Education	29	16	39	40	43	35	22	26	14	18	13
Youth / Criminal justice	25	40	26	22	17	31	45	49	52	44	54
Social care	10	15	11	10	16	9	9	0	11	12	0
Self, family and friends	22	13	12	18	9	17	14	14	11	4	29
Health services	6	8	6	7	0	2	8	0	5	6	4
Substance misuse	7	3	1	0	0	2	0	0	7	16	0
Other	1	4	5	2	14	2	3	12	0	0	0

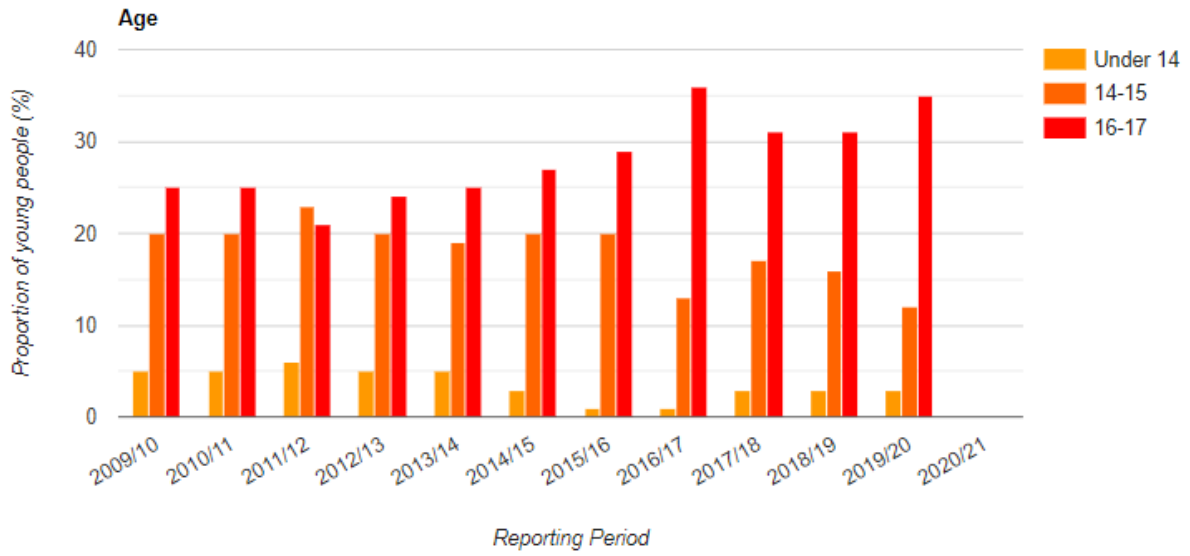
Source: NDTMS View It

Age of children and young people receiving specialist treatment

Just over a third (35%) of children and young people in treatment in Doncaster were 16-17 years of age in 2019/20. (12%) were 14-15 years of age, while just (3%) were under 14. Please note that the percentages for those under 14 fluctuate from year to year due to the small numbers of under 14s in treatment. Over the last decade Doncaster has seen a reduction in those young people 14-15 in treatment however has seen an increase in the age group 16-17 by 40% since 2009.

Figure 71, shows that Doncaster has a 10% higher treatment rate for 16-17 year olds than both the Yorkshire and Humber and England average.

Figure 70: Age of children and young people receiving treatment, 2009-10 to 2019/20



Age (young people)	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)
Under 14	5	5	6	5	5	3	1	1	3	3	3
14-15	20	20	23	20	19	20	20	13	17	16	12
16-17	25	25	21	24	25	27	29	36	31	31	35

Source: NDTMS View It

Figure 71: 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

Source: NDTMS View It

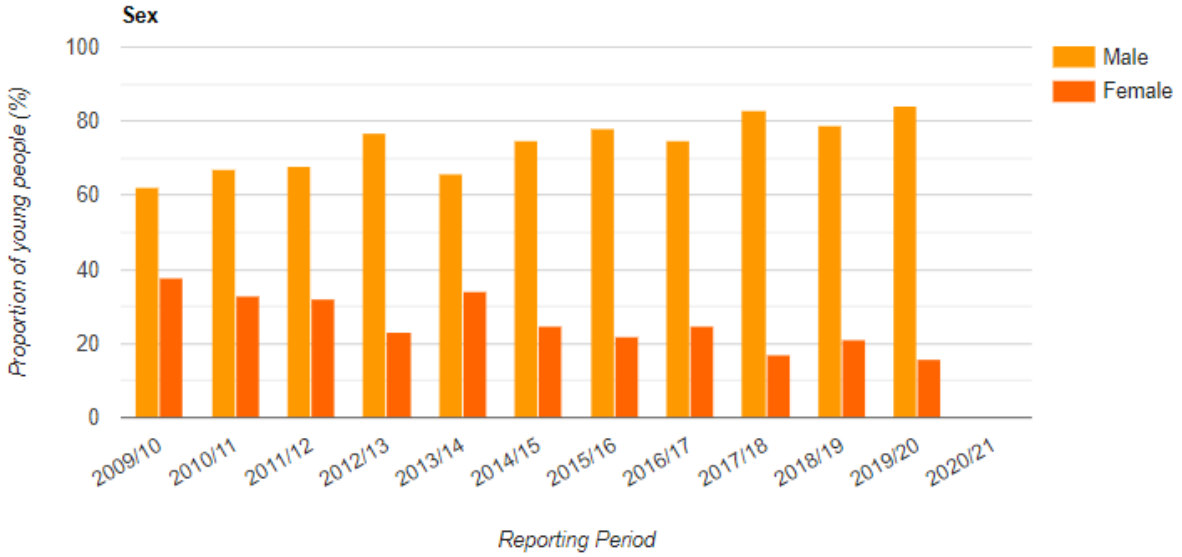
Gender of children and young people receiving specialist treatment

The majority of children and young people in treatment services over the last decade were male. In 2019/20, (84%) of children and young people in treatment were male. Over the last decade males into treatment have increased, however females have seen a marked decrease from a high of 38% in 2009 to 16% in 2019/20 (Figure 72). Figure 73 shows that females in treatment across the Yorkshire and Humber and England have fallen in the last

decade, however Doncaster has seen a steeper trend of reduction into treatment for females.

Substance misuse services for young people may need to consider gender differences in the treatment population. There are a number of specific issues facing girls, including increased citation of alcohol as a problematic substance, involvement in self-harm, being affected by domestic abuse, and affected by sexual abuse including exploitation. Boys also experience domestic abuse, sexual exploitation and self-harm, and this should be explored by services.

Figure 72: Gender of children and young people receiving treatment, 2009-10 to 2019/20



Sex (young people)	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)
Male	62	67	68	77	66	75	78	75	83	79	84
Female	38	33	32	23	34	25	22	25	17	21	16

Figure 73: Females receiving treatment, Y&H and England 2009-10 to 2019/20

Sex (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 (%)
Female	England	37	36	36	34	34	35	35	34	34	34	33
Female	Yorkshire & the Humber	41	38	38	35	35	34	32	31	31	34	34
Female	Doncaster	38	33	32	23	34	25	22	25	17	21	16

Source: NDTMS View It

Education, employment, and training

The data shows a reducing trend in the proportion of those engaged in mainstream or alternative education. Though figures fluctuate year by year, and as demonstrated in Figure 74, total numbers in treatment have reduced significantly, which will have a large impact on percentages. Numbers of NEET's (Not in employment, education or training) have seen a fall to 18% from a decade high of 27% in 2018/19

Figure 74: Education, employment and training for children and young people receiving structured treatment 2009/10 – 2019/20

Education and employment status	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)
Mainstream education	60	37	57	51	52	40	31	38	39	27	45
Alternative education	27	39	20	28	28	31	34	43	25	31	23
Not in employment or education or training (NEET)	1	11	13	13	11	17	27	8	20	27	18
Apprenticeship or training	0	4	3	6	6	5	3	11	2	4	9
Employed	0	2	2	0	1	5	2	0	5	7	5
Persistent absentee or excluded	13	6	4	2	1	0	3	0	9	4	0
Economically inactive - health issue or caring role	0	0	0	0	4	0	0	0	0	0	0
Voluntary work	0	0	0	0	0	0	0	0	0	0	0

Accommodation status of children and young people receiving specialist treatment

Nearly eight out of ten (79%) of children and young people accessing specialist treatment services live with their parents or relatives. (8%) live in young people supported housing.

Figure 75: Accommodation status of children and young people receiving specialist treatment, 2009/10 – 2019/20

Accommodation status	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)
Living with parents or other relatives	84	83	86	95	86	89	85	77	76	75	79
Young people living in care	4	10	9	1	1	0	3	7	7	8	4
Young people supported housing	3	2	3	0	4	3	6	12	12	6	8
Independent - settled accommodation / no housing problem	5	5	1	3	1	5	5	2	2	2	0
Independent - no fixed abode	2	0	0	1	0	0	0	0	0	6	0
Young people living in secure care	0	0	0	0	4	0	0	0	0	0	0

Source: NDTMS View It

Substances cited

Figure 76 below presents the substances cited by children and young people, for any episode in the year. Individuals may have cited more than one problematic substance; therefore, the number of substances may be greater than the number clients in treatment.

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.

Figure 76: 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

Source: NDTMS View It

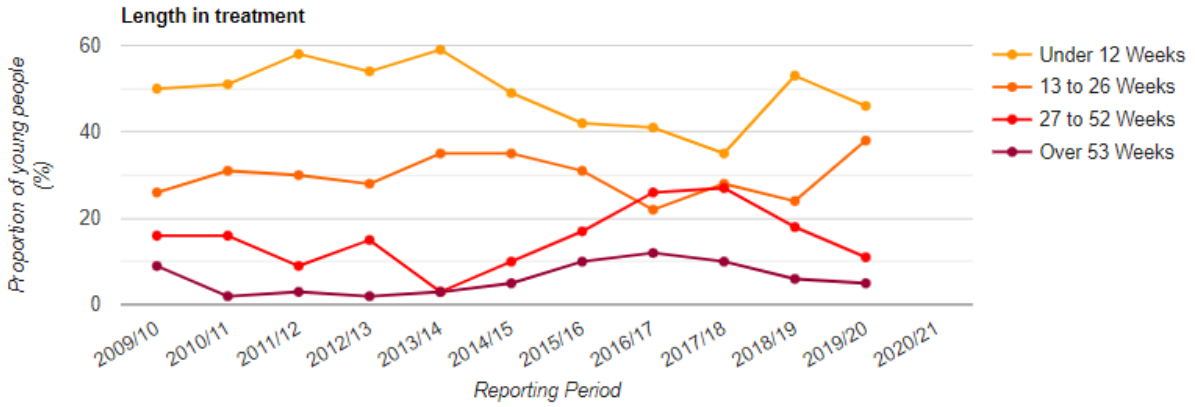
Length of time in treatment and interventions

In 2019/20, nearly half (46%) of children and young people spent under 12 weeks in treatment services. This continues the trend since 2009 where nearly half of children and young people in treatment service in Doncaster have spent under 12 weeks in treatment (Figure 77).

In 2019/20, 38% of children and young people spent 13 – 26 weeks in treatment, the highest figure in a decade. The time frames of both 27-52 weeks and over 53 weeks have both seen a reduction in trend in recent years.

Figure 78 shows that in 2019/20 Doncaster continues have a higher proportion of children and young people exiting services after 12 weeks (46%) compared to England (42%) and the Yorkshire and Humber (37%).

Figure 77: Length of time in treatment for children and young people, 2009/10 –2019/20



Length in treatment	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)
Under 12 Weeks	50	51	58	54	59	49	42	41	35	53	46
13 to 26 Weeks	26	31	30	28	35	35	31	22	28	24	38
27 to 52 Weeks	16	16	9	15	3	10	17	26	27	18	11
Over 53 Weeks	9	2	3	2	3	5	10	12	10	6	5

Source: NDTMS View It

Figure 78: Length of time in treatment for children and young people under 12 weeks, Doncaster compared with Y&H and England 2009/10 –2019/20

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 (%)
Under 12 Weeks	England	44	43	43	42	44	41	40	42	42	43	42
Under 12 Weeks	Yorkshire & the Humber	39	40	42	41	39	36	37	41	38	36	37
Under 12 Weeks	Doncaster	50	51	58	54	50	49	42	41	35	53	46

Source: NDTMS View It

Exiting services

This section shows the number of children and young people who have left specialist interventions successfully and the proportion that return to treatment, commonly referred to as re-presentations. Children and young people's circumstances can change, as does their ability to cope. If they re-present to treatment, this is not necessarily a failure, and they should be rapidly re-assessed to inform a new care plan that addresses all their problems. The data may help with monitoring the effectiveness of specialist interventions e.g., a high representations rate may suggest room for improvement.

In 2019/20, 63% of children and young people in treatment services successfully completed their course of treatment. However, 7% dropped out or left the service (Figure 79). Figure 80 below shows the Doncaster successful completion rate compared to the Yorkshire and Humber and England. Since 2013/14 Doncaster has fallen behind both the region and England in successful completions to its lowest percentage rate of 63% in 10 years.

Figure 79: Children and young people treatment exits, 2009/10 – 2019/20

Treatment Exits	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)
Successful completion	81	84	89	81	78	70	71	77	71	75	63
Dropped out/left	9	6	6	9	13	16	10	4	10	5	7
Referred on	6	6	3	7	9	6	6	11	13	5	19
Treatment declined	2	2	0	0	0	0	0	4	0	4	11
Prison	1	2	1	0	0	3	0	0	0	0	0
Other	1	1	2	2	0	5	13	4	6	11	0

Figure 80: Doncaster children and young people successful completions compared with Yorkshire and Humber and England 2009/10 – 2019/20

Treatment Exits	Area	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)
Successful completion	England	70	75	77	79	79	80	80	82	81	81	82
Successful completion	Yorkshire & the Humber	68	78	76	79	79	79	81	81	82	83	82
Successful completion	Doncaster	81	84	89	81	78	70	71	77	71	75	63

Source: NDTMS View It

Impact on children from parental alcohol misuse

The misuse of alcohol by parents negatively affects the lives and harms the wellbeing of one in five children in the UK[39]. The effects of parents' alcohol misuse on children may be hidden for years whilst children try to both cope with the impact on them and manage the consequences for their families. Compared to other children, children of alcoholics are:

• Twice as likely to experience difficulties at school;

• Three times more likely to consider suicide;

• Five times more likely to develop eating disorders.

Children of alcoholics are also four times more likely to become alcoholics themselves – there is a cycle of alcoholism cascading down the generations. A study commissioned by The All-Party Parliamentary Group on Children of Alcoholics (APPG) identified more than a third of child deaths and serious injuries through neglect are linked to parental drinking[39].

Increasing attention is being paid nationally to the adverse effects of alcohol on people other than the drinkers themselves, particularly family members and children. The phenomenon is sometimes referred to as 'passive drinking' or 'hidden harm', which can have a devastating effect on children and young people and affect them for the rest of their lives.

The APPG estimate that 1 in 5 children are affected by parental alcohol misuse. The ONS population for Doncaster identifies 65,867 children under the age of 18. Given the APPG figure Doncaster could have over 13,000 children in a household where a parent drinks too much.

Furthermore, the number of adults in England with alcohol dependence that have children in the household is estimated to be 120,419[40], this is around 20% of all adults with alcohol dependence. Public Health England estimates that there are 4087 adults with alcohol dependence in Doncaster if the national figure of 20% is applied, a crude estimate of 820 children may live in the household of a dependent adult.

Doncaster Pupil Lifestyle Survey

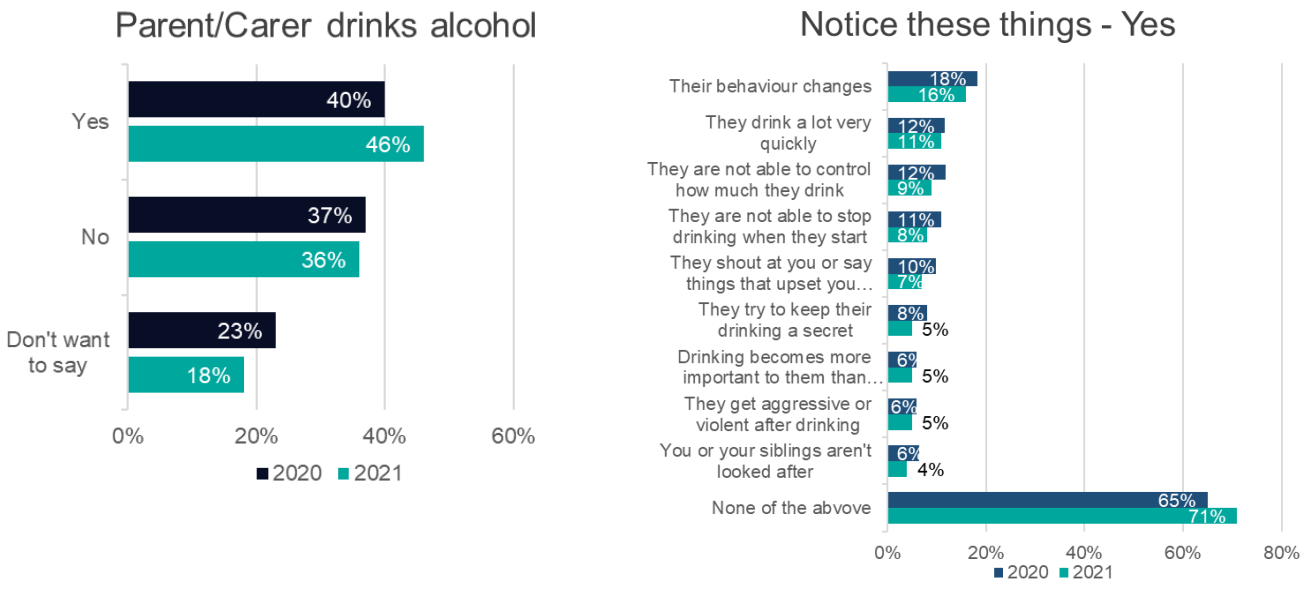
Since 2015,Doncaster Council has conducted the Pupil Lifestyle Survey, which has provided valuable data on children and young people's health-related behaviour, through an anonymous school-based questionnaire[41]. The survey is an anonymous school-based questionnaire, providing valuable data on Doncaster children and young people's health at key points in children and young people's development; KS2, 3 and 4.

In relation to experiences and perceptions of substances, the Pupil Lifestyle Survey Summer Term of the 2020/2021 academic year found:

- A fifth (20%) of secondary pupils who took part know someone who takes drugs. Year 10s are more likely to know someone who takes drugs than the Year 8s (32% and 9% respectively). Young carers and BAME pupils are more likely to know someone than pupils from other groups.
- 42% of pupils believe at least some of their peers have taken cannabis in the past 7 days. This increases to 59% amongst Year 10s (compared to only 25% of Year 8s). 13% of pupils say that Cannabis has ever been offered to them, which increases to 31% of BAME pupils that say this and 21% of Year 10s and English 2nd Language pupils also.
- 2% of pupils have ever taken any drugs to get high (all Year 10s).
- 44% of pupils say they would know where to get information and support about alcohol or drugs. Boys are more likely to know where to get help or support than girls (52% vs. 35%). Young carers appear the most aware of all the cohorts.

Under the heading of 'Staying Safe', a question is asked on parental alcohol use and subsequent behaviour changes under the influence of alcohol. In KS2, 46% of students have said their parents drink alcohol. Of the 46%, 29% noticed one or more changes within their parents/carers when they drink, with 16% citing behaviour changes, 11% thought they drink a lot very quickly and 9% thought they are not able to control how much they drink.

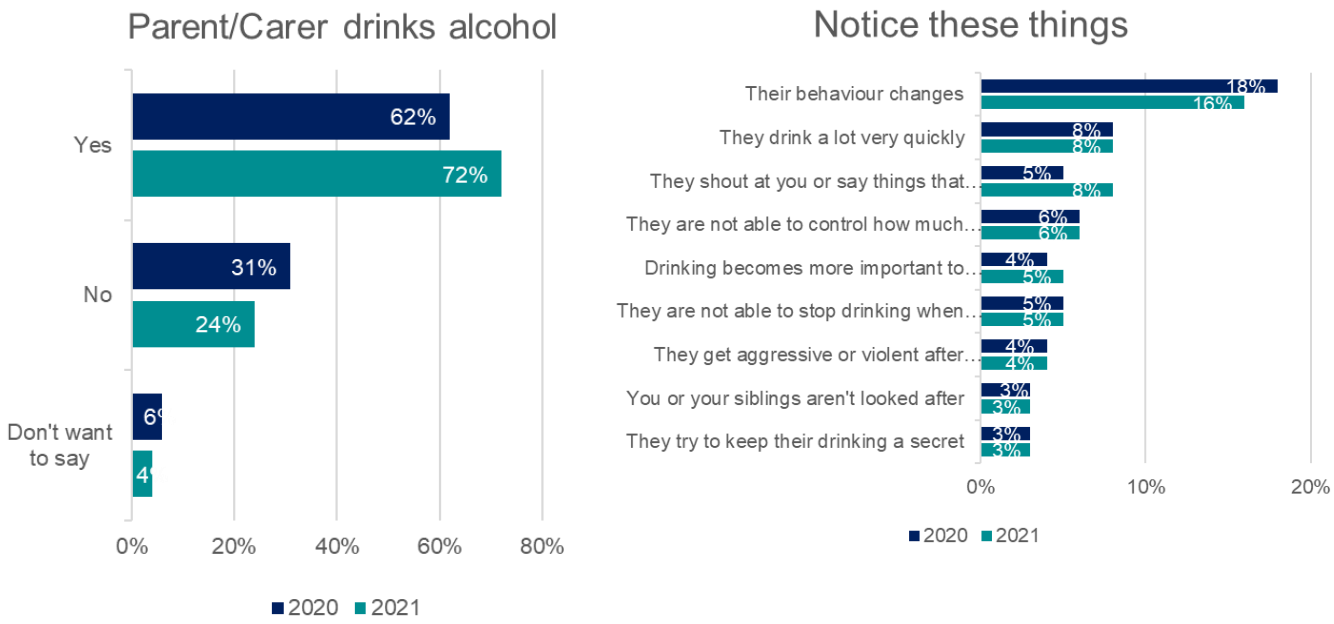
Figure 81: Doncaster Pupil Lifestyle Survey KS2 question on parents alcohol use



Q: Do your parents/carers drink alcohol? This includes drinking at home, as well as going to pubs, clubs, having alcohol at restaurants or at the house of friends or family.
Q: When your parent/carer drinks alcohol do you notice any of these things happen…(Tick all that apply)
Base: All valid respondents, n=2,882 / 1,164 respectively, 2021 n=1,673 / 770
(Both questions introduced survey year 2020).

In KS4, 72% of pupils say their parents/carers drink alcohol. Of those, approximately a fifth (22%) noticed behaviour changes or alcohol related behaviour in their parents/carers.

Figure 82: Doncaster Pupil Lifestyle Survey KS4 question on parents alcohol use



Q: Do your parents/carers drink alcohol? This includes drinking at home, as well as going to pubs, clubs, having alcohol at restaurants or at the house of friends or family.
Q: When your parent/carer drinks alcohol do you notice any of these things happen…(Tick all that apply)
Base: All valid respondents, 2020 n=1,323 / 819 respectively, 2021 n= 427 / 307 respectively.

For the purposes of this report we have taken each question from the survey relating to alcohol with percentages of answers by each locality (red line Doncaster average).

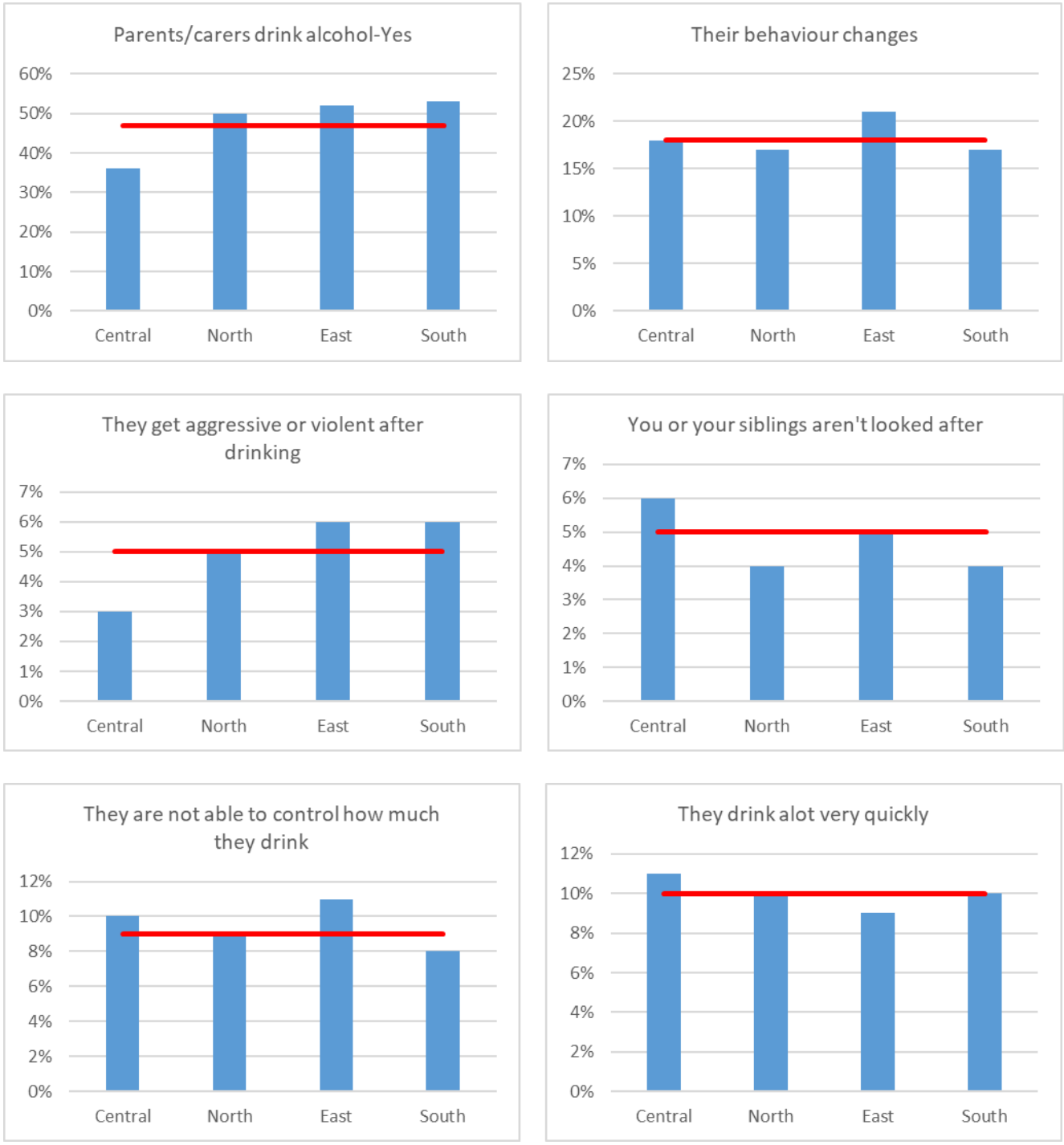
The locality where the highest number of pupils said that their parents/carers drink was the south locality with 53% however both the north and the east where both above the Doncaster average of 47%. The central area of Doncaster was the lowest with 36%. When asked if when drinking, parents/carers behaviour changed it was the east of the borough that is above the Doncaster average.

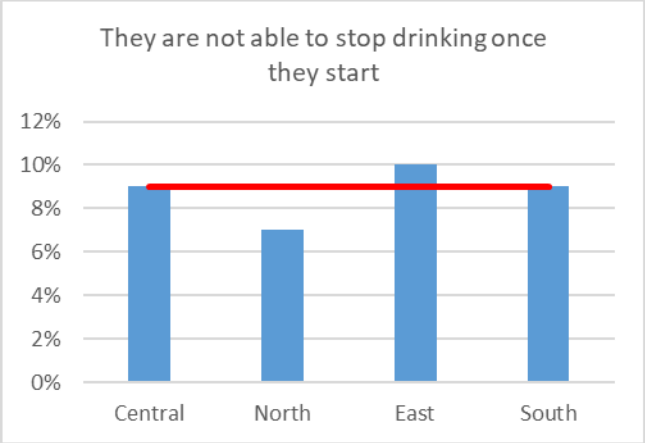
Pupils in the east and south identified that parents/carers became aggressive or violent after drinking with central area the lowest. However, the central area pupils identified that they felt they were not looked after more than any other area.

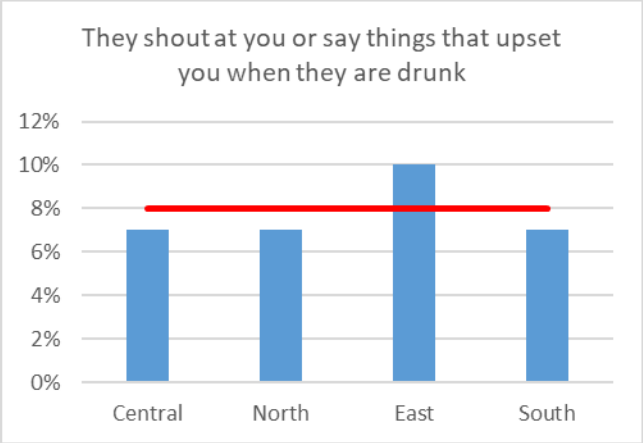
Pupils in the central and east localities identified more those parents/carers who were not able to control their drinking compared to the Doncaster average. The east once again fared worse than the other localities when asked if they are shouted at or say things that upsets them when parents/carers drank.

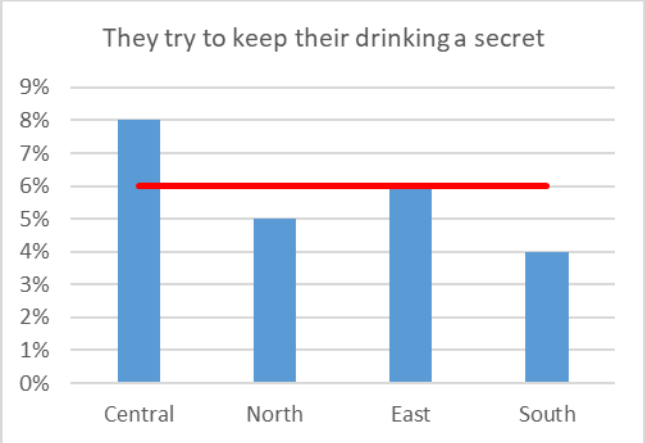
Those living in the central locality agreed that parents/carers tried to keep drinking a secret above the Doncaster average and 5% of pupils across Doncaster undertaking the survey agreed that their parents/carers drinking became more important than other things in life.

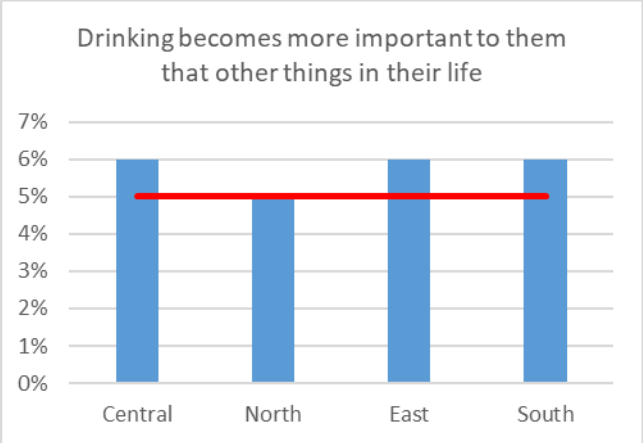
Figure 83: Doncaster Pupil Lifestyle Survey question on parents alcohol use by locality











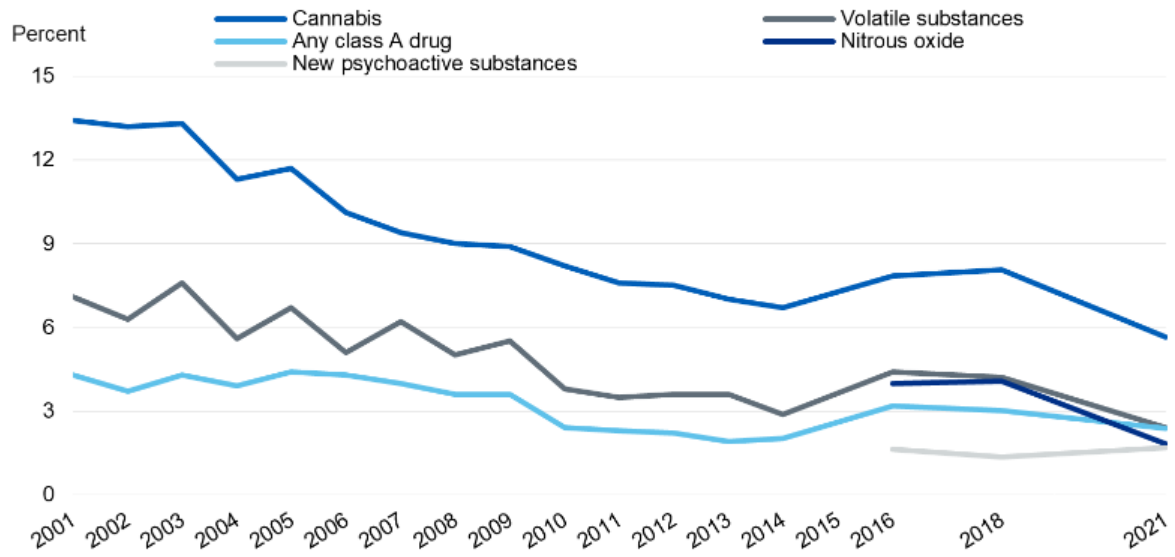
Nitros Oxide

Nitrous Oxide is a naturally occurring gas that is colourless and non-flammable. It can be manufactured and used for a variety of things such as a pharmacologic agent to produce anesthesia, a food additive as a propellant, and an additive to fuels to increase available oxygen in combustion. Nitrous oxide, commonly known as laughing gas or balloons, has become an increasingly popular recreational drug for young people.

In 2019-20, 8.7% of 16 to 24-year-olds reported using nitrous oxide in the last 12 months, equivalent to around 549,000 people, according to the Crime Survey for England and Wales[35]

However, the Office of National Statistics published a survey in 2021 on Smoking, Drinking and Drug Use among Young People in England which showed the types of drugs taken in that year. Cannabis was the drug that pupils are most likely to have taken in the last year, with 6% saying they had done so in 2021. Falls were seen in use of nitrous oxide, volatile substances, cocaine and crack[36]

Figure 80: ONS, Smoking, Drinking and Drug Use among Young People in England, 2021



Lockdowns and impact on Substance misuse

Studies have indicated that the COVID-19 pandemic had an impact on people's alcohol consumption. A large, representative study of adults (n>20,000) in England showed a substantial increase in the prevalence of high-risk drinking since the lockdown alongside an increase in attempts to reduce alcohol consumption among high-risk drinkers[37]. However, decreases in drinking were more likely among lighter drinkers and increases in drinking more likely among heavier drinkers. Generally, data shows that between a fifth and a third of people in the UK have reported drinking more during lockdown[38].

It is widely accepted that lockdowns had a negative effect on people who use drugs. Access to harm reduction, treatment and recovery services was negatively affected with loss of therapeutic relationships with services and peers[39].

A YouGov sudy conducted on behalf of Forward Trust in May 2021 on addictive behaviours during the UK lockdowns found that 37% of people surveyed who identified as being in recovery from an addiction prior to lockdown, have experienced a relapse or a re-occurrence of their addictive behaviour since lockdown[40]. Furthermore, 19% of adults not in recovery from an addiction prior to lockdown say they have increased the amount of alcohol they are drinking since lockdown started. For the UK as a whole that could mean just under 9.5million people increasing their intake of alcohol during lockdown[40].

In Doncaster, Aspire have seen a 200% increase in referrals from people accessing support for alcohol use since the pandemic. Figure 80 shows a 116% increase of Doncaster new

presentations for alcohol from 2019/20 compared with a 2.5% increase for England and 2.2% across the South Yorkshire region. New presentations for opiates both locally, regionally and nationally have seen a fall from 2019/20 to 2020/21 (Figure 81).

Figure 80: Doncaster new presentations for alcohol compared with Y&H and England 2020/21

Substance category	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
Alcohol only	England	58031	59147	59562	60972	65110	61404	57723	52583	50656	52393	50957	52220
Alcohol only	Yorkshire & the Humber	6143	6261	6433	6778	7750	7594	6786	6317	5894	5993	5926	6057
Alcohol only	Doncaster	471	401	379	515	478	267	273	225	170	163	195	422

Source: NDTMS View It

Figure 81: Doncaster new presentations for opiates compared with Y&H and England 2020/21

Substance category	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
Opiate	England	55493	50675	45491	44418	44987	44356	43465	43142	41178	41928	41875	37440
Opiate	Yorkshire & the Humber	6271	6102	5222	5302	5553	5824	5346	5122	5011	4995	5138	4568
Opiate	Doncaster	529	474	409	510	524	480	397	415	407	357	363	361

Source: NDTMS View It

New presentations for non-opiates in Doncaster have increased by 256% from 2019/20 to 2020/21 compared with 10% rise in England and 18.5% in Yorkshire and Humber (Figure 82).

For new presentations for non-opiates and alcohol, Doncaster has seen a 145% increase from 2019/20 to 2020/21 compared with a decrease of 1.5% in England and an 11% increase in the Yorkshire and Humber (Figure 83).

Figure 82: Doncaster new presentations for non-opiates only compared with Y&H and England 2020/21

Substance category	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
Non-opiate only	England	15692	15501	15886	16809	17938	17338	18071	16775	16716	17674	18125	19981
Non-opiate only	Yorkshire & the Humber	1210	1274	1418	1479	1876	1912	2055	1797	1814	1889	1901	2253
Non-opiate only	Doncaster	86	73	54	81	132	66	56	54	39	32	39	139

Source: NDTMS View It

Figure 83: Doncaster new presentations for non-opiate and alcohol only compared with Y&H and England 2020/21

Substance category	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
Non-opiate & alcohol	England	17830	17632	18158	18255	19423	18548	18822	18716	18757	20215	21167	20849
Non-opiate & alcohol	Yorkshire & the Humber	1283	1414	1449	1525	1445	1321	1415	1525	1353	1521	1693	1878
Non-opiate & alcohol	Doncaster	51	65	55	85	103	55	56	48	51	44	49	120

Source: NDTMS View It

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