

Drug and Alcohol Needs Assessment

2024-25

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# Executive Summary

## Introduction

This needs assessment builds on the findings of the 2022-23 report to inform the recommissioning of drug and alcohol (DA) services in Peterborough for April 2026. It provides an updated picture of substance use trends and emerging needs in the local population. The assessment highlights key challenges, opportunities for improvement, and how investment can support broader public health and social outcomes to guide future commissioning decisions.

## Known Issues

Building on 2022-23 findings, the following issues pose significant challenges for treatment services and system partners:

* **Rising drug- and alcohol-related mortality**
  + Locally and nationally, drug- and alcohol-related deaths are increasing,
  + There has been a recent surge in deaths linked to cocaine use.
* **Shifting substance use patterns**
  + While there appears to have been a decrease in use of opiates, issues with non-opiate substances, such as powdered cocaine appear to be increasing.
  + The emerging threat of synthetic opioids (nitazenes) has not increased, but remains high-risk.
* Many people with substance use treatment needs face **overlapping challenges**
  + A high proportion of service users have mental health need (70-80%), and around one in five have unstable housing arrangements at the point of entering treatment. Many may experience economic difficulties in the context of high levels of deprivation in Peterborough, as indicated by a high proportion of those in treatment who are not in employment or training (around 70%).
* **Increasing numbers of vulnerable children** in Peterborough
  + Over one-third of DA service users live with children, and whilst rates of referrals for children’s services are increasing in Peterborough, addressing substance use will be a critical part of supporting need in the area.
* **Inequalities in access** to treatment
  + Specific groups appear to face disproportionate barriers in accessing treatment. Unmet DA treatment need is 80-90% for young adults and certain subgroups appear to be underrepresented in treatment numbers, such as minority ethnic groups and LGBT+ individuals.
* **Funding uncertainty and system change**
  + Key parts of the service are currently funded through supplementary funding from central government, which is currently short-term, creating vulnerabilities for long-term planning.
  + This accounts for around 50% of local funding each year, while public health budgets remain stretched.
  + Peterborough and Cambridgeshire public health teams formally split in 2024. While this allows tailored approaches to continue to meet unique needs of Peterborough's population, it also presents challenges with potential for more variability in service provision, reduced efficiency in some areas, and a risk of losing cross-border collaboration and shared learning.

## Strengths of the Current System

Peterborough’s drug and alcohol services demonstrate several strengths:

* **Increasing treatment uptake**: A growing number of adults are entering treatment, with good engagement among children and young people.
* **Integrated approaches**: There is strong collaboration between the criminal justice system and local treatment services which ensures a robust foundation for addressing complex needs.
* **Innovative practices**: Supplemental grants have supported impactful initiatives, including Individual Placement and Support (IPS) for employment, the introduction of Buvidal for opioid dependency, and housing-related interventions.

## Weaknesses in the Current System

Key areas for improvement include:

* **Unmet treatment need** is particularly high across all substances for **young adults,** although better in Peterborough when compared to England.
* **Limited access to residential rehabilitation**.
* **Areas of fragmentation** between local drug and alcohol services, some NHS and social care services and other partners.
  + This may lead to missed opportunities for engagement and joint care for those with overlapping needs.

## Other Opportunities

* Opportunity to strengthen **assertive outreach for those at high risk of mortality**, for example by strengthening links and ensuring direct referral pathways exist from ambulance services and high-impact user services.
* There is scope to build a **stronger recovery community** in Peterborough, supporting people in sustained recovery to address current gaps in services.
* Qualitative feedback from stakeholders and service users has highlighted **co-location opportunities** across the city, to support accessibility and partnership working.

## Co-benefits of Investment

Investment in drug and alcohol services continue to yield significant public health and societal benefits, including:

* **Reductions in crime** and criminal justice costs.
* **Improved health outcomes** and reduced healthcare costs.
* **Enhanced economic productivity** through employment.

## Recommendations

This needs assessment has 33 recommendations from bringing together the literature review, quantitative analysis and insights from qualitative findings. They are presented here as 25 quantitative recommendations and 8 qualitative recommendations; findings that informed each recommendation can be found in the relevant section of this needs assessment.

### Quantitative (‘Quant’) Recommendations

**Subsection 5.2 – Drug use prevalence, service user epidemiology and unmet need in Peterborough**

###### Quant Recommendation 1

Enhance preventative and harm reduction education for students around age 14-15, ensuring approaches are evidence-informed and relevant to local needs. Programmes should aim to increase knowledge and awareness while supporting informed decision-making. Routes to support from local DA services should be visible and accessible.

###### Quant Recommendation 2

While treatment services in Peterborough are performing well in reducing unmet need for Opiate and Crack Users (OCU) overall, targeted efforts are needed to address disparities among specific subgroups. Services should focus on increasing engagement with males, younger adults, and individuals who use crack only, as these groups have significantly higher unmet need. This may involve tailored outreach and strengthened partnerships with organisations that have contact with these subgroups.

The potential for an extension of young people’s services to support those up to age 25 should be considered in addressing engagement and continuity of care. In addition, lower numbers of 16–17-year-olds in treatment compared to 15-year-olds suggests a potential gap that should be explored to ensure appropriate access and support for this age group, where need is expected to be similar or higher.

**Subsection 5.3 – Alcohol use prevalence, service user epidemiology and unmet need in Peterborough**

###### Quant Recommendation 3

Unmet need for alcohol treatment in Peterborough remains high, exceeding 60% across all adults and disproportionately affecting younger adults. To address this, services should enhance early identification and engagement efforts, particularly among younger adults. This may include targeted community engagement initiatives and collaborations with local youth organisations to raise awareness and encourage individuals to seek help.

Improved pathways between healthcare, social services, and specialist treatment are essential, while expanding access to flexible, low-threshold support options may also help reduce barriers to treatment.

The service model should also explore whether alcohol treatment or aspects of the service could be structured separately from drug services within the existing system, which could help remove the barrier of stigma.

**Subsection 5.4 – Service user demographics in Peterborough**

###### Quant Recommendation 4

Services should ensure that engagement strategies and treatment approaches are informed by the distinct substance use patterns observed across different age groups. Tailoring access initiatives and interventions to these variations can improve accessibility and effectiveness.

###### Quant Recommendation 5

Improveddatacollection for religion and sexual orientation will provide a clearer understanding of the diverse needs of service users, helping to identify and address gaps in care. In addition, there is a need to record gender (and not just sex) in service user data. Evidence suggests there could be high need and potentially high unmet need in genders other than binary female and male, and monitoring will ensure any gaps in access are identified and can be addressed.

###### Quant Recommendation 6

Targeted equality work is needed to address the under-representation of key groups with protected characteristics, including Asian and Black communities, religious minorities, and LGBT+ communities. This should involve building on culturally competent service models and considering the need for specialist interventions, such as chemsex-related services. Ensuring physical, sensory, and cognitive accessibility for disabled people is also essential to support equitable access to treatment and recovery services.

**Subsection 5.5 – Mortality from drug and alcohol use**

###### Quant Recommendation 7

A Drug and Alcohol-Related Deaths (DARD) audit should be considered to help to identify trends, risk factors, and opportunities for intervention to provide valuable insights into areas for action. The findings should inform local harm reduction strategies, service improvements, and targeted outreach for high-risk groups to help prevent future deaths.

###### Quant Recommendation 8

Strengthen joint working between mental health and substance misuse services, including exploring joint commissioning, integrated assessments, and shared care records. This aims to reduce barriers to access, and support individuals with co-occurring conditions more effectively, with more care continuity.

**Subsection 5.6 – Health harms from DA use**

###### Quant Recommendation 9

Further understanding of Primary Care Networks (PCNs) with high hospital admissions related to substance use may identify opportunities for enhanced support in primary care settings.

###### Quant Recommendation 10

To sustain progress in blood-borne virus (BBV) testing and treatment, services should address barriers faced by individuals who are not engaging. Key considerations for achieving this include:

* A designated role of BBV champion and harm reduction lead within the service.
* Ensuring that BBV testing and treatment are considered the responsibility of all staff, supported by standardised training and learning.
* Ensuring that routine screening at treatment entry is standard practice, along with opportunistic offers and, where appropriate, opt-out testing.
* Increasing promotional activities and test and treat events.
* Maintaining a strong focus on harm reduction and needle exchange programmes.
* Ensuring reporting structures include Hepatitis C virus (HCV) microelimination criteria.
* Strong links with NHS services (e.g. hepatology, infectious disease).

**Subsection 5.7 – Intersecting vulnerabilities**

###### Quant Recommendation 11

Drug and alcohol services should ensure that mental health support is embedded within care planning and delivery, with strong referral pathways and collaborative working to meet service users' needs. This includes strengthening links with mental health services and ensuring access to appropriate support. (See Quant Recommendations 7 and 8 for related actions.)

###### Quant Recommendation 12

Ensure that domestic violence (DV) support structures prioritise safety and effectiveness. Processes should be in place to prevent victims and perpetrators from being placed in the same support groups, safeguarding the well-being of those affected.

The increase in DV referrals should be reviewed to determine whether this reflects changing demographics, rising deprivation, or improved engagement with services. Efforts to deliver trauma-informed care, strengthen referral pathways for victims, and provide specialised outreach for women engaged in sex work should continue and be further developed.

###### Quant Recommendation 13

Continue working towards the national target of 75% continuity of care by strengthening links between substance misuse services and the criminal justice system. Services should maximise opportunities to increase attendance and co-location within probation settings and actively engage in prison and probation pre-release resettlement panels. Clinical practice should play a role in improving continuity, including a joined-up harm reduction approach between prison healthcare teams and drug and alcohol services. Measures such as integrating FP10 prescriptions on release into community treatment plans could further support engagement and ensure a smoother transition into ongoing care.

###### Quant Recommendation 14

The successes of the Rough Sleeper Drug and Alcohol Treatment (RSDAT) model should be retained and integrated into service planning. Services need to reflect that housing instability is high in Peterborough, which compounds other health and social vulnerabilities and reinforces the need for a joined-up approach in service delivery.

###### Quant Recommendation 15

Rising support needs for children and families in Peterborough are likely driven by multiple factors, requiring a system-wide approach that considers the wider determinants of health. Drug and alcohol services should incorporate coordinated support for parents, ensuring that families receive proactive, integrated assistance to improve outcomes for children in these families. Strengthening cross-sector collaboration between DA services, social care, and early help teams will be critical in addressing intergenerational cycles of harm.

###### Quant Recommendation 16

Employment plays a crucial role in recovery, improving stability, well-being, and social reintegration for those with substance use issues. Sustained employment support initiatives should be a priority, ensuring services are tailored to those facing barriers to work. Investing in specialist employment programmes will benefit both individuals and wider society, reducing long-term reliance on health and social services.

**Subsection 5.8 – DA services in Peterborough**

###### Quant Recommendation 17

Recovery support should be embedded throughout DA services, with co-location, community-based support, and strong system-wide links. Peer co-designed elements and Lived Experience Recovery Organisations (LEROs) should be integral, ensuring services are culturally competent and responsive to the needs of at-risk and minority groups.

###### Quant Recommendation 18

Services should continue efforts to expand access to inpatient and residential treatment for those who need it, working towards the DHSC target of at least 2% of individuals in treatment accessing residential care. In balance with cost-effectiveness, an exploration of options could include:

* Strengthening partnerships with existing regional providers to secure additional capacity.
* Assessing the feasibility and cost implications of commissioning closer facilities.
* Ensuring robust referral pathways and funding mechanisms to maximise use of available beds.
* Exploring block-purchasing of inpatient beds as a potential approach to increase provision and improve access to detoxification services.

Funding allocated to residential rehabilitation should not be reduced. Any improvements or changes in rehabilitation service provision should proactively consider equity among vulnerable groups and include support for families of those receiving care.

###### Quant Recommendation 19

Long-acting Buprenorphine should be part of the Opioid Substitution Therapy (OST) offer but its use should be targeted, with patient selection strategies in balance with patient-centred care and shared decision-making.

###### Quant Recommendation 20

A targeted effort should be made to increase distribution of naloxone amongst older adults in treatment services for OCU. The implementation of updated legislation on naloxone distribution provides an opportunity to build partnerships with local services to expand the reach of harm reduction advice, which may include training of partners.

###### Quant Recommendation 21

Continue to monitor the rate of successful treatment completions, ensuring regular feedback from both service users and staff to identify barriers and areas for improvement. Use this insight to refine local treatment pathways and enhance support services, with a view to increasing completion rates. Consider setting a specific target for successful completions if this is seen as a useful way to drive progress.

**Subsection 5.9 – Known challenges and opportunities**

###### Quant Recommendation 22

Individuals receiving adult social care who have drug and alcohol (DA) needs may be particularly vulnerable. Enhancing data systems, staff training, and cross-sector collaboration will improve the identification of substance use treatment needs to ensure appropriate support is provided. These steps could be integrated into ongoing transformation programmes within PCC.

###### Quant Recommendation 23

Information throughout DA services should be fully accessible, and this should be standard practice. This includes meeting the communication, literacy, and accessibility needs of all service users, which should be identified and recorded by the service.

###### Quant Recommendation 24

Strengthen links with the ambulance service and high impact user service to enhance assertive outreach and facilitate direct referrals for individuals at high risk of mortality.

###### Quant Recommendation 25

Improved data sharing between drug and alcohol services, healthcare, social care, and criminal justice partners should be prioritised to enhance care coordination and service user outcomes. Strengthening data-sharing agreements or a shared care record will:

* Improve continuity of care across different services, reducing duplication and missed opportunities for intervention.
* Support a more integrated approach to co-occurring conditions, ensuring individuals receive holistic, person-centred care.
* Enable better identification of unmet need and service gaps through more comprehensive data.

### Qualitative (‘Qual’) Recommendations

###### Qual Recommendation 1

Enhancing the outreach and home visiting offer across all service areas was referenced through staff feedback, stakeholder and service user feedback. Requests for an ‘open door policy’, transport issues, improved education offer, improved community activity offer were all mentioned, ensuring that all communities are supported, that support is provided at the most suitable location and accessibility to the service is not based on an office location.

1. Provide quality contacts that recognise starting points and engagement into and through treatment offer.
2. The current provider has 47% unplanned exits from treatment; by creating a flexible approach to delivery that is service user led could decrease this figure due to an increase in engagement.

###### Qual Recommendation 2

The stakeholder feedback presented a clear desire for co- location opportunities across Voluntary, Community, and Social Enterprise (VCSE) and statutory organisations within the City. Stakeholders reported that 59% of individuals known to system partners were not engaging with the current treatment provider. Coupled with feedback from service users on desire for an increased outreach offer, co-location opportunities need to be embedded across multiple locations throughout Peterborough, including, but not exhaustive, the below;

1. **Primary care settings**. Feeback strongly suggests GP surgeries would be beneficial for alcohol interventions.
2. **Community based settings**. Increasing a community-based offer would embed services in localised support networks and enhance chances of recovery, as well as access to treatment. Assumptions could be made that wider representation from community groups could be realised.
3. **Statutory partner** hot desking opportunities, as well as an information, advice and guidance offer could be hugely beneficial to not only seamless support but lend itself to being a wholly trauma informed service.

###### Qual Recommendation 3

Review accessibility offer of the service, including location, language, community groups in line with the Equality Impact Assessment (EqIA), and associated action plan.

1. Improved reporting on protected characteristics could improve accessibility, ensuring communities are aware of the offer and opportunity to access is equitable.
2. Continue to provide a community outreach model and build upon it’s achievements by links to recommendation 4.
3. Review the current transport offer to service users, including a gap analysis.

###### Qual Recommendation 4

Stakeholders reported that 83% of service user will engage when they are ready, coupled with a 53% of stakeholders reporting they were ‘somewhat confident’ in the substance use offer, improved pathways between services would benefit our partners. In addition, our service users reported the highest rates of change in wellbeing, support networks and motivation, evidencing that when working as a cohesive system to support substance use, improvements in rates of change are highest. Providing clearer pathways between services, allowing for information sharing and embedding trauma informed ways of working at a system level will empower service users and stakeholders to take a strength-based approach to sustainable outcomes.

###### Qual Recommendation 5

Service user interviews, questionnaires and interviews highlighted the need for activities ‘to keep them busy’ and a wraparound service that focuses outside structured treatment, service users reported this particularly in relation to alcohol use where traditional social activities such as going for lunch, to the pub are linked to alcohol. The qualitative summaries provide a list of activities Service Users would like to see. Improving the holistic offer will support wider skills to for maximising treatment, as well as recovery

1. Robust transitional recovery offer, with a clear end to end process, recovery plans and exit strategies that are co-produced to aid sustainment.
2. Life skills offer that encompasses activities and skills needed for self-management, life beyond substances, housing, employment and much more.
3. Improved partnership working with co-occurring conditions, in particular mental health.
4. Improved working with Housing to provide suitable and stable accommodation

###### Qual Recommendation 6

Increase young people’s service from birth to 25 years with the following key priorities;

1. There was clear support across the consultation to raise the age of the young person’s provision to 25 years, with an offer from birth to 25 years as one service area, with a structured transition into adults.
2. Include all educational settings (including homeschool and tertiary) within the offer and increase partnership working to ensure all young people can thrive in and out education.

###### Qual Recommendation 7

Undertaking the qualitative needs assessment has provided key insight into meaningful changes that can impact on service users’ treatment and recovery. Inclusion of co-production and lived experience into the service specification will result in continual consultation to ensure delivery meets demand.

1. Consultation provided valuable insight into service users and delivery, and key themes have been collated, evidencing that co-production is invaluable in finding solutions for meaningful interventions.
2. Developing lived experience is key to building a sustainable and recovery focused service offer, by supporting the development of a Lived Experience Recovery Organisation (LERO) the offer within the city will be enhanced.

###### Qual Recommendation 8

A clear communication strategy within the service that leverages use of technology is required to maximise reach and accessibility for the service

1. Currently there is reduced confidence on the substance use offer across partners (53% of partners are ‘somewhat confident in the offer’), by implementing a clear communications plan with partners with the recommissioning, an increase in confidence around substance use services will have tangible benefits such as reducing unmet need, increasing engagement and appropriate referrals.
2. Improve communication across all channels to reach community groups with a strategy that ensures representation is equitable.

The full qualitative report is included in Section 6.

# Introduction

## Why We Need a Needs Assessment

This needs assessment is essential for guiding the commissioning of community-based alcohol and drug misuse treatment services in Peterborough. A recent decoupling of public health services between Peterborough and Cambridgeshire in September 2024 raises a need to reassess the landscape of substance misuse services in Peterborough to ensure they are effectively meeting the distinct needs of each area, while also acknowledging the overlap in service provision across both regions.

As trends in drug and alcohol misuse evolve and financial pressures in the wider system continue to strain service delivery, it is crucial to provide an evidence base that supports the development of responsive and effective treatment services. A comprehensive needs assessment is crucial to understand local trends, identify service gaps, and address health inequalities. By identifying areas of unmet need and highlighting population-specific challenges, this process will support more equitable and effective service delivery.

This updated assessment builds on the findings of the 2023 needs assessment by incorporating the latest data and addressing emerging issues that were not previously explored.

## Why Drug & Alcohol Services Matter

Drug and alcohol use significantly impacts individual health, families, communities, and wider society. The cost of substance misuse is both financial and personal, affecting the lives and wellbeing of individuals, their loved ones, and public resources. Local authority public health teams are tasked with commissioning services that mitigate these harms and should emphasise evidence-based practice and aim to reduce health inequalities.

Alcohol is a leading modifiable risk factor for non-communicable diseases, alongside smoking and obesity. Services that support individuals with addiction play a critical role in mitigating these risks and in helping people make healthier choices. Beyond direct health consequences, drug and alcohol use are major drivers of crime and social issues[[1]](#footnote-2). Nationally, over half of violent crimes involve alcohol or drug-related offenses and societal costs go beyond criminal justice, permeating child welfare, housing, and employment sectors.

The economic argument is compelling: **over a ten-year period, every pound** invested in drug treatment is estimated to **save £21**, whilst alcohol treatment **saves £26**[[2]](#footnote-3). These substantial savings are realised across the NHS, criminal justice system, and social services.

## Aims/ Objectives

The key objectives of this needs assessment are:

* To introduce **national trends** in drug and alcohol misuse and related harms, providing contextual background.
* To outline the **demographic profile and specific needs of the Peterborough** population, with a focus on identifying at-risk groups.
* To **review current services**, identifying gaps, strengths, and areas for improvement, to ensure future service delivery is effective and responsive.
* To describe **at-risk groups and explore wider determinants** that influence substance misuse outcomes.
* To **generate insights** that will inform evidence-based commissioning and the development of future services.
* To review **national policy and strategies** that impact local drug and alcohol service delivery.
* To engage with **service users and stakeholders** to understand the current landscape within the city, and provide **opportunities to shape** service design and delivery.

## Legal Context

Key legislation, such as the Health and Social Care Act, the Care Act, and relevant provisions within the Crime and Disorder Act, mandates the provision of effective, accessible, and integrated services for those affected by substance misuse.

## Strategic Context – Local and National Policy

The strategic context for drug and alcohol service provision is informed by both local and national policies. Nationally, documents such as the ‘From Harm to Hope’ Drug Strategy and NICE guidance on substance misuse outline a comprehensive framework for prevention, treatment, and recovery. Locally, our strategic planning must align with these national frameworks while also addressing the unique challenges faced by our communities. Although there is a clear national strategy for drugs, the absence of a dedicated alcohol strategy means that local practice will apply existing guidance and evidence to design and deliver effective alcohol services.

# Literature Review: Summary

An evidence review was conducted to support the Drug and Alcohol Needs Assessment and is available in full in the appendix. The review summarises key national guidance, research findings, and best practice recommendations. It combines rapid reviews, in-depth analyses, national guidelines, and examples from the National Drug Treatment Monitoring System (NDTMS), rather than a fully systematic review.

Topics covered include drug and alcohol treatment models, recovery services, early intervention, and integrated care for co-occurring mental health conditions. It also examines specific interventions such as opioid substitution therapy and inpatient treatment, alongside guidance on service provision for children and young people.

The synthesis aims to inform local decision-making and service development, ensuring that provision aligns with best practice and meets the needs of the population. Key themes are summarised below:

* **System-wide Working**
  + Effective responses to drug and alcohol-related harm require strong collaboration across services, including health care, criminal justice, housing, social care, ambulance and emergency services. National guidance (e.g. OHID, NICE, ACMD) and evidence from ‘Project ADDER’ highlights the importance of integrated, multi-agency approaches that are trauma-informed, person-centred, and assertive in reaching underserved populations.
* **Recovery Services**
  + A visible recovery offer should be embedded throughout services, with co-location, community-based support, and strong system-wide links. Recovery services should incorporate peer co-designed elements and Lived Experience Recovery Organisations (LEROs). Services should emphasise cultural competence, particularly for at-risk and minority groups.
* **Inpatient and Residential Rehabilitation Services**
  + Funding allocated to residential rehabilitation should not be reduced. Improvements or changes in rehabilitation service offer should proactively consider equity amongst vulnerable groups and include support for families of those receiving care. Block-purchasing inpatient beds is identified as a potential option to increase provision and improve access to inpatient detoxification services.
* **Mental Health**
  + Closer joint working with mental health services, including coordinated care, shared training, and joint assessments, where feasible.
* **Opioid Substitution Therapy (OST)**
  + OST options should include long-acting Buprenorphine, but its use should be targeted, with patient selection strategies in balance with patient-centred care and shared decision-making.
* **Children & Young People (CYP) Models**
  + A multi-agency approach is essential, with particular focus on a gradual, coordinated, and well-supported transition to adult services. Consideration should be given to extending service provision up to age 25 where it could be beneficial for the service user.
* **Reducing Unmet Need**
  + Guidance highlights the use of NDTMS data to identify gaps in treatment, improve outreach and engagement (especially for underserved groups), and promote multi-agency, trauma-informed approaches.
* **Criminal Justice Pathways**
  + National strategy requires improved access to treatment across all points in the justice system, supported by; dedicated criminal justice drug workers, drug testing on arrest (DToA), conditional cautions and diversion schemes, Community Sentence Treatment Requirements (CSTRs) and improved continuity of care from custody to community.
* **Parents with Problem Substance Use**
  + Addressing parental substance misuse is key to safeguarding and improving outcomes for children. A whole-family, trauma-informed approach is needed, with strong links between adult treatment, children’s services, and local safeguarding partnerships.

Insights from this review are incorporated in recommendations throughout this needs assessment. The full review with supporting evidence and guidance is available via this link:

https://cambridgeshireinsight.org.uk/wp-content/uploads/2025/06/DA-NA-Evidence-Review\_PB\_FINAL.docx

# National Epidemiology

This epidemiology (‘epi’) section provides an overview of drug and alcohol use at the national level to establish a context for understanding local patterns in Peterborough. Local data is explored in subsequent sections, where further comparisons are made.

The analysis first explores drug use trends in adults, including patterns by key demographic factors that influence substance use patterns, followed by levels of use in children. The same approach is then applied to alcohol.

## National Epi; Drugs

### General Trends in Drug Use

**Use of drugs in the last year**

The Crime Survey for England and Wales (CSEW) 2023 reveals that 9.5% of individuals aged 16 to 59 reported using drugs in the past year, equating to approximately 3.1 million people. This level has remained relatively stable since 2020, showing only minor fluctuations since the all-time low of 8.1% in 2013. Among younger adults (16 to 24 years), prevalence is notably higher at 17.6%, though this represents a decline from 21% in 2020.

**More frequent use**

Frequent use of drugs (more than once a month) is less common and CSEW demonstrated that levels in 2023 were similar to 2020; 2.3% of adults aged 16 to 59 and 4.7% of young adults (16 to 24) reported frequent drug use.

### Substance-Specific Trends and Frequency of Use

Understanding the different types of drugs and their associated harms is crucial for developing effective interventions.   
CSEW 2023 revealed the following prevalence and trends in different substances:

* **Cannabis**: This remains the most commonly used drug. Among adults aged 16 to 59, 7.6% reported using it in 2023. Among young adults aged 16 to 24, prevalence was 15.4%, a decrease from 18.7% in 2020.
* **Class A Drugs**: Overall prevalence of Class A drug use in 2023 was 3.3% among adults aged 16 to 59 and 6.4% among young adults aged 16 to 24, figures that have remained consistent since 2020.
  + **Powder Cocaine** was the most commonly used Class A drug, with prevalence at 2.4% for adults aged 16 to 59 and 5.1% for young adults aged 16 to 24.
* **Nitrous Oxide**: Use of nitrous oxide has declined since 2020. In 2023, 1.3% of adults aged 16 to 59 reported using it, compared with 2.4% in 2020. Among young adults aged 16 to 24, prevalence dropped significantly from 8.7% in 2020 to 4.2% in 2023.
* **Hallucinogens** (Class A, lysergic acid diethylamide (LSD) and magic mushrooms): Unlike other substances, hallucinogens showed an increase in use among adults from 2020 to 2023, with prevalence now at 1%.

### Demographic Patterns in Drug Use

The CSEW highlights differences in drug use across demographic groups (prevalence is reported use of any illicit drug in the past year):

* **Age**: Drug use is highest among younger adults (16 to 24) and decreases with age.
* **Sex**: Men consistently report higher use of illicit drugs compared to women (11.6% and 7.3% respectively).
* **Ethnicity**: Mixed/ multiple ethnic groups report the highest prevalence (14.2%), followed by White groups (10.7%). Asian and Black ethnic groups report significantly lower prevalence (2.8% and 5.1%, respectively).
* **Disability**: Prevalence of drug use is higher among individuals with disabilities (14.1%) compared to those without (8.8%).
  + Although there is no breakdown of disabilities, it has been recognised that individuals with learning disabilities can be considered a ‘doubly disadvantaged group’, with both substance misuse and disability often being under-recognised by mainstream services[[3]](#footnote-4).
* **Marital Status**: Single individuals report higher prevalence of drug use (15.5%) compared to married or civil-partnership individuals (4.2%).
  + Note that direct comparison does not account for variation with other demographics which may influence this pattern, such as age.
* **Socioeconomic Status**: Drug use is most prevalent in households earning less than £10,400 annually (13.6%), but the trend is not linear with some increases in the higher income groups (e.g., Class A drug use was most prevalent households earning £52,000 or more at 4.3%).
* **Religion**: Those with no religion report the highest prevalence (13.9%), while individuals identifying as Muslim (2.3%) or Hindu (1.9%) report the lowest.
* **Sexual Orientation**: Prevalence of drug use is 8.7-22.5% higher for individuals with gay, bisexual or other sexual orientation than prevalence among heterosexual individuals.
* **Gender**: those whose gender identity is different from the sex they were registered at birth were more likely to report drug use in the last year (22.4%) compared with those who identified as the same sex they were registered at birth (9.6%).

Note that these differences are in drug use and may not translate or correlate with drug dependency. Evidence shows some differences with the above patterns:

* The Adult Psychiatric Morbidity Survey (APMS) in England highlighted that White ethnic groups had the highest rates of drug dependency. Black and mixed/multiple ethnic groups had higher rates of drug use and dependency compared to Asian groups, but lower than White groups. However, the most recent version of this report was published 10 years ago (2014).

Whilst other research around substance use aligns with CSEW:

* Studies show higher rates of substance use disorders among sexual minority adults. A US study found that for females, 26.5% of lesbian and 32.2% of bisexual individuals are affected by substance use disorders, compared to 13.8% of straight females. For males, 32.2% of gay and 32.4% of bisexual individuals report disorders, compared to 20.7% of straight males.

Reliable data on drug dependency for all subgroups in the UK is limited, making it challenging to fully understand the extent of misuse and treatment need across different groups. However, these differences demonstrate that services must be tailored to address the diverse needs of all groups effectively.

### Children and Young People

Drug use among children and young people (CYP) remains a public health concern, with early exposure increasing the likelihood of long-term dependency and associated harms.

A national survey of **Smoking, Drinking and Drug Use (SDD)[[4]](#footnote-5)** Among Young People in England was last carried out in 2023, which surveyed secondary school pupils in England in years 7 to 11 (mostly aged 11 to 15), focusing on smoking, drinking and drug use.

For drugs, the survey found that:

* 12.6% of pupils reported they had **ever taken illicit drugs**. In the East of England this was higher, at **15.2%.**
* This was a **fall in prevalence** of around 5 percentage points since 2021.
* **Cannabis** remains the most commonly used drug, with 3.0% of pupils reporting use in the last month. This represents a small fall in prevalence, but remains a likely key focus for intervention.
* **Class A drugs**, including cocaine, ecstasy and LSD, had low prevalence of use in the last month at 0.9%, similar to previous levels.
* **Nitrous oxide** saw a notable decline from 1.4% in 2018 to 0.5% in 2023. Similarly, **new** **psychoactive substances** ("legal highs") have reduced dramatically, from 0.9% in 2021 to 0.2% in 2023.
* Use of **volatile substances** (e.g., glue, gas, aerosols, or solvents) has shown some fluctuation, with 1.4% of pupils reporting use in the last month, down from a peak of 2.1% in 2016.

While overall prevalence of drug use among CYP has declined in recent years, the continued use of cannabis and the rise and fall of other substances, such as nitrous oxide and volatile substances, highlight the need for ongoing vigilance. Targeted interventions focusing on education, early prevention, and support for vulnerable young people are essential to sustain progress and address emerging trends.

## National Epi; Alcohol

Alcohol misuse is the biggest risk factor for death, ill-health, and disability among 15–49-year-olds in the UK. It’s also the fifth biggest risk factor across all ages and is a causal factor in more than 60 medical conditions, including:

* Cancers (mouth, throat, stomach, liver and breast)
* High blood pressure
* Cirrhosis of the liver
* Depression

Current national guidance on alcohol consumption from England’s Chief Medical Officer (CMO)[[5]](#footnote-6) is that adults should not drink more than 14 units of alcohol per week, to keep health risks from alcohol to a low level.

### General Trends in Alcohol Use

The Health Survey for England (HSE) monitors trends in the nation’s health and care and includes questions about alcohol. The most recent data available is from HSE 2022, which showed:

* **81%** of adults reported that they **had drunk alcohol** in the last 12 months.
* Data since 2011 suggest a **gradual decrease** **in alcohol consumption** among adults, alongside an increase in the proportion of non-drinkers.
* The mean number of units of alcohol consumed by all adults per week has decreased from 13.4 in 2011 to 12.5 in 2022, reflecting a general decline in average alcohol intake.
* Similarly, the median number of units consumed has fallen from 6.8 in 2011 to less than 6 in 2022, indicating that more individuals are consuming lower amounts of alcohol.

### Demographic Patterns in Alcohol Use

As seen in drug use, patterns of alcohol consumption also vary by demographic factors. This was demonstrated in findings in HSE 2022:

* **Age**: Alcohol consumption varies by age;
  + 30% of those aged 55 to 74 drank at least 14 units of alcohol per week, compared with 19-24% of other age groups.
  + Younger adults report lower levels of alcohol consumption compared to older age groups, but some patterns of drinking in younger age groups are known to present more health risks.
* **Sex**: Men tend to drink more than women, although the gap has reduced over time.
  + 32% of men and 15% of women drank at levels that put them at increasing or higher risk of alcohol-related harm (over 14 units in the last week).
* **Ethnicity**: Alcohol consumption varies significantly across ethnic groups.
  + Individuals from White backgrounds are more likely to consume alcohol compared to other ethnic groups. For instance, 91% of White British men and 86% of White British women reported drinking alcohol in the past year. In contrast, only 9% of Pakistani men and 2% of Pakistani women reported alcohol consumption in the same period.
* **Socioeconomic Status**: Those in higher income brackets tend to report higher alcohol use, but harmful drinking behaviours are more prevalent in lower-income groups.
* **Sexual Orientation**: Lesbian, gay, and bisexual adults are more likely to drink at levels which put them at increased or higher risk of alcohol-related harm.
  + 32% reported drinking more than 14 units in the last week, compared with 24% of heterosexual adults
  + Lesbian, gay and bisexual adults estimated weekly alcohol intake was 17.7 units on average, compared with 12.7 units on average amongst heterosexual
* **Disability, gender, religion**: No breakdown in HSE

The notable variation across demographic groups highlights the importance of understanding alcohol consumption patterns within our population, and again tailoring interventions to meet the diverse needs of different groups effectively.

### Children and Young People

In addition to drug use, the **national survey** (SDD 2023) also collected information about alcohol among secondary school pupils in England in years 7 to 11 (mostly aged 11 to 15). This revealed that prevalence of **alcohol use rises with age in children**, and levels were similar or lower than previous years:

* **37%** of pupils said they had **ever had an alcoholic drink**.
* **5%** of all pupils said they usually drank alcohol **at least once per week**
  + This was similar to 2021 (6%)
* The proportion of those who drink alcohol once at least a week **increases with age**, from 1% of 11- and 12-year-olds to 11% of 15-year-olds
* Overall, **6.8%** of those aged 11-15 were found to **have been drunk in the last four weeks**, lower than 8.2% found in 2021.
  + This also **increased with age**; at 0.8% for those aged 11 and 18.7% for those aged 15.
  + The proportion was lowest amongst **boys** **at 5.7%,** then **girls** **at 7.7%,** and **highest in those with another gender identity** **at 8.3%.**

The responses from the survey were also analysed by **individual measures**, to explore associations with drinking. This revealed that pupil likelihood of having drunk alcohol in the last week **varied according to age, gender, ethnicity, family affluence, and whether they had used illicit drugs or used e-cigarettes**. This indicates that further information according to these characteristics should be explored within our local areas, and targeted prevention and intervention efforts may need to consider these demographic and behavioural factors to effectively address alcohol use among CYP.

## National Epi; Mortality

**Mortality rates from both drugs and alcohol have risen in recent years**.

### Drugs

Deaths related to drug misuse have been **increasing over the last 30 years** and **males** have consistently **had a higher mortality rate** from drug misuse compared with females, as shown in Figure 4.3a.

###### Figure 4.3a. Age-standardised mortality rate for death related to drug misuse, by sex, England and Wales, registered between 1993 and 2023

A graph of people with numbers and a black background

Description automatically generated with medium confidence

Source: Drug poisoning in England and Wales from the Office for National Statistics (ONS)[[6]](#footnote-7)

The highest rates of drug misuse deaths are currently observed among individuals aged **40 to 49 years**. The average age at death for drug misuse deaths in 2023 was 44.5 years for males and 47.5 for females, which is over **30 years younger than the average age of death** from all causes in England (78.0 years).

The **biggest rises** in mortality have been observed since 2012, with the most significant increase in **opioid-related deaths**. Deaths involving **new psychoactive substances** have also surged in recent years, although the numbers remain much lower than for traditional substances like heroin or methadone.

Drug-related deaths show a **stark disparity based on deprivation**, with individuals in the most deprived areas facing significantly higher risks of fatal overdoses. Mortality rates in these areas are approximately 2.5 times higher than in the least deprived areas; the mortality rate in for the period 2020-2022 in the most deprived decile was 8.5 per 100,000, compared with 2.9 per 100,000 in the least deprived decile.

Awareness of substance-specific mortality trends is crucial, especially given the overall rise in drug-related deaths. **Opiates** remain the **most frequently implicated substances**, involved in nearly half of drug-poisoning deaths, with heroin and morphine being prominent contributors. **Deaths involving cocaine have surged by over 30% in a year**, while **synthetic opioids** such as nitazenes and fentanyls are an **emerging** **threat** due to their potency and high overdose risk. In the year ending May 2024, there were 179 deaths involving synthetic opioids nationally, with cases unevenly spread across nine regions of England. In the East of England, 33 deaths were recorded, accounting for a significant portion of the national total[[7]](#footnote-8).

### Alcohol

In England in 2023, there were 8,274 **alcohol-specific deaths** (wholly due to alcohol), which is a rate of **15.0 per 100,000 population in 2023**. This was the **highest rate** for alcohol-specific mortality since the start of the data series in 2006 (5,050 deaths, 10.7 per 100,000), as shown in Figure 4.3b.

###### Figure 4.3b. Age-standardised alcohol-specific mortality rate per 100,000 population (all ages): single year, England 2006 to 2023

A graph with a line

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Source: calculated by Office for Health Improvement and Disparities (OHID) Population Health Analysis team from Office for National Statistics (ONS) death registration data and ONS mid-year population estimates[[8]](#footnote-9).

The average (mean) age of death for alcohol-specific mortality in England in 2023 was **57.2 years**, which is around **20 years younger than the average age of death** from all causes in England (78.0 years).

National data shows that mortality rates **are linked to levels of deprivation**, with the **most deprived areas experiencing around double** the mortality rate compared with the least deprived areas; alcohol-specific mortality in 2023 was 20.9 per 100,000 in the most-deprived decile of local authorities, and 9.8 in the least deprived.

## Intersecting Vulnerabilities

This assessment will consider people within our population who are **disproportionately affected** by drug/alcohol-related harms due to systemic inequalities and personal circumstances. In addition to the influence of individual demographics as highlighted above, certain groups are more vulnerable to substance misuse due to additional factors, including **housing instability, social environment, and life experiences**.

The following sub-groups have been identified as experiencing heightened vulnerability to substance misuse:

* **People with mental health conditions**: tend to have higher rates of substance use, with use of drugs or alcohol as a coping mechanism.
* **Women**: some women face increased vulnerabilities due to intersecting factors such as a history of domestic violence, trauma, and experiences of sex work. These factors may exacerbate substance misuse risk.
* **Prison and prison leavers**: this group is at a higher risk of substance misuse, often linked to past trauma, mental health conditions, and the challenges of reintegrating into society post-release.
* **Individuals experiencing housing instability and homelessness:** who often face high levels of substance misuse due to social isolation, mental health issues, and limited access to support services.
* **Parents and families**: parents in treatment services may be dealing with the pressures of caring for children while managing their own substance use, whilst children living in families where substance misuse is a concern may face increased risks, such as neglect, abuse, or involvement with social services.
* **People in unstable employment:** Employment status can influence substance misuse, with individuals in precarious or low-income jobs facing higher stressors and limited access to support with additional barriers to accessing services.

The aim of exploring these groups is to **better understand** how their **specific needs and** **vulnerabilities** contribute to substance use and associated harms. This analysis will help inform the development of targeted services and interventions. It aligns with the **objectives** outlined in the overarching **Joint Strategic Needs Assessment for Cambridgeshire and Peterborough 2023[[9]](#footnote-10)**, which emphasises the importance of public health initiatives in **reducing unfair differences** in health across our population.

# Peterborough

## Peterborough; Demographics

### Population

As of the most recent census in 2021, **Peterborough’s population was 215,669**. Peterborough is one of the **fastest-growing cities** in the East of England as shown in Figure 5.1a, with a population marked by significant diversity and rapid change.

###### Figure 5.1a. Population change heatmap, East of England.

A map of england with orange and black areas

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Source: ONS – 2011 Census and Census 2021[[10]](#footnote-11)

Peterborough has **relatively young** population, with a higher proportion of children and young adults compared to national averages. This age distribution can contribute to differing patterns of drug and alcohol use.

In Peterborough, the population is 49.5% male and 50.5% female, closely matching England’s overall balance of 49% male and 51% female. This is also consistent with the broader East of England region.

### Geographic Distribution

Peterborough's population is **distributed unevenly** across urban and rural areas, with significant implications for access to services and support for substance misuse.

The city itself is a major urban centre, with the highest population density found in central and eastern districts such as Central Peterborough and East Peterborough (over 5000 residents per km2). These areas experience more concentrated demand for services due to higher population density and more complex social dynamics. Conversely, the suburban and rural fringes including areas like North Peterborough and parts of the rural outskirts, have lower population densities (less than 100 residents per km2), and more dispersed communities.

This geographic distribution can affect the **accessibility of services**, with residents in more remote or rural areas potentially facing greater challenges in accessing support for drug and alcohol issues.

### Wider Determinants and Further Demographics

#### Nationality, Ethnicity and Religion

Population **growth** in Peterborough is driven by both **domestic migration and a high rate of international immigration**. The proportion of the population identifying with non-UK national identities rose between the 2011 and 2021 census and 69.8% of residents in Peterborough reported their country of birth as England in the 2021 census, this is 6.7 percentage points lower proportion than nationally (76.5%).

**Demographic diversity** is also reflected in a wide range of ethnic, cultural, and linguistic backgrounds[[11]](#footnote-12):

* Peterborough’s **ethnic distribution** features a smaller proportion of White residents in 2021 (75.4%) compared to 2011 (82.5%) and compared to England overall (81%), with a higher representation of Asian, Mixed, and other ethnic groups.
* Peterborough's **religious landscape** changed between 2011 and 2021, reflecting shifts in cultural and demographic patterns:
  + The proportion of residents reporting "no religion" rose significantly from 24.6% to 32.5%, though this remains lower than the national average of 36.7%.
  + Christianity remains the most reported religion, with 46.3% identifying as Christian in 2021, a decrease from 56.7% in 2011.
  + The Muslim population is above national averages (6.7%) and increased from 9.4% in 2011 to 12.2% in 2021.
* Peterborough's **linguistic diversity** reflects a multicultural population. While English remains the primary language for 80.05% of residents aged three and over, a significant proportion speak other languages:
  + Polish (3.62%) and Lithuanian (3.24%) are the most common non-English languages, followed by Portuguese (1.79%), Romanian (1.72%), and Urdu (1.19%).
  + A notable proportion of residents experience language barriers, with 19.4% reporting that they cannot speak English well and 3.3% unable to speak English at all.

This highlights the importance of tailoring support services to meet the needs of Peterborough's increasingly diverse population.

#### Socioeconomic Status

The Index of Multiple Deprivation ranks areas in England by measures of relative deprivation, local authorities are ranked from 1 (most deprived) to 317 (least deprived) and Peterborough ranks 53rd, placing it in the **second most deprived decile**. Certain communities in Peterborough experience concentrated areas of deprivation, as shown in Figure 5.1b. Deprivation can impact employment and education, which in turn can increase the likelihood of risk factors associated with substance misuse, such as heightened stress, mental health issues, and limited access to social support networks.

###### Figure 5.1b. Overall authority rank and small measure heatmap of Peterborough by deprivation.

A map of different colored areas

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Source: Consumer Data Research Centre[[12]](#footnote-13)

#### Other Demographics

Awareness of Peterborough’s demographic profile by other characteristics enables targeted, equitable interventions tailored to the diverse needs within Peterborough.

**Disability**

In the 2021 Census, 81.7% of Peterborough residents were identified as not disabled, 10.4% of people were identified as being ‘disabled and limited a little’ and 7.9% of Peterborough residents were identified as being ‘disabled and limited a lot’. Across England, this proportion is similar, at 7.5%.

**Sexual Orientation**

In Peterborough, the majority of residents, **89.18%, identified as straight or heterosexual** in the 2021 Census. People identifying with other **sexual orientations** are a diverse group, but some data sources aggregate thiscategories without further breakdown, so the overall proportion can be a useful reference point, which was **2.72%.** This includes 1.13% identifying as gay or lesbian, 1.17% as bisexual, 0.32% as pansexual, 0.06% as asexual, and 0.01% as queer. An additional 0.03% identify with other sexual orientations, while 8.09% of respondents chose not to disclose their sexual orientation.

A survey of over 2000 **children** aged 12-15 was conducted through schools in Peterborough, which found that a **higher proportion** of young people surveyed described their sexual orientation as gay, lesbian, bisexual or other at **7.8%** in 2024[[13]](#footnote-14).

It is important to note that that self-reported data may under-represent minority sexual orientations due to social and privacy concerns, as well as potential methodological limitations in survey design and response accuracy[[14]](#footnote-15).

**Gender**

Census data from 2021 on **gender identity** indicates that in Peterborough the majority of residents, 92.0%, identify with the same gender as their sex registered at birth. Approximately 0.9% of the population identifies differently (including trans woman, trans man, all other gender identities and not specified). 7.0% chose not to answer this question[[15]](#footnote-16).

The local school survey mentioned above also found **higher numbers of gender diversity** in 2024 for **young people**, with 2.4% describing themselves as trans/transgender or gender diverse12.

It is important to recognise that self-reported data on gender identity is also subject to similar methodological concerns as those observed with sexuality. Factors such as stigma, societal pressures, and the sensitivity surrounding gender identity can influence individuals' willingness to disclose their information, potentially leading to an underestimation of the diverse gender identities within the population.

## Peterborough; Drugs

### Prevalence

|  |
| --- |
| **Key National Figure:** The most recent comprehensive data on drug dependence is over 10 years old (2014) but reported **that 3.1% of people aged 16 years or over showed signs of drug dependence**. This included 2.3% who were dependent on cannabis only, and 0.8% who were dependent on other drugs[[16]](#footnote-17). |

This section presents prevalence estimates of drug misuse for substances with available national and local monitoring data, including data for adults, young people and by demographic characteristics where available. A significant portion of this data is sourced from the National Drug Treatment Monitoring System (NDTMS), which tracks individuals in treatment for drug misuse.

Data over time provides insights into changes in prevalence, and comparison with national figures are made to offer a clearer picture of substance use patterns within our local context in Peterborough.

Many illicit substances lack reliable prevalence estimates so cannot be included here.

#### Adults

Unless otherwise stated, the following data refers to adults aged 18 or older.

**Opiates and Crack Cocaine**

Opiate and crack cocaine use (OCU) is closely monitored due to the significant public health and societal impacts of their use. Key data sources in England include DA treatment services, hospital episode statistics, and criminal justice records. NDTMS use this data to derive prevalence estimates; the most recent estimates are from 2019-20, and are presented as a total (OCU) and also categorised in three groups; users of both substances, users of opiate-only and users of crack-only.

Peterborough is estimated to have higher **overall OCU (12.0 users per 1,000 people) compared to England (9.5 per 1,000)**. Prevalence rates were highest for use of opiates-only and both opiates and crack (5.1 and 5.2 per 1000 respectively), with fewer estimated to be using crack-only (1.6 per 1000). The biggest relative difference in prevalence rates compared to national averages was for use of both opiates and crack, as shown in Figure 5.2a.

###### Figure 5.2a. OCU prevalence rate per 1000 population, by substance type in Peterborough and England 2016-17 to 2019-20

A screenshot of a graph

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Source: NDTMS.

Applying this data to 2023 population estimates suggests that there are **over 1500 adults** using opiate and crack in Peterborough. This represents an 11% rise in service demand since 2020 due to population growth, as shown in Figure 5.2b.

###### Figure 5.2b. Predicted increase in OCU due to population growth in Peterborough.

A graph of numbers and a number of people

Description automatically generated with medium confidence

Source: NDTMS data, population estimates from ONS.

This modelling should be considered with caution, as it does not account for any change in prevalence.

Injecting drug use poses risks like blood-borne viruses and overdose. In 2019-20, Peterborough had a **higher estimated proportion of current injectors** (25.2% of all OCU) compared to England (18.9%), with a lower proportion who had never injected (50.4% vs. 56.8%). This suggests that there were **over 400 injecting OCU** in Peterborough in 2023, underscoring the need for harm-reduction services like needle exchange and naloxone (overdose reversal) provision.

**Demographic Breakdown**

**Age**

In Peterborough, the highest prevalence of opiate and crack use is estimated to be in people aged 25–34, differing from the national trend where 35–64 is the age group with the highest prevalence, as shown in Table 5.2a.

###### Table 5.2a. OCU prevalence by age groups in Peterborough and England.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Peterborough** | | | | | **England** |
| Group (years)\* | Rate per 1000 (RPT) population | RPT lower bound | RPT upper bound | Population estimate | Estimated users (OCU) | Rate per 1000 (RPT) population |
| 15-24 | 5.6 | 4.6 | 7.0 | 21,038 | ~118 | 3.8 |
| 25-34 | 16.6 | 14.5 | 19.2 | 29,578 | ~491 | 10.3 |
| 35-64 | 12.0 | 10.9 | 13.6 | 76,613 | ~919 | 11.0 |

Source: NDTMS. \* Note that the oldest age band is a wider range. There is no further breakdown available to examine prevalence for subgroups within this range.

Among young users (15–24), opiates are the most commonly used substance (as seen in other age groups), but users of crack-only represents a larger proportional share compared to other age groups.

**Sex**

Note that data presented here as ‘sex’ is from NDTMS and is self-reported, it may reflect ‘gender’ for some, but there are only options for male and female which are referred to as ‘sex’ in national data.

Rates of opiate and crack use are consistently over **3.5 times higher in males than females**, both locally and nationally, with minimal variation over time, as shown in Figure 5.2c.

###### Figure 5.2c. OCU prevalence by sex in Peterborough and England.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Peterborough** | | | | | **England** |
| Sex | Rate per 1000 (RPT) population | RPT lower bound | RPT upper bound | Population estimate | Estimated users (OCU) | Rate per 1000 (RPT) population |
| Female | 5.3 | 4.9 | 6.0 | 62,618 | ~332 | 4.0 |
| Male | 18.4 | 16.7 | 21.0 | 64,611 | ~1189 | 15.1 |

A screenshot of a graph

Description automatically generated

Source: NDTMS.

**Other Substances**

Prevalence estimates for other substances are not available, so patterns of use and trends are monitored through service user reports, national surveys, and routine data. Substances reported by adult service users to NDTMS as their ‘top three’ problem substances provide some insight into local trends, though it's important to note that this data reflects only those in treatment and doesn't represent the wider population. Note that substances used in combination may be underrepresented due to the ‘top-three’ rule, and the percentages should not be interpreted as prevalence rates.

The **most commonly cited substances are cannabis (around 60% of citations), powdered cocaine (around 34%), and crack (around 15%)**. Notable trends in other substances in Peterborough compared with England include:

* **Amphetamines** are more commonly cited in Peterborough than in England (7.3% compared with 3.6%),
* **Ketamine and Benzodiazepines** are less commonly cited in Peterborough than in England (3.9% and 3.9% in Peterborough, compared with 8.0% and 4.9% in England respectively),
* A narrower range of substances were reported locally (17 substances in 2023-24) compared to England (29 substances in 2023-24).

See section 5.4 for additional detail regarding substance use trends.

#### Children

There are no prevalence estimates for all those aged under 18 on NDTMS, although the data above includes some children in groups that start at age 15.

A **local survey**, the Health-Related Behaviours Survey (HRBS), is conducted biennially in Peterborough for students in year 8 and year 10 (aged 12-15) and provides valuable additional insights about substance use in this area. This data can be utilised to understand current behaviours, identify trends over time, and inform targeted health interventions for the youth in the community.

The most recent HRBS was conducted in 2024 among students in Peterborough12. It should be noted that this survey included 2,114 students and was conducted through schools. As such, the findings may not be fully representative of all young people in the area; it excludes those not attending school and may not capture the diversity of experiences across different communities. Data by gender here is only broken down into male and female as lower numbers in other genders have been suppressed to maintain confidentiality.

Among year 8 and year 10 students surveyed, the **likelihood of being offered drugs** **increased significantly with age**. While 9.5% of year 8 students reported being offered cannabis or other drugs to get high, this rose to 21.6% of year 10 students. A slightly higher proportion of females reported being offered drugs, but this was not statistically significant.

**Actual drug use was** lower than the figures for being offered drugs, with **5.5% of students** across both year groups and all genders stating that they **had taken any drugs to get high**.

* **Year 10** students reported **higher** levels of use compared to their year 8 counterparts (8.7% versus 2.6%).
* There was a **gender difference**, with 7.2% of all females and 3.9% of all males surveyed reporting having taken drugs.
* The **most commonly** used substance was **cannabis**, with 2% of all students reporting use it in the last month.
* When analysing by subgroup, year 10 females were the most likely to report cannabis use in the last month (4.5%) with a lower proportion in year 10 males (2.5%).

Other substances were less likely to have been taken; synthetic cannabinoids, hallucinogens, solvents and ecstasy, were each reported by 0.6-0.7% of respondents, nitrous by 0.5% and cocaine by 0.4%.

Most students denied knowing anyone who they believed took drugs to get high, but the proportion of students in year 10, particularly females, who are **aware of drug use** is significant, specifically:

* 13.1% of year 10 females and 8.8% of year 10 males were certain that they knew someone who used drugs.
* In year 8, 6.3% of females and 4.5% of males were certain they knew someone who used drugs.

A **significant level of uncertainty** about drug use among students (12-14% reported ‘not sure’) may point to the need for initiatives that reduce stigma and encourage open conversations, enabling young people to seek help and make informed decisions about drug-related risks.

Exposure and use patterns identified in this data can inform timing and targeting of prevention programs, which should consider the increasing exposure in older students and tailor interventions to address gender-specific risks and peer dynamics.

### Service User Epidemiology

This section presents analysis of people in community-based treatment for drugs, including those in treatment for opiates and non-opiates both with and without additional use of alcohol. Those in treatment for alcohol-only are discussed later.

In the year ending March 2024, there were **1,281 adults** (18 years and above) in treatment for drugs in Peterborough. This marks **an increase of 7.3%** from 1194 in the year ending March 2023. This rise is in the context of uncertain prevalence trends but suggests that **additional funding and concerted local efforts to engage more individuals** in need of support **have had an impact**. Nationally, treatment numbers have increased by a smaller amount over the same time period (6.4%). The proportion of new presentations for treatment was higher in Peterborough than nationally, 47.8% compared with 42.9%, reflecting an **increase in new individuals** coming forward for support, rather than just extended care for those already in treatment.

Analysis of treatment numbers by substance type reveals that the increase in the number of people in treatment is **not equally spread across all substances**. This is analysed and presented here in substance groups as categorised by NDTMS[[17]](#footnote-18).

The number of people in treatment for opiates has reduced (in groups ‘opiates-only’ and ‘opiates and crack’) since 2020, whilst treatment numbers across the other groups have increased. Numbers of new presentations to treatment services by substance type is shown in Figure 5.2d.

###### Figure 5.2d. Number of adults (18 years and older) newly presenting for treatment for drugs in Peterborough between March 2020 and March 2024, by substance type:

A graph of green lines

AI-generated content may be incorrect.

Source: Adapted from NDTMS.

The change in the number of people in treatment from opiates to non-opiates is also shown in Figure 5.2e.   
A 3.3 percentage point change represents just over 40 people over the year.

###### Figure 5.2e. Proportion of adults in treatment by substance group

A graph with different colored bars

Description automatically generated with medium confidence

Source: NDTMS data.

**Service User Demographics: Age**

The majority of service users in treatment for drugs Peterborough are aged 30-49, accounting for 823 individuals in the year ending March 2024. 210 were younger adults aged 18–29, and 248 were aged over 50.

The overall increase in number of service users described above was not in all age groups, for all substance types, as shown in Table 5.2b, which shows:

* **Treatment numbers declined among younger adults** aged 18–29 overall, with the only notable increase in numbers for those using crack-only.
* Among **adults aged 30–49, overall numbers rose**, driven mostly by growth in numbers for those in treatment for non-opiates with and without alcohol (no crack).
* Adults **aged 50+ saw the largest increase**, with numbers rising across all substance groups, from smaller initial treatment numbers.

###### Table 5.2b. Adult Drug Treatment Numbers by Substance Type Group and Age Band

12-Month Rolling Total for years ending March 2021-2024. ‘Change’ is from 2-year periods 2021-23 to 2023-24

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **18-29 years** |  |  |  |  |  |  |
|  | **2021** | **2022** | **2023** | **2024** | **Change 20-22  to 22-24 †** | |
| Crack (no opiates) | 10 | 11 | 11 | 22 | +6 | +57.1% |
| Non-opiates and alcohol (no crack) | 66 | 44 | 56 | 55 | +0.5 | +0.9% |
| Non-opiates only (no crack) | 79 | 78 | 67 | 81 | -4.5 | -5.7% |
| Opiates and crack | 44 | 34 | 42 | 35 | -0.5 | -1.3% |
| Opiates only | 30 | 25 | 24 | 17 | -7 | -25.5% |
| **Total** | **229** | **192** | **200** | **210** | **-5.5** | **-2.6%** |
|  |  |  |  |  |  |  |
| **30-49 years** |  |  |  |  |  |  |
|  | **2021** | **2022** | **2023** | **2024** | **Change 20-22  to 22-24 (%)†** | |
| Crack (no opiates) | 29 | 34 | 31 | 30 | -1 | -3.2% |
| Non-opiates and alcohol (no crack) | 74 | 87 | 69 | 108 | +8 | +9.9% |
| Non-opiates only (no crack) | 66 | 79 | 71 | 96 | +11 | +15.2% |
| Opiates and crack | 325 | 325 | 339 | 348 | +18.5 | +5.7% |
| Opiates only | 243 | 262 | 258 | 241 | -3 | -1.2% |
| **Total** | **737** | **787** | **768** | **823** | **+33.5** | **+4.4%** |
|  |  |  |  |  |  |  |
| **50+ years** |  |  |  |  |  |  |
|  | **2021** | **2022** | **2023** | **2024** | **Change 20-22  to 22-24 (%)†** | |
| Crack (no opiates) | 6 | 6 | 10 | 12 | +5 | +83.3% |
| Non-opiates and alcohol (no crack) | 9 | 13 | 12 | 24 | +7 | +63.6% |
| Non-opiates only (no crack) | \* | 9 | 17 | 18 | +10.5 | +150.0% |
| Opiates and crack | 51 | 58 | 66 | 66 | +11.5 | +21.1% |
| Opiates only | 87 | 81 | 121 | 128 | +40.5 | +48.2% |
| **Total** | **158** | **167** | **226** | **248** | **+74.5** | **+45.8%** |

Source: NDTMS data. \* suppressed due to small numbers. **†** average yearly numbers taken over two-year periods April 2020 to March 2022 and April 2022 to March 2024 to reduce the effect of fluctuations due to small numbers.

**Service User Demographics: Sex**

In the year ending March 2024, there were more males in treatment services for drug use than females across all substance types in Peterborough. On average, the number of females in treatment is around one-third of the number of males and proportional numbers by substance type are similar. This has been consistent over time and is in line with national patterns.

Further exploration of demographic breakdowns for both drugs and alcohol including protected characteristics is provided later (see Section 5.4).

#### Children & Young People

NDTMS data for service users aged under 18 is recorded as all substances, so this section includes **numbers for children and young people (CYP) in treatment for alcohol, as well as drugs**.

In Peterborough, in the year ending March 2024, there were **152 CYP aged 0-17** receiving treatment for substance misuse. This represents **0.59% of the population** aged 10-17 in this area. This is **higher than the national** proportion which was 0.24%. Without prevalence estimates for this age group, it is difficult to understand how these proportions compare to the level of need in this population.

* This number in treatment demonstrates a slight increase since the lowest numbers between December 2022 and May 2023, where treatment figures ranged between 120-130.
* **There were higher numbers of service users previously**; in May 2020 there were 171 CYP in treatment, a number which has not been matched since.
* This suggests **either lower need or higher unmet need**, especially in the context of population increases (by an average 1% a year from 2020 to 2023).
* Nationally, numbers have recently rebounded to nearly match highest levels at a similar time, as shown in Figure 5.2f.

###### Figure 5.2f. Total number of under 18-year-olds in treatment for any substance, rolling 12-month totals from year ending March 2020 to March 2024, in Peterborough and England

A graph of a number of people

Description automatically generated with medium confidence

Source: NDTMS.

Of 152 young people in treatment in Peterborough in the year ending March 2024, 66 (43.4%) were female and 86 (56.6%) were male.

* This is 0.54% of the female population aged 10-17 and 0.65% of male.
* This sex distribution of males than females in treatment has been consistent over time and is consistent with national averages.

The age distribution amongst under-18s in treatment shows some fluctuation, with a recent trend of higher numbers of younger under-18s (i.e. those aged under 15 or 16 years old). This should be interpreted with caution due to small numbers, but is also a pattern seen nationally. Given that prevalence data indicates increasing drug use with age, this indicates **a need for concerted efforts to engage 16 and 17-year-olds in treatment**.

### Unmet Need

Unmet refers to **individuals who are not currently receiving treatment for drug and/or alcohol problems but could benefit from it**. They may have never accessed treatment or may have been in treatment before but are not currently. Formal estimates for unmet need on NDTMS are based on prevalence estimates, so are only available for opiate and crack users (OCU). The unmet need figure is established by subtracting the number of individuals receiving treatment from the estimated prevalence of substance use.

Unmet need for **OCU in Peterborough in the year ending March 2024 was 42.6%**, 15.3 percentage points lower than the national average of 57.4%, as shown in Figure 5.2g.

###### Figure 5.2g. OCU unmet need

A graph with green and pink bars

Description automatically generated

Source: NDTMS data.

This was **not evenly spread across subgroups** within OCU in Peterborough or nationally. In Peterborough, the highest unmet need for those requiring treatment for crack only at 69.1%, followed by 42.9% unmet need for opiates only, and 32.9% unmet need for opiates and crack.

**Trend Over Time**

Unmet need for OCU in Peterborough **reduced** between years ending March 2022 to 2024 by 3.2 percentage points, from 45.3% to 42.1%. The biggest substance-specific reduction in unmet need was seen for users of crack only (by 6.8 percentage points from 75.9% to 69.1%).

**Unmet Need Demographics: Sex**

Since 2020, unmet need has been consistently **10 to 15 percentage points higher for males than females**, both locally and nationally.

**Unmet Need Demographics: Age**

Analysis by age group reveals that unmet OCU need is **significantly higher among young adults compared to older adults**, both in Peterborough and nationally. In Peterborough, unmet need is 81.2% for those aged 15–24, 67.9% for 25–34, and 23.3% for 35–64. This gap in unmet need between age groups has widened over time as shown in Figure 5.2h.

###### Figure 5.2h. OCU unmet need in Peterborough and England by age group, over time.

A screenshot of a graph

Description automatically generated

Source: NDTMS.

### Recommendations

Recommendation 1

Enhance preventative and harm reduction education for students around age 14-15, ensuring approaches are evidence-informed and relevant to local needs. Programmes should aim to increase knowledge and awareness while supporting informed decision-making. Routes to support from local drug & alcohol (DA) services should be visible and accessible.

Recommendation 2

While treatment services in Peterborough are performing well in reducing unmet need for opiate and crack users (OCU) overall, targeted efforts are needed to address disparities among specific subgroups. Services should focus on increasing engagement with males, younger adults, and individuals who use crack only, as these groups have significantly higher unmet need. This may involve tailored outreach and strengthened partnerships with organisations that have contact with these subgroups.

The potential for an extension of young people’s services to support those up to age 25 should be considered in addressing engagement and continuity of care. In addition, lower numbers of 16–17-year-olds in treatment compared to 15-year-olds suggests a potential gap that should be explored to ensure appropriate access and support for this age group, where need is expected to be similar or higher.

## Peterborough; Alcohol

This section presents prevalence estimates for alcohol use, followed by service user epidemiology and an analysis of unmet need.

Understanding alcohol consumption patterns is essential for assessing public health risks and identifying areas for intervention. Alcohol use in the UK is categorised by levels of risk:

* **Low risk**: Drinking within recommended limits; no more than 14 units per week for adults, with consumption spread over three or more days and several alcohol-free days each week (CMO Guidelines5).
* **Increasing risk**: Regularly exceeding these limits, raising the likelihood of alcohol-related harm (defined by NICE as 15–34 units per week for women, 15–49 units per week for men).
* **High risk**: Heavy drinking associated with serious health and social consequences (NICE definitions 35+ units for women, 50+ units for men).

### Prevalence

|  |
| --- |
| **Key National Figure:** Around **1.4% of the adult population in England were estimated to be alcohol dependent in 2019/20[[18]](#footnote-19)**, defined as having an AUDIT score[[19]](#footnote-20) of 20 or more. |

#### Adults

Previous prevalence estimates from the Health Survey for England in 2019 indicate that **levels of drinking** in Peterborough are **similar or higher than national levels**, with fewer people abstaining from alcohol:

* **Abstaining from alcohol**: Lower prevalence locally (13.2%) compared to England overall (16.2%).
* **Drinking above low-risk levels**: Similar locally (24.9%) compared to England (22.8%).
* **Binge drinking**: Similar locally (17.0%) compared to the national average (15.4%).

A more recent edition of the survey conducted in 2022 does not provide local area breakdowns. For the overall population there has been a slight **trend toward more polarised drinking** over the last five years, with more people either abstaining or drinking at harmful levels. Overall, the proportion of people reporting either increasing or higher risk drinking in 2022 was around 2.4 percentage points higher than in 2017.

Data on the **prevalence of alcohol dependency** from NDTMS can provide further insight for assessing the need for targeted support services. The most recent NDTMS prevalence estimates of alcohol dependency are from 2019-20 and are applied to current population figures here to estimate need in Peterborough, however, this assumes that there has been no change in prevalence of alcohol use. Alongside HSE findings above, research indicates that the COVID-19 pandemic significantly altered alcohol consumption patterns, which necessitates caution in interpreting these estimates[[20]](#footnote-21). Estimates should be treated with caution, and there is a need for more up-to-date prevalence information.

The estimated **overall prevalence rate of alcohol dependence in Peterborough is 15.18 people per 1000 (adults aged 18 and over)**. This is **higher than the national rate** of 13.75 people per 1000 and equates to 2483 adults in Peterborough, based on 2023 population estimates from ONS.

The **prevalence rate** across the population **differs when broken down by age and sex**. Males have a higher rate of alcohol dependence, and the highest rate of alcohol dependence is in those aged 25-34 years old, as shown in Figure 5.3a.

###### Figure 5.3a. Alcohol dependency prevalence in Peterborough

A graph of alcohol dependence

Description automatically generated

Source: NDTMS data.

When **applied to the recent population estimates**, this results in expected prevalence that is also unequally spread across demographic groups. It estimates that there are three (3.2) times more males than females with alcohol dependence. The age categories used here vary in size, which, along with differing prevalence rates, results in the highest proportion of individuals with alcohol dependence being aged 35 to 54, followed by those aged 25 to 34. The smallest proportions are found among individuals aged 18 to 24 and those aged 55 and over as shown in Figure 5.3b.

###### Figure 5.3b. Estimated numbers of alcohol dependent adults in Peterborough

A graph of alcohol dependence

Description automatically generated

Source: NDTMS data. Prevalence rates applied to 2023 mid-year population estimates for sex and age brackets in Peterborough.

#### Children and Young People

As in drug prevalence estimation, the local Health-Related Behaviour **Survey** (HRBS) can provide additional local information regarding **alcohol use** amongst CYP in Peterborough12. This information is particularly useful as the youngest age that the NDTMS data for alcohol relates to is 18 years. Amongst those who answered HRBS in 2024:

Prevalence of alcohol use **increases with age:**

* In the past seven days, 8.4% of Year 8 pupils (aged 12–13) reported drinking, compared to 16% of Year 10 pupils (aged 14–15).
* Overall, this equated to 12% of respondents consuming alcohol in the past seven days, with minimal gender differences (11.4% of males and 12.4% of females).

**Harmful patterns** of alcohol use are generally less common but tend to increase with age and are more prevalent among girls than boys. Among the 12% of pupils who reported drinking in the past week:

* **Drinking frequency:** 70.5% drank on one day, 13.9% on two days, and 13.5% on three or more days.
* **Episodes of intoxication:**Among boys, 80.0% did not get drunk, 12.5% got drunk once, and 7.5% got drunk on multiple occasions.  
  For girls, 59.3% did not get drunk, 27.6% got drunk once, and 13.0% got drunk on multiple occasions.

Although binge drinking remains rare at this stage, these behaviours indicate early exposure to potentially harmful patterns of alcohol use, underscoring the need for targeted education and support to reduce risks associated with underage drinking.

### Service User Epidemiology

The number of adults (18 years and older) in treatment for alcohol in Peterborough has been **increasing consistently** since a low in March 2021. In the year ending March 2024 there were **651 adults in treatment**, as shown in table 5.3a. 71.5% of these service users were new presentations (466 of 651), similar to the proportion seen nationally (69.1%).

###### Table 5.3a. Number of adults in treatment for alcohol-only and non-opiates and alcohol from March 2021 to March 2024 in Peterborough.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year ending March:** | **2021** | **2022** | **2023** | **2024** |
| Total adults in treatment | 465 | 520 | 581 | 651 |
| Yearly change |  | +55 | +61 | +70 |
| Number in treatment compared to previous year |  | +11.8% | +11.7% | +12.0% |

Source: NDTMS data.

Between March 2020 and March 2024, **national treatment numbers increased more**, and more consistently. **Peterborough saw a 21.9% increase while the national increase was 31.1%.**

These increases far exceed what population growth alone would predict. While evidence suggests that rising prevalence rates may contribute16, the magnitude of the change implies that increased service investment and changes in patterns of access since the coronavirus (COVID) pandemic also play a role. This is **explored further though unmet need** below (Section 5.3.3).

**Service User Demographics: Age**

In the year ending March 2024, the **majority of adults in treatment for alcohol (both alcohol only and alcohol and non-opiates) were male (73.6%) and most service users were aged 30-49 (52.3%)**. Figure 5.3c shows the age and sex breakdown of service users and demonstrates that the number of new presentations amongst treatment numbers were fairly evenly distributed across demographic groups.

###### Figure 5.3c. Services users for alcohol and non-opiates and alcohol by age and sex in the year ending March 2024, in Peterborough:

|  |  |  |
| --- | --- | --- |
| **Sex** | **Female** | **Male** |
| Number in treatment | 172 | 479 |
| Proportion (%) | 26.4% | 73.6% |

Source: NDTMS data.

Adults in treatment for alcohol, year ending March 2024 in Peterborough by age and sex. Number of adults in treatment and how many of those were new presentations

A graph of alcohol and adults

Description automatically generated with medium confidence

Source: NDTMS data.

To note, an **additional local ‘Healthy You’ service** may also see adults in Peterborough who are at risk of harm from alcohol, separately for dedicated drug and alcohol services. Adults can access this via self-referral or through a referral from a health professional for various lifestyle improvements (including weight management and smoking cessation). Between April 2023 and March 2024, 2,963 adults were screened for alcohol risk by Healthy You. Of these, **64** individuals identified as at-risk were **referred to an ‘alcohol trainer’**. Six of these were subsequently referred to DA services, while another 27 successfully achieved their health plan goals (which may include a reduction in harmful drinking).

#### Children

The number of CYP in treatment for alcohol is part of the overall numbers of CYP in treatment in Section 5.2.2.a.

### Unmet Need

Unmet need is estimated for alcohol on NDTMS by subtracting the number of individuals receiving treatment from the estimated prevalence of alcohol dependency. The national average for unmet need for alcohol in the year ending March 2024 was high at 77.8%. Despite the higher prevalence of alcohol dependence in Peterborough, unmet need is lower at 70.3%[[21]](#footnote-22). However, this still represents a significant gap in treatment access.

**Unmet need by this measure reduced both nationally and locally in the two years prior to March 2024**. The **decrease in Peterborough was 5.7 percentage points** which is a bigger decrease than seen nationally at 2.9 percentage points, as shown in Figure 5.3d.

###### Figure 5.3d. Alcohol unmet need

A graph of alcohol and alcohol

Description automatically generated with medium confidenceSource: NDTMS data.

**Unmet Need Demographics: Age**

Unmet need is estimated to be **highest for young adults**, decreasing with increasing age in both Peterborough and nationally, as shown in Figure 5.3e.

###### Figure 5.3e. Unmet need for treatment for alcohol in Peterborough and England, by age group.

Source: NDTMS data.

The decrease in unmet alcohol need in Peterborough from 2022 to 2024 was seen across all age groups but was largest amongst older adults (7-12 percentage point reduction) compared with younger adults (around 5 percentage point reduction).

**Unmet Need Demographics: Sex**

Unmet need for alcohol is estimated to be **higher** **for males than females**, both nationally and locally. The gap between males and females is smaller in Peterborough than nationally, as shown in Table 5.3b. This gap reduced as there was a greater reduction in unmet need among males between 2022 and 2024.

###### Table 5.3b. Unmet need in year ending March 2024

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Male** | **Female** | **Difference** |
| England | 81.6% | 65.2% | 16.4 |
| Peterborough | 71.6% | 65.8% | 5.8 |

### Recommendations

Recommendation 3

Unmet need for alcohol treatment in Peterborough remains high, exceeding 60% across all adults and disproportionately affecting younger adults. To address this, services should enhance early identification and engagement efforts, particularly among younger adults. This may include targeted community engagement initiatives and collaborations with local youth organisations to raise awareness and encourage individuals to seek help.

Improved pathways between healthcare, social services, and specialist treatment are essential, while expanding access to flexible, low-threshold support options may also help reduce barriers to treatment.

The service model should also explore whether alcohol treatment or aspects of the service could be structured separately from drug services within the existing system, which could help remove the barrier of stigma.

## Peterborough; Service User Demographics

Analysis of **additional demographics** of service users is presented in this section, for drugs and alcohol combined. This aims to inform an understanding of how different groups access services, to allow better targeting of resources where they are most needed.

**Service User Demographics: Age**

As noted above, the distribution of service users by age reveals **distinct patterns across substance groups**. In the year ending March 2024:

* **Adults over 50**: The largest group was receiving treatment for alcohol-related issues, followed by treatment for opiates, and then for a combination of opiates and crack.
* **Adults aged 30–49**: Service users were more evenly distributed across the various substance groups.
* **Young adults aged 18–29**: The highest numbers were in treatment for non-opiate substances, with or without alcohol.

This is shown in Figure 5.4a.

###### Figure 5.4a. Substance use profile by age in Peterborough

A graph with colorful squares

Description automatically generated with medium confidence

Source: NDTMS data.

**Substance Use Trends by Age: Non-opiates**

Further analysis of the ‘top three’ problem substances reported by service users in Peterborough reveals distinct **age-related trends**:

* **Cannabis** accounts for **just over half of substances cited among 18–24-year-olds.** This declines to around one-third in older age groups.
* **Powdered cocaine** makes up approximately **20% of substances cited by younger adults**. This declines to around 10% for those aged 45 and over.
* **Crack cocaine** is cited by around 13% of users. This proportion rises to approximately **38%** of substances cited **in the over-45 age** group.

Other substances that show notable age-specific trends include:

* **Ketamine and Ecstasy**, which is reported by 3–5% of service users in the **18–24 age group** but rarely mentioned by older cohorts.
* **Amphetamines and Benzodiazepines** which become increasingly **prominent with age**, particularly among those aged 45, where they account for 6–7% of citations.
* **GABA and Codeine** which are **cited consistently** across all age groups, though they remain relatively infrequent at about 1–2%.

While small numbers require caution in over-interpreting trends over time, the data **consistently indicate relative increases in the citation of cocaine (both powdered and crack) and ketamine** among service users in treatment.

These patterns underscore the need for **vigilant monitoring** and the development of **targeted interventions and harm reduction strategies** tailored to the specific risks associated with different age groups. **Cocaine** use among younger adults is particularly concerning, given its **increasing role in drug-related deaths**. Substances like ketamine and ecstasy also pose significant risks in this cohort. For older adults, both the growing prominence of crack cocaine and the risks associated with benzodiazepines and amphetamines warrant targeted attention.

**Age-specific awareness** will help ensure that interventions are both effective and responsive to the distinct challenges faced by different populations.

**Service User Demographics: Protected Characteristics**

The completeness of sexual orientation, religion, ethnicity, and disability data for service users in Peterborough is shown in Figure 5.4b. This shows fairly robust data collection for ethnicity and disability but indicates **missing data for 24% of service users’ sexual orientation, and 22% for religion.**

###### Figure 5.4b. Proportion of service user records with complete data by characteristics, Peterborough year ending March 2024.

Source: NDTMS data.

**Improved data collection** for religion and sexual orientation will provide a clearer understanding of the diverse needs of service users, helping to identify and address gaps in care.

**Service User Demographics: Disability**

In the year ending March 2024, around 43% of adults in treatment in Peterborough reported having at least one disability, while 57% reported no disabilities.

We found no local or national data directly linking the risk or prevalence of drug misuse in adults with the presence or absence of disabilities. However, the CSEW 2023 reported that individuals with disabilities were more likely to have used illicit drugs in the past year (14.1%) compared to those without disabilities (8.8%).

While this does not directly indicate higher treatment need, it highlights the importance of **ensuring that treatment services are accessible and responsive to the diverse needs of disabled people**. Disability encompasses a wide range of conditions, which may affect how individuals experience substance use, seek help, and engage with services. Addressing potential barriers, such as physical accessibility, communication needs, or stigma, is essential to support equitable access to treatment.

**People with learning disabilities (LD)** face well-documented **risks** related to substance use and may have **specific support needs[[22]](#footnote-23)**. NDTMS data shows that **5.6% of new presentations** to treatment in the year ending March 2024 reported a learning disability.

This figure reflects those who disclosed an LD, which may not fully capture the true prevalence, as learning disabilities can be under-recognised or under-reported in treatment settings. A local LD needs assessment has outlined **recommendations** for improving access and tailored support for this group, including staff training on LD that complies with national legislation and treatment outcome monitoring for patients with LD. It also highlighted the potential value of access to shared care records[[23]](#footnote-24) and of links with specialist LD services, and recommended that commissioners should consider inpatient detox options for those with LD.

**Service User Demographics: Ethnicity**

For adults in treatment for drugs in Peterborough in the year ending March 2024, of those who stated their ethnicity, the significant majority were from White British (73.9%), and White Other (16%) ethnic backgrounds. People from other ethnic backgrounds made up 10% of service users, as shown in Table 5.4a.

###### Table 5.4a. Number of adults in treatment for substance use in Peterborough in the year ending March 2024, by ethnic group.

|  |  |  |
| --- | --- | --- |
| **Ethnicity\*** | **Number** | **Proportion** |
| Asian | 79 | 4.6% |
| Black | 40 | 2.3% |
| Mixed and Other Ethnic Groups | 53 | 3.1% |
| White British | 1264 | 73.9% |
| White Other | 274 | 16% |

Source: NDTMS data. \* see below regarding aggregated ethnic groups.

This indicates a **potential underrepresentation of Asian and Black ethnic groups** in local treatment services when compared to their expected numbers, based on drug dependence prevalence estimates from the 2014 Adult Psychiatric Morbidity Survey and local demographics. National data shows similar patterns, highlighting systemic barriers and inequities in accessing drug dependency services.

There are reasons why those from different religions may or struggle to access drug and alcohol services including:

* There is **stigma** around drug and alcohol misuse which can sometimes be more pronounced in communities with different religious beliefs.
* Some religions substance use is **prohibited** so if people do consume they may feel a need to conceal it.
* Drug and alcohol services may not be **culturally aware** and which may make services less attractive to potential users.

**Local initiatives** aimed at reducing cultural stigma and improving access appear to have led to modest shifts in ethnic representation for newly presenting treatment clients over recent years. Although small numbers require use of broad ethnic groupings, the following proportional trends have been observed over the past four years:

* The proportion of service users from White ethnic groups has decreased by approximately three percentage points.
* This has been accompanied by a slight increase of just under one percentage point for both Black and Asian groups.
* Smaller proportional rises have been observed among those from Mixed and Other ethnic groups.

It is important to note that **analysis by aggregated ethnic groups may mask important differences in access and needs**. For example, the ‘White Other’ category includes diverse populations such as White Irish, White Roma or Gypsy, and White Eastern European, each of which may face unique barriers to treatment and require tailored support strategies. **Developing nuanced approaches** to engage all ethnic groups is essential for effectively addressing disparities in service access.

**Service User Demographics: Religion**

In the year ending March 2024, the largest two groups of service users in Peterborough by religious affiliation identified as Christian or having no religion, at 30.4% and 55.9% respectively. A further 5% each identified their religion as Muslim or other, while 2.3% declined to disclose their religion. The remaining 1.4% of service users identified as Sikh, Jewish, Hindu, or Buddhist.

This is illustrated in Table 5.4b, which also includes the proportion of Peterborough residents for each religion. These figures should not be directly compared but are included to illustrate the diversity of religious affiliation in the general population of Peterborough.

###### Table 5.4b. Number of adults treatment for substance use in Peterborough in the year ending March 2024, by religion

|  |  |  |  |
| --- | --- | --- | --- |
| **Religion** | **Number** | **Proportion** | **Peterborough residents (%) in census 2021** |
| Other religion | 73 | 5.0% | 0.5% |
| Sikh | \* | <1% | 0.6% |
| Muslim | 75 | 5.1% | 12.2% |
| Jewish | \* | <1% | 0.1% |
| Hindu | \* | <1% | 1.8% |
| Buddhist | \* | <1% | 0.3% |
| Christian | 445 | 30.4% | 46.3% |
| No religion | 819 | 55.9% | 32.5% |
| Declined to disclose | 34 | 2.3% | 5.8% |
|  | 1464 | 100% |  |

Source: NDTMS Data. \* Supressed due to low numbers.

There is currently no national prevalence data on drug dependence by religion. However, the CSEW 2023 indicates illicit drug use prevalence varies by up to 14.4 percentage points across religious groups. While this does not directly equate to dependence, it may suggest differing service needs.

Given the religious composition of Peterborough alongside this differential use across groups, it is not surprising that most service users report no religious affiliation. However, this **could still indicate an overrepresentation of non-religious individuals within the service user population**, particularly given the large proportional size of this group among treatment numbers.

**Service User Demographics: Sexual Orientation**

The majority of service users in treatment for drugs in Peterborough are heterosexual. In the year ending March 2024, **95.4% reported heterosexual sexuality**, 1.9% reported being gay or lesbian, 1.9% reported bisexuality and less than 1% reported other. Note these figures exclude service users with missing information on sexuality.

If the need for treatment were evenly distributed across all sexual orientations, we would expect service user numbers to reflect the general population distribution in Peterborough, where 89.2% identified as heterosexual in the 2021 Census. However, **this group appears to be overrepresented in treatment services**. National data from the CSEW further suggests that sexual minorities (LGBT+) may be underrepresented, as they report significantly higher rates of illicit drug use; 8.3% of heterosexuals used drugs in the past year, compared to 17.1% to 30.8% for other sexual orientations.

A specific area of concern is the use of illicit drugs to enhance or facilitate sexual activity, particularly among some sexual minority groups, including gay, bisexual, and other men who have sex with men. Known as ‘**chemsex**,’ this practice commonly involves substances such as methamphetamine, mephedrone, and GHB/GBL[[24]](#footnote-25). While chemsex can foster social bonding and intimacy, it is also linked to **significant public health risks**, including higher HIV transmission rates, mental health concerns, and overdose.

The complex relationship between drug use and sexual behaviour highlights the need for **targeted harm reduction strategies and culturally competent support services**. Given the potential underrepresentation of LGBT+ individuals in treatment, it is also critical to identify and remove barriers to access. This may include addressing stigma, ensuring inclusive service provision, and improving outreach to groups at higher risk.

### Recommendations

Recommendation 4

Services should ensure that engagement strategies and treatment approaches are informed by the distinct substance use patterns observed across different age groups. Tailoring access initiatives and interventions to these variations can improve accessibility and effectiveness.

Recommendation 5

Improveddatacollection for religion and sexual orientation will provide a clearer understanding of the diverse needs of service users, helping to identify and address gaps in care. In addition, there is a need to record gender (and not just sex) in service user data. Evidence suggests there could be high need and potentially high unmet need in genders other than binary female and male, and monitoring will ensure any gaps in access are identified and can be addressed.

Recommendation 6

Targeted equality work is needed to address the under-representation of key groups with protected characteristics, including Asian and Black communities, religious minorities, and LGBT+ communities. This should involve building on culturally competent service models and considering the need for specialist interventions, such as chemsex-related services. Ensuring physical, sensory, and cognitive accessibility for disabled people is also essential to support equitable access to treatment and recovery services.

## Peterborough; Mortality

As discussed in Section 4.3, **deaths related to alcohol and drug misuse have been increasing in recent years**. This concerning trend is recognised both nationally and locally, with efforts underway to address the issue through targeted interventions and preventive measures. In Peterborough, **monitoring** drug- and alcohol-related deaths is a critical component of local strategy, enabling timely identification of emerging risks. The local processes follow **national recommendations for drug alerts and local drug information systems (LDIS)[[25]](#footnote-26).** This system relies on **close collaboration** between partners, including health and ambulance services, the police, and other key stakeholders, to ensure a coordinated and effective response to these challenges.

### Deaths from Drug Misuse

In Peterborough, the **rate of drug misuse deaths** in the most recently reported data (2023) was **6.6 per 100,000**, which was **higher than the national average** of 5.5 of 100,000.

Table 5.5a and Figure 5.5a below show that deaths relating to substance misuse has **risen in recent years (since 2013-2015) across all areas**. There was a particularly sharp increase for Peterborough, although this is for lower absolute numbers, which leads to bigger fluctuations.

###### Table 5.5a. Deaths from substance misuse in three-year periods from 2018, in England, East of England region and Peterborough.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Directly Age-Standardised Rate (DASR) - per 100,000** | | | | |
| **Area** | **2018-2020** | **2019-2021** | **2020-2022** | **2021-2023** |
| England | 5.0 | 5.1 | 5.2 | 5.5 |
| East of England | 3.7 | 3.2 | 3.4 | 3.6 |
| Peterborough | 4.2 | 4.0 | 4.9 | 6.6 |
| **Number of Cases** | | | | |
| **Area** | **2018-2020** | **2019-2021** | **2020-2022** | **2021-2023** |
| England | 8,185 | 8,361 | 8,582 | 9,105 |
| East of England | 669 | 590 | 618 | 664 |
| Peterborough | 25 | 25 | 32 | 42 |

Source: ONS data. Directly Age-Standardised Rate (DASR) - per 100,000 and absolute numbers.

###### Figure 5.5a. Deaths from drug misuse, trend across three-year periods since 2001 in Peterborough and England.

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Source: OHID, based on Office for National Statistics data.

Over the past decade, Peterborough's ranking among statistical neighbours (NHS England[[26]](#footnote-27)) for age-standardised mortality rates has fluctuated. In the most recent period (2021-23), Peterborough ranked 7th out of 16 (with 1st representing the highest mortality rate and 16th the lowest), as shown in Table 5.5b. This marks a worsening from 14th in previous periods (2017-19 and 2019-21). However, looking further back, Peterborough has varied between 6th and 14th.

Statistical neighbours with lower mortality rates **may indicate room for improvement in local strategies to prevent drug misuse deaths**.

###### Table 5.5b. Deaths from drug misuse, Age standardised mortality rate from drug misuse per 100,000 population, directly standardised rate – per 100,000. 2021-23.

|  |  |  |
| --- | --- | --- |
|  | **Deaths** | **Rate** |
| England | 9,105 | 5.5 |
|  |  |  |
| Calderdale | 66 | 11.0 |
| Tameside | 70 | 10.3 |
| Doncaster | 89 | 10.1 |
| Bolton | 80 | 9.4 |
| Bradford | 135 | 8.8 |
| Bury | 42 | 7.5 |
| **Peterborough** | **42** | **6.6** |
| Oldham | 39 | 5.6 |
| Kirklees | 70 | 5.6 |
| Telford and Wrekin | 30 | 5.5 |
| North Northamptonshire | 54 | 5.1 |
| Bedford | 25 | 4.4 |
| Blackburn with Darwen | 16 | 3.5 |
| Swindon | 22 | 3.2 |
| Thurrock | 11 | 2.1 |

OHID ONS Fingertips - Deaths from drug misuse – statistical neighbours (NHS England)

The mortality rate from drug misuse is **consistently higher for males than for females**, both locally and nationally. For **males** in Peterborough in the period 2021-2023 the mortality rate was **10.4 per 100,000** (compared with 8.0 nationally). This is the highest recorded rate in Peterborough, and is a significant increase from 6.9 in the previous period (2020-2022). This marks a continued upward trend since 2017-2019, when the rate stood at 5.0. In contrast, the rate for **females** in Peterborough was **2.9** **per 100,000**, similar to the previous year’s rate of 3.0 per 100,000and close to the national figure of 3.1 per 100,000.

### Mortality from Alcohol

Alcohol-related harms often develop over time, with a **lag** between changes in consumption patterns and observable health impacts. Many alcohol-related conditions progress chronically so immediate changes are hard to detect, however, monitoring these trends remains essential to understand and address the impact of alcohol use on public health.

The most recent data from OHID is from 2023, which shows that some measures of alcohol-related mortality in Peterborough were similar to national levels, whilst others, particularly for males, were worse. This is shown in Figure 5.5c.

###### Figure 5.5c. ‘Alcohol profile’ indicators from OHID, Peterborough compared with England.

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AI-generated content may be incorrect.

Source: OHID, based on Office for National Statistics data.

#### Alcohol-specific Mortality

Deaths which have been **wholly caused by alcohol** consumption are monitored by OHID and ONS, in order to provide an evidence base for activities to reduce the harmful use of alcohol. The rate of these deaths, referred to as alcohol specific mortality, has **increased since 2019** in both Peterborough and nationally.

The most recent annual alcohol-specific mortality rate from 2023 for **Peterborough was 20.2 per 100,000**. This was statistically similar to the year before (18.1 per 100,000) but represented an increase from 2019 and 2020. The national rate is statistically similar and has also increased since 2019, as shown in Figure 5.5d.

###### Figure 5.5d. Alcohol specific mortality in Peterborough and England 2006 to 2023.

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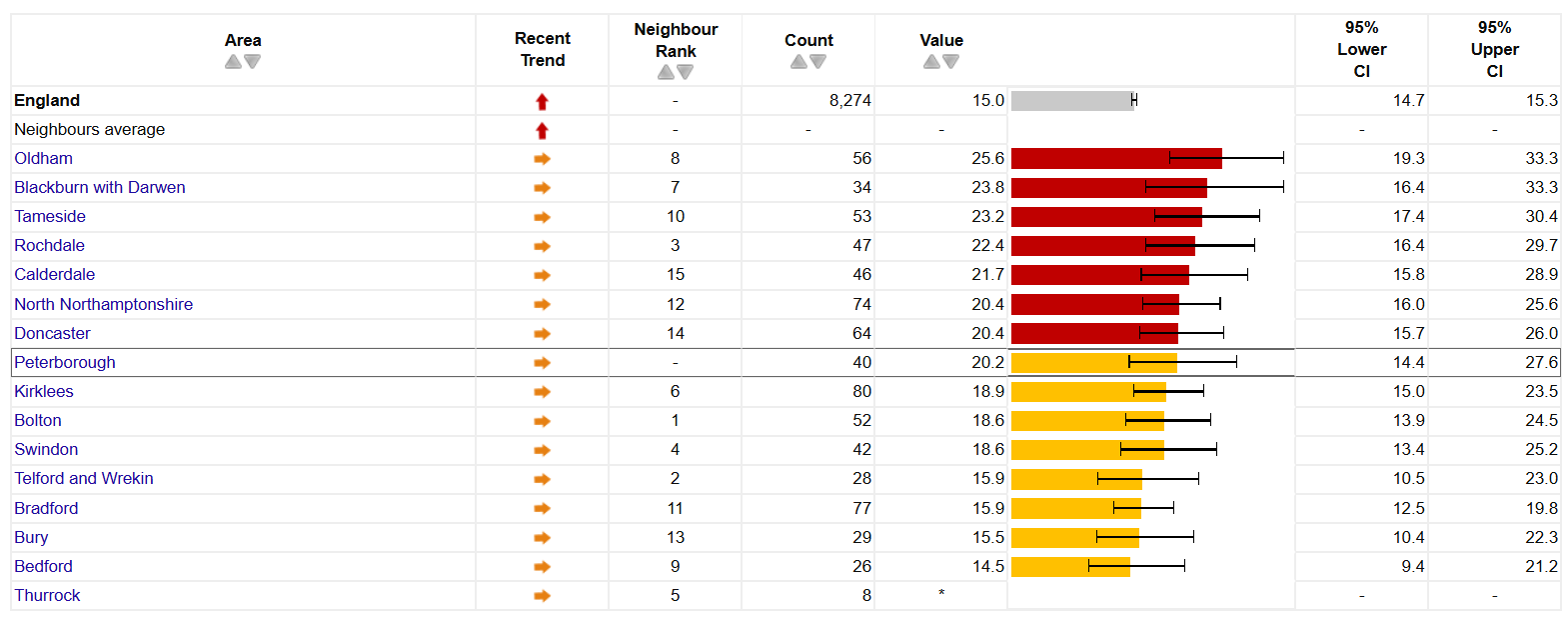
Source: OHID, based on Office for National Statistics data.

When comparing with statistical neighbours (NHS England24), Peterborough ranks 8th of 16 for alcohol mortality (with 1st representing the highest mortality rate and 16th the lowest), as shown in Figure 6.5e. A rate of 20.2 per 100,000 in Peterborough was similar to the average of statistical neighbours in 2023, at 20.3 per 100,000. Peterborough has had **similar comparative mortality rate among statistical neighbours** over the last decade, ranking between 9th and 13th since 2013.

###### Figure 6.5e Alcohol specific mortality in Peterborough and statistical neighbours 2023.

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Source: OHID, based on Office for National Statistics data.

#### Alcohol-related Mortality

Alcohol-related mortality refers to deaths where **alcohol is a contributing factor**, but not necessarily the direct cause. This measure captures a broader range of diseases and conditions that are partly attributable to alcohol consumption, such as cancers, liver disease, and heart conditions. To calculate alcohol-related mortality, a specific fraction of deaths from these diseases is attributed to alcohol based on how common drinking is in the population, along with age, sex, and disease-specific risks.

Although this **measure is broader, it is available by sex**, allowing further understanding of our local population.

Alcohol-related mortality rate in Peterborough was **52.2 per 100,000 in 2023**. This is higher than the national rate of 40.7 per 100,000, and appears to be increasing, consistent with trends seen in alcohol-specific mortality. When broken down by sex, a significantly **higher rate of alcohol related mortality is seen in males at 69.2 per 100,000**, compared with **25.5 per 100,000 for females**, as shown in Figure 5.5f.

###### Figure 5.5f. Male and female alcohol-related mortality in Peterborough and England 2016-2022, directly standardised rates per 100,000 population.

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Source: OHID, based on Office for National Statistics data.

Although the rate for males is rising, it is calculated to be statistically similar to the year before. Data for the years that follow will allow further interpretation of this rise and its significance.

Peterborough ranks the similarly amongst statistical neighbours for alcohol-related mortality as it does for alcohol-specific mortality, at 6th of 16. The average alcohol-related mortality rate in the 2nd most deprived IMD (2019) decile, which Peterborough belongs to, is 49.1 per 100,000, 3.1 lower than Peterborough at 52.2 per 100,000.

### Substance Misuse and Suicide

A **local suicide audit[[27]](#footnote-28)** conducted in 2023 sought to better understand the diverse and complex risk factors that can lead to somebody taking their own life, in order to focus efforts and ensure that those with greatest need are adequately supported.

It looked at suicides registered by Cambridgeshire and Peterborough’s Coroner’s Office between 2019 and 2021 and found that approximately **14.6% of people who died by suicide had an identified alcohol use issue, and approximately 12.2% of people had an identified drug dependence issue**. Compared with national estimates of dependence of 1.4% and 3.1% of the population respectively, the **proportion of people dying by suicide with drug and alcohol dependence issues is much greater than the proportion of the general population**.

Amongst those who died from suicide and had identified substance misuse issues, **less than one third were known to substance use services. Most were known to mental health services** and the audit recommended that referrals from secondary care mental health services to drug and alcohol services should be improved.

### Recommendations

Recommendation 7

A Drug and Alcohol-Related Deaths (DARD) audit should be considered to help to identify trends, risk factors, and opportunities for intervention to provide valuable insights into areas for action. The findings should inform local harm reduction strategies, service improvements, and targeted outreach for high-risk groups to help prevent future deaths.

Recommendation 8

Strengthen joint working between mental health and substance misuse services, including exploring joint commissioning, integrated assessments, and shared care records. This aims to reduce barriers to access, and support individuals with co-occurring conditions more effectively, with more care continuity.

## Peterborough; Health Harms

### Hospital Admissions for Drugs and Alcohol

In 2021, **nearly 6% of all hospital admissions were alcohol related[[28]](#footnote-29)**. Analysis of hospital admission episode data for both drug and alcohol poisoning allows an understanding of threats to the population from substance use and can inform strategies for harm reduction.

**Admissions for drug and alcohol poisoning[[29]](#footnote-30) have reduced since 2020**, both locally and nationally, as shown in Table 5.6a and Figure 5.6a. Rates by substance type are shown, which demonstrate that the admission rate for alcohol poisoning in Peterborough has reduced significantly, and although the rate of admissions for **opiate poisoning** has also reduced, they are **now the leading cause of admissions for poisoning**. The rate of admissions for opiate poisoning in Peterborough is similar to the national rate, for alcohol poisoning and poisoning from other drugs it is lower in Peterborough.

###### Table 5.6a. Admissions for drug and alcohol poisoning by substance group, in Peterborough from years ending March 2019 to 2024, DSR per 100,000.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year ending March:** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** |
| Total | 34.39 | 39.09 | 38.12 | 18.12 | 12.46 | 12.85 |
| Alcohol | 47.01 | 54.29 | 52.21 | 24.33 | 12.49 | 11.16 |
| Opiate | 47.99 | 45.28 | 42.14 | 26.47 | 23.20 | 27.38 |
| Other drugs | 8.17 | 17.71 | 20.00 | 3.58 | 1.70 | \* |

Source: NDTMS Data. \* suppressed due to low numbers

###### Figure 5.6a. Admissions for drug and alcohol poisoning by substance group, in Peterborough and England from 2019 to 2024, DSR per 100,000.

A graph of a number of different colored lines

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Source: NDTMS

Comparison of Peterborough with other areas in the **second most deprived IMD** (2019) quintile shows that the admission rates for both alcohol and other drugs are **significantly lower in Peterborough**, the admission rates for opiates are similar. This is shown in table 6.6b.

###### Table 5.6b. DSR per 100,000 across quintiles of deprivation for substances in England and in Peterborough.

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Source: NDTMS.

Primary Care Network (PCN) level data for alcohol-related non-elective hospital admissions shows **significant variation in alcohol-related admissions between PCNs**. Over the eight-month period ending November 2024, an average PCN population of 47,056 would be expected to have 98 admissions if rates were evenly distributed. However, applying actual admissions rates to this results in a variation ranging by 50 admissions, from 72 in the PCN with the fewest admissions, to 122 in the PCN with the highest, as shown in Table 6.6c.

###### Table 5.6c. Modelling of admission rates by PCN, 8-month period ending November 2024

|  |  |  |  |
| --- | --- | --- | --- |
| **PCN Name** | **Modelled admissions\*** | **Actual admission number** | **PCN Population** |
| Peterborough Partnerships PCN | 122 | 80 | 30,764 |
| Bretton Park and Hampton PCN | 115 | 78 | 31,830 |
| BMC Paston PCN | 108 | 106 | 46,325 |
| Central Thistlemoor and Thorpe Road PCN | 95 | 103 | 50,931 |
| Peterborough and East PCN | 74 | 101 | 63,988 |
| South Peterborough PCN | 72 | 90 | 58,496 |

\* actual admission rate in the area multiplied by average PCN population (47,056) to allow comparison

This variation suggests that **some PCNs experience a disproportionately higher burden of alcohol-related harm**, which may be influenced by differences in demographics, deprivation levels, service provision, and patterns of alcohol use. Further investigation into these disparities can help inform targeted interventions to reduce alcohol-related hospitalisations and improve outcomes across the area.

### Liver Disease

Both **drug and alcohol use are leading causes of liver disease**, which is a significant and preventable health burden. Chronic alcohol consumption and the misuse of certain drugs, including opioids, can cause severe liver damage. Risky behaviours associated with substance use, such as injecting drugs or unsafe use habits, further exacerbate the risk of liver conditions like alcoholic hepatitis, cirrhosis, and liver failure.

Indicators within the liver profile by OHID are shown in Figure 5.6b, which demonstrates **similar admission figures in Peterborough and England.** However, **mortality** from liver disease is statistically **significantly worse in Peterborough** compared with the national average, when taken over a three-year range. This highlights a sustained pattern of increasing mortality that may be missed in single-year analyses, underscoring the importance of ongoing monitoring and a focus on prevention, screening, and treatment efforts in the area.

###### Figure 5.6b. Liver disease admissions for Peterborough, compared with England

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Source: OHID, based on Office for National Statistics data.

### Blood-borne Viruses

Blood-borne viruses (BBVs), including hepatitis B (HBV), hepatitis C (HCV), and HIV, are significant health harms associated with drug use, particularly among people who inject drugs (PWID). The UK Government is committed to the World Health Organization (WHO) goal of eliminating viral hepatitis as a major public health threat by 2030 and has also pledged to end new HIV transmissions by the same year.

Monitoring BBV-related interventions through drug and alcohol treatment providers is crucial to tracking progress for these goals. While diagnosis and treatment rates for HIV are improving in the general population**, PWID experience higher rates of late diagnosis, delayed treatment, and co-infection with HCV, leading to poorer outcomes**. In 2021, an estimated 18% of PWID in the UK were chronically infected with HCV, and 0.2% were infected with HBV.

In the year ending March 2024, there were **518 service users** who were either **currently injecting, or had previously injected** in Peterborough (**29.7%** of 1745 service users). Data among this group shows that BBV screening, testing, and treatment rates are higher than national averages; however, there remains room for improvement.

In the year ending March 2024, **81% of service users in Peterborough** had a recorded HIV status, compared with 59.5% in England overall. For injecting service users (current or previous), this rises to 90.7% in Peterborough and 74.3% nationally.

For hepatitis, **7.9% of injecting service users did not have an HCV test recorded or were not offered one, whilst only 0.12% did not have HBV treatment recorded or offered**, as shown in Figure 5.6c.

###### Figure 5.6c. HCV testing and HBV treatment in Peterborough compared with England 2024.

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Sources: NDTMS data.

### Recommendations

Recommendation 9

Further understanding of Primary Care Networks (PCNs) with high hospital admissions related to substance use may identify opportunities for enhanced support in primary care settings.

Recommendation 10

To sustain progress in blood-borne virus (BBV) testing and treatment, services should address barriers faced by individuals who are not engaging. Key considerations for achieving this include:

* A designated role of BBV champion and harm reduction lead within the service.
* Ensuring that BBV testing and treatment are considered the responsibility of all staff, supported by standardised training and learning.
* Ensuring that routine screening at treatment entry is standard practice, along with opportunistic offers and, where appropriate, opt-out testing.
* Increasing promotional activities and test and treat events.
* Maintaining a strong focus on harm reduction and needle exchange programmes.
* Ensuring reporting structures include Hepatitis C virus (HCV) microelimination criteria.
* Strong links with NHS services (e.g. hepatology, infectious disease).

## Peterborough; Intersecting Vulnerabilities

As highlighted above, (Section 4.4) some people within our population are **disproportionately affected** by drug/alcohol-related harms due to systemic inequalities and personal circumstances. This section presents local data to increase understanding of any disparities amongst these group to inform intervention targeting and allocation of resources.

### Mental Health/ Co-occurring Conditions

As established in the evidence review (see Section 7.2), people who have **both mental illness and substance misuse** are at risk of poorer outcomes than people who have either mental illness or substance misuse alone. NICE guidelines (e.g. CG120,QS23) advises that substance misuse must be identified in people attending mental health services in order for effective tailored care and treatment plans to be put in place. Similarly, attendance to substance misuse services present an opportunity to identify and address underlying mental health conditions. Coordinated care between mental health and substance misuse services is essential to improve outcomes, as untreated mental health issues can exacerbate substance use, and vice versa. Effective collaboration ensures that individuals receive comprehensive, person-centred support tailored to their complex needs.

A **high proportion of people in treatment for substances in Peterborough have co-occurring mental health needs**. In the year ending March 2024, 1253 service users had mental health need, **70.8% of those in treatment**. This is similar to the national average of 73%.

‘Unmet’ mental health need refers to individuals who are recorded as not receiving or having declined mental health treatment. This indicates a gap in access to or engagement with appropriate mental health support. In the year ending March 2024, **unmet mental health need for those in treatment was 18.9%** in Peterborough. This is slightly higher than the national average of 16.1%.

The demographic breakdown of mental health need and unmet need is shown in Figure 5.7a, demonstrating that **females have a higher relative mental health need, whilst males have higher unmet need**. Unmet mental health need is higher in younger adults.

###### Figure 5.7a. Mental health of service users in Peterborough by demographics.

A graph of a person with different colored bars

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Source: NDTMS data.

Unmet need **varies according to substance used**, with the highest levels in those using crack, at 31.4%, and the lowest in those using opiates, at 8.5%. This is shown in Figure 5.7b.

###### Figure 5.7b. Mental health of service users in Peterborough by substance type.

A graph of people with different colored bars

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Source: NDTMS data.

Mental health need and unmet need has been recorded on NDTMS since 2022. Trends over time show an **increase in unmet need overall in Peterborough**, from 16.6% in 2022 to 19% in March 2024. This **varies across substance types**, with the most marked proportional increases for those in treatment for crack and in treatment for alcohol, as shown in Figure 5.7c.

###### Figure 5.7c. Unmet mental health need over time in Peterborough by substance type.

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Source: NDTMS data.

The **higher unmet mental health need** in younger adults reflects a significant increase by around 12.7 percentage points, as shown in Figure 5.7d.

###### Figure 5.7d. Unmet mental health need over time in Peterborough, by age group.

A graph of a person and person

Description automatically generated with medium confidence

Source: NDTMS data.

The **high prevalence of mental health conditions among service users, alongside known unmet need and the significant challenges** posed by co-occurring mental health and substance misuse, highlights the need for targeted action. Recent local work[[30]](#footnote-31) identified best practice and assessed current provision in this area, leading to **key recommendations**. These include **joint commissioning** of mental health and drug and alcohol services, **integrated training and workforce development**, **inclusive and trauma-informed** care, and **personalised care planning**. Implementation of these recommendations should remain a priority to improve outcomes for individuals with co-occurring needs.

### Women

Some **women face increased vulnerabilities** due to intersecting factors such as a history of domestic violence, trauma, and experiences of sex work. These factors may exacerbate substance misuse risk and create additional barriers to accessing support.

Drug and alcohol services aim to identify any clients **at risk of domestic violence** and refer them for support. Each year since 2019, between four and nine people have been referred or signposted to relevant services through this process. This remains **an important pathway to support**, and efforts should continue to ensure referrals are responsive to demand and effectively meet the needs of those at risk.

Additionally, services track the number of **victims of domestic violence** whose cases are discussed at the Domestic Violence Perpetrator Panel. This helps to understand the extent of victim involvement in risk management and intervention efforts. This number **has increased** from fewer than 30 a year prior to 2023, to over 60 in years ending March 2023 and 2024. This may be due to a number of factors including increased treatment numbers, a growing recognition of victims within the panel process, improved identification and recording practices, or a rise in high-risk cases requiring multi-agency intervention.

The number of **perpetrators** involved in panel discussions are also tracked, which also demonstrates **an increase** in the same time period. This has **important implications for service planning**, particularly for group-based interventions. Careful consideration is needed to ensure that perpetrators and victims are not in the same support groups, which could compromise safety and the effectiveness of interventions.

Services should seek to understand what these rising numbers indicate, ensuring resources and group structures are appropriately aligned to meet both the victim and perpetrator support needs.

**Women involved in sex work** represent a particularly hard-to-reach group for support services, often facing significant barriers due to stigma, trauma, and unstable living conditions. Outreach initiatives such as those by Empowering Women Everywhere (EWE) and the Vulnerable Women’s Project at Change Grow Live’s Aspire Recovery Service in Peterborough have been developed to address these challenges. These projects provide holistic, trauma-informed support, including health interventions through the Wildflower Clinic, safe housing at EWE House, and tailored support for accessing healthcare and reporting crime.

Quarterly figures show that an increasing number of people in the sex working cohort have engaged in drug and alcohol treatment through these services in Peterborough, from 17 in the first quarter of 2023/24 to 33 in the third quarter of 2024/25, reflecting the impact of these targeted, multi-agency efforts.

### Prison and Prison Leaver Population

Service provision and addressing need in the criminal justice system are key parts of the national drug strategy. Around **half of prisoners are thought to have substance misuse issues** and offenders who are **supported to abstain** from drug use are **19 percentage points less likely to reoffend[[31]](#footnote-32)**.

HMP Peterborough is a category B prison in Peterborough, where Substance Misuse Service provision is delivered by the Northamptonshire Healthcare NHS Foundation Trust (NHFT). Drug and alcohol services in Peterborough work closely with this team, including a dedicated prison link worker, to ensure a smooth transition from prison to community support. This collaborative approach aims to reduce reoffending and support individuals in maintaining recovery post-release.

People who access drug treatment in prison are at a heightened risk of relapse, overdose, and disengagement from health services risk **on leaving prison**. Ensuring timely access to ongoing support in the community is vital. Maintaining engagement in treatment during this critical period involves a transition of care from NHS commissioned services to local authority commissioned services.

The percentage of prison leavers with a continued treatment need picked up in the community within three weeks is monitored through NDTMS, and is referred to as **continuity of care**. The **national target is 75%[[32]](#footnote-33)** as this supports wider efforts to prevent premature mortality and levels of crime in the community. Figure 5.7e illustrates engagement trends among prison leavers requiring continued treatment between 2022 and 2024 in Peterborough. Notably, the overall number of **prison leavers in Peterborough almost doubled from 137 to 254** in this period, which increases pressure on existing services. The engagement rate during this time has **reduced by 10.9 percentage points, from** **56.2% to 45.3%.** This local trend contrasts with national data, which achieved increased engagement alongside an increase in referral numbers.

###### Figure 5.7e. Continuity of care in Peterborough and England over time.

Source: NDTMS Data.

The recent increase in the number of prison leavers is expected to continue, compounded by early release measures introduced in late 2024 to alleviate prison overcrowding. These measures are likely to further strain efforts to engage prisoners upon release and present new challenges in ensuring continuity of care.

**Other Links to Criminal Justice**

Other parts of the criminal justice (CJ) system play a **crucial role in providing pathways** into DA services, ensuring that individuals in contact with law enforcement receive appropriate support for substance use issues.

In the year ending March 2024, while 504 referrals into DA services came from prison, 359 came from other CJ referral routes- an almost fivefold increase from the 74 recorded in the year ending March 2022. This included 111 referrals from the Arrest Referral/Drug Intervention Programme, 85 court-ordered referrals, 81 from probation, and 45 from Liaison and Diversion services.

This demonstrates the broad range of pathways through which individuals with substance use issues can access support, with growing recognition of substance use as an issue in this group.

**County Lines and Vulnerable People**

Another important consideration is exploitation of vulnerable individuals, particularly CYP, through County Lines drug networks. **County Lines** refers to the practice of drug gangs expanding their operations from urban centres into smaller towns and rural areas, often using coercion, violence, and exploitation to recruit young people to transport and sell drugs.

This has significant implications for substance use services, as young people drawn into County Lines activity may have complex needs, including substance misuse, trauma, and safeguarding concerns. Engagement with support services can be challenging due to fear of repercussions from gangs, criminalisation, or mistrust of authorities.

Although data reporting and availability is limited, local intelligence offers some insight into the scale of County Lines activity. Over the eight-month period to January 2025, there were intelligence reports concerning approximately 377 county lines across Cambridgeshire and Peterborough (with all of Cambridgeshire included as it falls under Cambridgeshire Constabulary). Of these, 49 were linked to the trafficking children and 201 involved vulnerable adults. By area, the highest number of active lines was recorded in Peterborough, followed by Cambridge City.

Initiatives across Cambridgeshire and Peterborough have recently been recognised nationally as best practice, with successful disruption of County Lines activity. This work requires strong regional collaboration through the Eastern Region Special Operations Unit (ERSOU) and coordination with multiple police forces, including the Metropolitan Police due to our area’s proximity to London; a key factor which drives local case numbers.

Well-established partnerships with internal teams, neighbouring areas, and drug and alcohol services are vital to ensure that those affected are identified and supported appropriately.

### Housing and Homelessness

**Ensuring housing stability** is a critical component of effective substance use treatment strategies. Between 2022 and 2024, around **78-81% of individuals** in substance use treatment in Peterborough were recorded as living in **suitable accommodation**, according to NDTMS data. This is **lower than national averages** in the same time period which ranged from **86-88%.**

**Housing issues decreased** significantly among clients in Peterborough **between starting treatment and planned exits.** In the year ending March 2024:

* The number of clients with acute housing issues reduced from 38 to 9, a **76.3% reduction.**
* The number of clients at risk of eviction reduced from 21 to 12, a **42.9% reduction**.

For comparison, **nationally**, acute housing issues saw a **63.5% reduction, and risk of eviction decreased by 62.3%**. This demonstrates that treatment services in Peterborough are addressing housing-related vulnerabilities as part of a holistic approach to client support, though there may be opportunities to strengthen support for those at risk of eviction to match national trends.

**Homelessness** is associated with poorer drug and alcohol treatment and overall poorer health outcomes. Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) is a national funding programme, aiming to contribute to the government’s ambition to end rough sleeping by the end of 2025.

An evaluation was conducted into RSDATG in 2023[[33]](#footnote-34) including modelling which **estimated there to be 348 potential clients in Peterborough**; these are people who are rough sleeping and using substances or at risk of rough sleeping and using substances. Around **40% of this potential cohort were engaged in treatment services**. The evaluation found:

* A high proportion of people **(81%) were retained in treatment** for more than 12 weeks
* **10%** of the cohort who engaged during 2022/23 **successfully completed treatment**
* **19% disengaged** from treatment
* **85% of people accessing treatment showed a reduction in drug us**e during engagement
* The majority of surveyed clients **trust staff, would recommend the service** and reported **positive health or life impacts** from engagement
* There was an **increase in the number of people in a home or accommodation** whilst engaging with services

In the year ending **March 2024, 118 new clients** engaged with structured treatment through RSDAT.

### Parents in Treatment for Substance Misuse

**Caring for children while managing substance** use can impact both a parent and their children. This section presents the number of parents receiving treatment for drug and alcohol misuse in Peterborough and highlights the proportion who access parental support services.

In the year ending March 2024, there were **672 parents in treatment for drugs and alcohol in Peterborough**. This is of a total of 1745 adults, so **38.5% of our service users were parents**. Of these parents, **48% (352) were living with children**. An additional **52 adults in treatment were not a parent but were living with children**.

Parental support services are a critical component of treatment, offering assistance tailored to the unique challenges faced by parents.**18.5% of all parents in treatment in Peterborough received parental support; 124 of 672**. This represents a recent increase from a low of 62 (9.5% of parents) in the year ending September 2023. The current level is higher than the national average of 15%.

There is a significant difference in the provision of support services by sex, with; 33.0% of female parents (64) in treatment received support, compared with 12.6% of male parents (60) (20.4 percentage point different). This is a bigger difference than seen nationally (6.6 percentage points). Analysis of parental met need by age group in Peterborough results in small subgroups outside those age 30-49, so analysis is limited.

### Children of Parents with Substance Misuse

**Growing overall need for support for vulnerable children in Peterborough**

The **need for support for vulnerable children in Peterborough is increasing**, with rising numbers of children in need (CiN) and referrals to council support services for children and families. In 2024, substance misuse was an ‘assessed factor’ in 6-7% of CiN episodes[[34]](#footnote-35).

Children growing up in families affected by parental drug or alcohol misuse face **heightened risks of adverse outcomes,** though not all will experience significant harm. Nationally, parental drug or alcohol misuse was identified in over a third (36%) of serious case reviews where a child died or was seriously harmed[[35]](#footnote-36).

In 2023–24, **Children’s Social Care assessments in Peterborough increased by over 50%, alongside a rise in identified drug and alcohol needs, with more than 1,000 instances recorded**. This significant increase in referrals and substance misuse concerns highlights a growing challenge. The rising numbers in Peterborough may reflect local demographic pressures, higher levels of deprivation, or improved service engagement and awareness. Strengthening the identification and referral of families affected by substance misuse is critical to improving outcomes for children.

### Employment and Individual Placement and Support (IPS) Services

**Employment status** is a significant factor influencing vulnerability to substance misuse and is identified as a key risk factor for developing substance use-related problems and harms ([link](https://chatgpt.com/c/67962650-5a24-800a-8b91-c6a224dff22a)). Analysis of employment and education data for individuals in drug and alcohol treatment in Peterborough reveals socio-economic challenges faced by service users and can guide targeted areas for intervention.

NDTMS data shows that in the year ending March 2024, **70.0% of adults entering or in treatment for substance use were not engaged in formal education, employment, or training in Peterborough**. This is similar to national data and reflects a relatively stable proportion since 2020. By comparison, 20% of the working-age (16-64 years) population in Peterborough were not recorded to be in employment as of June 2024, highlighting a **significant disparity in employment levels between the treatment-seeking population and the general population[[36]](#footnote-37)**.

Further analysis of employment outcomes for **those with planned exits** from treatment in the year ending March 2024 demonstrates **clients making progress during recovery journeys**:

* At the start of treatment, 31.5% of 340 clients reported working at least 10 days per month. By the time they exited treatment, this had increased to 38.2%. These improvements in employment outcomes surpassed the national average of 34.8%.
* Meanwhile, 75% of clients maintained stable work patterns throughout their treatment journey, a proportion slightly higher than the national average of 71%.
* Encouragingly, only 1% of clients experienced a decline in their work engagement, compared to the national average of 3%.

These findings were similar to those for 2022 and 2023, demonstrate **consistent positive shifts in employment among clients completing treatment** despite a 34.4% increase in the number of clients exiting treatment (340 from 253 in 2022).

**Individual Placement and Support**

Individual Placement and Support (IPS) is an evidence-based employment support approach initially developed for individuals with mental health conditions and later adapted for those with substance use disorders. IPS focuses on rapid job searches tailored to individual preferences, integrating employment services with clinical treatment to enhance recovery outcomes.

In the UK, the IPS-Alcohol and Drug (IPS-AD) trial was the first to evaluate IPS for adults in treatment for alcohol and drug dependence. The study found that IPS participants achieved higher rates of employment in the open job market compared to those receiving standard employment support[[37]](#footnote-38).

Building on these findings, the UK government has expanded funding for IPS services within drug and alcohol treatment settings[[38]](#footnote-39). In January 2024, Peterborough received a grant to enhance IPS provision within its drug and alcohol services, aiming to improve employment outcomes for service users. This initiative is part of a broader strategy to integrate employment support with substance misuse treatment, recognising that stable employment is a key factor in sustained recovery.

In the **nine-month period** from the start of IPS to October 2024, local data shows that **99 service users were referred for support, 67 of these were successfully engaged in the service (67.7% of those referred) and 21 had successful job outcomes (31.3% of those engaged, 21.2% of those referred).**

By combining personalised employment support with substance misuse recovery services, IPS models align with evidence-based strategies to promote recovery, improve self-sufficiency, and reduce the likelihood of relapse.

### Recommendations

Recommendation 11

Drug and alcohol services should ensure that mental health support is embedded within care planning and delivery, with strong referral pathways and collaborative working to meet service users' needs. This includes strengthening links with mental health services and ensuring access to appropriate support. (See Recommendations 7 and 8 for related actions.)

Recommendation 12

Ensure that domestic violence (DV) support structures prioritise safety and effectiveness. Processes should be in place to prevent victims and perpetrators from being placed in the same support groups, safeguarding the well-being of those affected.

The increase in DV referrals should be reviewed to determine whether this reflects changing demographics, rising deprivation, or improved engagement with services. Efforts to deliver trauma-informed care, strengthen referral pathways for victims, and provide specialised outreach for women engaged in sex work should continue and be further developed.

Recommendation 13

Continue working towards the national target of 75% continuity of care by strengthening links between substance misuse services and the criminal justice system. Services should maximise opportunities to increase attendance and co-location within probation settings and actively engage in prison and probation pre-release resettlement panels. Clinical practice should play a role in improving continuity, including a joined-up harm reduction approach between prison healthcare teams and drug and alcohol services. Measures such as integrating FP10 prescriptions on release into community treatment plans could further support engagement and ensure a smoother transition into ongoing care.

Recommendation 14

The successes of the Rough Sleeper Drug and Alcohol Treatment (RSDAT) model should be retained and integrated into service planning. Services need to reflect that housing instability is high in Peterborough, which compounds other health and social vulnerabilities and reinforces the need for a joined-up approach in service delivery.

Recommendation 15

Rising support needs for children and families in Peterborough are likely driven by multiple factors, requiring a system-wide approach that considers the wider determinants of health. Drug and alcohol services should incorporate coordinated support for parents, ensuring that families receive proactive, integrated assistance to improve outcomes for children in these families. Strengthening cross-sector collaboration between DA services, social care, and early help teams will be critical in addressing intergenerational cycles of harm.

Recommendation 16

Employment plays a crucial role in recovery, improving stability, well-being, and social reintegration for those with substance use issues. Sustained employment support initiatives should be a priority, ensuring services are tailored to those facing barriers to work. Investing in specialist employment programmes will benefit both individuals and wider society, reducing long-term reliance on health and social services.

## Peterborough; Services

### Current Service Model

Peterborough City Council’s current Integrated Drug and Alcohol Treatment Service provider is **Change Grow Live Limited (CGL),** a large third sector organisation and one of the market leaders in the sector. The service is known locally as ‘**CGL Aspire’** and includes:

* Early intervention advice and support,
* Pharmacological treatment,
* Harm reduction,
* Pharmacy-based services (including needle and syringe programmes),
* Psychosocial support,
* Recovery support,
* Access to community and inpatient detox and residential rehabilitation for adults and young people

Drug and alcohol services work in **collaboration with key partners** to improve case identification and coordination of care. These partners include hospitals, GPs, police, prisons, ASB (Anti-Social Behaviour) Team, the homelessness team, social care, Citizens Advice, the Department for Work and Pensions (DWP) and employment support services.

Several dedicated roles and projects support this collaborative approach, including:

* **Operation Glacier** – an outreach programme providing targeted support for sex workers,
* **Cuckooing Prevention** – a specialist role working with police to protect vulnerable people who are exploited for drug trafficking and other abuse,
* **Housing Pathway** – a structured approach to supporting individuals experiencing homelessness and housing instability, with joint case meetings between DA workers and PCC housing officers
* **Primary care** – psychosocial support offered to those in primary care settings that are addicted to prescribed opiate medication.
* **Hospital liaison** post embedded within Peterborough City Hospital to liaise between hospital and community services
* **Community engagement** role within CGL Aspire that works to increase engagement across all communities within Peterborough.
* **Life skills offer** within current funding allocations to promote sustained outcomes for service users.

The **recovery hub** is a new service since 2023, offered for those who have completed their structured treatment but want facilitated mutual support to keep them free of substances and prevent a return to addiction. This is an important safe space open 3 days per week and attended by 15-20 people at each session. A total of 181 individual attendances were recorded at recovery groups in the year ending March 2024, with 364 attendances by friends or family.

**Co-production and peer support** are central to the recovery. Over two-thirds of volunteers at the service having lived experience, enhancing trust, engagement, and accessibility for service users.

#### Finances and Affordability

The **current funding model** for drug and alcohol services in Peterborough is made up of:

* The **‘core contract’** from public health funding
* **Supplementary funds** from central government
  + Supplementary Substance Misuse and Treatment Recovery Grant (SSMTRG)
  + OHID Housing Support Grant
  + OHID Rough Sleeper Drug and Alcohol Grant (RSDATG)
  + Supplementary Individual Placement and Support (IPS)
  + Regional inpatient detox facility
* **Local grants**
  + ICB
  + Public Health
  + National Probation Service
  + Office of the Police and Crime Commissioner
  + Department of Education

The supplementary grants have been transformative, allowing an expansion of service capacity, improving the quality of prevention work, and enhancing recovery and support services such as housing, employment support, and inpatient detoxification.

There is ongoing uncertainty about longer‐term funding beyond the current cycle (announced for 2025–26) however, with future allocations pending departmental and Treasury approval. Uncertainty complicates service planning and hampers the ability to commit to sustainable, high‐quality service models without a clear multi-year funding commitment. Services may face disruptions once supplemental funds expire or if future allocations are lower than expected.

### Harm Reduction

**Harm reduction** refers to a range of strategies aimed at minimising the health risks associated with substance misuse, particularly through approaches that focus on **preventing harm and reducing fatalities**. The goal is not necessarily to reduce or eliminate drug use, but to reduce the negative consequences associated with it.

This section highlights data relating to harm reduction services in Peterborough, including medications, needle exchange, and peer-support.

There is a relatively high proportion of OCU who inject in Peterborough, who are at increased risk of harms including being at risk of blood-borne viruses (BBV, like HIV and hepatitis), infections, vein damage, and overdose. BBV monitoring and treatment is an important method of harm reduction and a high proportion of service users in Peterborough receive this care (see Section 5.6.3.).

#### Needle and Syringe Provision

Sterile needle and syringe provision (NSP) **reduces the transmission of blood-borne viruses among people who inject drugs, and can decrease the incidence of skin infections**. In Peterborough, this is offered at CGL fixed sites, via an online CGL service and through pharmacies. In the year ending March 2024, **CGL distributed over 140,000 needles and associated equipment**.

When this figure is compared with the estimated 518 injecting users in the area, this amounts to over 270 needles per person annually. Although this is a rough estimate, it provides a useful benchmark against national and international harm reduction targets, which aim for 200 needles per person per year.

#### Medication-Assisted Treatment (MAT)

**Opioid Substitution Therapy (OST)** is a key intervention for people dependent on opioids, typically delivered through daily supervised medication at pharmacies. Since 2022, long-acting injectable OST has also been available, administered monthly by specialist teams. This approach emerged partly in response to its growing use in prisons, to ensure consistent and stable care upon release.

NDTMS data shows that in Peterborough, **long-acting OST accounted for 1.5% of all OST provision** in both 2022–23 and 2023–24. Nationally, a higher proportion of OST provision was long-acting, at 2.4% in 2022-23 and 3.5% 2023-24. Its use is currently funded through supplemental grants.

Long-acting OST offers several advantages, including reduced diversion (sharing, selling or misuse of prescribed medication), a reduced burden of daily pharmacy visits, and improved treatment retention and abstinence for some users. However, it incurs significantly higher costs and is less cost-effective compared with traditional formulations, so any expansion should be approached with caution. Additionally, while long-acting OST provides stability for prison leavers on release, there is a risk that these clients may be less inclined to engage with drug and alcohol services if they do not need to attend for shorter-term formulations.

Given these factors and findings of the evidence review in this needs assessment, future provision of long-acting OST should involve careful case selection to ensure that only those most likely to benefit are offered this option.

#### Naloxone

Naloxone is a **lifesaving medication** that reverses life-threatening depression of the central nervous and respiratory systems caused by **opiate overdoses**. While all opiate use carries some risk, injecting drug users face a particularly high risk due to the rapid delivery of the drug into the bloodstream, making them a priority group for naloxone interventions. Naloxone does not counteract overdoses related to other substances.

In Peterborough, naloxone is distributed through CGL to service users, family members, and professionals, with distribution numbers monitored quarterly, aiming for ongoing expansion in provision. In the year ending March 2024, **590 kits were distributed**.

NDTMS data includes proportions of service user groups who were issued with naloxone in the last year. This demonstrates **high levels of provision in Peterborough, with prioritisation of those who use opiates. 86.1% of service users** in treatment for opiates were issued with naloxone in the year ending March 2024 (compared with proportions ranging from 8.4% to 22.4% for other substances). This marked an increase of 5.8 percentage points from the year ending March 2023. The increase mirrors a similar national increase, but naloxone provision in Peterborough remains **10 percentage points higher than for England overall**, as shown in Table 5.8a.

###### Table 5.8a. Naloxone provision for opiate-only clients 2023 to 2024.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Peterborough** | | **England** | |
|  | Proportion | Annual Change | Proportion | Annual Change |
| Opiate only | 86% | +5.8 percentage points | 76% | +6 percentage points |

Source NDTMS data.

The proportion of users issued with naloxone was similar for males and females **but varied by 17 percentage points across different age groups**. The highest provision was for those aged 25-54 (86.9-89.9%), with a slightly smaller proportion for those aged 18-24 (81.8%), but a **markedly lower proportion for those aged 55+ at 72.9%.** This reflects a notable increase in naloxone provision for younger service users over the last two years (from 46.2% for 18-24-year-olds in 2022), suggesting that further targeted efforts could help improve provision for older age groups.

#### CGL & Pharmacies

A number of the described harm reduction services are provided by pharmacies through CGL in Peterborough. This approach leverages existing pharmacy locations to provide broad geographical coverage and convenient access for local residents across the community.

As of October 2024, **30 pharmacies** across Peterborough provide CGL services. All of these offer Medication-Assisted Treatment (MAT), including annual pharmacist reviews and monitoring of missed or late collections for service users. Of these, 23 pharmacies also provide Needle and Syringe Programmes (NSP), and 21 offer a take-home naloxone service, as shown in Figure 5.8a.

###### Figure 5.8a. CGL Services in Pharmacies across Peterborough

A map with many points

Description automatically generated  
Sup Con = supervised consumption, NSP = Needle and Syringe Provision, Nal = Naloxone, Unsupervised con = Unsupervised consumption, CGL = Change Grow Live.

#### Nitazene Testing

A potent group of synthetic opioids linked to overdose risk, nitazenes, can be tested for using point-of-care ‘nitazene test strips’. People who use drugs can use them to check for contamination in substances they intend to take, reducing the risk of unintended opioid exposure. These strips are distributed through CGL services in Peterborough. During a 10-month period ending in January 2025, **clients were given test strips on 52 occasions**, along with guidance on their use and other harm reduction measures. Further test strips are also distributed to partner agencies, such as pharmacies, and upcoming expansion of this service will include test strips for other drugs with associated overdose risk, such as fentanyl and xylazine.

Although these tests may influence safer use decisions, they have significant limitations. Importantly, their distribution offers an **opportunity to provide advice on safer practices**, including not using drugs alone, having naloxone available, and ensuring someone remains sober to seek help if needed[[39]](#footnote-40).

#### Peer Support

Peer support is a vital component of harm reduction because it leverages the lived experiences of individuals who have navigated similar challenges. This helps build trust, reduces stigma, and empowers individuals by offering relatable guidance and practical strategies for managing substance use. Within the current service model, peer support is encouraged through mutual aid, is integrated in recovery, and a friends and family group at CGL offers further peer support.

### Insights from Service Mapping

A review of service performance using NDTMS and local data demonstrated the following key findings:

**Inpatient and Residential Services**

The proportion of individuals receiving inpatient treatment in Peterborough has remained **relatively low** over the last decade. Currently, detoxification services are available through a dedicated bed at Park House in Birmingham, alongside access to a regional inpatient bed in Essex. In the year ending March 2024, both the number and proportion of people receiving inpatient treatment **reached their highest levels, with 26 individuals** (1.6% of those in treatment) accessing this support. This remains below the national figure of 2.0%, but relatively higher numbers of people in treatment in Peterborough should be considered in making this comparison.

Residential rehabilitation in Peterborough has consistently accounted for less than 1% of all treatment episodes, with no formal arrangements in place for provision. While recent funding has enabled some expansion, uptake remains low. **Fewer than 10 individuals (less than 0.5% of those in treatment) accessed residential rehabilitation** in the year ending March 2024. This falls below the national average of 1.68% and the Department of Health and Social Care’s (DHSC) ambition for at least 2% of individuals in treatment to receive residential care as part of their recovery journey.

**Successful Treatment Completion**

In the year ending March 2024, **40.7%** of those that left treatment for drugs and/ or alcohol in Peterborough had **successfully completed their treatment**, free from dependence. This is similar to the proportion of people who have successfully completed treatment each year since 2020 (range 38.5-43.2%) but is **lower than the national successful completion rate** of 45.6%.

Successful treatment exits are proportionally **higher for CYP**. An average of 105 CYP exited treatment yearly over the last three years in Peterborough and the vast majority of these **(86.2%)** successfully completed treatment. This is similar to the national average rate of successful completions (83.7%).

### Recommendations

Recommendation 17

Recovery support should be embedded throughout DA services, with co-location, community-based support, and strong system-wide links. Peer co-designed elements and Lived Experience Recovery Organisations (LEROs) should be integral, ensuring services are culturally competent and responsive to the needs of at-risk and minority groups.

Recommendation 18

Services should continue efforts to expand access to inpatient and residential treatment for those who need it, working towards the DHSC target of at least 2% of individuals in treatment accessing residential care. In balance with cost-effectiveness, an exploration of options could include:

* Strengthening partnerships with existing regional providers to secure additional capacity.
* Assessing the feasibility and cost implications of commissioning closer facilities.
* Ensuring robust referral pathways and funding mechanisms to maximise use of available beds.
* Exploring block-purchasing of inpatient beds as a potential approach to increase provision and improve access to detoxification services.

Funding allocated to residential rehabilitation should not be reduced. Any improvements or changes in rehabilitation service provision should proactively consider equity among vulnerable groups and include support for families of those receiving care.

Recommendation 19

Long-acting Buprenorphine should be part of the OST offer but its use should be targeted, with patient selection strategies in balance with patient-centred care and shared decision-making.

Recommendation 20

A targeted effort should be made to increase distribution of naloxone amongst older adults in treatment services for OCU. The implementation of updated legislation on naloxone distribution provides an opportunity to build partnerships with local services to expand the reach of harm reduction advice, which may include training of partners.

Recommendation 21

Continue to monitor the rate of successful treatment completions, ensuring regular feedback from both service users and staff to identify barriers and areas for improvement. Use this insight to refine local treatment pathways and enhance support services, with a view to increasing completion rates. Consider setting a specific target for successful completions if this is seen as a useful way to drive progress.

## Peterborough; Challenges and Opportunities

### Adult Social Care

Referral source data from NDTMS demonstrates a **gap in the recognition and referrals** for drug and alcohol (DA) needs among adults who are in contact with **social care services** in Peterborough. This suggests that opportunities for early identification and support may not be fully maximised within the current system.

Ongoing work into recording DA needs in Peterborough City Council (PCC) services has identified opportunities to improve the consistency and completeness of data entry, particularly for vulnerable families accessing multiple services. It highlighted the need for **better integration of recording systems** to allow for a joined-up view of substance misuse across services and recommended **regular staff** **training** to enhance the identification and documentation of DA needs during assessments and ongoing support. This work has fed into ongoing transformation projects at PCC, and has also emphasised the importance of **embedding routine** **updates of DA needs** for individuals to ensure data reflects changes in family circumstances over time.

Adult Social Care (ASC) plays a critical role in supporting individuals with complex needs, including those related to aging, disability, mental health, and recovery. ASC is often a key point of contact for vulnerable individuals, yet substance misuse, whether involving drugs, alcohol, or both, can remain **hidden or under-acknowledged** within this population. Recognising and addressing substance misuse at this interface is essential for providing holistic care and maximising opportunities for early intervention.

Local data from ASC services in Peterborough showed high numbers of engagement with individuals in 2023–24, including **over 11,700 requests for support or advice and 6,500 assessments**. Despite this substantial engagement, the data reveals surprisingly few individuals recorded as having “Substance or alcohol needs”; **fewer than 40 individuals** in 2023-24. Although this may be interpreted to represent low unmet need, it is more likely that drug and alcoholissues are **not being captured**, given known prevalence and need insights identified elsewhere. The absence of “Substance Misuse Support” as a primary category for support, combined with the lack of obligation to record additional support needs likely results in an underestimation of the extent of substance misuse treatment need in the ASC population.

Substance misuse often exacerbates other vulnerabilities, such as mental health or physical disability, so individuals with drug and alcohol needs may be categorised under other support areas. This under-identification highlights a critical challenge in understanding drug and alcohol needs for those interacting with ASC, which may stem from gaps in data systems, staff awareness or in standardised reporting practices.

### Accessibility of Services

Recent work has identified that current services are non-complaint with **Accessibility** Information Standards from NHS England[[40]](#footnote-41), which ensure that information is offered in accessible formats and necessary communication support is provided to ensure equal participation.

An audit has informed an **ongoing action plan**, which includes:

* Enhancing the process of documenting communication needs.
* Providing targeted staff training.
* Ensuring that key documents are made available in accessible formats.
* Ensuring that correct procedures for supporting individuals with communication needs are in place.

### Opportunities to Engage High-risk Populations

**Assertive outreach** is a proactive approach where specialist teams actively seek out and engage individuals with treatment need, who are hard to reach through conventional service channels. This model is especially valuable in cases where patients are encountered through emergency services where high-risk presentations and elevated mortality rates are common.

A **Hospital Alcohol Liaison Programme (HALP)** provides an opportunity for this. This team is based in Peterborough hospital and is supported by a DA worker from CGL. In 2023/24, their assessments led to 55 people entering structured treatment.

The local DA team aims to expand these efforts through links with the **ambulance service**. Currently, the DA team have access to case numbers and codes of substance misuse related call-outs, allowing surveillance of emerging patterns of harm and risk. Ongoing efforts are focused not only on improving the quality of this data but also exploring **additional ways to enhance reach and strengthen harm reduction**. Key areas for identified for development include naloxone provision by ambulance crews, facilitation of direct referrals to DA services, and exploring how individuals identified through emergency call-outs could receive appropriate support.

Peterborough City Council launched a **High Impact Use Service** in October 2024 to support individuals who frequently rely on emergency services. This population often faces complex challenges, with substance misuse potentially being a significant factor. Establishing strong **links** with this team can also improve access to support for another high-risk group while providing an opportunity to **understand the barriers** their service users face in engaging with DA treatment. This can help inform strategies to improve service **accessibility** and **effectiveness**.

### Recommendations

Recommendation 22

Individuals receiving adult social care who have drug and alcohol (DA) needs may be particularly vulnerable. Enhancing data systems, staff training, and cross-sector collaboration will improve the identification of substance use treatment needs to ensure appropriate support is provided. These steps can be integrated into ongoing transformation programmes within PCC.

Recommendation 23

Information throughout DA services should be fully accessible, and this should be standard practice. This includes meeting the communication, literacy, and accessibility needs of all service users, which should be identified and recorded by the service.

Recommendation 24

Strengthen links with the ambulance service and high impact user service to enhance assertive outreach and facilitate direct referrals for individuals at high risk of mortality.

Recommendation 25

Improved data sharing between drug and alcohol services, healthcare, social care, and criminal justice partners should be prioritised to enhance care coordination and service user outcomes. Strengthening data-sharing agreements or a shared care record will:

* Improve continuity of care across different services, reducing duplication and missed opportunities for intervention.
* Support a more integrated approach to co-occurring conditions, ensuring individuals receive holistic, person-centred care.
* Enable better identification of unmet need and service gaps through more comprehensive data.

# Qualitative Analysis

The qualitative part of this needs assessment was completed in 2024-25, in conjunction with the quantitative assessment. It builds on findings from the interim report that was commissioned in 2022- 2023.

The current service was commissioned in 2015, and therefore the proposed new model will be aligned to the Dame Carol Black Drug Strategy and informed by extensive consultation (in depth report available in Appendix 7.3) with service users, stakeholders and staff. The following report provides a summary of the qualitative findings and recommendations for a new service specification for the core contracted service.

## Qualitative; Methodology

To ensure a thorough assessment of need across all service users and stakeholders multiple engagement techniques were utilised through Q3 and Q4 of 2024/25, a summary is outlined below. A detailed schedule of service user engagement activity is included in Appendix 7.3.

* **Independent Service User voice** 
  + Utilising SUN Network, they were able to provide independent feedback from service users on the current service provision and future provision
* **Service User questionnaires**
  + Undertaken by our current provider, this method quantified holistic support offered to service users to understand rate of change across key areas of support such as wellbeing, housing, financial wellbeing etc.
* **Service User Interviews** 
  + Face to face interviews were conducted to deep dive into service users experience of current provision
* **Stakeholder questionnaire**
  + A comprehensive survey to quantify key feedback from current stakeholders to further inform future provision
* **Stakeholder workshops feedback** 
  + Broadly themed workshops, as well as service specific areas on need seen within our services to support the development of service specifications.
* **Young Peoples feedback**
  + Undertaken by our current provider to gain feedback on the current offer to children and young people
* **Staff Feedback** 
  + Feedback from staff at Aspire on key questions around service delivery and future opportunities for development
* **Anglia Ruskin secondary research project feedback**
  + Secondary research project on key areas, including evaluation, LERO’s and best practice in community substance use services

## Qualitative; Participants

Below outlines the participation numbers within each area, where able, we have been able to represent as a % of those in treatment to evidence sample size.

|  |  |  |
| --- | --- | --- |
| **Group** | **Number consulted** | **% of those in treatment** |
| Stakeholders - questionnaire | 60 | n/a |
| Stakeholders - workshops | 50 | n/a |
| Service users - interviews | 37 | 3% |
| Service users - questionnaire | 59 | 5% |
| Young people | 9 | 7% |
| Staff (consultation) | 25 | 33% (of workforce) |

## Qualitative; Key Findings

Below is a summary of the key findings (see Appendix- 7.2 and 7.3 for detailed commentary) combined from all the qualitative assessment consultation outlined above, grouped into the following themes to support informing the recommissioning priorities.

* **Individual** – key considerations in relation to the individual at the centre of drug and alcohol services
* **Space** – key considerations around the space used by drug and alcohol services
* **Service in the Community** – how the service interacts with the community
* **Partnerships** – how the service integrates into the wider partnership offer
* **Service Offer** – considerations to a future service offer
* **Young People** – considerations that relate specifically to a young person’s offer.

These key findings and considerations for inclusion within the recommissioning of substance use services are detailed below.

### Individual

Feedback around the individual provided clear insight into how service users, stakeholders and staff would like to interact with each other. Service users reported they would like to see an ‘open door’ policy, increased flexibility on the support offered and improved ways of working around trauma informed approaches. Recommendation 3 of the quantitative report links to the need for increased engagement across the community to support with addressing unmet need, particularly in relation to alcohol use. Taking both data assessments into consideration, Qualitative Recommendation 1 outlines some key objectives that could be considered to address these.

###### Figure 6.3a Qualitative Theme: Individual

### Space

When reviewing both adults and young people’s feedback, how to best utilise the available space across the city was frequently mentioned, including opportunities for co-location.

Co-location is key feature throughout the qualitative assessment, with 45% of Stakeholders reporting opportunities for co-location, and 25 out of 60 partners reporting that alcohol interventions in GP surgeries would be beneficial.

Throughout the Young Persons consultation, both stakeholders and young people requested improved links within Education settings. With an indication that a move to an up to 25 years young person offer would be beneficial this would need to include tertiary education.

Qualitative recommendation two of this report highlights the need for maximising the service reach across the City utilising our partners, achieving co-location objectives could then enhance qualitative recommendation 1, by meeting service users at their starting point.

###### Figure 6.3b Qualitative Theme: Space

### Service in the Community

Embedding the new service into the community with a sustained and co-productive ethos was mentioned repeatedly through the qualitative consultation. When recommissioning the service, the diagram illustrates key factors service users, staff and stakeholders have asked us to consider.

Linking with the quantitative recommendations, there is a strong correlation between mental health need and substance use. In March 2024, 70.8% of service users had a mental health need whilst in structured treatment. Referencing the rate of change within the qualitative assessment we received from service users, there is a positive rate of change (+7.0) around their wellbeing which could be attributed to the additional holistic support provided in service.

Alongside co-occurring conditions, there is a need to increase community representation. An Equality Impact Assessment has been completed for the recommissioning of the substance use service, and there are clear recommendations on how to ensure representation across the service.

Qualitative Recommendation 3 brings together the EquIA that was completed for the recommissioning, as well as the service user voice, with key challenges around transport.

###### Figure 6.3c Qualitative Theme: Service in the Community

### Partnerships

Service user consultation in particular spoke about a wider holistic offer being available to them, with key partnerships being established across the city to join up support offered, as per qualitative recommendation 4.

Being able to join up services to ensure the right team is being utilised is key, reflecting on the qualitative consultations, the theme of improved partnership working is mentioned frequently within service user consultation. The quantitative documents an increase in substance use reporting in children’s social care assessments, but, in contrast our adults social care service is not reporting as many cases of substance use as may be expected.

In relation to continuity of care, there are clear recommendations throughout the quantitative assessment to improve communication within system partners that correlate with feedback received in the qualitative assessments.

###### Figure 6.3d Qualitative Theme: Partnerships

### Service Offer

Providing a robust recovery offer was mentioned throughout the qualitative needs assessment, particularly in relation to the transition between ‘structured treatment’ and being in recovery. Consultation feedback suggests there is a need for a more tailored approach. The quantitative feedback reports Peterborough is 4.9% below national average on successful completions, and therefore increased support at transitions, consistency of key worker, increased flexibility could lead to an increase of successful completions.

Qualitative recommendation 5 brings together salient points for holistic and recovery support. All areas consulted provided evidence that the service design is person centred, and the right professionals are involved at the right time.

###### Figure 6.3e Qualitative Theme: Service Offer

### Young People

Consultation in relation to young people’s services provided the following suggestions for future service delivery, a key future consideration highlighted embedding the service further into education settings (see finding above).

A further key area to consider with the Young Peoples Service is an increased activity offer, highlighting the need for activities that detract from substance use. Young People (and adults) as well as stakeholders have requested this throughout feedback.

Broadening the current Young People’s service to up to 25 years was responded to positively during consultation, increasing the offer to 25years will enable a more tailored approach to support that is required in this age bracket, and increase opportunities for intervention by providing sports, employment and other opportunities into the service.

Qualitative recommendation 6 highlights the two key areas to consider for young people moving forwards.

###### Figure 6.3f Qualitative Theme: Young People

## Qualitative; Recommendations

These qualitative findings have informed the recommendations detailed in section 1.7.2, which would enhance the current offer and enable service users to thrive.

# Appendix

## Acronyms

|  |  |
| --- | --- |
| **Acronym** | **Definition** |
| APMS | Adult Psychiatric Morbidity Survey |
| ASB | Antisocial Behaviour |
| ASC | Adult Social Care |
| AUDIT | Alcohol Use Disorders Identification Test |
| BBV | Blood-Borne Viruses |
| CGL | Change Grow Live |
| CiN | Children in Need |
| CJ | Criminal Justice |
| CMO | Chief Medical Officer |
| COVID-19 | Coronavirus Disease 2019 |
| CSEW | Crime Survey for England and Wales |
| CSTR | Community Sentence Treatment Requirements |
| CYP | Children & Young People |
| DA | Drug & Alcohol |
| DARD | Drug & Alcohol-Related Deaths |
| DASR | Directly Age-Standardised Rate |
| DHSC | Department of Health and Social Care |
| DSR | Directly Standardised Rate |
| DV | Domestic Violence |
| DWP | Department for Work and Pensions |
| EqIA | Equality Impact Assessment |
| ERSOU | Eastern Region Special Operations Unit |
| EWE | Empowering Women Everywhere |
| FP10 | Prescription Form used in the NHS |
| GABA | Gamma-Aminobutyric Acid |
| GHB/GBL | Gamma-Hydroxybutyrate/ Gamma-Butyrolactone |
| GP | General Practitioner |
| HALP | Hospital Alcohol Liaison Programme |
| HBV | Hepatitis B Virus |
| HCV | Hepatitis C Virus |
| HIV | Human Immunodeficiency Virus |
| HMP | His Majesty's Prison |
| HRBS | Health-Related Behaviour Survey |
| HSE | Health and Safety Executive |
| ICB | Integrated Care Board |
| IMD | Index of Multiple Deprivation |
| IPS | Individual Placement and Support |
| IPS-AD | IPS-Alcohol and Drug |
| LD | Learning Disabilities |
| LDIS | Local Drug Information System |
| LERO | Lived Experience Recovery Organisation |
| LGBT+ | Lesbian, Gay, Bisexual, Transgender (+ including Queer, Questioning and Ace and Intersex) |
| LSD | Lysergic Acid Diethylamide |
| MAT | Medication-Assisted Treatment |
| NDTMS | National Drug Treatment Monitoring System |
| NHFT | Northamptonshire Healthcare NHS Foundation Trust |
| NHS | National Health Service |
| NICE | National Institute for Health and Care Excellence |
| NSP | Needle and Syringe Program |
| OCU | Opiate and Crack Users |
| OHID | Office for Health Improvement and Disparities |
| ONS | Office for National Statistics |
| OST | Opioid Substitution Therapy |
| Q1 (etc) | Q1-Q4 refer to the fiscal year quarters, where Q1 = April-June, Q2 = July-September, Q3 = October-December, and Q4 = January-March |
| PCC | Peterborough City Council |
| PCN | Primary Care Network |
| PHE | Public Health England |
| PWID | People Who Inject Drugs |
| RPT | Rate per 1000 |
| RSDAT | Rough Sleeper Drug and Alcohol Treatment |
| SCR | Shared Care Record |
| SDD | Smoking, Drinking and Drug (use survey among young people in England) |
| SSMTRG | Supplementary Substance Misuse Treatment and Recovery Grant |
| SUN Network | Service User Network |
| UK | United Kingdom |
| VCSE | Voluntary, Community, and Social Enterprise |
| WHO | World Health Organization |

## Qualitative Consultation; Summary Themes

|  |  |
| --- | --- |
| **Qualitative assessment themes** | **Assessment area** |
| Office space needs to be fit for purpose, for both staff and service users. This includes different locations for accessibility. | **Staff feedback** |
| High caseloads |
| Opportunity to undertake outreach and home visits |
| Smallest increases in rate of change have been reported in ASB/ Criminality, abusive relationship and drug and alcohol use. | **Service user questionnaire** |
| Positive rates of change are seen in safe accommodation (+5.0), evidencing that whilst in treatment service users are feeling safer in their accommodation. |
| Free text responses provided the following responses;  **What is working well-**   1. Opportunity to talk to another person and find solutions 2. Group work 3. Relationships with keyworkers   **What could be better-**   1. Increased activity offer 2. More 1:1 sessions   **Suitability of location –**   1. Most service users use the central location, and reported no issues   **Any further comments-**   1. There were several responses primarily reporting that they would like to see an ‘open ‘door policy. |
| Alcohol and cannabis are seen prevalently across services | **Stakeholder Questionnaire** |
| 45% of partners believed there is an option for co-location within their service. |
| Increased promotion of services needed, including improving partner confidence in drug and alcohol offer. |
| Services report engagement from their service users is based on them feeling ready to engage and motivation for change |
| Where services report engagement at a person level, rationales for disengagement are not wanting to ‘tell their story again’, motivation for change, consistency of staffing and sentiments of wishing for a fresh start. |
| Young People had positive rates of change across physical health, wellbeing and knowledge of substances. | **Young Peoples questionnaire** |
| Young people requested booking sessions at school and more physical activities would be a benefit. |

### Overarching Qualitative Recommendations:

|  |  |
| --- | --- |
| Way in which the building is being used needs to be considered, to enable staff to working, respond to service user feedback, increase confidentiality and appropriate space for assessments | Staff feedback |
| Consideration needs to be given to increased outreach offer, which would reduce the practical barriers staff are reporting service users have. | Staff feedback |
| Consideration to case sizes needs to be considered, benchmarking against other services would seem appropriate. | Staff feedback |
| Consider ways to positively impact service users perception of their drug and alcohol use whilst in treatment. Consideration needs to be given to a comprehensive strength-based approach to treatment that is asset based. | Service user questionnaire |
| Continue to maximise the positive impacts on wellbeing, support network and motivation and find innovative solutions to promote these further. | Service user questionnaire |
| Consideration needs to be given to increasing money management skills, this could be incorporated into a wider skills programme that focuses on holistic support whilst in treatment across all service areas. | Service user questionnaire |
| Increase promotion of substance use services across the city | Stakeholder questionnaire |
| Increase opportunities for co-location across the city, taking into consideration rurality | Stakeholder questionnaire |
| Continue to develop pathways with housing, mental health and employment for this cohort | Stakeholder questionnaire |
| Utilise co-production techniques to understand how to engage service users earlier or re- engage. In addition to this, utilise lived experience offers to ensure services can be brought alongside service user so they are ready to engage when they feel ready. | Stakeholder questionnaire |
| Review impact physical health and activity could be improved for young peoples offer | Young Peoples questionnaire |
| Ensure that young peoples service is linked in with all education providers across the city, and that there is the opportunity for sessions to be booked there if a young person requests it. | Young Peoples questionnaire |

## Qualitative Consultation Overview

|  |  |  |  |
| --- | --- | --- | --- |
| Consultation area | Lead | Activity | Comments |
| All service users  Questionnaire | Aspire | Complete consultation questionnaire which reviews pre- and post-holistic rate of change    Responses will be collated using excel to give a clear representation of rate of change in key holistic areas. | Aspire to ensure consultation is available to all service users to complete.    Housing Support Grant rate of change to be included.    TOPS data to be included |
| Group Work | SUN Network | Work with service users to understand the following;   * Gaps * What is working well * What they would like to see in the next service * Service User end to end journey     SUN Network is working with Aspire to be able to access groups, ensuring a representative sample of service users.    SUN Network will produce a detailed report to outline responses.    Access to group work within treatment services to be shared | Key areas have been documented for SUN Network to use as a prompt if needed.    SUN Network attending Hub and Aspire building. |
| Service User Interviews | Sun Network/ Commissioners | SUN Network to support service users to attend conversations with Service Users to understand further their hopes for the service. | Dates:  8th November  15th November  18th November |
| Service users not in treatment | Commissioners | Discussions with stakeholders to explore potential opportunities to access those who are not in treatment. |  |
| Stakeholders | Commissioners | Questionnaire and stakeholder workshops to understand views on drug and alcohol services within the city. |  |
| Best practice in Community drug and alcohol services | Anglia Ruskin University | Secondary research project to look at best practice in community drug and alcohol services. |  |

## Qualitative - Summary Documents

|  |  |
| --- | --- |
| **Document** | **Link** |
| Service User interviews summary | <https://cambridgeshireinsight.org.uk/wp-content/uploads/2025/06/Service-User-Interview-Feedback-.docx> |
| Service User questionnaire summary | <https://cambridgeshireinsight.org.uk/wp-content/uploads/2025/06/Service-User-consultation-summary-Dec-24.docx> |
| Service User voice summary | <https://cambridgeshireinsight.org.uk/wp-content/uploads/2025/06/Consolidated-service-user-voice.docx> |
| Stakeholder consultation summary | <https://cambridgeshireinsight.org.uk/wp-content/uploads/2025/06/Final-Stakeholder-feedback.pptx>  <https://cambridgeshireinsight.org.uk/wp-content/uploads/2025/06/Consolidated-stakeholder-feedback.docx> |
| Staff feedback summary | <https://cambridgeshireinsight.org.uk/wp-content/uploads/2025/06/Consolidated-staff-feedback.docx> |
| Young Peoples Summary | <https://cambridgeshireinsight.org.uk/wp-content/uploads/2025/06/Young-Peoples-Summary-.docx> |
| Anglia Ruskin Report | <https://cambridgeshireinsight.org.uk/wp-content/uploads/2025/06/Shoke-Final-Nov-24-Recovery-in-the-community.pdf> |

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