

Drug and Alcohol Needs Assessment

January 2023



This report was produced by Philip Truby (Public Health Specialist Practitioner Advanced, City of York Council) with assistance from Heather Baker (Public Health Improvement Officer) on behalf of York Drug and Alcohol Partnership Board. Work on the Drugs and Alcohol Needs Assessment was carried out between October 2022 and January 2023.

For more information about the report and related services and projects please contact Ruth Hine (Public Health Specialist Practitioner Advanced and Alcohol, Drug and Gambling Public Health Lead at City of York Council) at: ruth.hine@york.gov.uk.

Public Health Team
City of York Council
West Offices
Station Rise
York
YO1 6GA

CONTENTS

List of Figures	3
Introduction	5
<i>Scope</i>	6
<i>Methods</i>	7
<i>Language and Stigma</i>	7
The Population of York	8
<i>Population Size</i>	8
<i>Sexual Orientation</i>	9
<i>Gender Identity</i>	9
<i>Ethnicity</i>	10
<i>Disability</i>	10
What do we know about drug use and alcohol consumption in York?	10
<i>Drug use</i>	10
<i>Alcohol consumption</i>	11
What do we know about drug/alcohol dependence and treatment access?	12
<i>Drugs</i>	12
<i>Alcohol</i>	13
What do we know about supply of drugs?	14
Drug / Alcohol related hospital admissions	17
<i>Drugs</i>	17
<i>Alcohol</i>	17
Drug / alcohol related deaths	19
<i>Drugs</i>	19
<i>Alcohol</i>	20
Drug / alcohol related crime	20
<i>Drugs</i>	20
<i>Alcohol</i>	22
Impact of drug/alcohol use on family members	23

Services in place to reduce harm, treat dependence	25
<i>York Drugs and Alcohol Service</i>	26
<i>Mutual aid / peer support</i>	26
<i>Pharmacy Services – Needle Exchange</i>	27
<i>Pharmacy Services – Supervised Consumption</i>	27
Customer and stakeholder feedback on York Drug and Alcohol Service (YDAS)	28
<i>YDAS Customers / Individuals eligible for support</i>	28
<i>Other Stakeholders</i>	29
Recommendations	31
Appendix 1: Limitations	32

List of Figures

Figures

Figure 1: Population pyramid of York in comparison to England (ONS) .	8
Figure 2: Distribution of cocaine related occurrences 2020-21 across North Yorkshire (NYP)	14
Figure 3: England and York alcohol-specific admissions from 2008-09 to 2020-21 (OHID)	18
Figure 4: 3271 occurrences reported within the CIA in 2019/20. The top tier of occurrence types is shown by day (NYP)	22

Tables

Table 1: Prevalence of opiate and crack use in York, 2020-21 (NDTMS)	10
Table 2: Substance use by customer’s primary substance type, for adults in treatment in York, 2020-21 (NDTMS)	11
Table 3 : Total number of adults in treatment for drugs in York, from 2009-10 to 2020-21 (NDTMS).....	12
Table 4: Number of new adult presentations for treatment for alcohol only in York, from 2009-10 to 2020-21 (NDTMS)	12
Table 5: Numbers in treatment in 2020-2021, in York and England, with gender split (NDTMS)	13

Table 6: Total number of adults in treatment for alcohol only in York, from 2009-10 to 2020-21 (NDTMS).....	13
Table 7: Number of new adult presentations for treatment for alcohol only in York, from 2009-10 to 2020-21 (NDTMS)	14
Table 8: Individuals who use drugs in contact with Police in North Yorkshire, by substance ('commodity') (NYP)	15
Table 9: Number of drug related deaths in York from 2011 to 2021 (ONS)	19
Table 10: <i>Top five alcohol-related occurrences in York by year</i>	23
Table 11: Percentages of individuals in treatment for alcohol/substance use disorders in different family categories for York and England in 2019-2020 (NDTMS).....	23
Table 12: <i>Unmet need for alcohol dependent adults in York, by sex (NDTMS)</i>	24
Table 13: <i>Unmet need for opiate dependent adults in York, by sex (NDTMS)</i>	25

Introduction

Substance use disorders have far-reaching consequences. They can have a devastating impact across the life course affecting individuals, friends and family, and the wider social context. Use of drugs and alcohol has long been seen as a key public health concern.

There is a significant association between substance-related harm and socioeconomic position and social exclusion. People living in more deprived areas and in poverty are at greater risk of harm. The highest levels of alcohol and drug-related deaths in the UK are observed in those areas of greatest deprivation.¹ This has given rise to what is known as the 'alcohol-harm paradox' whereby population groups with lower socioeconomic status tend to experience greater alcohol-related harm than less deprived groups, despite lower consumption levels overall.² Focus then needs to be on reducing the widening gap in health and economic equalities.

Substance-related deaths also have significant economic consequences in terms of premature deaths and working years of life lost.³ Other risk factors that may predispose people to turn to, and can be exacerbated by, harmful use of drugs and alcohol include trauma, homelessness, mental and physical health problems, and stigma. Psychoactive substance use can lead to dependence syndrome, a cluster of cognitive, behavioural, and physiological presentations that develop after repeat substance use and where an individual can be partially or totally unable to live everyday life without taking the substance. Dependency can also impact on the amount of the substance used and be associated with greater overdose, alcohol toxicity, and physical withdrawal risks.

This needs assessment has considered both drugs and alcohol as it is often observed that similar root causes are apparent in harms from both, with similarly devastating consequences for individuals, families, and local communities. Poly-substance use is also commonly observed.

A life-course approach is therefore necessary to take into consideration the far-reaching consequences of both drugs and alcohol: foetal alcohol spectrum disorder caused by maternal drinking, children and adolescents

¹ [Socioeconomic inequalities in avoidable mortality in England](#)

² [Understanding the alcohol-harm paradox: what next?](#)

³ [Working Years of Life Lost due to Alcohol ad hoc statistical release](#)

directly impacted by living with family members who use drugs and/or alcohol, chronic ill health in adults due to long-term dependency leading to loss of employment, and premature morbidity and mortality. Substance use disorder is also a significant risk factor for a range of acute and chronic health conditions and increased vulnerability. Individuals can be exposed to criminal activity, violence, and modern slavery, often associated with cyclical exploitation with county drug lines recruiting exploited individuals who in turn target other vulnerable people.

Due to inherent complexity, a public health approach should be adopted which seeks to address population-level risk factors, which may predispose to harmful patterns of substance use, including adverse childhood experiences and socioeconomic deprivation, and initiate evidence-based measures to prevent and mitigate related harm.

Scope

This needs assessment looks at the current and emerging drug and alcohol needs of people living in York. It has been developed to inform the commissioning of local community-based alcohol and drug treatment and recovery services. The decision to assess both drugs and alcohol in one health needs assessment was due to the shared needs and requirements for intervention. The evidence provided will guide relevant partnerships between City of York Council and key stakeholders in order to further develop support services that best meet the needs of, and to support the York population in enjoying healthy lives by being a health-generating city.

This health needs assessment therefore aims to inform future work of the York Drug and Alcohol Partnership by:

- identifying areas of unmet need and inequalities
- using quantitative data to assess the needs of the York population in relation to drug and alcohol use
- documenting feedback on existing support from people with lived experience of substance use disorders, people affected by a family member's substance use and relevant health and care / support professionals and volunteers working with York residents
- making recommendations to address the needs of the local community for the benefit of future service commissioning and partnership work.

Methods

Desk-top research identified relevant data and information. Data sources include:

- Office for Health Improvement and Disparities (OHID) via Fingertips
- National Drug Treatment Monitoring System (NDTMS)
- North Yorkshire Police
- York and North Yorkshire Pharmaceutical Needs Assessment
- government reports.

To gain understanding of the range of experiences and views of York Drug and Alcohol Service (YDAS) and to inform the design of future services in York, City of York Council Public Health team invited feedback on the support available in York for people with substance use disorders, and for those affected by someone else's substance use. Views were sought from past and present YDAS customers, people eligible for support from York Drug and Alcohol Service but not currently accessing the service, and from stakeholders across York, including people affected by a family member's substance use via questionnaires which were live on [surveymonkey.co.uk](https://www.healthyyork.org) and also available for completion on paper throughout November 2022. A full report of the approach and results is available at <https://www.healthyyork.org> and the key findings are reported within this needs assessment.

We are grateful for the input from stakeholders and service users who volunteered their insights and time into completing the questionnaires.

Reflection on some of the limitations of this report are given in Appendix 1.

Language and Stigma

There is growing recognition of the role that language has in propagating or challenging stigma around substance use disorders and people affected by them, and the detrimental effect that stigma can have on people accessing help or on worsening their condition with social exclusion.⁴ Where possible, this report seeks to use language that recognises substance use disorders as illnesses and puts people first rather than identifying people primarily by their condition or behaviour. An example of this would be 'person who uses heroin' rather than 'heroin

⁴ www.stigmakills.org.uk

user'. However, certain language appears to be deeply embedded in national systems and some data sources do not necessarily use person-first language. Where this is the case, we have retained the language of the original source for clarity and ease of comparison within the original data.

The Population of York

Knowledge and understanding of the health and healthcare needs of a population requires an understanding of the local demographics. The Census 2021 published the latest statistics on population size, age structure, ethnicity, gender identity, sexual orientation which we report here, together with disability.

Population Size

York has 202,800 citizens as recorded by the 2021 Census. Since 2011, the population has increased by 2.4%.⁵ There are marginally more people who identify as females (51.9%) than males.

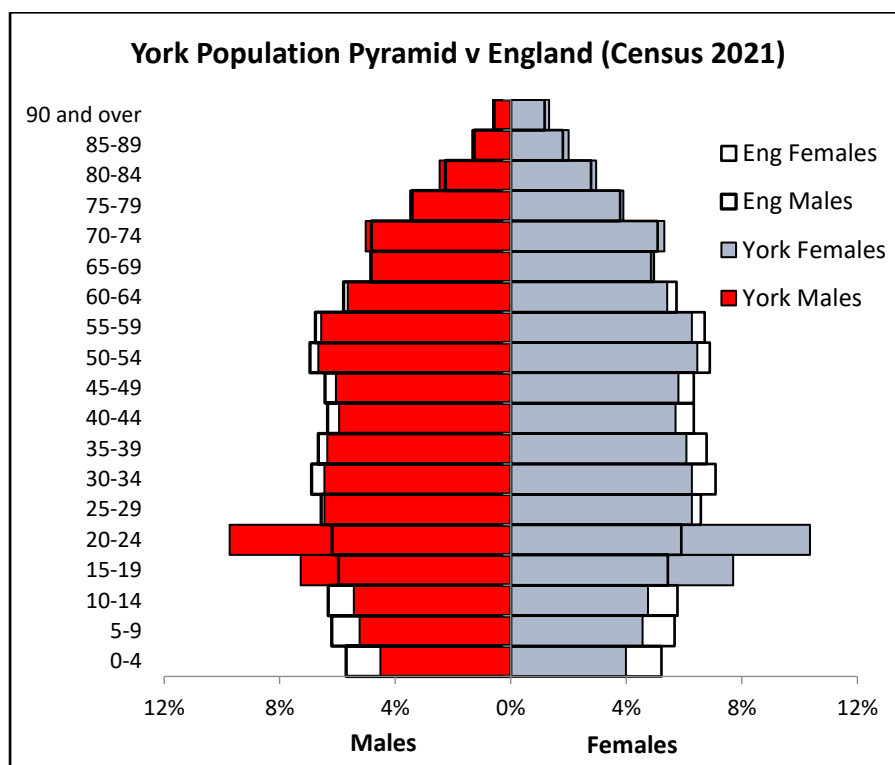


Figure 1: Population pyramid of York in comparison to England (ONS)

⁵ ONS (2022): www.ons.gov.uk/visualisations/censuspopulationchange/E06000014/

Figure 1 shows that a larger proportion of people in their late teens and early 20s reside in York compared to the England average, likely due to the two universities and further education institutions within the city:

- 7.5% of York's population are 15-19 years old
- 10.1% of York's population are 20-24 years old.

Fishergate, Guildhall, and Hull Road wards are resident to the majority of people aged 16-24 years, likely due to proximity and access to educational establishments and good transport links. Further details can be found in the ward profiles.⁶

Sexual Orientation

Data from the Census 2021 indicates that 89.37% of the national population stated they were straight or heterosexual. In York, among people aged 16 years and over:

- 86.5% identified as either straight or heterosexual
- 2.04% (n = 3,507) identified as gay or lesbian
- 2.85% (n = 4,904) identified as bisexual
- 0.35% (n=609) identified as pansexual
- 0.19% (n=324) identified as asexual
- 0.09% (n=160) identified as queer
- 0.03% (n=50) identified with other sexual orientations
- and 7.91% (n = 13,610) did not disclose their sexuality.⁷

Gender Identity

In terms of gender identity, the Census 2021 data on York residents aged 16 years and over shows:

- 93.41% (n = 161,735) of stated their gender identity was the same as their sex registered at birth
- 0.18% (n = 318) stated they were non-binary
- 0.20% (n = 341) identified as either a trans man or trans woman
- 0.09% (n = 161) described themselves as another gender identity
- 0.14% (n = 242) stated their gender identity was different from their sex registered at birth but gave no specific identity

⁶ https://data.yorkopendata.org/dataset?sort=metadata_modified+desc&tags=ward+profiles

⁷ ONS (2023):

www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualorientationenglandandwales/census2021

- 5.98% (n = 10,286) did not give an answer.⁸

Ethnicity

In the 2021 Census, 87.3% (n = 176,963) of York residents described themselves as “White: English, Welsh, Scottish, Northern Irish or British. People who identify as Other White are the second largest ethnicity as 4.6% of the York population (n = 9297) followed by Chinese with 2,889 people (1.4%) identifying as this ethnicity.⁹

Disability

There are many disabilities recognised under the Equality Act. These are quantified by how much they limit a person’s ability to undertake day-to-day activities, either a “a lot” or a “a little”. Across York, 5.9% are limited a lot by their disability, and a further 10.9% are limited a little.¹⁰

What do we know about drug use and alcohol consumption in York?

Drug use

Table 1 shows the estimated numbers of people using opiates and / or crack cocaine in York, together with the rates of unmet need for specialist treatment, calculated from the proportion of those not currently in treatment.

Table 1: Prevalence of opiate and crack use in York, 2020-21 (NDTMS)					
	Number of people	Rate per 1,000		Unmet need	
		York	England	York	England
Crack	483	3.5	5.1	75%	58%
Opiates	687	4.4	7.3	32%	47%
Opiates and Crack Users	810	5.8	8.9	41%	53%

⁸ ONS (2023): www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/genderidentity/bulletins/genderidentityenglandandwales/census2021

⁹ ONS (2022): [Ethnicity Data: Census 2021](https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/bulletins/ethnicityenglandandwales/census2021)

¹⁰ ONS (2023): <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/disabilityenglandandwales/census2021#how-disability-varied-across-england-and-wales>

Substance use is obviously best documented among those seeking treatment. *Table 2* below shows the most commonly cited substances of all adults in treatment in York in 2020-2021. York has a higher proportion of people citing alcohol and benzodiazepines use than the England averages for people in treatment.

Table 2: Substance use by customer's primary substance type, for adults in treatment in York, 2020-21 (NDTMS)

Substance	Opiate (n=469)		Non-opiate (n=54)		Alcohol and non-opiate (n=110)	
	n	(%) of this customer group	n	(%)	n	(%)
Alcohol	119	(25%)	0	(0%)	110	(100%)
Amphetamine	28	(6%)	9	(17%)	6	(5%)
Benzodiazepines	64	(14%)	8	(15%)	6	(5%)
Cannabis	76	(16%)	39	(72%)	61	(55%)
Cocaine	13	(3%)	17	(31%)	43	(39%)
Crack cocaine	110	(23%)	6	(11%)	7	(6%)
Ecstasy	2	(<1%)	2	(4%)	6	(5%)
Hallucinogens	0	(0%)	4	(7%)	1	(1%)
New psychoactive substances	4	(1%)	0	(0%)	2	(2%)

Alcohol consumption

Alcohol-related harm is largely determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption.

National trends indicate that levels of alcohol consumption vary with age and gender. Among men, the prevalence of drinking more than 14 units a week is most common among men aged 55 to 74 years. Thirty-nine to forty per cent of men this age drink at increasing risk and higher risk levels. Among women, the proportion who drink more than 14 units a week is highest in the 55-64 years age-group, with 20% of women this age drinking above low risk levels.¹¹

However, that is not to say that drinking above low risk levels is not also a concern in other age-groups; when we translate the national consumption trends into estimated numbers of York residents in each of the age-groups based on York population estimates, we identified that

¹¹ [Health Survey for England, 2019: Data tables - NHS Digital](#)

there are likely to be significant numbers of residents drinking at increasing / high risk levels across the 16-74 years age groups.¹²

What do we know about drug/alcohol dependence and treatment access?

Drugs

In York, in 20/21 there were 633 adults in treatment for drug dependence. The majority (74%) were opiate only, with a further 17% for non-opiate and alcohol, and 8% non-opiate only. *Table 3* shows the total number of adults in treatment by year and substance category.

Table 3 : Total number of adults in treatment for drugs in York, from 2009-10 to 2020-21 (NDTMS)

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	660	703	686	655	626	618	586	546	510	505	488	469
Non-opiate only	44	53	90	84	79	73	101	98	97	78	43	54
Non-opiate & alcohol	59	54	44	117	131	123	128	134	120	121	115	110

Table 4 shows the number of new presentations for treatment by year and substance category. There has been a reduction in the number of opiate-only presentations over the last 4 years, and a general downward trend in presentations for ‘non-opiate’ and ‘non-opiate & alcohol’, with the exception of the most recent year where an increase has been seen.

Table 4: Number of new adult presentations for treatment for alcohol only in York, from 2009-10 to 2020-21 (NDTMS)

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	174	243	187	200	179	186	164	157	170	164	157	136
Non-opiate only	26	34	65	54	54	49	78	73	71	45	29	43
Non-opiate & alcohol	28	29	14	91	84	76	82	98	78	91	79	79

York has a similar overall male/female split as England for those accessing treatment services (*Table 5*). Of the 633 people who were in drug treatment in 2020-2021, 68% were male and 32% were female, broadly similar to the ratio seen across England. Of those who presented to treatment in 2020-2021, 94% were white British, 94% were

¹² CYC Public Health calculations based on [Health Survey for England, 2019: Data tables - NHS Digital](#) and ONS Mid-year 2020 population estimates.

heterosexual (with 1% gay/lesbian and 2% bisexual), 5% had a disability. York has a higher proportion of females accessing treatment for combined alcohol/non-opiate substance support (40%, York; 30%, England).

Table 5: Numbers in treatment in 2020-2021, in York and England, with gender split (NDTMS)

	York			England		
	n	% Male	% Female	n	% Male	% Female
Non-opiate & alcohol	110	60%	40%	30,688	70%	30%
Non-opiate only	54	65%	35%	27,605	68%	32%
Opiate	469	70%	30%	140,863	72%	28%
Total	633	68%	32%	199,156	71%	29%

In 2020-21, 159 (62%) of new presentations had an identified mental health need, with 122 (76.7%) of these individuals receiving treatment for this either through primary or secondary care.

Alcohol

Among adults in York, it is estimated that 2,458 people were dependent on alcohol in 2018/2019, which is the latest published estimate.¹³ Using this estimate, a projected unmet need figure has been calculated for 2020/2021. It is estimated that 84% of people who are alcohol dependent are not in treatment.

The total number of adults in treatment for alcohol only has reduced year on year over the last decade (*Table 6*). In 2020/2021 there were 275 adults in treatment for alcohol only dependence, of which 60% (165) were male and 40% (110) were female.

Table 6: Total number of adults in treatment for alcohol only in York, from 2009-10 to 2020-21 (NDTMS)

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	813	512	411	403	402	409	471	446	398	368	314	275

¹³ <https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england>

New presentations for alcohol only are also lower than at any point within the last decade at 184 in 2020/2021 (*Table 7*), which is likely due to the impact of the COVID-19 pandemic reducing the number of people seeking support.

Table 7: Number of new adult presentations for treatment for alcohol only in York, from 2009-10 to 2020-21 (NDTMS)

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	455	292	187	237	266	245	291	291	249	219	181	184

What do we know about supply of drugs?

North Yorkshire Police’s 2022 Drugs Market Profile stated the illegal drugs market continues to be one of the largest profitable markets for organised crime.¹⁴ York, Scarborough and Harrogate were consistently the top three districts with the most recorded drug offences in North Yorkshire (*Figure 2*). Their locations, particularly in the town centres, are known hotspot locations for county lines activity owing to their good transport links enabling movement between areas and other police forces’ regions.

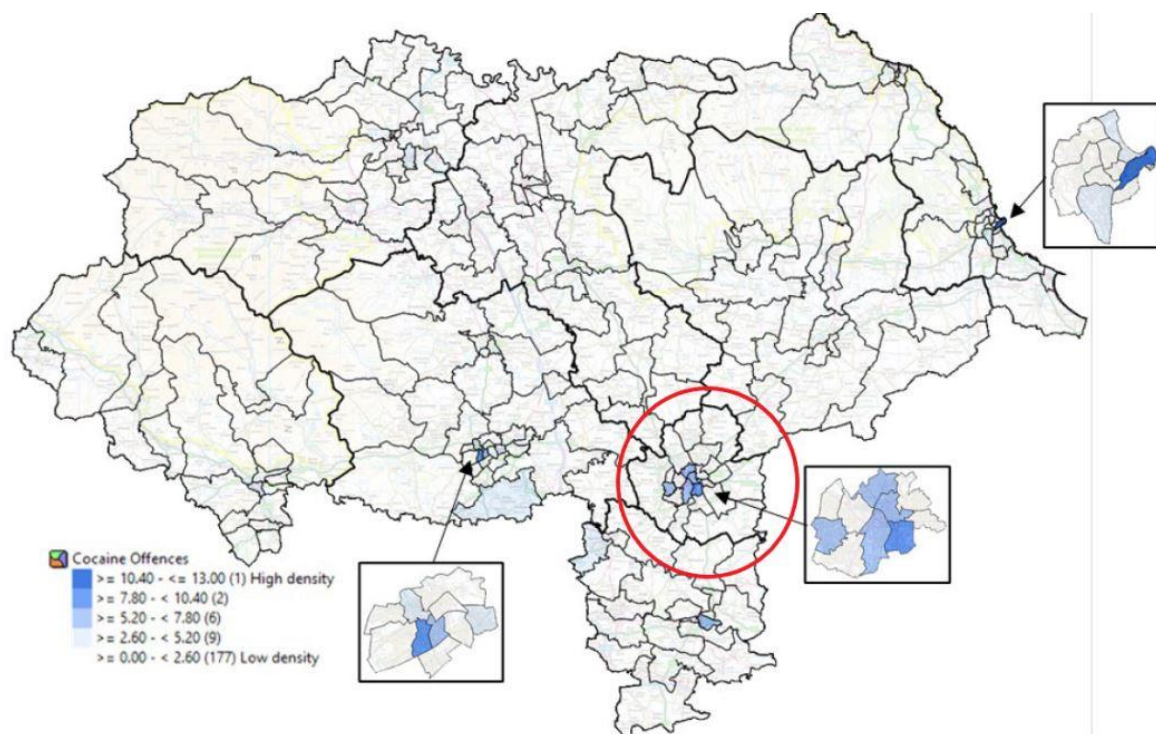


Figure 2: Distribution of cocaine related occurrences 2020-21 across North Yorkshire (NYP)
The red circle highlights City of York.

¹⁴ North Yorkshire Police (Nov 2022) Drugs Market Profile

As reported in the NYP drugs market profile, and shown below in *Table 8*, all major drug types are readily available across York, particularly heroin, cocaine, cannabis, amphetamines, and benzodiazepines. The demand for heroin and cocaine is higher in York than the rest of North Yorkshire, especially the city centre wards. There was an increased demand for benzodiazepines, the majority of which was related to diazepam, in 2020-2021 which was observed in all occurrences, intelligence and arrests.

Table 8: Individuals who use drugs in contact with Police in North Yorkshire, by substance ('commodity') (NYP)

Commodity	Nominals with Active Markers*	Age		Gender		Employment Status		
		Common Age Range (%)	Average Age	Male (%)	Female (%)	Employed (%)	Unemployed / Retired (%)	Student (%)
All drugs	2255	30-49 (62%)	36	1822 (81%)	428 (19%)	549 (24%)	1023 (45%)	40 (2%)
Opioids	1108	30-49 (77%)	41.3	836 (76%)	272 (25%)	149 (13%)	636 (57%)	3 (0.3%)
Cocaine	1006	30-49 (56%)	34.5	862 (86%)	140 (14%)	323 (32%)	404 (40%)	12 (1%)
Amphetamines	111	30-49 (63%)	36.1	96 (86%)	15 (14%)	18 (16%)	59 (53%)	2 (2%)
Other Synthetic Drugs (MDMA, Ketamine, LSD, Methamphetamines)	104	18-29 (56%)	25.7	87 (84%)	17 (16%)	31 (30%)	38 (37%)	11 (11%)
Cannabis	137	18-29 (60%)	28	113 (83%)	23 (17%)	46 (34%)	33 (24%)	11 (8%)
Benzodiazepines	174	30-49 (58%)	35.2	144 (83%)	30 (17%)	25 (14%)	88 (51%)	1 (0.6%)
Psychoactive Substances	15	18-29 (47%)	32	13 (87%)	2 (13%)	4 (27%)	9 (60%)	1 (7%)

Cannabis edibles have also been identified as an increasing threat with data indicating offences have tripled. This is especially concerning as intelligence suggests dealers are supplying children as young as 12 years.

Police intelligence has indicated that there is an increase in the number of individuals 'cooking' up their own crack cocaine and therefore reported numbers are likely to only account for a proportion of offences.

A potential gap in intelligence concerns the use of psychoactive substances such as Lysergic Acid Diethylamide (LSD) and Methylendioxyamphetamine (MDMA, ecstasy in tablet form or molly in crystal form) where data suggests demand in York is limited.

In recent years, misuse of prescription drugs has increased, particularly benzodiazepines. Additionally, other prescription drugs highlighted by the North Yorkshire Police have been gabapentin, pregabalin, tramadol, oxytropin, and zopiclone.

North Yorkshire Police has established a link between people with identified drug use and violent offences in York. Of drug users known to North Yorkshire Police, 69% (n = 1530) were identified as having links to violent offences, with 23% (n = 515) having links to weapon possession. Furthermore, 77% (n = 1714) have links to theft offences while approximately 50% (n=1107) have links to shoplifting offences.

The majority of the drugs market known to North Yorkshire Police involve street deals. There is however a lack of data regarding other marketing methods. The county drug lines are the most recognisable markets across the county. These involve specific deal line numbers, operated from other force areas, and are only active at certain times of the day. Lines advertise their products, commonly class A drugs, and their availability through mass text messages sent to their customer base. There are often more than 50 contacts in these lists. Whilst new customers are added, they are usually treated with scepticism initially until they are vouched for by known customers. Usually this requires a meeting with the dealers. Orders are confirmed via calls or text messages before details of agreed meeting places are given. Locations may change throughout the day for security reasons. A common modus operandi (MO) among county lines is to have properties across the market area in which the runners can base themselves and store drugs throughout the day. These addresses can often be the homes of vulnerable and exploited individuals who are being paid to store drugs at the property.

County lines is a competitive market often with deals so as to attract or retain customers. This can bring increased tensions between rival lines but North Yorkshire Police report that there is no evidence of true gang culture in York as experienced in other areas. Most transactions are cash in hand, however in some cases drugs can be obtained without payment ('on tick') which may lead to increased risks of violence or exploitation if debts are substantial.

Recreational or prescription drugs and other psychoactive substances are often available online through social media, messaging applications or the dark web. Internet-based applications such as Facebook Messenger, Whatsapp, and Telegram have been increasingly used to advertise deals. Local dealers are more likely to use these as opposed to organised crime groups. Snapchat and Facebook are more common due to their popularity with adolescents and young adults.

During the three-year period 2018-2021, there were 394 intelligence submissions relating to the use of social media for drug dealing, levels of

which increased year on year (56 in 2018-19, 83 in 2019-20 and 111 in 2020-21). These submissions were linked to 216 unique individuals the majority of whom were males (86%) or under the age of 30 (73%).¹⁵

Drug / Alcohol related hospital admissions

Drugs

As well as being a key issue to be addressed in themselves, poisoning admissions can be an indicator of future deaths. People who experience non-fatal overdoses are more likely to suffer a future fatal overdose. Drug treatment services should be assessing and managing overdose (including suicide) risks.

In York in 2019-2020 there were 55 admissions for drug poisoning, a rate of 24 per 100,000. This is lower than the England rate of 31 and the Yorkshire and Humber rate of 34. There has been a general downward trend in admissions over the last 5 years.¹⁶

Alcohol

Alcohol-specific admissions (those admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific condition), are significantly higher in York (771 per 100,000) than in England (626 per 100,000) and the Yorkshire and Humber region (644 per 100,000).¹⁷ While this number has come down since peaking at 825 per 100,000 in 2018/19 it is still far higher than the rates of 416 per 100,000 seen in 2011/2012 (*Figure 3*). Over the last 5 years, the overall trend for males, and males & females combined has not significantly changed, however there has been a marked increase in the number of females with alcohol-specific admissions. In 2020-2021, female alcohol specific admissions were significantly higher in York compared to England 580 per 100,000 in York, 390 per 100,000 in England.¹⁸

¹⁵ North Yorkshire Police (Nov 2022) Drugs Market Profile

¹⁶ NHS Digital, http://bit.ly/drug_admissions_dashboard_1920

¹⁷ OHID, <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132984/pat/6/par/E12000003/ati/402/are/E06000014/iid/92906/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

¹⁸ OHID, <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938132833/pat/6/par/E12000003/ati/402/are/E06000014/iid/92906/age/1/sex/2/>

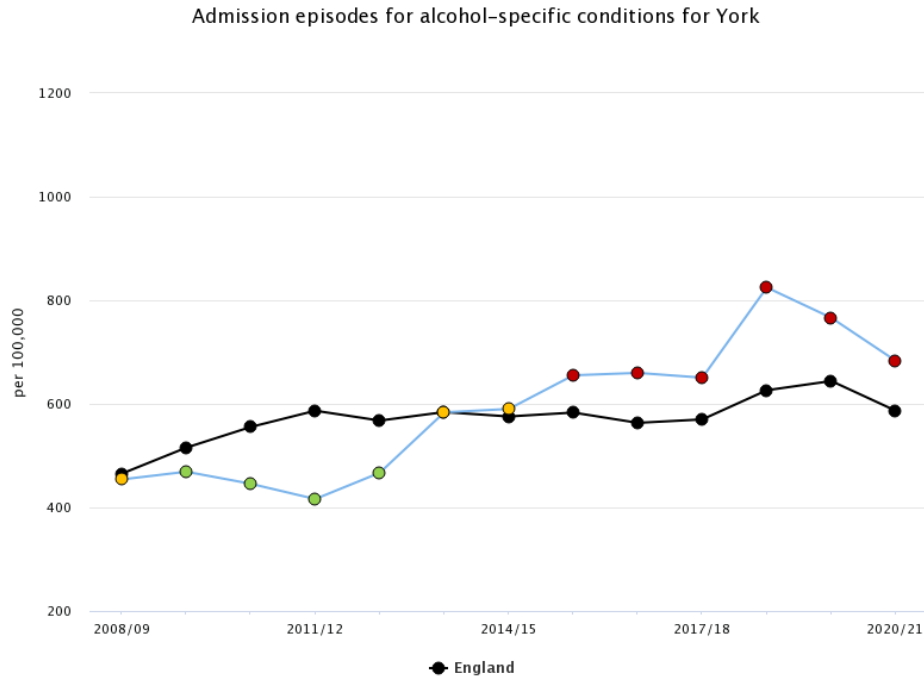


Figure 3: England and York alcohol-specific admissions from 2008-09 to 2020-21 (OHID)

Admissions for alcohol-specific conditions do not include attendances at A&E, unless there is a subsequent admission to the hospital ward or as a day case. As such many shorter-term alcohol harms, which are treated within and discharged from A&E, such as injuries and assaults will not be captured within this data.

The main reasons for admission include intentional self-poisoning, unintentional injuries, alcoholic liver disease, alcohol related cancers, alcohol related cardiovascular disease and mental and behavioural disorders. Across York, all of these conditions statistically similar or worse than the England average.¹⁹

Of greatest concern (due to the highest numbers of admissions and being significantly worse than the England average) are cardiovascular diseases in males, alcoholic liver disease in females and mental and behavioural disorders in both males and females. In 2020/2021 there were 913 admissions related to mental and behavioural disorders (psychosis,

[cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0 ine-vo-1 ine-ao-0 ine-yo-1:2021:-1:-1 ine-ct- ine-pt-1](#) (continued from previous page)

¹⁹ OHID, <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132848/pat/6/par/E12000003/ati/402/are/E06000014/iid/93766/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0 ine-vo-1 ine-ao-0 ine-yo-1:2021:-1:-1 ine-ct- ine-pt-1>

withdrawal, dependence, delirium, harmful use and acute intoxication), a rate of 477 per 100,000 against England at 379 per 100,000.²⁰

Drug / alcohol related deaths

Drugs

The number of drug related deaths in York are shown in *Table 9*, as reported by the ONS.²¹ The two figures are deaths related to drug poisoning and deaths related to drug misuse. Deaths classified as drug misuse must meet either one (or both) of the following conditions: the underlying cause is drug abuse or drug dependence, or any of the substances involved are controlled under the Misuse of Drugs Act 1971. Information on the specific drugs involved in a death is not always available, therefore figures on drug misuse are underestimates.

Table 9: Number of drug related deaths in York from 2011 to 2021 (ONS)

Year	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011
Poisoning	15	22	22	19	25	21	18	4	18	7	15
Drug Misuse	14	13	20	14	22	17	15	3	11	6	13

Over the last 10 years there have been 186 drug poisonings resulting in death in York, of which 148 (80%) were deemed to be drug misuse related. In 2021, 14 of the 15 deaths were drug misuse related.

Over the last 3 years (2019-2021), the rate (per 100,000) of deaths relating to drug poisonings was 13.5 for males and 7.1 for females, both higher than the England average of 10.8 and 5.1 respectively. Over the same period, the rate of deaths related to drug misuse was 10.7 for males and 5.8 for females, again both above the England average of 7.4 and 2.8 respectively.

In 2021, across England, the highest rate of drug misuse deaths was found in those aged 45 to 49 years, closely followed by those aged 40 to 44 years. They are part of the age cohort often referred to as "Generation

²⁰ OHID, <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132848/pat/6/par/E12000003/ati/402/are/E06000014/iid/93766/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0 ine-vo-1 ine-ao-0 ine-yo-1:2021:-1:-1 ine-ct- ine-pt-1>

²¹ ONS (2022): www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2021registrations

X", born between the late sixties and early eighties, who have consistently had the highest rates of drug misuse deaths for the past 25 years.²²

The types of drugs involved in deaths are recorded from death certificates, usually written by the coroner. It is worth noting that over half of all drug deaths involve more than one drug, so it not usually possible to tell which substance was primarily responsible for the death. York data on substances will be sought as part of a deeper analysis of drug related deaths from the National Programme for Substance Abuse Deaths.²³ At a national level, opiates are involved in 45.7% of deaths in 2021, with heroin and morphine being the most frequently mentioned. Deaths involving methadone have significantly increased in 2021, up 28.5% from 2020. Deaths from cocaine and new psychoactive substances have also increased.²⁴

Alcohol

In 2021, there were 65 alcohol related deaths in York, of which 43 were male and 22 were female.²⁵ When these deaths are expressed as rates per 100,000 York is lower, but not significantly different to, the England and region averages.

Of these 65 deaths, 20 were alcohol-specific deaths, that is that the cause of death is wholly attributable to alcohol. The predominate cause of death was alcoholic liver disease, of which 13 of the 20 deaths were caused by.²⁶

Drug / alcohol related crime

Drugs

The illegal drugs market dominates serious organised crime offering large profits for minimal effort. North Yorkshire Police reported there were 44

²² ONS, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deaths-relatedtodrugpoisoninginenglandandwales/2021registrations>

²³ For more details about NPSAD, see: www.kcl.ac.uk/research/the-national-programme-on-substance-abuse-deaths

²⁴ ONS (2022): www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deaths-relatedtodrugpoisoninginenglandandwales/2021registrations

²⁵ OHID: [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](http://LocalAlcoholProfilesforEngland-Data-OHID(phe.org.uk))

²⁶ OHID: [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](http://LocalAlcoholProfilesforEngland-Data-OHID(phe.org.uk))

active organised crime groups (OCGs) relating to drugs between 01/11/2018 and 31/10/2021. These generally fall into two categories: local, where the OCG is based and operates in the same area, and county lines, where the OCG is out of area sending couriers and dealers to other areas. These may be trafficked children or vulnerable adults. “Over the three-year period, the number of active drug related OCG’s increased each year with over twice as many by the end of 2020-21 compared to 2018-19. The number of new trigger forms submitted for drug related OCGs also increased each year, tripling by the end of 2020-21. During this time, there has been a slight shift towards the county lines model. Of the 44 scored OCGs, 37 (approximately 84%) have links to firearms intelligence and 32 (approximately 72%) have links to weapons intelligence through one or more of their linked nominals, further confirming a correlation between drugs and violence. These reports range from nominals having access to firearms/weapons, making threats with them or actually owning or using them. Of these, only 28 OCGs had firearms or weapons intelligence submitted during the three-year period reviewed.”²⁷

County lines in North Yorkshire are mainly impacting the larger towns including York due to their easy transport links enabling transportation of drugs. The main concerns are the numbers of targeted cuckooed addresses due to the risks posed with often vulnerable residents.

County lines pose a significant threat to local communities as adults and juveniles can be easily exploited either through control of their properties (cuckoo locations) or through street dealership. There were 33 county lines operating in the local area known to traffic and exploit juveniles from outside of North Yorkshire. Twenty were known to traffic and exploit local juveniles. Fifty-nine lines have been known to cuckoo address with 18 having links to firearms and five with links to weapons.

Some lines can pose a sexual exploitation risk. However evidence in York is limited. During the review period of 2018-2021, there were five intelligence reports linked to drugs and sexual exploitation. All were reported in the 2020-21 period and involved the sexual abuse of females either under the influence or being offered drugs in return for sexual favours.

²⁷ [NYP Drugs Market Profile, November 2022](#)

Alcohol

In their 2018-2021 report, North Yorkshire Police analysed crime pattern intelligence in relation to alcohol related crime, anti-social behaviour (ASB), and public safety and welfare (PSW), within the York Cumulative Impact Area (CIA), which is a small area within the city centre with a high density of licensed premises.²⁸ The majority of incidents occurred during the night-time economy, particularly in the peak hours of 23:00-04:00. As seen in *Figure 4*, substantial rise was observed over the weekend, especially Saturdays where 24% of all reported incidents were reported on that one day alone. The majority of occurrences were considered ASB Nuisance with 42.5% of all incidents reported over the weekend (see *Table 10*). Violent crime was also reported to feature highly, accounting for 73% of crime types in the City of York Cumulative Impact Area (CIA) 2019/20.²⁹ Fifty five percent of acts of violent crime for the same period occurred over the weekend with all incidents believed to be linked to alcohol. The top five locations for alcohol related crime in York are Micklegate, Coney Street, Blake Street, Blossom Street, and Low Ousegate. Seasonally, crime rates increase in the summer months and around December.

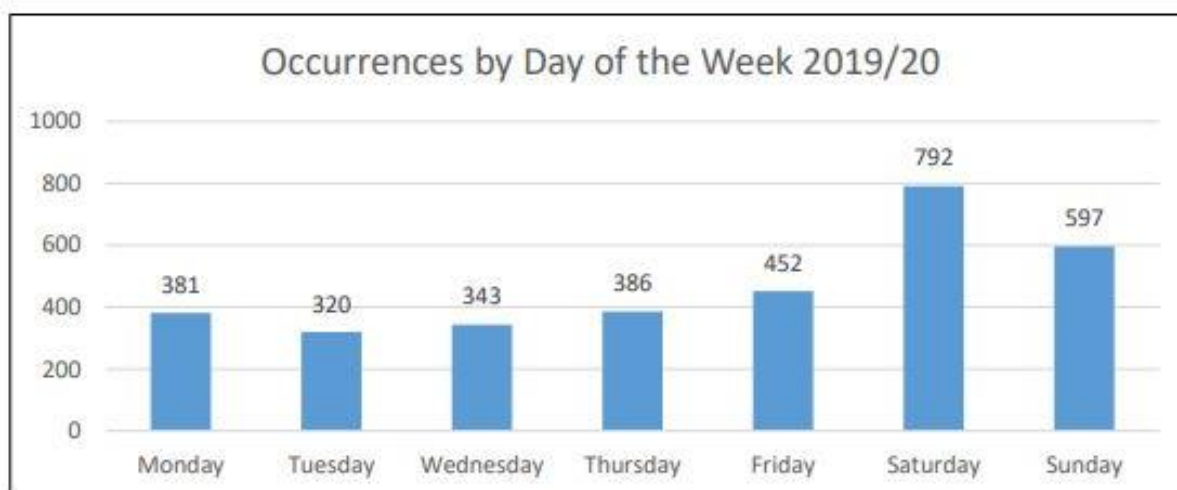


Figure 4: 3271 occurrences reported within the CIA in 2019/20. The top tier of occurrence types is shown by day (NYP)

²⁸ [Alcohol Related Crime, ASB and PSW Occurrences within the City of York CIA area 2018-2021, North Yorkshire Police](#)

²⁹ [Alcohol Related Crime, ASB and PSW Occurrences within the City of York CIA area 2018-2021, North Yorkshire Police](#)

Table 10: Top five alcohol-related occurrences in York by year

Incident Type	2018/2019	2019/2020	2020/2021
ASB Nuisance	1196	1050	465
PSW Concern for Safety/Collapse/Injury/Illness/Trapped	582	549	275
PSW Suspicious Circumstances/Insecure Premises/Vehicle	642	494	243
Crime Violence	402	534	150
ASB Environmental	30	19	142
PSW Abandoned Call	208	297	122



Impact of drug/alcohol use on family members

One way to assess the numbers of children affected by a parent’s drug or alcohol use is to look at the family situation of individuals accessing treatment services, although this obviously only accounts for children or young people whose parent has sought help from the local authority funded treatment service. Some parents may be accessing help via mutual aid groups and/or private counselling, and some may not be accessing any kind of support. The most recent data on children in York with a parent with an alcohol or substance use disorder and accessing the treatment service is from 2019/2020, reported by the NDTMS. In that period, York had a total of 446 new presentations to treatment. Of those, 82 (19%) were parents or adults living with children, and 149 (33%) were parents not living with children. This is shown in *Table 11*.

Table 11: Percentages of individuals in treatment for alcohol/substance use disorders in different family categories for York and England in 2019-2020 (NDTMS)

Family category	All in treatment		19/20 Presentation	
	York	England	York	England
Parent living with children	19%	18%	17%	16%
Other child contact - living with children	2%	6%	2%	5%

Table 11: Percentages of individuals in treatment for alcohol/substance use disorders in different family categories for York and England in 2019-2020 (NDTMS)

	All in treatment		19/20 Presentation	
Family category	York	England	York	England
Parent not living with children	34%	30%	33%	31%
Not a parent and not in contact with children	44%	46%	48%	48%

Tables 12 and 13 look at the predicted unmet need of the number of adults who are living with children who have either alcohol or opiate dependence. For those adults who have alcohol dependence and are living with a child, it is estimated that 82% are not in treatment (68% females and 89% males). The proportion is lower for those with opiate addiction at 64% not in treatment (54% females and 70% males).³⁰

Table 12: Unmet need for alcohol dependent adults in York, by sex (NDTMS)

Sex	Estimated number of alcohol dependent adults living with children (2018 to 2019)	Number in treatment living with children (2019 to 2020)	Local unmet need
Total	506	90	82%
Male	337	36	89%
Female	169	54	68%

³⁰ NDTMS, Parents with problem alcohol and drug use: Data for England and York, 2019 to 2020

Table 13: Unmet need for opiate dependent adults in York, by sex (NDTMS)

Sex	Estimated number of opiate dependent adults living with children (2014 to 2015)	Number in treatment (2019 to 2020)	Local unmet need
Total	294	105	64%
Male	194	59	70%
Female	100	46	54%

It is worth noting that while the statistics *Tables 12 and 13* relate to the number of adults; the number of children will be higher than this due to several children being present in the home. Based on an estimate of 506 adults having alcohol dependence who are living with children, the ONS estimate that this impacts between 766-842 children.³¹ In other words, for every two adults with alcohol dependence who enter treatment, this will impact three children who are living with them. No comparable estimate has been made by the ONS for the number of children affected by opiate dependence.

In York in 2019/2020, 11.7% (234) of children in needs assessments identified alcohol misuse by a parent or other adult living with the child as an issue. Drug misuse was a factor in 8.6% (172) of assessments.³²

Services in place to reduce harm, treat dependence

Various levels of support are available across the city, from population interventions to tier 1 behavioural intervention, tier 2 targeted support and tier 3/4 specialist services.³³

³¹ This is calculated as part of the NDTMS report (ref 29). Some children might live with two or more adults with alcohol dependence. Adjustment for this 'double counting' has been made for male and female adults, and figures for York are presented as a range of the number of children living with at least one adult with alcohol dependence.

³² Department for Education, Characteristics of Children in Need <https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need/2020>

³³ <https://services.drugsandalcoholni.info/content/explanation-tiered-approach-service-provision>

For alcohol, there is population level support via “Lower My Drinking” online AUDIT questionnaire and app – which provides advice/guidance on reducing consumption and signposts to appropriate local service provision where relevant. At tier 1 there is a city-wide local authority managed Health Trainer service offering behavioural change support on reducing alcohol consumption. Further support is offered at tier 2 via the Changing Habits service, which offers up to 8 one-to-one sessions designed to help residents reduce their alcohol consumption and develop approaches to dealing with challenges.

York Drugs and Alcohol Service

For both drugs and alcohol, York Drug and Alcohol Service is run by Changing Lives and Spectrum CIC. It offers a range of support for young people and adults affected by their own substance use, and for young people, someone else's substance use. Within the service there is:

- A treatment team based at Blossom Street, comprising of recovery workers and clinical staff
- Young Person's Service – one-to-one support in community locations for anyone under 21 affected by their own or someone else's substance use
- Oaktrees 12 week abstinence-based day rehabilitation programme and 'Keep it Simple' weekly sessions
- Needle Exchange – available at main Blossom Street site and pharmacies around the city to reduce infection.

There is also a hospital liaison practitioner, provided by York Drug and Alcohol Service, who works on-site at York Hospital. Services offered include:

- assessment for community alcohol treatment following discharge
- liaison with services in relation to substance use and support for patients
- liaison between prescribing services for York Drug and Alcohol Service.

Mutual aid / peer support

York also has a strong focus on post-treatment support, focussing on longer term recovery. York In Recovery is an organisation comprised of individuals with lived experience of an alcohol or substance use disorder. They offer a safe space, activities, and companionship for citizens of York

who are either in recovery or who may not be in recovery but have an interest. They offer a range of recovery cafés in the city, some in collaboration with the specialist service. The cafes are for those looking for support, affected by addiction or in recovery.

There are also a wide range of mutual aid groups running in York such as:

- Alcoholics Anonymous
- Narcotics Anonymous
- Cocaine Anonymous
- UK Smart Recovery

Pharmacy Services – Needle Exchange

There is local provision of a community pharmacy needle and syringe exchange programme. This includes the distribution and collection of sterile injecting equipment and its safe disposal and the provision of a range of other harm reduction support and interventions. The service makes it easy for users to get sterile equipment which reduces disease transmission. There are 7 pharmacies signed up to provide this service.³⁴

Pharmacy Services – Supervised Consumption

This service is provided to individuals who are prescribed methadone, buprenorphine (Subutex® or Suboxone®) in the York area. It encompasses supervised support and advice to service users in a safe environment. The aims of the service are to:

- ensure compliance with the service user's agreed care plan, by dispensing prescribed medication in specified instalment and ensuring each supervised dose is correctly administered
- liaise with those directly involved with the service user's care
- improve drug treatment delivery and retention
- reduce the risk to communities through drug misuse.

There are 24 pharmacies signed up to this service.³⁵ It is recommended that provision is reviewed on a regular basis to ensure that there is accessibility to meet need.

³⁴ York Pharmaceutical Needs Assessment 2022 – 2025, <https://www.healthYork.org/media/77648/York-PNA-2022-2025-Approved.docx>

³⁵ York Pharmaceutical Needs Assessment 2022 – 2025, <https://www.healthYork.org/media/77648/York-PNA-2022-2025-Approved.docx>

Customer and stakeholder feedback on York Drug and Alcohol Service (YDAS)

Surveys of York Drug and Alcohol Service customers (past/current/potential) and other stakeholders (family members/ YDAS staff/other professionals) were undertaken in November 2022. A comprehensive feedback report is available, where the responses to each question are explored in detail, including comments that go alongside the responses. Below is a summary of the main responses for the two groups.

YDAS Customers / Individuals eligible for support

In total, 69 people gave responses, although not all answered every question.

- 86% said they would recommend the service to a friend or family member needing similar support.
- 65% thought the service was very easy or easy to access, with 89% saying the location was very/quite convenient to access.
- 65% said they had achieved their goals around substance use, with a further 24% having partially met their goals.
- Responses about staff were generally positive, with at least 85% agreeing or strongly agreeing that staff were “respectful”, “knowledgeable” and “caring”.

There was also an opportunity for respondents to provide some free text answers around what they would like to see (or see more of) in York for people with alcohol and/or drug problems and anything else that they'd like to say about York Drug and Alcohol Service. Many of the answers were generic, saying how helpful YDAS was/had been for them personally, but specific topics were also seen in multiple answers about what people would like to see or what had been particularly appreciated:

- More awareness of, and easy access to, support
- Staff
- Better admin
- Detox / medication
- Mental health support
- Alternatives to groups
- Evening provision and aftercare
- Social activities
- Home visits

In addition to the topics/themes that were mentioned by more than one respondent, some other specific feedback was given as to what respondents want to see:

- “shorter wait time”
- “first aid and pain relief applied immediately”
- “Bridging the gap between Blossom St, Oaktrees and York in Recovery with lived experience. YIR have done an amazing job organising the various cafes and events. I feel Changing Lives should be in sync with YIR as that’s making a huge difference. Lived experience is invaluable and they’re able to signpost people from experience.”

Other Stakeholders

Feedback was received from 70 people via the stakeholder survey, although again not everyone answered every question. The majority of respondents (75%) were professionals/volunteers who support people and YDAS staff. Family members / friends of people with drug and alcohol problems made up 12.8% and there were also a further 8 people (11.4%) who did not identify with any of these groups but wished to give their views.

- 49% thought the service was easy or very easy to access; 36% thought it was difficult or very difficult
- 66% said the location(s) of support was quite or very convenient.
- 71% thought staff were respectful, 67% thought staff were knowledgeable and 65% thought staff were caring (YDAS staff were excluded from these figures).

The responses to open ended questions identified key strengths and barriers to accessing the service. The barriers were:

- At the community level
 - stigma
 - lack of awareness – of the support available
 - lack of awareness – of the impact of substance use on family/friends
- At the individual level
 - personal factors, such as “individuals not admitting they need help”

- fear of encountering associates or intimidation from other customers
- At the service level:
 - staffing issues
 - waiting times
 - opening hours
 - lack of provision for specific needs, such as learning difficulties or neurodiversity
 - Appointments at central venue model not suitable for people with complex needs / lack of outreach
 - lack of meaningful intervention

The key strengths:

- Flexibility
- Team/staff ethos and knowledge
- Oaktrees programme
- Location, building
- Ease of access (ease of contact and waiting times)

The key themes for what non-customer stakeholder respondents would like to see more of for people with alcohol and/or drug problems' were: awareness raising (to address stigma and inform of support options), the speed, flexibility and staffing of support, the need for detox opportunities, gender-specific services, low level alcohol support and residential / inpatient provision, as well as more holistic/partnership care.

The themes emerging from responses to 'What would you like to see (or see more of) in York for people affected by a family member's alcohol and/or drug problems?' fell into three main categories around support, education/advertising of support and involvement in treatment.

Further insights from people with lived experience of substance use disorders and relevant services are being sought through research conducted as part of the York Resettlement Pathway review.

Recommendations

1. Ensure that the local drug and alcohol treatment and recovery service has sufficient provision for people to access alcohol only support.
2. System wide working to reduce alcohol related harm and hospital admissions should continue, focusing on those at all risk levels (increasing, higher and possible dependence).
3. Multi-agency work across the drug treatment, housing, primary care and secondary care sectors to identify those at risk of drug-related death should continue. Training in the use of Naloxone for individuals who use drugs and professionals should also be implemented.
4. Through the York Drug and Alcohol Partnership, establish a robust method of sharing data and intelligence on drug supply between services and organisations.
5. A focus on supporting children/families where the parent is not accessing treatment should be explored.
6. Explore further involving family and friends in treatment and strengthening the links between the treatment service and lived experience groups and other opportunities to develop recovery capital.
7. A further review with relevant partners/agencies focusing on children and young people should be considered.
8. Addressing stigma to ensure individuals feel able to access support and quality care and should be a long-term ambition for partners.

Appendix 1: Limitations

We recognise a number of limitations or areas for further examination following this initial needs assessment, including:

- Alcohol consumption data for York residents is now quite old, with the most recent data available taken from 2015-18 surveys.
- Stakeholder insights were sought via a small-scale questionnaire-based consultation, without significant outreach to people who would be eligible to receive support but haven't benefited from York Drug and Alcohol Service; further lived experience insights have been sought from the Lived Insights from Experience (LIFE) and York in Recovery (YIR) interviews conducted as part of a 2022 review of the City of York resettlement pathway.
- Young people's data is not included but York's annual school survey results should be considered alongside this report.
- Dependence on prescribed medications was not covered.
- Alcohol in pregnancy and foetal alcohol spectrum disorders were not explored.
- Limited mapping of city assets and activity to divert drug use, reduce substance-related harm, treat dependence and support sustainable, holistic recovery, for example activity with young people in schools and other settings.
- Local Alcohol Licensing and Trading Standards activity is not covered.
- Drink/drug driving statistics are not included but could be sought through York Drug and Alcohol Partnership.
- Detailed assessment of drug-related deaths was not included and should be re-visited in the near future. This could be through the National Programme for Substance Abuse Deaths at King's College London.
- Further in-depth analysis of alcohol-related hospital admissions and activity could help to increase understanding of inequalities and inform relevant service design to reduce health-related harms in worst affected groups.