Nottinghamshire Drug and Alcohol Health Needs Assessment

Nottinghamshire County Council

Public Health

Drug and Alcohol Team

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OFFICIAL SENSITIVE

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Glossary

Acquisitive Crime: Acquisitive crime is a high-volume offence type and covers all crimes where an offender derives material gain from the offence.

County Lines: County Lines is a term used to describe gangs and/organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Class A drugs: Class A drugs are deemed to be the most harmful types of drugs which is why they are usually dealt with as being the most serious of all the drug classes. Drugs that have been given a Class A classification under the Misuse of Drugs Act 1971 include drugs such as cocaine, crack cocaine, ecstasy and heroin. If found guilty of an offence, sentencing for Class A drugs can be severe and involve long term imprisonment.

OCU: This means opiate or crack user and refers to the use of opiates and/ or crack cocaine. It does not include the use of cocaine in powder form, amphetamine, ecstasy, or cannabis. Although many opiate and/or crack users also use these drugs it is very difficult to identify exclusive users of these drugs.

PHOF: This acronym stands for Public Health Outcomes Framework. The framework has four overarching domains: wider determinants, health improvement, health protection and healthcare and premature mortality. The PHOF data tool examines a wide range of indicators that help us understand trends in public health.

Prevalence: Prevalence is the proportion of a particular population found to be affected by a medical condition (typically a disease or risk factor) at a specific time.

Structured treatment: Structured drug and alcohol treatment consists of a comprehensive package of concurrent or sequential specialist drug and alcohol-focused interventions. It addresses multiple or more severe needs that would not be expected to respond, or have already not responded, to less intensive or non-specialist interventions alone. All interventions must be delivered by competent staff, within appropriate supervision and clinical governance structures.

Unmet need: Unmet public health needs refers to needs currently not addressed by the health care systems for availability or accessibility reasons.

Wider Determinants of health: As described by the World Health Organisation, wider determinants of health include social and economic environment, physical environment, and a person's individual characteristics and behaviours. These determinants make people healthy or not and include environmental, social, and economic factors. They can also be referred to as social determinants of health or primordial prevention. For more information use this link: Broader determinants of health | The King's Fund (kingsfund.org.uk)

Out of Court Disposal terms:

Adult Caution (Simple Caution): A simple caution may be issued where there is evidence that the offender has committed an offence, the offender admits to the offence, it is not in the public interest to prosecute, and the offender agrees to being given the caution.

Cannabis Warning: A cannabis warning may be given where the offender is found in possession of a small amount of cannabis consistent with personal use and the offender admits the elements of the offence. The drug is confiscated, and a record of the warning will be made on local systems. The warning is not a conviction and should not be regarded as an aggravating factor when sentencing for subsequent offences.

Community Resolution: Community resolution is an informal non-statutory disposal used for dealing with less serious crime and anti-social behaviour where the offender accepts responsibility. The views of the victim (where there is one) are considered in reaching an informal agreement between the parties which can involve restorative justice techniques.

PND (Penalty Notice for Disorder): Penalty notices may be issued as an alternative to prosecution in respect of a range of offences. Unlike conditional cautions, an admission of guilt is not a prerequisite to issuing a penalty notice. An offender who is issued with a penalty notice may nevertheless be prosecuted for the offence if he or she: asks to be tried for the offence; or fails to pay the penalty within the period stipulated in the notice and the prosecutor decides to proceed with charges.

Youth Caution: A Youth Caution may only be given if the police are satisfied that it would not be in the public interest to prosecute or to offer a Youth Conditional Caution. Before a Youth Caution can be administered the following criteria must be met: the constable decides that there is sufficient evidence to charge the young person with an offence; the young person admits to the constable that they committed the offence, and constable does not consider that the young person should be prosecuted or given a youth conditional caution in respect of the offence.

Youth Conditional Caution: A Youth Conditional Caution is a formal warning that is kept on record by the police and contains at least one condition that the young person has to meet / complete. An individual may receive this for a more serious first offence or for a subsequent offence.

Youth Restorative Disposal: It holds 10- to 17-year-olds to account for minor crime and disorder. YRD is an option for low-level incidents, where guilt is admitted and where there is a practical option for an apology or for the young person to put right the harm or loss they have caused. It aims to strike the right balance between addressing the offence and providing support for young people in encouraging them to not commit further instances of crime or anti-social behaviour.

Key points and recommendations

Rec. no.	Context	Suggested recommendation
1	The drug trafficking offences within Nottinghamshire were significantly higher in 2024/25 (620) compared with 2023/24 (550) and 2022/23 (418). Local analysis of data shows that this is largely driven by a significant increase in 'unlawful import' offences, particularly of Class B drugs.	Nottinghamshire Police to improve monitoring of import offences. This will support the From Harm to Hope ambition of reducing the drug supply chain and allow Nottinghamshire Police to prioritise appropriate disruption activity. (Links to From Harm to Hope ambition 1)
2	The number of offences, particularly acquisitive crime offences, with a drug marker is much lower than expected (0.13% of all acquisitive crime) given that the Association of Police and Crime Commissioners (APCC) indicate that almost 50% of acquisitive crimes are linked to drug use.	Nottinghamshire Police to improve application of drug markers when recording offences to provide more accurate data for drug-related acquisitive crime in Nottinghamshire. This will allow Nottinghamshire Police to prioritise appropriate interventions to reduce such crime across the County. (Links to From Harm to Hope ambition 1)
3	There are approximately 1,800 acquisitive crimes in Nottinghamshire per year (based on 2023/24 and 2024/25 data). Whilst the APCC states that almost 50% of acquisitive crimes are linked to drug use, this does not mean that 50% of offenders have a drug dependency or a drug treatment need. Consistent data on drug treatment need amongst those involved in acquisitive crime is required to better understand the unmet treatment need within the criminal justice system.	Nottinghamshire Police to monitor the number of unique individuals involved in acquisitive crime who have a drug or alcohol treatment need. This will provide a more accurate picture of unmet need within the criminal justice system, improve referrals into treatment, link to Open2Recovery where appropriate, and ultimately prevent reoffending. (Links to From Harm to Hope ambition 1)
4	In 2024/25, there were approximately 139 young persons aged between 10 and 17 years of age that were recorded as either a suspect or an offender for an alcohol flagged crime. Notably, there were 32 repeat offenders (persons recorded against more than 1 alcohol flagged offence in	Nottinghamshire Police to improve utilisation of diversionary outcomes for young people to increase entry into substance use treatment and support where appropriate for the circumstances. (Links to From Harm to Hope ambition 1 and 3)

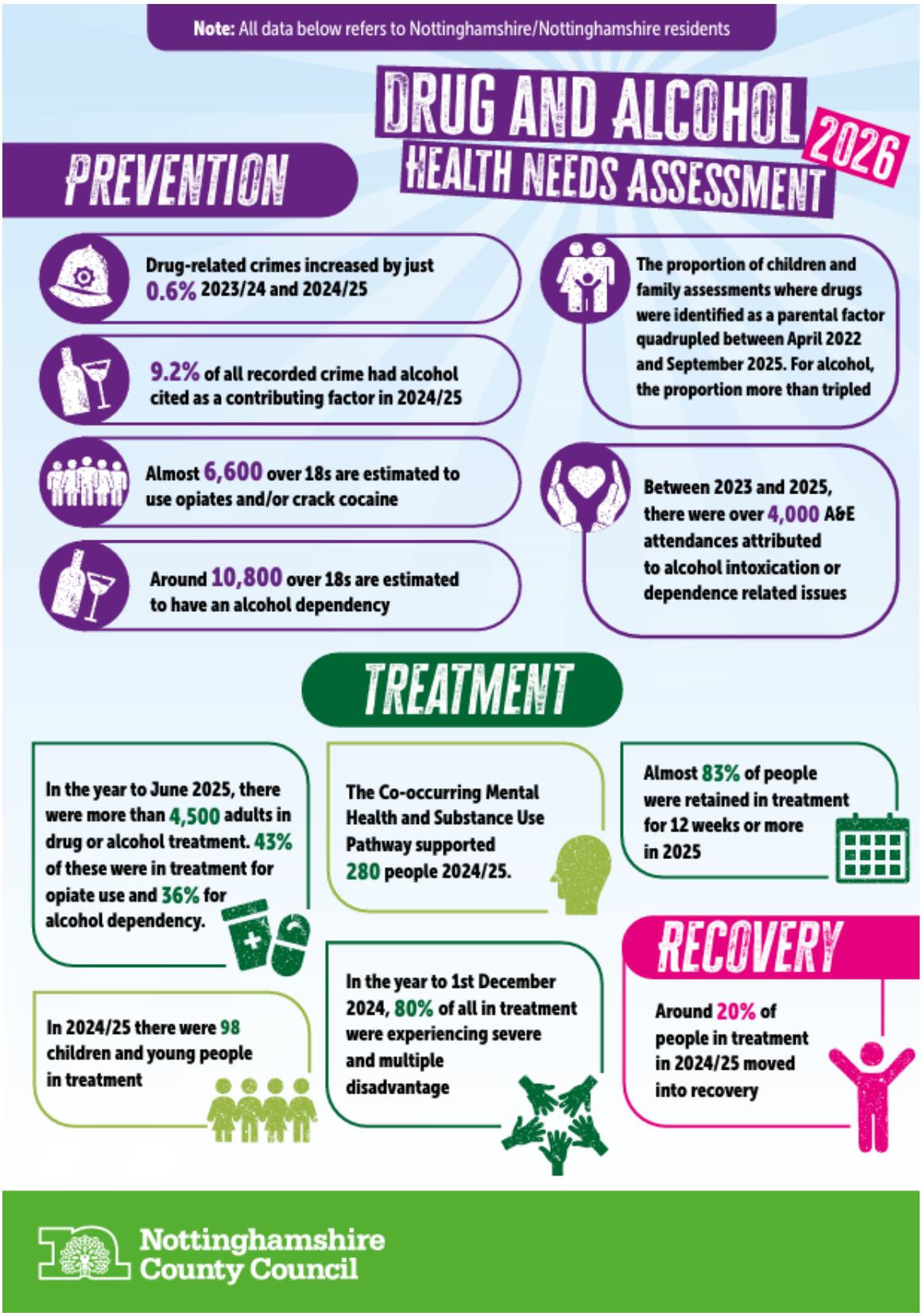
	2024/25), which may highlight a distinct cohort of young people with unmet need.	
5	In 2022/23 (most recent available data), there were 497 recorded instances of drug finds within Nottinghamshire's four main feeder prisons. This accounts for half of all recorded incidents involving drugs, alcohol and associated equipment. A report from the Justice Committee in 2025 states that of 833 deaths in UK prisons that occurred between December 2022 and December 2024, 16% were classified as drug related.	Public Health to work with the main feeder prisons to improve reporting of drug-related incidents in prisons as part of the Local Drug Information System process. This will be achieved by representatives from the feeder prisons sitting on the Nottinghamshire Drug and Alcohol Partnership as per the recommended membership outlined by the Joint Combating Drugs Unit.
6	Children appear to be more likely to be permanently excluded than suspended for drug and alcohol related issues in Nottinghamshire and England as a whole, however the data does not distinguish in what way drugs and alcohol were related to the decision to suspend or exclude a student, and does not give any insight as to whether any measures were taken to support students to stop using substances and address any underlying causal factors before they were excluded.	Public Health to work with ESHAW and Police Schools Prevention Team to understand the gaps and challenges within existing processes relating to the management of drug and alcohol use within schools. This will allow earlier intervention and prevention of suspension and exclusions and support the roll out of a whole school approach to tackling drug and alcohol use amongst children in Nottinghamshire. (Links to From Harm to Hope ambition 3)
7	Nottinghamshire Children and Family Service (CFS) completed 895 child and family assessments where alcohol was identified as a factor and 871 where drugs were identified as a factor in 2024/25. Despite this, only 78 referrals (including referrals for adults and children and young people) were made by CFS in the same year. Referrals for adults decreased dramatically between 2022/23 and 2024/25.	Public Health to work with Adult and Children's Social Care to increase referrals into CGL for support with drug and alcohol use. Specifically, work should be undertaken to understand: a. The current barriers to making referrals; b. How these barriers could be mitigated and; c. The feasibility of developing a non-consent referral process considering the safeguarding concerns relating to substance use. (Links to From Harm to Hope ambition 3)

8	Figures show that less than 40% of Looked After Children identified as having a substance use problem received a substance use intervention between 2018/19 and 2022/23 (latest available data).	Public Health to work with the Looked After Children Team within Children's Social Care to improve pathways into treatment for Looked After Children who are using drugs and/or alcohol. This aims to improve treatment uptake in this population group. (Links to From Harm to Hope ambition 3)
9	Between 1st December 2023 and 1st December 2024, 80% of all in treatment in Nottinghamshire were experiencing severe and multiple disadvantage (SMD). This refers to an individual experiencing two or more of the following factors: - Substance use - Mental ill health - Domestic abuse - Contact with the criminal justice system - Homelessness In this time period, 37% of the treatment population experiencing at least three of the four SMD factors listed above. This is the highest rate of people in treatment experiencing at least three SMD factors so far this decade and highlights the increasing vulnerability and therefore increased complexity of people in treatment.	Change Grow Live to undertake work to track the treatment journey and progress of people in treatment experiencing severe and multiple disadvantage. This aims to allow a better assessment of capacity required within the service to support this group and prioritise specialist offers. This will build on the success of Housing Support. (Links to From Harm to Hope ambition 2)
10	For all people entering treatment in Nottinghamshire in 2024/25, 9.4% stated they identified as LGBTQIA+. Around 7% of those entering treatment in this time period did not disclose or stated they did not know in response to questions about gender and sexual orientation at initial assessment, therefore the percentage may be higher. It is recognised that those identifying as LGBTQIA+ often cite different substance use patterns, for example chemsex.	Change Grow Live to monitor the percentage of people in treatment stating they identify as LGBTQIA+ to help shape the treatment offer for this group, including links with the Sexual Health Service. (Links to From Harm to Hope ambition 2)
11	Population estimates suggest that 1% of the population has autism spectrum disorder (ASD) and 6.5% have attention deficit hyperactivity disorder (ADHD), however research suggests that drug and/or alcohol use-related problems are	Change Grow Live to record both undiagnosed and diagnosed neurodiversity at initial assessment. This will provide a better understanding of local prevalence of neurodiversity in people who

	cited by 19-30% of people with an ASD diagnosis in clinical settings. Neurodiversity is not currently captured through NDTMS at the point of initial assessment or through Treatment Outcome Profiles.	use drugs and alcohol and help shape a more appropriate local treatment offer. (Links to From Harm to Hope ambition 2)
12	The proportion of adults in drug and/or alcohol treatment in Nottinghamshire disclosing current or previous sex work is decreasing, whilst the number in England overall has remained relatively stable.	Change Grow Live to work with key partners including specialist Police teams and local third sector organisations to improve links and pathways into treatment for people who are engaged in sex work. (Links to From Harm to Hope ambition 2)
13	Data shows that Nottinghamshire had a slightly higher proportion of veterans in treatment than the England average since 2024, however this proportion has been declining over the six months to January 2026. It is recognised that veterans are more likely to experience co-occurring mental ill health than the general population.	Change Grow Live to work with key partners including local third sector organisations to improve links and pathways into treatment and other relevant services for veterans. This includes an emphasis on utilisation of the co-occurring mental health and substance use pathway to support mental health needs. (Links to From Harm to Hope ambition 2)
14	Nottinghamshire has an estimated unmet treatment need of 73.4% for people who use crack cocaine. This is, by far, the highest percentage of unmet treatment need across the four substance groups.	Public Health and CGL to implement interventions to bring people who use crack into treatment, including continuation of the Safer Inhalation Pipe Project (SIPP). (Links to From Harm to Hope ambition 2)
15	Higher proportions of children and young people in Nottinghamshire experience many of the wider vulnerabilities captured on NDTMS compared to the national average. This is particularly true for being affected by another person's drug and/or alcohol use, being affected by domestic abuse and being a looked after child.	Change Grow Live to monitor trends in the wider vulnerabilities experienced by children and young people engaged in treatment to help shape the treatment offer and links to other appropriate services. (Links to From Harm to Hope ambitions 2 and 3)
16	A high proportion of clients have an "unknown" or "not recorded" result for presence of Hepatitis C antibodies, Hepatitis C test PCR rest results and HIV status. This means that the true prevalence of these viruses within the	Change Grow Live to improve recording in relation to blood borne viruses, including status at initial assessment, to ensure that those at risk can access appropriate treatment and support, including pre-exposure prophylaxis (PrEP). (Links to From Harm to Hope ambition 2)

	treatment population in Nottinghamshire cannot be ascertained.	
17	Of all children and young people in treatment in 2025/26, 82% reported existing vape use.	Change Grow Live to work with the Youth Service to implement vaping cessation interventions for under 18s. (Links to From Harm to Hope ambition 2)
18	Between 2023 and 2025, there were 5,800 A&E attendances for drug overdoses in Nottinghamshire. Of these, 13% were due to opiate overdose. In the 12 months to June 2025, 5.5% of referrals into CGL came from the hospital.	Public Health and CGL to work with local hospital trusts to improve referrals into treatment for those attending A&E for non-fatal overdose.
19	Post-discharge recovery check-ups in Nottinghamshire have routinely been lower than the national average since April 2019.	Change Grow Live to scope options for a recovery check-up offer for those who do not consent to the current aftercare service, linking in with the development of Stronger Roots (local Lived Experience Recovery Organisation). This will ensure ongoing support and swift re-entry into treatment for those who may have relapsed. (Links to From Harm to Hope ambition 2)

Infographic



Executive summary

Nottinghamshire Drug and Alcohol Health Needs Assessment (HNA) 2026

This Health Needs Assessment (HNA) provides a comprehensive analysis of drug and alcohol-related need, harm, service provision and outcomes across Nottinghamshire. It aligns with the Government's 10-year drugs strategy *From Harm to Hope (2021–2031)* and supports the Nottinghamshire Drug and Alcohol Partnership in targeting prevention, treatment and recovery efforts.

Context and Purpose

The HNA assesses current levels of need, service activity, and system performance across Nottinghamshire, identifying trends, inequalities and gaps in provision. It adopts a whole-system approach incorporating prevention, treatment and recovery, recognising the strong influence of wider determinants such as deprivation, housing, mental health and contact with the criminal justice system.

Key Findings

1. Drug market changes and crime

- Drug trafficking offences are increasing, driven largely by unlawful importation (particularly Class B drugs such as cannabis).
- Growth in digitally enabled drug supply (e.g. darknet markets) is changing local drug markets and increasing risks, including access to high-potency substances.
- Drug involvement in acquisitive crime is significantly under-recorded (0.13%), despite national estimates suggesting up to 50% of such crime is linked to drug use.

2. Rising complexity and vulnerability

- The treatment population is increasingly complex, with 80% experiencing severe and multiple disadvantage (SMD) (e.g. substance use, mental ill health, homelessness, domestic abuse, criminal justice involvement).
- Around 49.5% of people in probation with substance use needs reoffend, highlighting the strong link between substance use and offending.

3. Alcohol-related harm remains significant

- Alcohol is a factor in around 9% of recorded crime, with high levels of repeat offending.
- Alcohol-related hospital admissions and mortality remain at or above national averages, with notable geographic variation (highest in Mansfield).

4. Children and young people

- Young people in treatment show higher levels of vulnerability than national averages, including domestic abuse and being looked after.
- Less than 40% of looked after children with identified substance use needs receive interventions.

- 82% of young people in treatment report vaping, indicating an emerging public health concern.

5. Treatment and unmet need

- 4,493 adults were in treatment in 2025, with a shift from opiate use towards alcohol and non-opiate drugs.
- The most significant unmet need is among people who use crack cocaine (73.4%).
- Referral pathways are inconsistent:
    - Only 5.5% of referrals come from hospitals despite high A&E presentations for overdose.
- Post-treatment support is limited, with recovery check-ups below the national average.

6. Health harms and mortality

- Drug misuse deaths have doubled since 2011–13.
- Over 50% of drug-related deaths occur in people not known to treatment, indicating missed opportunities for intervention.
- Blood borne virus (BBV) data gaps limit understanding of need and risk.

Key Priorities and Recommendations

1. Strengthen prevention and early intervention

- Improve school-based responses and adopt a whole-school approach to substance use.
- Increase early identification through social care, criminal justice and healthcare systems.

2. Improve data quality and intelligence

- Enhance drug and alcohol markers in crime data.
- Improve recording of BBVs, neurodiversity and protected characteristics.

3. Increase access to treatment

- Target high unmet need groups, particularly people who use crack cocaine.
- Strengthen referral pathways into treatment from hospitals, social care and the criminal justice system

4. Address health inequalities and complex needs

- Develop integrated, trauma-informed approaches for those with SMD.
- Improve pathways for vulnerable groups, including:
    - Looked after children
    - LGBTQIA+ individuals
    - Sex workers

    - Veterans
    - People experiencing homelessness

5. Enhance recovery and aftercare

- Expand post-treatment recovery support and check-ups.
- Strengthen links to employment, housing and community recovery networks.

6. Reduce drug supply and related crime

- Improve monitoring of import-related offences and disrupt supply chains.
- Use data to better understand and reduce drug-related reoffending and acquisitive crime.

Conclusion

Drug and alcohol-related harm in Nottinghamshire continues to present a significant and evolving public health challenge. While treatment engagement has improved, increasing complexity, unmet need, and gaps in early intervention highlight the need for a more integrated, data-driven and prevention-focused system.

Delivering the ambitions of *From Harm to Hope* will require strengthened partnership working, targeted interventions for high-risk groups, and sustained investment across prevention, treatment and recovery.

1. Introduction

1.1 What is a health needs assessment?

A Health Needs Assessment (HNA) is a systematic approach to understanding the needs of a population. A health needs assessment can be used as part of wider planning and deploying of resources so that the most effective support for those in the greatest need can be delivered. From a public health perspective, need is seen as the 'ability to benefit', which means that there must be effective interventions available to meet the need. Furthermore, within public health practice, assessing the health needs of local populations typically involves considering not just their physical and mental health and well-being, but the wider determinants or social factors, such as housing and employment opportunities[1].

1.2 Health needs assessment: From Harm to Hope

A Health Needs Assessment (HNA) is required under the national From Harm to Hope Strategy (FHTH) which was published in December 2021. In line with the guidance for local delivery partners, this process of comprehensively assessing data and trends was first undertaken in 2022 and this document provides the recommended three-yearly update. The guidance states there should be continual use of data by the Partnership to assess and review need and impact. The Partnership should focus on bringing together the three priorities in the strategy to understand potential interactions, synergies, and dependencies.

1.3 Nottinghamshire County commissioned drug and alcohol use treatment and recovery service

Since 2014, Change Grow Live (CGL) has delivered all drug and alcohol use treatment and recovery services across Nottinghamshire. Since 2020 they have delivered an integrated all age drug and alcohol use treatment and recovery service which incorporates drug and alcohol services and support for all ages and to families where appropriate. The initial contract length was from 2020-2024 and the option to extend was utilised, therefore the contract ends in 2028.

The service offers support for individuals as well as children and family members impacted by someone else's drug and/or alcohol use. It is free and confidential with bases in Mansfield, Worksop and Hucknall (Monday-Friday 9:00-17:00 with some weekend and evening provision provided by the Drug and Alcohol Liaison Team within Sherwood Forest Hospitals NHS Foundation Trust).

2. Scope and methodology

1.2 Aims and objectives

This HNA is an assessment of evidence and data to better understand the local issues and patterns of drug and/or alcohol use-related harm.

This HNA aims to understand where local need, partnership, activity, and performance are at present and looks at possible explanations for this situation and any trends. The HNA aims to

[1] Tobi, P. (2016) Health Needs Assessment. In: Regmi, K., Gee, I., (eds) Public Health Intelligence

present the findings to the Partnership to ensure that the Partnership brings together the priorities outlined in the FHTH strategy.

An objective of the HNA is to make recommendations to address the needs of those people who use substances and highlight potential areas for service improvement or partnership development to better meet these needs.

1.3 Methodology

In the guidance of FHTH for local delivery partners, part of the assessment of data, intelligence and other evidence should outline how progress will be measured with key data sources identified where possible and appropriate. The National Combating Drugs Outcomes Framework Appendix 2 outlines the measures and where local areas will be held to account on progress against each metric. As outlined in the guidance we have gathered data outlined in Appendix 2 which covers metrics for reducing drug use, reducing drug related crime, reducing drug related harm, reducing supply, increasing engagement in treatment, and improving recovery outcomes.

A variety of data sources were used for this assessment, including Nottinghamshire Police, Public Health Outcomes Framework data from the Office for Health Improvement and Disparities (OHID), National Drug Treatment Monitoring System (NDTMS), Office for National Statistics (ONS) and the Emergency Care Dataset. Data sources have been cited throughout this assessment.

Analysis has also drawn upon other relevant partnerships work such as treatment data and other relevant information on prevalence and harm to form a basis for local need in relation to drug and alcohol treatment and recovery.

3. National policy and local implementation

3.1 National drug strategy 2021 – 2031 From Harm to Hope (FHTH)

The Government's Drugs Strategy: From Harm to Hope (FHTH) was published in December 2021 to combat illegal drugs by cutting off the supply of drugs by criminal gangs and giving people with a drug addiction a route to a productive and drug-free life. The strategy was underpinned by investment of over £3 billion over the first three years, with the aim to reduce drug-related crime, death, harm, and overall drug use. The three strategic priorities of the strategy are:

1. Break drug supply chains
2. Deliver a world-class treatment and recovery system
3. Achieve a generational shift in demand for drugs

The 10-year strategy has an ambition to reduce overall use towards a historic 30-year low. Commitments are made across government to break drug supply chains while simultaneously reducing the demand for drugs by getting people suffering from addiction into treatment and deterring recreational drug use.

Across England over the 10 years of the strategy, the aims are to create:

- a further 54,500 new high-quality treatment places
- 21,000 new places for people who use opiate and crack, bringing a total of 53% of people into treatment
- a treatment place for every offender with a dependency

- 30,000 new treatment places for people who use non-opiate and people who use alcohol
- a further 5,000 more young people in treatment
- 24,000 more people in long-term recovery from substance dependence
- 800 more medical, mental health and other professionals
- 950 additional drug and alcohol and criminal justice workers
- sufficient commissioning and co-ordinator capacity in every Local Authority (LA).

Full details of the Government's new Drugs Strategy can be accessed here: From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

The 10-year strategy is also the formal response to the Independent Reviews of Drugs led by Dame Carol Black and accepts all her key recommendations. Dame Carol was commissioned by the Home Office and the Department of Health and Social Care to undertake a 2-part independent review of drugs, to inform the government's thinking on what more can be done to tackle the harm that drugs cause. Part 1 was published on 27 February 2020 and provides a detailed analysis of the challenges posed by drug supply and demand, including the ways in which drugs fuel serious violence. Part 2 was published on the 8 July 2021 and focuses on drug treatment, recovery, and prevention.

3.2 Part 3 Dame Carol Black review

Part 2 of Dame Carol Black's review for the Government focusses on prevention, treatment, and recovery. Part 2 of the review made it clear that the drug treatment and recovery system in England was not able to operate to the standard needed to address current challenges and is in need of urgent repair. The report proposed changes to commissioning, strengthened accountability and increased funding for treatment services, as well as improvement in housing and employment support which is central to helping someone who may need to access services for support with drugs and/or alcohol. In addition to the additional investment, a whole system approach was advocated with greater co-ordination, transparency, and accountability at a national level, flowing down to the local level.

3.3 Protected Ringfenced Drug and Alcohol Funding

Payments to Local Authorities to deliver FHTH for the first three years (2021-2025) came via the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG). Additional funding was also available for specific workstreams, such as the Housing Support Grant and Inpatient Detoxification Grant. In 2025 these were consolidated into the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). For 2025/26, Nottinghamshire's allocation was £3,737,048.

Following a ministerial decision in 2025, the previous DATRIG and other drug and alcohol specific funding is now part of the Public Health Grant under the "protected ring-fenced drug and alcohol funding". This is a three-year financial commitment. The funding is ringfenced to ensure the money is spent on increasing commissioning capacity and improving the drug and alcohol prevention, treatment and recovery offer and is the minimum amount that must be spent on this provision. There is a requirement for Local Authorities to submit a three-year plan to the Office for Health Improvement and Disparities (OHID) to show how the money will be spent across the three key areas (prevention, treatment and recovery) and how this supports the aims of the funding. This is in addition to a broader plan submitted to the Joint Combating Drugs Unit (JCDU) in 2022 outlining activity across the Partnership to meet the objectives set out within the national FHTH strategy.

3.4 Alcohol

Despite growing pressure from health officials and multiple third sector organisations, there has not been a national alcohol strategy since March 2012[2]. This strategy set out plans to reduce the number of adults drinking above the NHS guidelines, reduce "irresponsible drinking" including binge drinking and drinking amongst 11–15-year-olds and reduce alcohol-fuelled violent crime and alcohol-related deaths. However, the significant impact of alcohol on health and wellbeing and the importance of reducing alcohol consumption is highlighted through other publications in the UK, such as the NHS 10-Year Health Plan and the recent Alcohol Clinical Guidelines.

3.4.1 NHS 10-Year Health Plan

At the strategic policy level, the NHS *10 Year Health Plan* prioritises a shift from reactive treatment to prevention and healthier choices, explicitly identifying harmful alcohol consumption as a key target within its wider prevention agenda. The Plan proposes new standards for alcohol labelling, introducing mandatory nutritional and health warning information on all alcoholic drinks to improve public awareness of health risks, and supports the further growth of the no- and low-alcohol (NoLo) market. These measures are intended to help people make healthier choices and incentivise innovation in lower-risk products, contributing to reduced alcohol-related harm and supporting the NHS's broader prevention goals. In Nottinghamshire, this national prevention focus reinforces local public health and licensing work, such as the alcohol harm matrix used in alcohol licensing applications, which assesses the potential impact of new or extended licences on health and wellbeing and alcohol-related harm. By embedding the Plan's prevention emphasis and supporting evidence-based local tools like the harm matrix, local authorities aim to reduce alcohol-related health harms.

3.4.2 Alcohol Clinical Guidelines (2025)

The clinical guidelines for alcohol treatment in the UK emphasise early identification, evidence-based interventions and comprehensive care pathways across primary care and specialist services. These guidelines recommend routine screening for hazardous and harmful drinking in community and primary care settings, brief interventions for those at increasing risk, and referral to specialist alcohol treatment for people with alcohol dependence or related health conditions. They also highlight the importance of multidisciplinary assessment, tailored treatment plans, psychosocial and pharmacological interventions, and support for families and carers as part of holistic care provision. These clinical standards are intended to improve consistency, quality and outcomes in alcohol treatment and recovery services and should underpin local commissioning and provision of care.

The UK clinical guidelines also emphasise a comprehensive approach to identifying, preventing and managing Alcohol-Related Brain Damage (ARBD) alongside broader alcohol misuse interventions. The guidelines recommend routine screening for cognitive impairment (for example, using tools like the mini-ACE) as part of assessments for people drinking at harmful levels or with alcohol dependence, to identify possible ARBD early and refer individuals for specialist assessment and multidisciplinary care pathways. They also advise raising awareness of ARBD harms, prescribing thiamine supplementation where appropriate, ensuring safe medically assisted withdrawal, and developing individualised management plans with long-term follow-up and rehabilitation support, adapted to cognitive needs. Early

[2] Home Office (2012). The Government's Alcohol Strategy

identification and abstinence are prioritised to improve chances of cognitive recovery and reduce further harm.

3.5 Nottinghamshire Drug and Alcohol Partnership (The Partnership)

As part of bolstering governance and accountability locally, all local areas were required to develop a Combating Substance Misuse Partnership. Guidance published outlines how local areas in England should deliver the transformative ambition set out in the 10-year drugs strategy and provides clarity on the mechanisms that central government will draw upon to track and support delivery.

The Partnership is a multi-agency forum that is accountable for delivering the following outcomes:

a. Reducing Drug Use

b. Reducing Drug- Related Crime

c. Reducing Drug-Related deaths and harm

The Partnership provides a single setting for understanding and addressing shared challenges related to drug-related harm, based on the local context and need. There is a nationally set Outcomes Framework with which to report back to OHID on progress.

The Partnership is a multi-agency forum accountable for delivering the outcomes within local areas. It provides a single setting for understanding and addressing shared challenges related to drug-related harm, based on the local context and need.

The Partnership has a Senior Responsible Officer (SRO) who reports to central government and hold delivery partners to account. The SRO is a key local 'system integrator' responsible for ensuring the right local partners come together, building strong collective engagement, and designing a shared local plan to deliver against the National Combating Drugs Outcomes Framework.

For the Governance structure of the Partnership, please see Appendix A.

3.6 Local implementation

3.6.1 A focus on recovery

In addition to implementing the three strategic priorities of the 'FHTH' strategy, in Nottinghamshire, the Drug and Alcohol Partnership will put equal focus on maximising the recovery offer and opportunities for people who use drugs and alcohol. This emphasises the importance of ensuring people overcoming dependency have a range of meaningful activities to engage with and have opportunity to build a sense of community. Recovery is covered in more detail in section 6.

3.6.2 Alcohol

Reducing alcohol consumption was named as a key priority within the Nottinghamshire Joint Health and Wellbeing strategy 2022-2026. In addition, the Nottinghamshire Drug and/or alcohol use Partnership agreed to place an equal focus on alcohol due to the increasing prevalence of alcohol-related harm and death in the area, particularly after the SARS-COV-19 pandemic.

4. Prevention

4.1 What is prevention?

For the purposes of this HNA, we are using the Advisory Council on the Misuse of Drugs (ACMD) definition of prevention: "efforts aimed at preventing or delaying the onset of psychoactive drug and/or alcohol use in individuals and populations. Where use has already started, prevention aims to support cessation of use and prevent the development of more harmful patterns of use"[3]. This approach to prevention covers a wide range of activities targeting factors which affect an individual's susceptibility to drug use, as well as the wider determinants of health and wellbeing. The ACMD emphasise the importance of taking a whole-system approach to prevention, implementing interventions that span the life course.

4.2 The building blocks of health

The building blocks of health refers to key factors that affect the health and wellbeing of individuals and communities. They may also be referred to as the wider/social determinants of health and include:

- Education
- Employment and work environment
- Food quality and availability
- Water and sanitation
- Housing
- Air quality
- Disposable income

Variation in these factors experienced by different people create inequalities in health, wellbeing and life expectancy. Many of these building blocks of health also affect how vulnerable an individual is to drug and/or alcohol use. It is widely recognised that a lack of quality education and employment opportunities and unstable housing can contribute to a person's likelihood to use substances and may also link to escalation in drug and/or alcohol use behaviours[4].

When looking at mortality, those living in the most deprived areas are more at risk of alcohol-specific and drug-related death[5] and almost two in five deaths of people experiencing homelessness were due to drug poisoning in 2021[6], the latter highlighting the importance of stable and suitable accommodation for prevention of drug and/or alcohol use and for maximising relapse prevention and recovery.

4.3 Criminal Justice

4.3.1 Key summary

- ❖ Overall, the total number of drug offences in Nottinghamshire was similar between 2023/24 (2,016) and 2024/25 (2,028). Specifically, the number of drug possession offences decreased slightly, offences with a drug marker remained similar, and the number of drug trafficking offences increased.

[3] Advisory Council on the Misuse of Drugs (2025). A Whole-System Response to Drug Prevention in the UK
[4] Lin et al. (2024). A scoping review of social determinants of health's impact on substance use disorders over the life course.
[5] DrugWise. Is drug use mainly in deprived areas? Accessed November 2025.
[6] Office for National Statistics. Deaths of homeless people in England and Wales: 2021 registrations. Accessed November 2025.

- Acquisitive crime offences also remained relatively stable between 2024/25 and 2025/26, with slight decreases observed in Mansfield and Newark and Sherwood between the two time periods. Only 0.13% of acquisitive crime had a drug marker in 2024/25.
- In the calendar year of 2025, 70.3% of those supervised by Nottinghamshire County Probation Service had a recorded drug and/or alcohol issue.
- The proportion of all crime recorded by Nottinghamshire Police where alcohol was cited as a contributing factor remained stable between 2022/23 and 2024/25, accounting for around 9.2% of all recorded crime.
- Recorded offences with an alcohol flag involving a suspect/offender aged between 10-17 increased by 30% between 2022/23 and 2024/25.
- To date, Nottinghamshire Police have dismantled 23 Organised Crime Groups involved in drug operations across Nottingham and Nottinghamshire.
- In 2024/25, 2,706 Out of Court Resolutions were issued in Nottinghamshire. Of these, 22.2% were for drug offences.
- In 2024/25, 3% of all total proven offences by children in Nottinghamshire were classed as drug offences. The number of first time entrants to the criminal justice system where the primary offence was drug-related has decreased from 25 in 2016 to six in 2024.
- Most referrals from the criminal justice system into Change Grow Live are from probation, accounting for 51.6% of all criminal justice referrals in 2024/25. Police, prison and probation referrals have increased between 2022/23 and 2024/25.
- In 2022/23 (latest available data), a total of 977 incidents were recorded involving drugs, alcohol or related equipment in Nottinghamshire's four main feeder prisons (HMP Foston Hall, HMP Lincoln, HMP Nottingham and HMP Ranby). This ranged from 272 incidents in HMP Ranby to 232 in HMP Lincoln. Across the prisons, most incidents were drug finds.

4.3.2 Drug-related crime

Reducing drug related crime is highlighted within The National Combating Drugs Outcomes Framework. In the UK using drugs is not a crime, however the possession, production, dealing and trafficking of drugs are illegal offence under the Misuse of Drugs Act (1971). Drug related crime can be broken down in drug offences, including the trafficking or possession of drugs, crimes committed under the influence of drugs, and acquisitive crime to fund drug and/or alcohol use. Disrupting the drug supply chain helps to reduce the availability of drugs and therefore prevent drug and/or alcohol use.

Table 1: Number of drug possession and drug trafficking offences and offences with a drugs flag by area in Nottinghamshire, financial years 22/23-24/25[7]

Area	Drug Possession			Drug Trafficking			Drugs flag			Total drug offences		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Ashfield	189	257	218	85	111	103	26	24	25	300	392	346
Bassetlaw	199	171	199	59	88	71	37	40	36	295	299	306
Broxtowe	118	109	108	43	57	67	8	7	9	169	173	184

[7] Nottinghamshire Police

Gedling	161	133	200	49	66	119	16	11	14	226	210	333
Mansfield	352	367	276	93	131	113	41	29	33	486	527	422
Newark & Sherwood	121	133	118	61	57	60	28	31	22	210	221	200
Rushcliffe	126	137	140	28	40	87	14	17	10	168	194	237
Nottinghamshire (total)	**1,266**	**1,307**	**1,259**	**418**	**550**	**620**	**170**	**159**	**149**	**1,854**	**2,016**	**2,028**

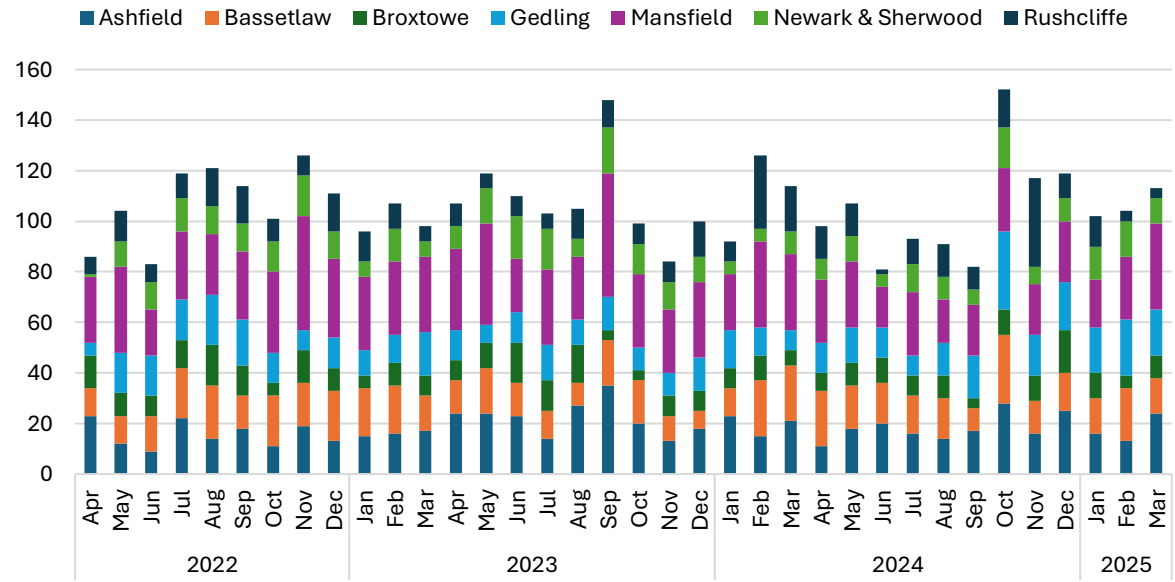
Note: Drugs marker offences exclude any possession or trafficking offences to ensure occurrences are counted only once.

Table 1 indicates that total drug offences in 2024/25 were relatively stable across Nottinghamshire as a whole compared to the previous year, with increases in drug trafficking offences being offset by decreases in drug possession. Further analysis by Nottinghamshire Police highlighted that the main driver behind the increase in drug trafficking was the increase in unlawful import offences, particularly Class B Drugs, namely cannabis.

Drug possession offences

There were approximately 1,259 drug possession offences recorded in Nottinghamshire County in 2024/25, which was similar to volumes recorded in 2022/23 (1,266) and slightly lower than 2023/24 (1,307). Figure 1 shows that there were peaks in drug possession offences in September 2023 and October 2024. Further analysis shows that these were largely driven by increases in cannabis and cocaine possession offences. Data from Nottinghamshire Police also shows there were 825 unique persons involved in drug possession offences in Nottinghamshire County[8], with 61 repeat offenders recorded (persons recorded against more than one possession offence in 2024/25).

Figure 1: Total recorded drug possession offences recorded by Nottinghamshire Police, April 2022 – March 2025[9]



[8] Nottinghamshire Police. Note: this number is offenders only and excludes suspects.
[9] Nottinghamshire Police

Drug trafficking offences

There were 620 drug trafficking offences recorded by Nottinghamshire Police in the County in 2024/25, which was significantly higher than the financial years 2023/24 (550) and 2022/23 (418), highlighting an increasing trend. This is shown in figure 2 below.

As shown, drug trafficking offences have followed an increasing trend over the past 4 years. Further analysis highlights that this is largely driven by a significant increase in police recorded 'unlawful import' offences, particularly of Class B offences, which have more than doubled in 2024/25 compared to 2023/24, and are more than 7x higher than volumes recorded in 2022/23.

Unlawful import relates to the illegal importation of controlled substances into the UK, often involving organised crime groups (OCGs) exploiting international supply chains and concealment methods such as freight, postal services, and passenger luggage. The increase may reflect a combination of factors, including heightened domestic demand for certain drugs, the adaptability of criminal networks using encrypted communications and dark web platforms, and improved detection capabilities at borders[10].

Figure 2: Total recorded drug trafficking offences recorded by Nottinghamshire Police, April 2022 – March 2025[11]

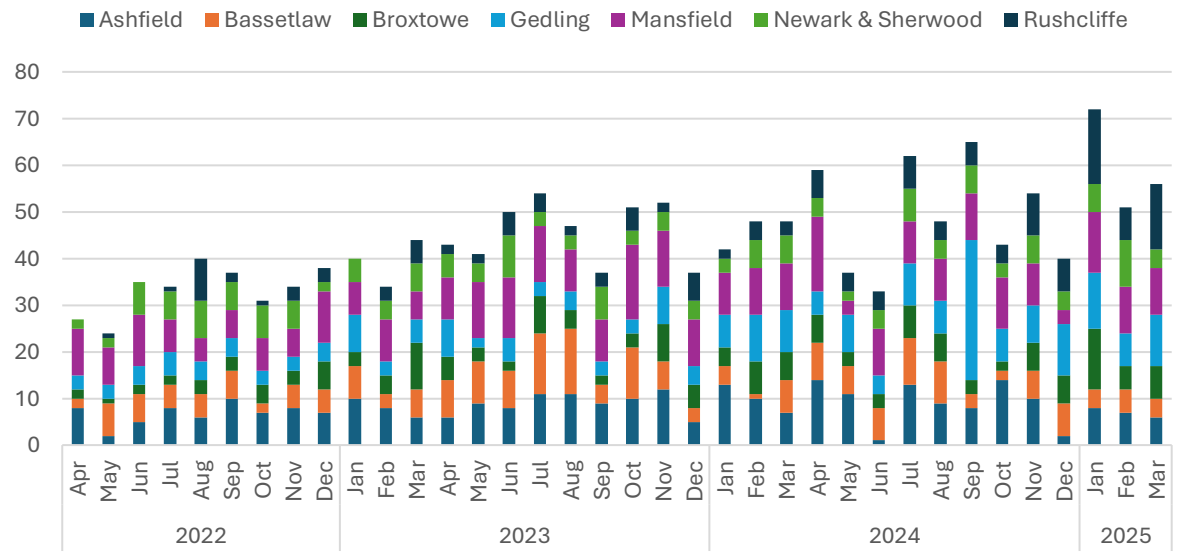
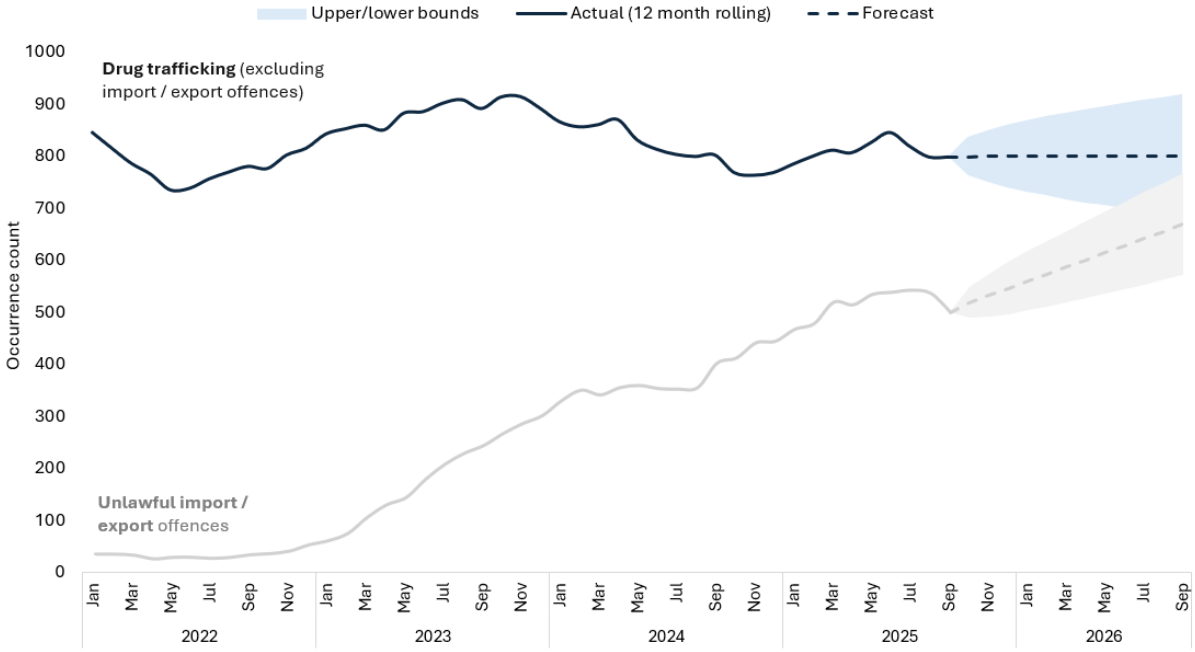


Figure 3 below shows the rolling 12 months for drug trafficking and unlawful import/export offences recorded by Nottinghamshire Police over the previous 4 years from January 2022, forecasted to 2026. Drug trafficking offences have remained relatively stable, decreasing slightly following increases in 2023. By contrast, unlawful import/export offences have grown significantly, could soon surpass traditional trafficking levels if the trajectory of increase continues.

[10] National Crime Agency (2025). Annual report and accounts 2024-2025
[11] Nottinghamshire Police

The sharp rise in unlawful drug import offences in Nottinghamshire reflects a broader shift toward digitally driven supply chains. Online platforms, such as darknet markets and encrypted apps enable direct-to-consumer sales and doorstep delivery, reducing reliance on local networks. While the drug trafficking offences remain stable, the anonymity and efficiency of online ordering, combined with global supply chain routes, are fuelling sustained growth in import-related crime. This trend is likely to continue, and the risks are significant. Increased availability of potent synthetic drugs heightens overdose and health harms, particularly for young people who can easily access substances via social media. These drugs are often misrepresented as safe and frequently adulterated with dangerous cutting agents or mixed with potent synthetics, creating unpredictable toxicity and a greater risk of accidental overdose.

Figure 3: Total drug trafficking and unlawful import/export offences recorded by Nottinghamshire Police, January 2022 – September 2025, forecasted to 2026[12]



In 2024/25, there were 205 unique persons involved in drug trafficking offences in Nottinghamshire County[13], with six repeat offenders recorded (persons recorded against more than one supply offence in 2024/25). This is much lower than the volume of recorded offences, as many people recorded against an unlawful import offence will be suspects rather than offenders.

Recommendation: Nottinghamshire Police to improve monitoring of import offences. This will support the From Harm to Hope ambition of reducing the drug supply chain and allow Nottinghamshire Police to prioritise appropriate disruption activity.

[12] Nottinghamshire Office of the Police and Crime Commissioner, Police and Crime Needs Assessment
[13] Nottinghamshire Office of the Police and Crime Commissioner, Police and Crime Needs Assessment. Note: this number is offenders only and excludes suspects.

Drugs marker offences

The offences outlined below have been given a marker by officers to indicate that drugs are suspected to be relevant. This process is manual and often overlooked, meaning some drug offences (such as possession or supply) may not have the marker applied, as their relevance is considered self-evident.

Figure 4: Total offences with a drugs flag recorded by Nottinghamshire Police, April 2022 – March 2025[14]

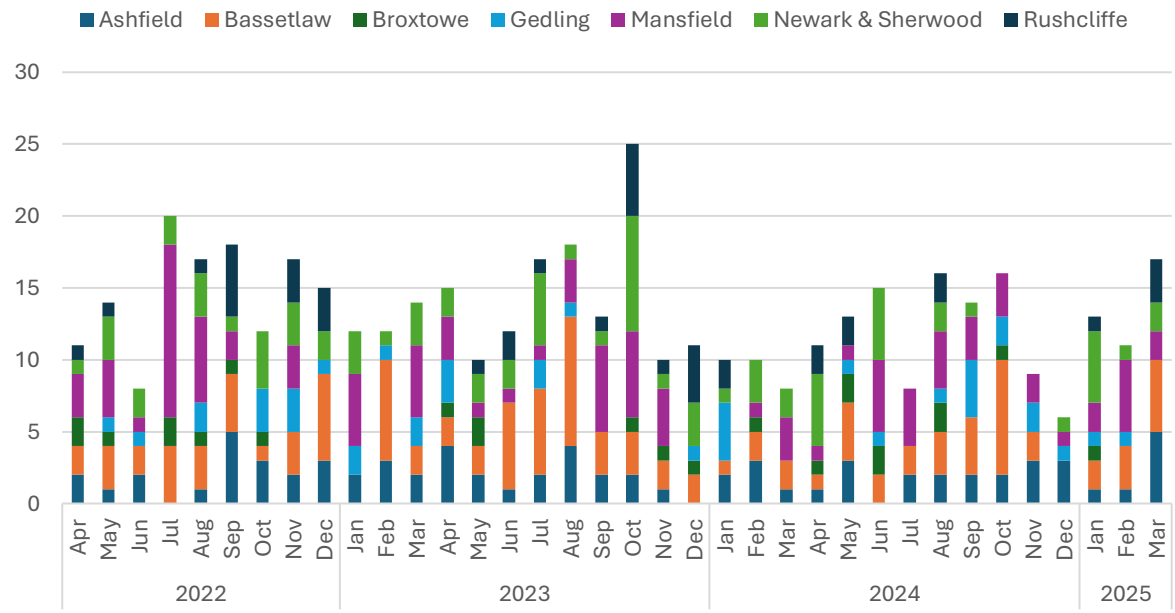


Figure 4 shows that the number of drugs marker offences has stayed relatively stable since April 2022, averaging approximately 14 recorded offences per month in the County. This peaked in October 2023 where 25 monthly occurrences were recorded and was lowest in December 2024 where 6 occurrences were recorded.

In 2024/25, there were 61 unique persons involved in offences with a drugs marker in Nottinghamshire County, with 6 repeat offenders recorded (persons recorded against more than 1 drug tagged offence in 2024/25) [15].

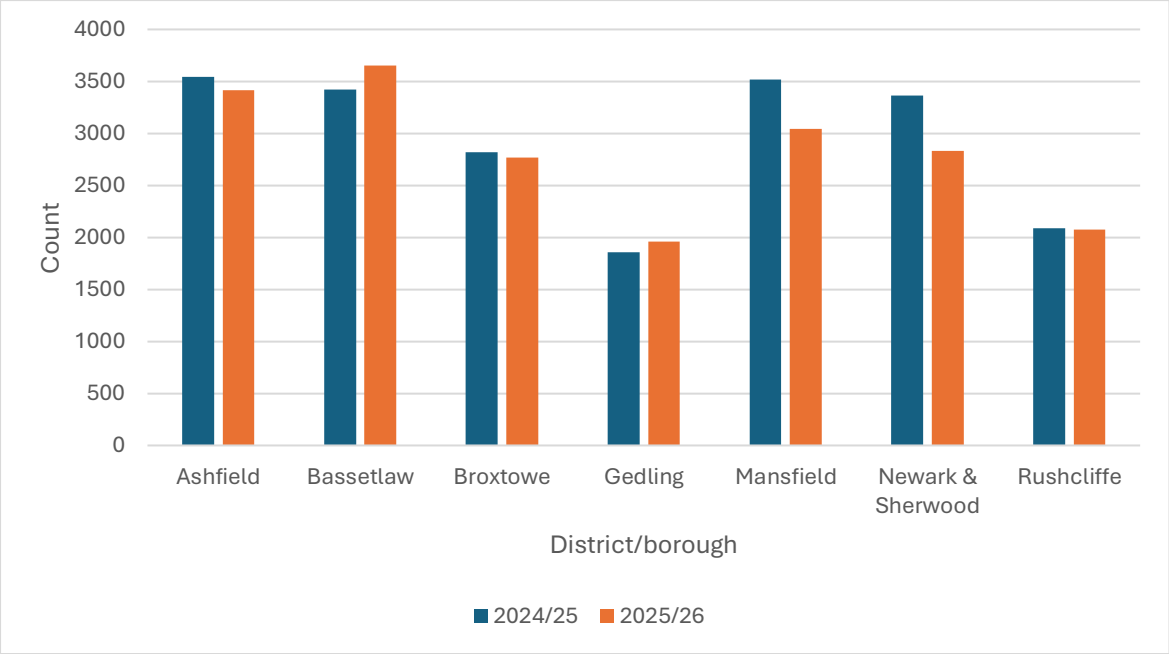
Drug-related acquisitive crime incidents

In 2024/25, 0.13% of all recorded acquisitive crime had a drugs marker, with an average of 3 incidents flagged per month compared to a total of 1,800 acquisitive crimes per month[16]. This figure significantly underrepresents the true scale of drug-related acquisitive crime due to limitations in manual data recording. It is not reflective of the true impact on drugs on acquisitive crime, as there is a known, strong link between acquisitive crime and drug dependency, particularly with heroin and crack cocaine use[17].

[14] Nottinghamshire Police
[15] Nottinghamshire Police. Note: This number includes offenders only and excludes suspects.
[16] Nottinghamshire Police
[17] UK Drug Policy Commission (2008). Reducing Drug Use, Reducing Reoffending: Are programmes for problem drug-using offenders in the UK supported by evidence?

The number of all acquisitive crime offences in each district and borough in 2024/25 and 2025/26 can be found in figure 5. The Association of Police and Crime Commissioners states that nearly half of all acquisitive crimes are linked to drug use[18] which, using Nottinghamshire figures, would estimate an average of approximately 900 acquisitive crimes per month, and just over 10,000 per year, linked to drug use. However, it is recognised that this is a blanket statement and there will be areas with higher or lower proportions of drug-related acquisitive crime. This also does not necessarily mean that 50% of acquisitive crime offenders have a drug dependency or a drug treatment need.

Figure 5: Acquisitive crime offences recorded by Nottinghamshire Police, by district/borough, 2024/25 and 2025/26[19]



Recommendation: Nottinghamshire Police to improve application of drug markers when recording offences to provide more accurate data for drug-related acquisitive crime in Nottinghamshire. This will allow Nottinghamshire Police to prioritise appropriate interventions to reduce such crime across the County.

Recommendation: Nottinghamshire Police to monitor the number of unique individuals involved in acquisitive crime who have a drug or alcohol treatment need. This will provide a more accurate picture of unmet need within the criminal justice system, improve referrals into treatment, link to Open2Recovery where appropriate, and ultimately prevent reoffending.

[18] The Association of Police and Crime Commissioners. Addiction and substance misuse. Accessed November 2025
[19] Nottinghamshire Police

4.3.3 Alcohol-related crime

Alcohol-flagged crime is a manual qualifier applied by officers or staff when alcohol is reasonably believed to have influenced the incident; it is not system-generated and does not require evidential proof. Because it is manual, they do therefore only capture known and observed involvement and should therefore be interpreted as a lower-bound measure. It is important to note that anecdotally, the consistency of the alcohol flag is substantially better than for drug-related flags.

Table 2 below shows that just under 1 in every 10 crimes recorded by Nottinghamshire Police between April 2022 and March 2025 had alcohol cited as an influencing factor. This volume and rate of alcohol-related crimes is slightly higher in Mansfield, and lower in Gedling and Rushcliffe.

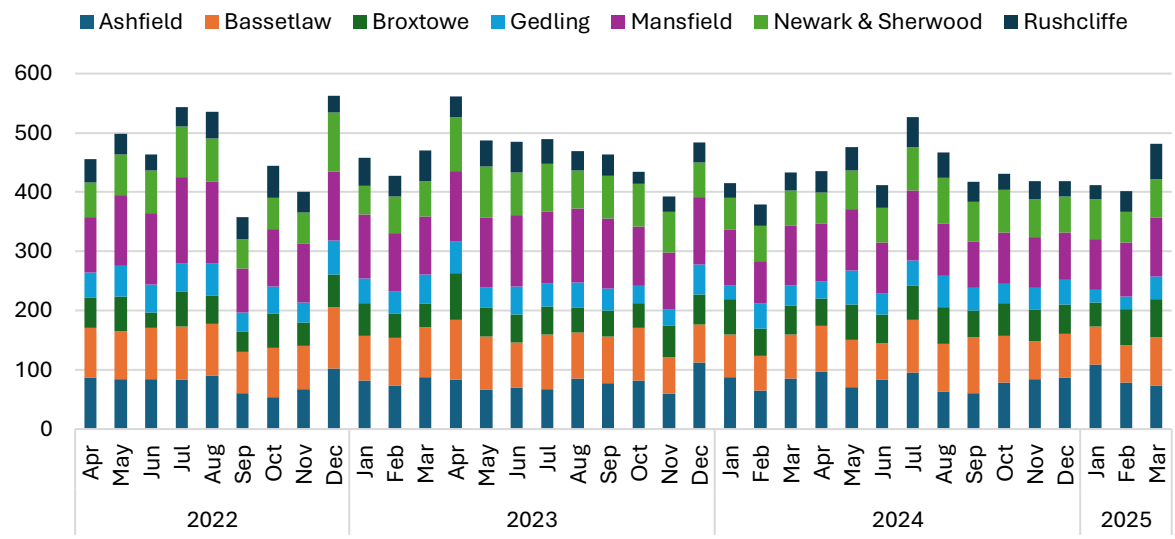
Table 2: Total crime recorded by Nottinghamshire Police where alcohol was cited as a contributing factor, April 2022-March 2025[20]

	2022/23		2023/24		2024/25	
	Volume	**Proportion**	**Volume**	**Proportion**	**Volume**	**Proportion**
Ashfield	953	8.6%	939	8.5%	977	9.5%
Bassetlaw	1,001	9.1%	938	9.6%	912	9.6%
Broxtowe	563	7.8%	606	8.5%	641	9.3%
Gedling	544	8.3%	465	7.4%	449	7.3%
Mansfield	1,305	11.0%	1,291	10.7%	1,098	10.4%
Newark & Sherwood	782	9.0%	842	9.6%	776	8.8%
Rushcliffe	467	8.4%	411	8.0%	444	8.4%
Nottinghamshire (total)	**5,615**	**9.1%**	**5,492**	**9.1%**	**5,297**	**9.2%**

Figure 6 below shows the monthly volume of alcohol-related crime by district. There appears to be a slight increase in occurrences in the summer months and in the month of December. It should be noted that the alcohol marker is reliant on the accuracy of crimes recorded, therefore there is a potential that changes in the accuracy of recording may have occurred over time and the data may be an underrepresentation of alcohol-related crime occurrences.

[20] Nottinghamshire Police

Figure 6: Total alcohol-flagged crime recorded by Nottinghamshire Police, April 2022 – March 2025[21]



In 2024/25, there were 1,764 unique persons involved in alcohol-flagged offences in Nottinghamshire County, with 319 repeat offenders recorded (persons recorded against more than one alcohol flagged offence in 2024/25)[22]. Note this is only the number of proven offenders and does not include the number of unique suspects. This highlights a significant crossover between prolific offending and alcohol related crime.

Underage alcohol offences

To estimate the level of alcohol-related crime involving underage individuals, Nottinghamshire Police filtered suspect/offender data for crimes with an alcohol flag to include only those aged 10–17. Suspects were retained as well as offenders to ensure all relevant offences were captured, providing the best possible estimate of alcohol-related crime affecting young people.

It is important to note that whilst an alcohol flag indicates that alcohol was considered an influencing factor in the incident, this does not necessarily mean the young person involved was intoxicated. The flag may relate to the victim, another offender, or the overall circumstances as assessed by the attending officer. As a result, the data does not aid in identification of those with an alcohol treatment data but provides contextual information about the offence.

Table 3 below shows there were an estimated 162 police recorded crimes that had alcohol cited as an influencing factor and involved a young person as a suspect/offender in 2024/25. Overall, data from Nottinghamshire Police indicates that approximately 3% of alcohol-related crime involved a young person. This was 15% higher than the volume recorded in 2023/24, and 31% higher than 2022/23.

[21] Nottinghamshire Police
[22] Nottinghamshire Police

Table 3: Total offences with an alcohol flag involving a suspect/offender aged 10-17 recorded by Nottinghamshire Police, financial years 2022/23 – 2024/25[23]

	2022/23	2023/24	2024/25
Ashfield	24	22	39
Bassetlaw	18	17	13
Broxtowe	6	18	21
Gedling	13	20	20
Mansfield	27	37	35
Newark & Sherwood	22	19	14
Rushcliffe	14	8	20
Nottinghamshire	**124**	**141**	**162**

Alcohol flagged crimes involving 10-17-year-olds were highest in Ashfield and Mansfield between April 2022 and March 2025. Increases were seen in all districts over the three years with the exception of Bassetlaw and Newark and Sherwood, where there are notable decreases.

In 2024/25, there were approximately 139 young persons aged between 10 and 17 years of age that were recorded as either a suspect or an offender for an alcohol flagged crime. Notably, there were 32 repeat offenders (persons recorded against more than 1 alcohol flagged offence in 2024/25), which may highlight a distinct cohort of young people with unmet need.

Recommendation: Nottinghamshire Police to improve utilisation of diversionary outcomes for young people to increase entry into substance use treatment and support where appropriate for the circumstances.

Public Space Protection Orders

Public Space Protection Orders (PSPOs) were introduced under the Anti-Social Behaviour, Crime and Policing Act 2014 to address persistent anti-social behaviour in public spaces. A PSPO can target a variety of behaviours, including begging, noise, vehicle use and dog control. For the purposes of this HNA, data was collected on PSPOs in place prohibiting alcohol consumption and behaving in a way that is attributed to being under the influence of illegal substances within each Nottinghamshire district and borough, as outlined in table 4.

[23] Nottinghamshire Police

Table 4: Number of Public Space Protection Orders prohibiting alcohol consumption and being under influence of illegal substances by district, by most recent available year.

District/Borough	Most recent available data	Prohibition of Alcohol Consumption	Illegal substances
Ashfield[24]	2024	8	0
Bassetlaw[25]	2025	2	2
Broxtowe[26]	2023	6	0
Gedling[27]	2023	0	0
Mansfield[28]	2025	6	0
Newark and Sherwood[29]	2024	1	0
Rushcliffe[30]	2025	1	0

The higher number of PSPOs in Ashfield and Manfield largely reflect the prevalence of alcohol consumption in these areas, whilst areas of Broxtowe have a large student population which may explain the increased number of PSPOs in this area.

4.3.4 County Lines and/organised Crime Groups (OCGs)

County Lines

According to the National Police Chiefs Council (NPCC), County Lines is a term used to describe gangs and/organised criminal networks involved in exporting illegal drugs into one or more importing areas (within the UK), using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Organised Crime Groups (OCGs) Dismantled

OCG's use phone lines to move and supply drugs and often use high levels of violence and intimidation to protect the 'county line' and maintain control. OCG's often target young people and people who are lonely, isolated or have addiction issues. Dealers often convince the vulnerable person to let their home be used for drug dealing by giving them free drugs or offering to pay for food or utilities[31].

Police target various groups to disrupt their activities following a monthly assessment, with investigative resources allocated based on the threat and risk of the group's activities. OCG Management (OCGM) is managed locally and then reported regionally and monitored nationally. The same process for scoring and managing risk from OCG should be similar in all Forces, however this is subject to capacity and compliance standards in each Force.

[24] Ashfield District Council. Public Spaces Protection Order 2024. Accessed December 2025.
[25] Bassetlaw District Council. Public Spaces Protection Orders. Accessed December 2025.
[26] Broxtowe Borough Council. Public Spaces Protection Orders. Accessed December 2025.
[27] Gedling Borough Council. Public Spaces Protection Orders. Accessed December 2025.
[28] Mansfield District Council. Public Spaces Protection Order. Accessed December 2025.
[29] Newark and Sherwood District Council. Public Spaces Protection Orders. Accessed December 2025.
[30] Rushcliffe Borough Council. Public Spaces Protection Order. Accessed December 2025.
[31] Nottinghamshire Police. County lines. Accessed November 2025.

Nottinghamshire Police report dismantling 16 OCGs since 2022. In 2025/26, Nottinghamshire Police have also recorded 259 disruptions against existing groups, of which 86% were linked to drug supply[32]. Due to difficulties in pinpointing exact locations, it is difficult to state how many of these were operating from Nottinghamshire County or Nottingham City. It is also important to note that this data is a snapshot in time due to the fluidity of OCG activity and policing intervention over time.

4.3.5 Out of court resolutions

Out of Court Resolutions (OOCRs) are responses to crime that the police can administer locally without having to take the matter to court. They are also an opportunity to provide intervention and support to potential offenders at the early stages of criminal behaviour, diverting them into rehabilitative services to help reduce escalation of offending.

Table 5 below shows all OOCR for Nottinghamshire that had an outcome date between the 1st April 2024 – 31st March 2025. Please note, to avoid any personal identification some values have been suppressed and some have been rounded to the nearest 10.

Table 5: Out of Court Resolutions in Nottinghamshire, outcome dates within financial year 2024/25[33]

	Ashfield	Bassetlaw	Broxtowe	Gedling	Mansfield	Newark & Sherwood	Rushcliffe	County Total
Youth Caution	*	*	6	*	7	*	*	16
Youth Conditional Caution#	9	*	8	16	25	11	*	78
Adult Caution	35	23	12	12	43	22	18	165
Adult Conditional Caution	77	119	58	63	133	68	49	567
Penalty Notice for Disorder	7	*	*	5	28	*	6	52
Cannabis Warning	7	6	6	10	12	*	*	48
Community Resolution	309	255	166	175	369	209	190	1,672
Outcome 22**	23	24	14	15	11	13	8	108
Total OOCRs	**468**	**431**	**270**	**300**	**628**	**330**	**283**	**2,706**

#Youth Conditional Caution and Restorative Disposal Rows have been combined to avoid personal identification.
**Outcome 22 is a diversionary code used by police to indicate that a case has been closed without further action, typically following successful diversionary interventions aimed at preventing reoffending.

As shown, the majority of OOCRs in the County are Community Resolutions, followed by Adult Cautions, Outcome 22s and Youth Conditional Cautions. Community resolution refers to a restorative justice approach to low-level offences, avoiding the need to go through formal criminal proceedings. This can include a verbal or written apology to the victim, compensation, community service or repairing damage.

Table 6 below shows the proportion of OOCRs that were for drug offences, when compared against all offending types, across Nottinghamshire County.

[32] Nottinghamshire Police
[33] Nottinghamshire Police

This highlights that drug offences overall made up just under a quarter of all OOCRs in Nottinghamshire County in 2024/25. This was highest for cannabis warnings where, as anticipated, all were for drug offences. It was lowest for outcome 22 and youth caution offences. Moreover, the rate of OOCRs comparative to the volume of all outcomes was found to be highest for drug offences, at 47%, compared to 15% of all crime receiving an OOCR. The most common OOCR given for a drug offence was a community resolution, followed by conditional cautions.

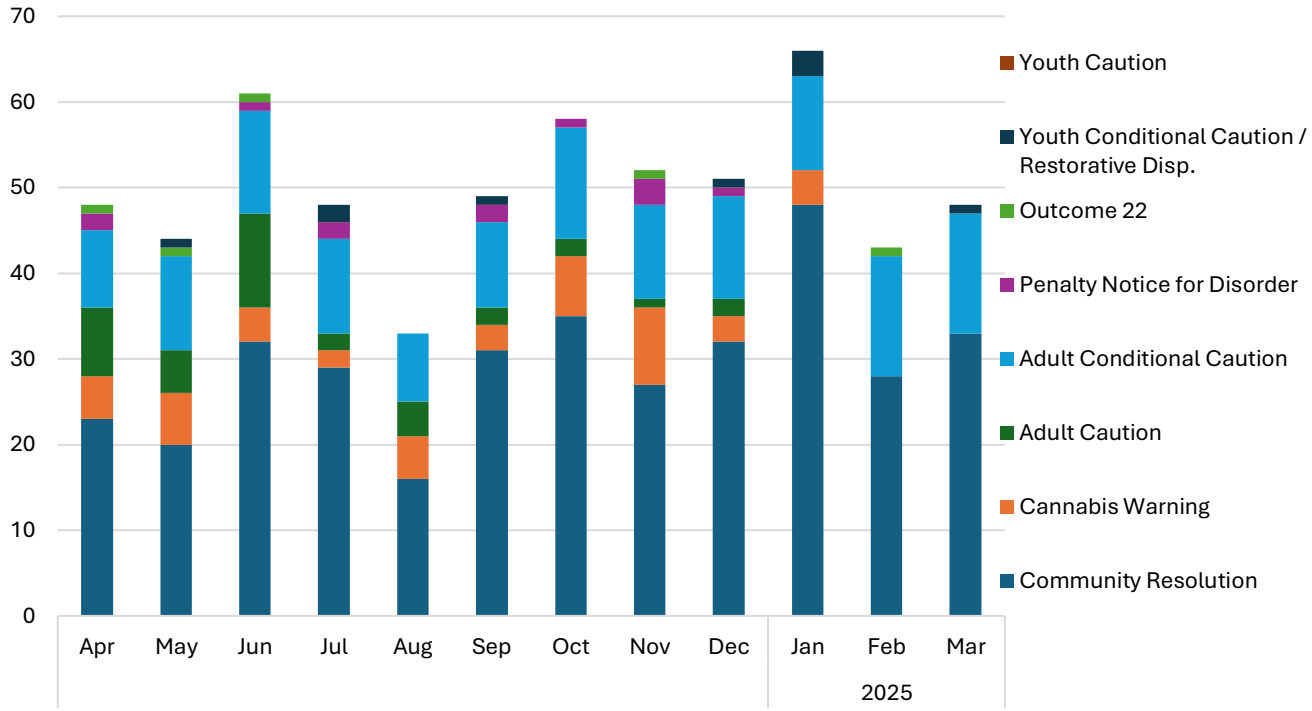
Table 6: Proportion of OOCRs that were for **drug offences**, when compared against all offending types, Nottinghamshire, 2024/25[34]

Type of OOCR	Count of all outcomes	% that were drug offences
Youth Caution	16	-
Youth Conditional Caution[8]	78	11.5%
Adult Caution	165	22.4%
Adult Conditional Caution	567	24.0%
Penalty Notice for Disorder	52	23.1%
Cannabis Warning	48	100.0%
Community Resolution	1,672	21.2%
Outcome 22[9]	108	4.6%
Total Out of Court Resolutions	**2,706**	**22.2%**

Figure 7 below shows there is an average of 50 OOCR given for drug offences per month across the County. This was lowest in August 2024, where 33 OOCR were given, and highest in January 2025, where 66 were given. These trends are largely driven by changes in Community Resolution Offences.

[34] Nottinghamshire Police

Figure 7: Out of Court Resolutions for Drug Offences by Outcome Type, Nottinghamshire, for outcomes recorded between April 2024 – March 2025[35]



4.3.6 Probation

As of April 2026, Nottinghamshire County Probation Service had 2,540 people under supervision. Of these, 476 had an identified drug need marked on their last OASys assessment, and 34 of those had an active Drug Rehabilitation Requirement (DRR). In addition, 543 had an identified alcohol need, of which 23 had an active Alcohol Treatment Requirement (ATR)[36]. This data is captured from a person's last OASys assessment and therefore may be a historic need depending on how often a person has been offered an assessment. Not all people with a drug and/or alcohol need would be suitable for a DRR or ATR, and Probation staff may have documented a substance use need based on their own judgement, even if a person has not explicitly disclosed a need themselves.

In total, Nottinghamshire County Probation Service had 41 DRRs and 27 ATRs as of April 2026. The difference between the total number of DRRs (41) and ATRs (27) and the number of DRRs (34) and ATRs (23) amongst people with an identified drug and/or alcohol need may be due to the person not having had an OASys assessment at the time of data capture, or due to a drug and/or alcohol need not being documented on the most recent OASys assessment.

Reoffending amongst those with a drug and/or alcohol use need

In the 12 months to December 2025, Nottinghamshire County Probation Service supervised 3,107 cases, comprising 2,690 men and 417 women. Drug and/or alcohol use needs were identified in 2,183 cases, meaning 70.3% of all supervised individuals had a recorded drug

[35] Nottinghamshire Police
[36] Nottinghamshire HM Probation Service

and/or alcohol use issue. The prevalence of drug and/or alcohol use need was slightly higher among men (70.6%; 1,900 of 2,690) than among women (67.9%; 283 of 417). In the 12 months to December 2024, drug and/or alcohol use need was recorded for 69.7% of all supervised cases (69.8% of men and 68.8% of women), indicating only marginal year-on-year change.

Among the 2,183 individuals with an identified drug and/or alcohol use need, 49.5% reoffended during the period. This rate was notably higher for men (50.7%) compared with women (41.3%). The 2025 figures represent an increase in reoffending compared to the previous year, when the overall reoffending rate for those with a drug and/or alcohol use need was 45.7% (47.2% for men and 35.8% for women)[37].

There is uncertainty over the definition of "drug and/or alcohol need" in relation to this data capture, therefore no clear conclusions can be ascertained in relation to true drug and/or alcohol **treatment** need amongst those under supervision, or the links between drug and/or alcohol use and reoffending amongst this group. This data also contradicts the data in section 4.3.2 which suggests that only 0.13% of acquisitive crime in Nottinghamshire in 2024/25 was linked to drug use.

4.3.7 Youth Justice

Nottinghamshire's Youth Justice Service works with children and young people aged 10-18 on both a mandated (by police or court) and voluntary basis to prevent offending and reoffending. The Youth Justice system provides an important opportunity to assess as child's needs and wider vulnerabilities, including drug and/or alcohol use treatment needs, to ensure access to appropriate support.

It is recognised that drug and/or alcohol use may be a driver for a wide variety of offence types, however as it is difficult to ascertain the proportion of offences where drug and/or alcohol use treatment needs are identified as a factor in children and young people, the below data focuses on drug offences.

Figure 8 below shows drug offences as a proportion of all proven offences by children in Nottinghamshire. The proportion increased between 2017/18 (5%) and 2022/23 (9%) but has decreased to 3% in the past two financial years.

[37] Nottinghamshire HM Probation Service

Figure 8: Proportion of total proven offences by children in Nottinghamshire classed as drug offences, 2016/17 – 2024/25[38]

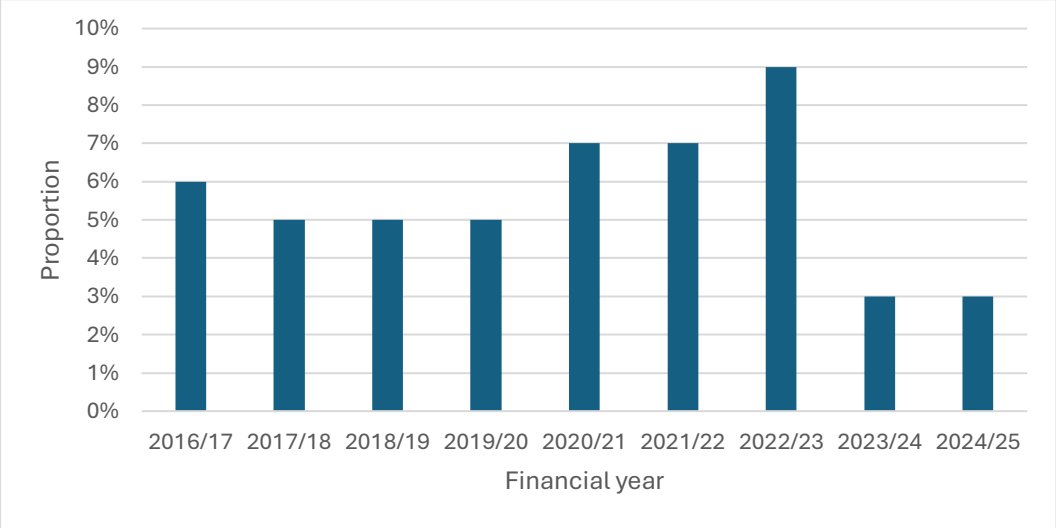
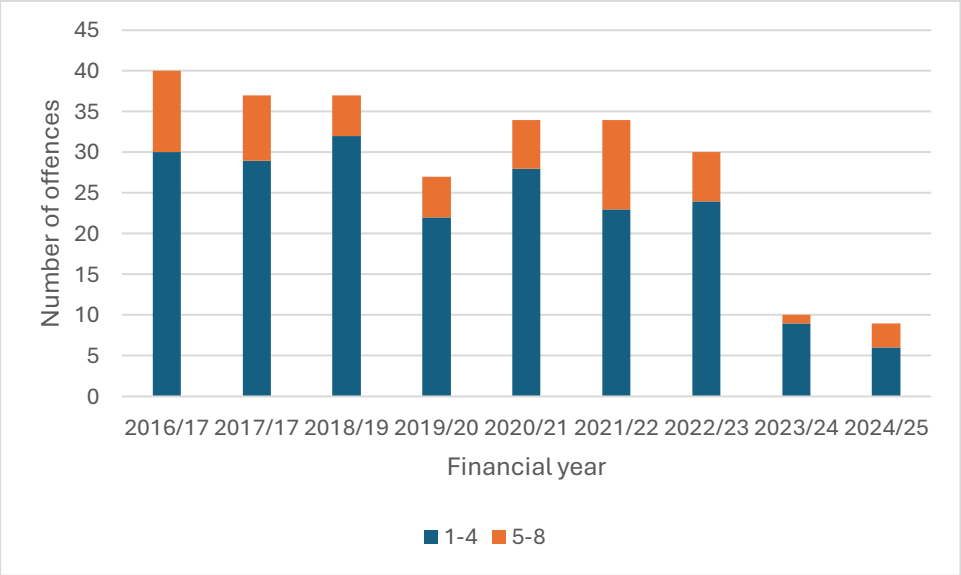


Figure 9 below shows drug offences by children in Nottinghamshire by gravity score grouping. An offence's gravity is scored out of 8, ranging from 1 (least serious) to 8 (most serious). Offences are grouped by low seriousness (1-4) and high seriousness (5-8).

The overall number of offences has decreased since 2016/17, whereas the proportion of high seriousness offences has fluctuated significantly over the time period, sitting at 33% in 2024/25.

Figure 9: Number of proven drug offences by children by gravity score grouping, Nottinghamshire, 2016/17 – 2024/25[39]

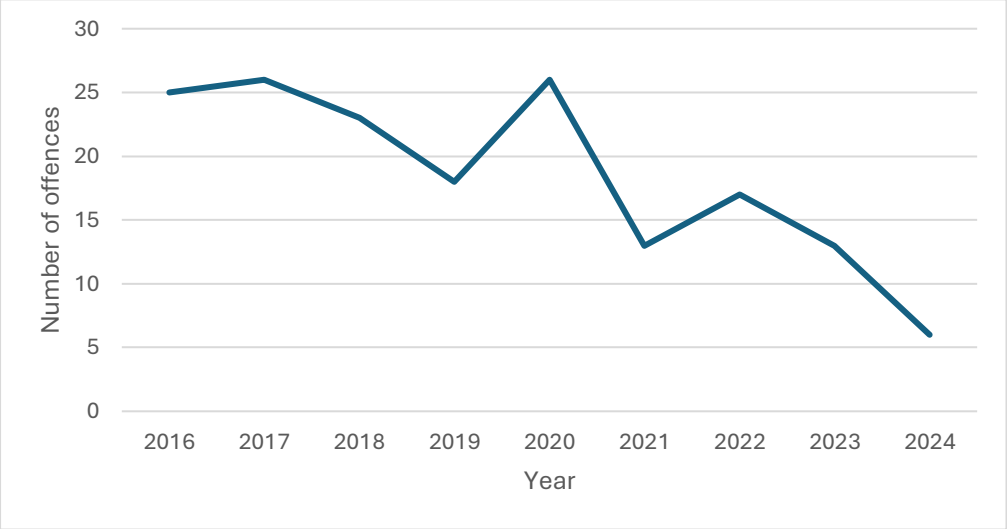


When looking at first time entrants to the Youth Justice System in Nottinghamshire, six first time entrants in the year ending December 2024 had drugs cited as the primary offence group. All of these were aged between 15 and 17. The number of first-time entrants in

[38] UK Government (2026). Youth Justice Statistics: 2024 to 2025. Accessed February 2026.
[39] UK Government (2026). Youth Justice Statistics: 2024 to 2025. Accessed February 2026.

Nottinghamshire with a primary drug offence has decreased since 2016 as shown in figure 10.

Figure 10: Number of first-time entrants where the primary offence group was cited as drug-related, Nottinghamshire, 2016-2024[40]



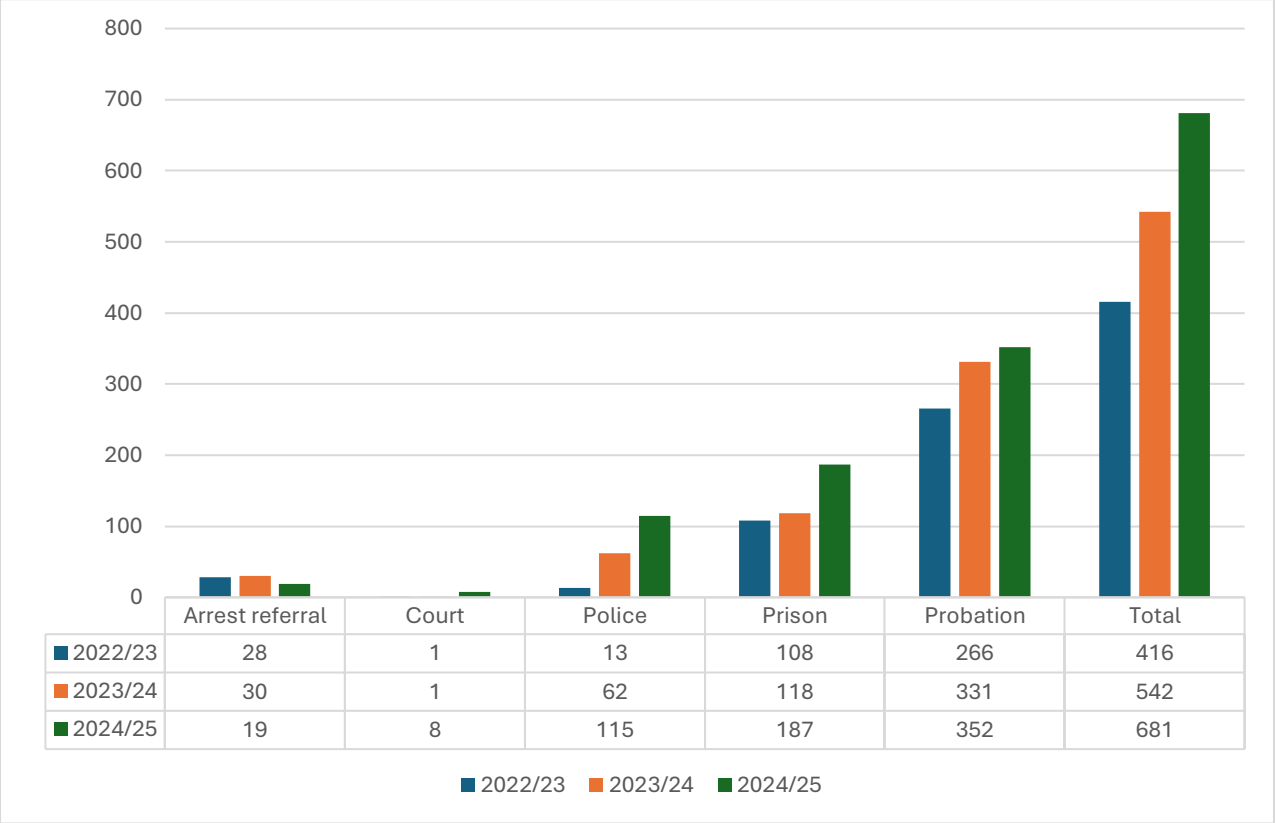
4.3.8 Referrals into treatment from the criminal justice system

Understanding referral pathways into treatment gives an indication of the level of referrals from various settings into specialist treatment.

This section shows the number of service users who were referred into community treatment through various elements of the criminal justice system. From Figure 11, it can be seen that the majority of referrals into treatment derive via Probation, followed by Prison with the least referrals derives from court followed by arrest referrals.

[40] Youth Justice Board. Child first time entrants dashboard. Accessed February 2026.

Figure 11: Referrals into community treatment from the criminal justice system in Nottinghamshire, 2022/23-2024/25[41]



	Arrest referral	Court	Police	Prison	Probation	Total
2022/23	28	1	13	108	266	416
2023/24	30	1	62	118	331	542
2024/25	19	8	115	187	352	681

Note: Arrest referrals refer to referrals where a person has been assessed by a member of CGL staff within the Custody suite. Police referrals are direct from the Police.

4.3.9 Drug, alcohol and equipment finds in prisons

Of all people released from prison into Nottinghamshire, the vast majority are released from HMP Foston Hall (women's prison), HMP Lincoln, HMP Nottingham or HMP Ranby. As a result, these four prisons are the focus of the data in this section.

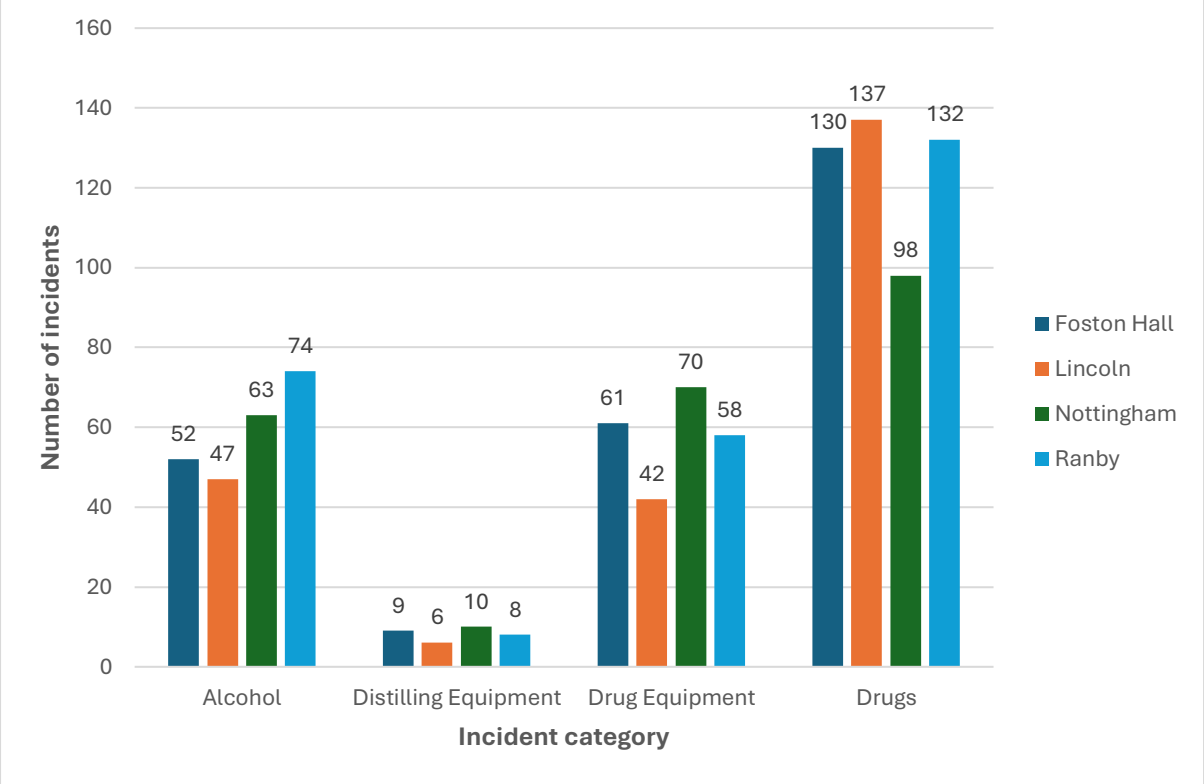
A report from the Justice Committee in 2025 highlights the importance of assessing and reducing drug and/or alcohol use and related incidents within prisons, stating that "the trade and use of illicit drugs within our prisons has reached endemic levels". The report cites that of 833 deaths in UK prisons that occurred between December 2022 and December 2024, 16% were classified as drug-related[42].

Incidents involving drugs, alcohol and equipment

The His Majesty's Prison and Probation Service (HMPPS) publishes the number of incidents involving drugs, alcohol and equipment in an Annual Digest, with data being available at prison level. The most recent available data, shown in figure 12, is for 2022/23.

[41] CGL
[42] UK Parliament (2025). Tackling the drugs crisis in our prisons.

Figure 12: Incidents involving drugs, alcohol and equipment, 2022/23, by prison[43]



Across the four establishments, a total of 997 incidents were recorded in 2022/23 involving drugs, alcohol and related equipment. Drugs account for the largest share (497 incidents, around half of all recorded incidents), followed by alcohol (236 incidents) and drug equipment (231 incidents), with distilling equipment making up a much smaller proportion (33 incidents).

Looking across prisons, HMP Ranby records the highest overall number of incidents (272), followed by HMP Foston Hall (252) and HMP Nottingham (241), with HMP Lincoln slightly lower (232).

Drug-related incidents are consistently high across all establishments, with HMP Lincoln recording the highest number (137), closely followed by HMP Ranby (132) and HMP Foston Hall (130), while HMP Nottingham reports a lower but still substantial figure (98). Despite this, HMP Nottingham records the highest number of incidents involving drug equipment (70), followed by HMP Foston Hall (61) and HMP Ranby (58), with HMP Lincoln reporting fewer incidents (42).

Alcohol-related incidents are also notable across all prisons, with HMP Ranby highest (74), followed by HMP Nottingham (63), HMP Foston Hall (52) and HMP Lincoln (47). Incidents involving distilling equipment are comparatively low in all prisons, ranging from 6 to 10 incidents, suggesting this is a much less common but still present activity.

Foston Hall, a women's only prison, has a relatively high number of incidents. Given that this prison is now changing to a women's only remand prison, women will either be released or moved to prison where their sentence can be served. This change will require an increasing emphasis on a gendered approach to managing and preventing drug and alcohol-related incidents. This approach recognises the unique challenges and experiences faced by

[43] Ministry of Justice (2023). HMPPS Annual Digest 2022 to 2023.

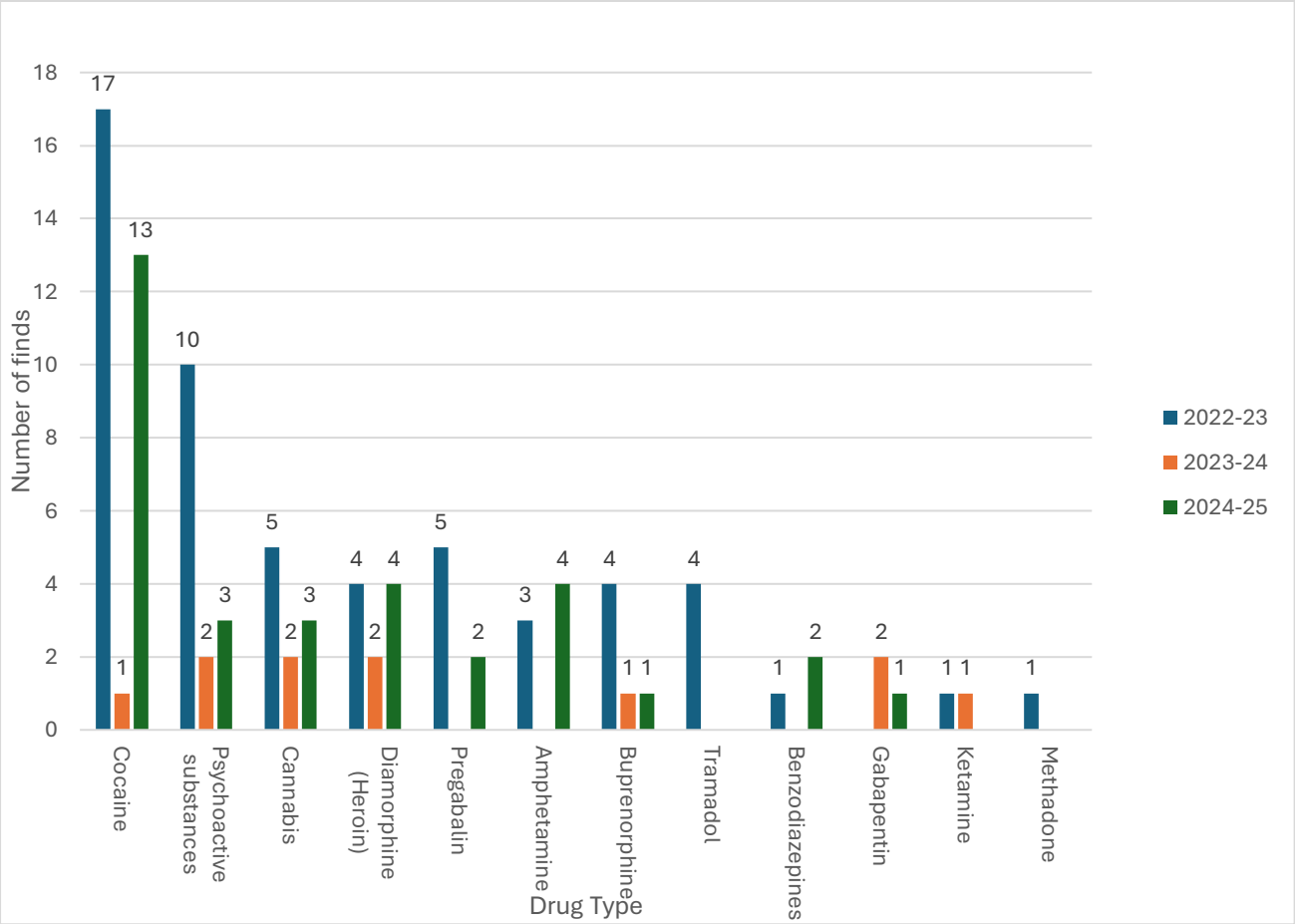
women and how these may lead to drug and alcohol dependency and/or substance use within the prison and further support the need for strong pathways into community drug and alcohol treatment.

Overall, the data indicates that drug-related incidents are most common across all establishments, with alcohol and drug equipment contributing significantly, while distilling equipment remains a relatively minor component. Differences between prisons are present but broadly show a consistent pattern of activity across the four sites. However, it should be noted that this data is only based on detection and may not be a true reflection of the prevalence of drugs, alcohol and related equipment present in prisons.

Drug finds

In addition to general data about the number of incidents involving drugs, alcohol and related equipment, HMPPS provides data on the specific drugs found in prisons. Data for the four main prisons releasing into Nottinghamshire can be found in figures 13-16 below. Whilst this provides a useful insight into the most commonly used substances amongst those in prison, and therefore the potential treatment requirements upon release, it should be noted that many substances are categorised as "other", limiting the ability to gain a thorough understanding of these issues. The number of drug finds where the substance was classed as "other" has been omitted from the graphs in this section due to the high numbers which made it difficult to see the detail for named substances.

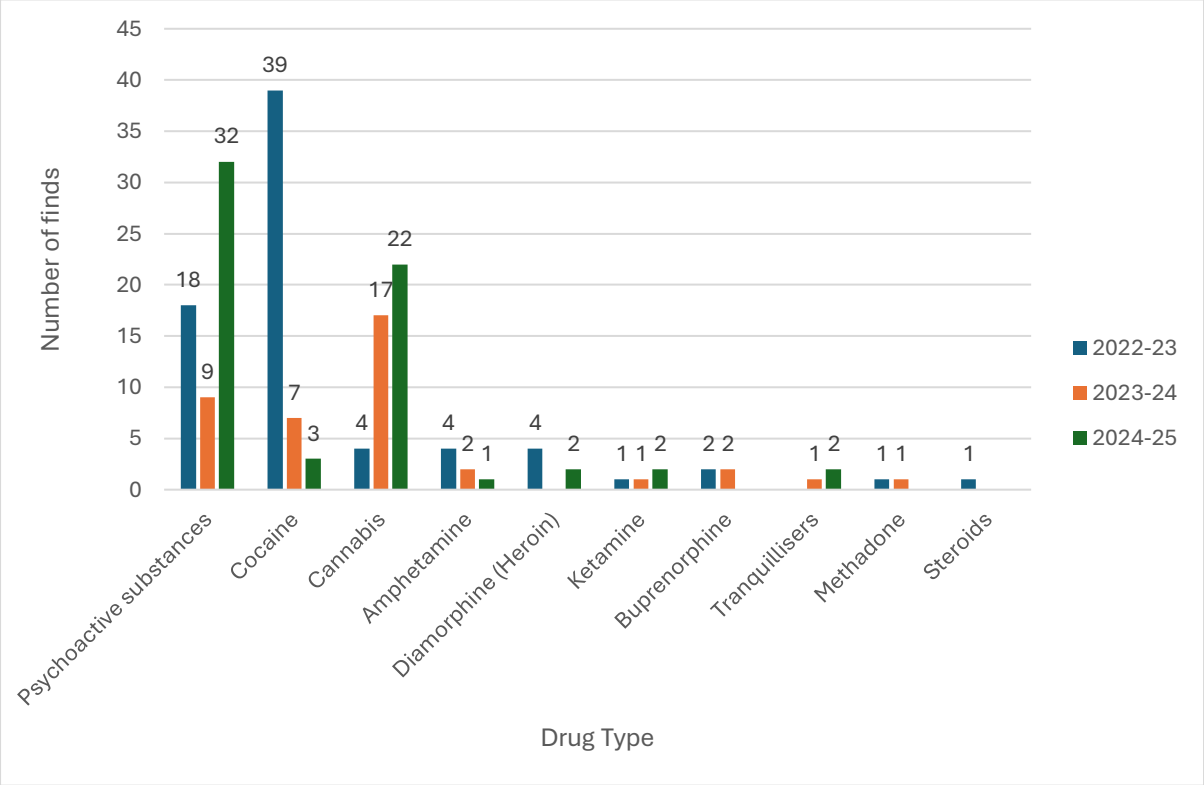
Figure 13: Drug finds by drug type, 2022/23 to 2024/25, Foston Hall[44]



[44] Ministry of Justice (2025). HMPPS Annual Digest 2024 to 2025.

At HMP Foston Hall, drug-related finds show a fluctuating pattern over the three-year period, with a notable drop in 2023/24 followed by a partial increase in 2024/25. Cocaine accounts for the highest number of incidents overall (31), with a sharp fall in 2023/24 before rising again the following year. Psychoactive substances and cannabis are present at lower but consistent levels across the period. A range of other substances, including diamorphine (heroin), pregabalin and amphetamine, appear intermittently, suggesting a varied but relatively low-volume profile beyond the main substances. Overall, activity appears relatively low compared to other establishments, with no clear sustained upward trend.

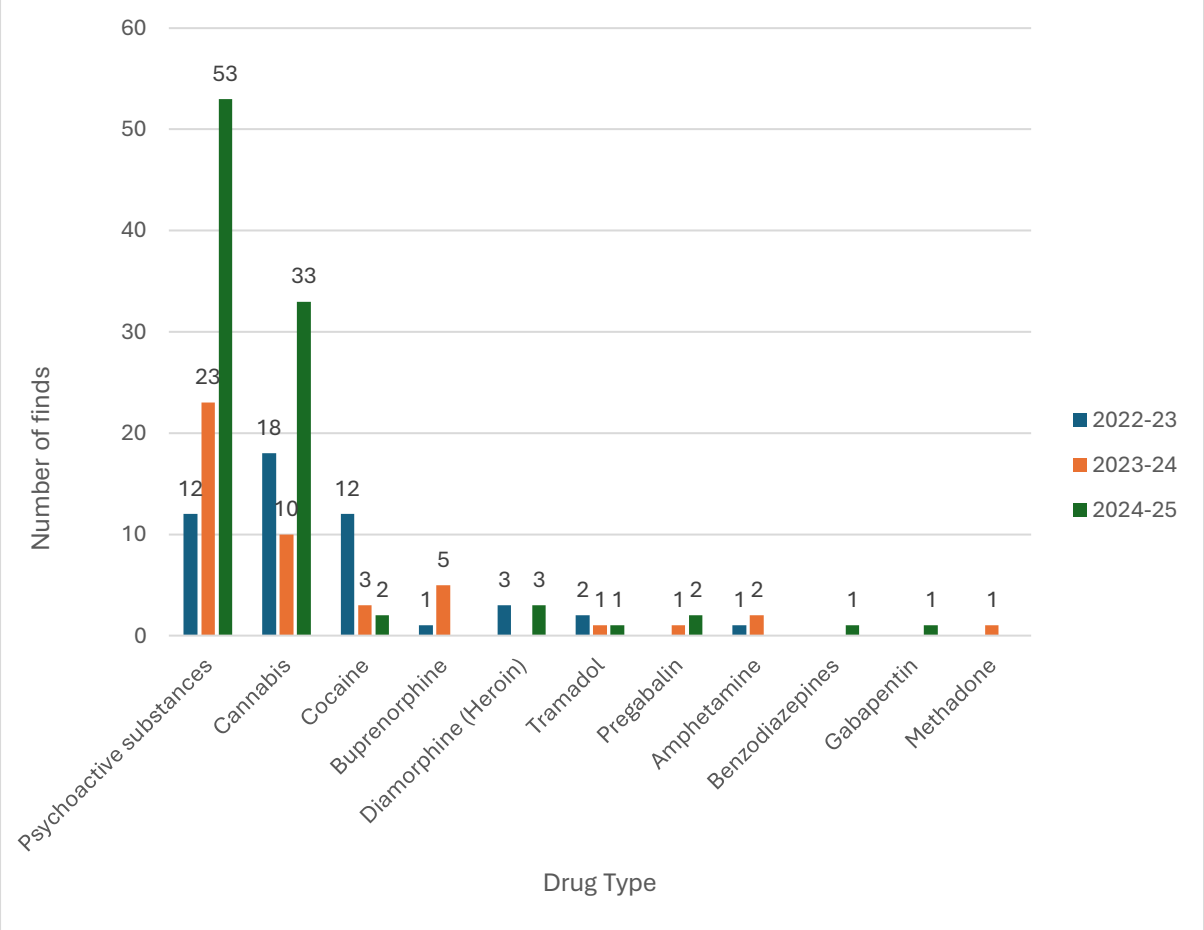
Figure 14: Drug finds by drug type, 2022/23 to 2024/25, HMP Lincoln[45]



HMP Lincoln presents a different profile, with higher overall volumes and a shift in substance type over time. Cocaine is the most frequently identified substance overall (49), although incidents decline significantly after 2022/23. In contrast, psychoactive substances increase notably, particularly in 2024/25, becoming the most prominent category in the latest year. Cannabis also shows a steady rise across the period. Other substances, such as amphetamine and diamorphine (heroin), are present but at much lower levels. This may indicate a changing pattern of drug and/or alcohol use, with a move away from traditional drugs like cocaine towards psychoactive substances and cannabis in more recent years.

[45] Ministry of Justice (2025). HMPPS Annual Digest 2024 to 2025.

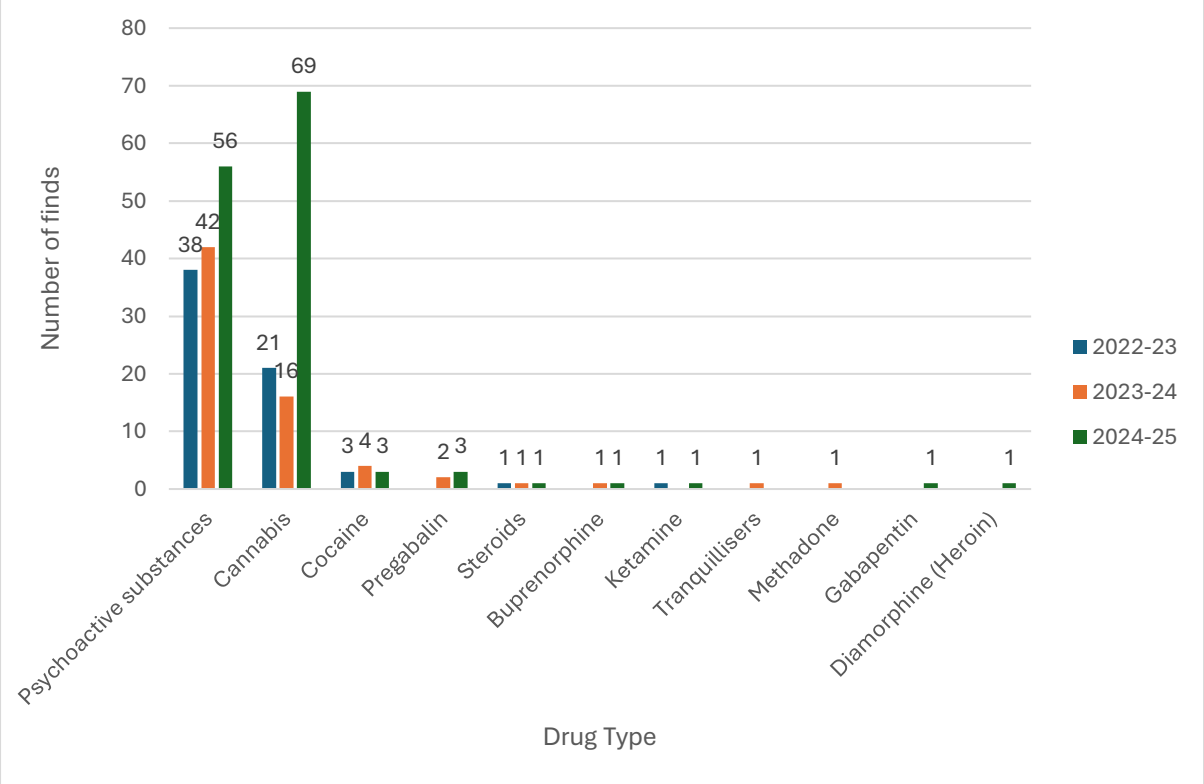
Figure 15: Drug finds by drug type, 2022/23 to 2024/25, HMP Nottingham[46]



At HMP Nottingham, there is an upward trend in overall drug-related finds, increasing year-on-year to a peak in 2024/25. The most common drug type found in this estate was Psychoactive substances (88 incidents), with a marked and consistent increase across the period. Cannabis is the second most common substance and also shows a strong upward trajectory. In contrast, cocaine incidents decline over time. Other substances, including buprenorphine and diamorphine (heroin), appear in smaller numbers.

[46] Ministry of Justice (2025). HMPPS Annual Digest 2024 to 2025.

Figure 16: Drug finds by drug type, 2022/23 to 2024/25, HMP Ranby[47]



HMP Ranby records the highest number of incidents across the four establishments, with a clear and sustained increase over the three-year period. Psychoactive substances are the most significant contributor (136 incidents), rising steadily each year. Cannabis also shows a substantial increase, particularly in 2024/25. Cocaine remains present but at comparatively low and stable levels. A range of other substances, including pregabalin, steroids and buprenorphine, appear in smaller numbers. Overall, the data indicates a consistently high and increasing level of drug-related finds, driven primarily by psychoactive substances and cannabis.

Recommendation: Public Health to work with the main feeder prisons to improve reporting of drug-related incidents in prisons as part of the Local Drug Information System process. This will be achieved by representatives from the feeder prisons sitting on the Nottinghamshire Drug and Alcohol Partnership as per the recommended membership outlined by the Joint Combating Drugs Unit.

4.4 Children and young people

4.4.1 Key summary

- National data from 2023 indicates that 13% of secondary school students report having ever taken drugs, down from 18% in 2021. Approximately 37% of secondary

[47] Ministry of Justice (2025). HMPPS Annual Digest 2024 to 2025.

school students reported having ever had an alcoholic drink in 2023, down from 40% in 2021.

- Students who identify as male or female were much less likely to report previous drug use (12%) than students of other gender identities (30%). This was similar for alcohol, where 38% of girls and 36% of boys reported previous alcohol use, compared to 48% of those citing another gender identity.
- For young adults aged 16-24, 15.1% of respondents to a national survey in 2025 report having used drugs in the previous 12 months, compared to 16.4% in 2024.
- Cannabis continues to be the most used drug amongst young adults.
- Approximately 37% of secondary school students reported having ever had an alcoholic drink in 2023, down from 40% in 2021.
- The proportion of children suspended or excluded from school in Nottinghamshire is similar to the England average. Data suggests that children are more likely to be excluded for a drug- or alcohol-related reason than suspended.
- Between April 2022 and September 2025, the proportion of children and family assessments completed where drugs were identified as a factor for the parent has quadrupled for drugs. For alcohol being identified as a parental factor, the proportion has more than tripled. Despite this, referrals from social care into community substance use treatment are relatively low.
- 3% of Looked After Children in Nottinghamshire had an identified drug and/or alcohol use problem in 2022/23. Over the past five years, less than 40% of these received a substance use intervention.

4.4.2 Prevalence of drug and alcohol use in children and young people

There is currently no local prevalence data available in relation to drug and/or alcohol use amongst children and young people, however there are national statistics available from a survey of secondary school students (mostly aged 11-15) in England in 2023. This survey is undertaken every two years and at the time of writing the 2025 survey results are yet to be published (publication is expected in autumn 2026).

Drugs

The 2023 survey indicates that 13% of pupils report ever having taken drugs, down from 18% in 2021. Prevalence is the same for boys and girls (12%) but much higher amongst students of another gender identity (30%). Drug use increases with age, with 6% of 11-year-olds and 23% of 15-year-olds stating they have ever used drugs.

The likelihood of students having taken drugs in the previous month increases with age overall, with around 4% of 11-year-olds reporting recent drug use compared to 11% of 15-year-olds. Use of e-cigarettes was strongly associated with drug use in the previous month[48].

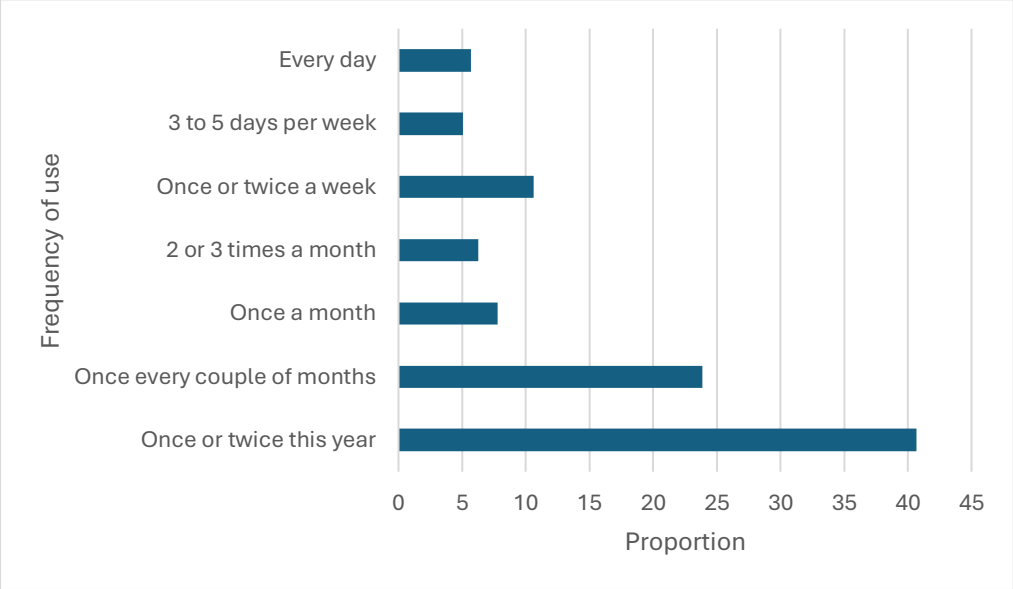
Data on drug use in young adults (16-24) is published by the Office for National Statistics in the annual “Drug misuse in England and Wales” report. The 2025 release indicates that 15.1% of young adults reported having used “any drug” (please see reference for definition) in the previous 12 months, which was not statistically significantly different to 2024 (16.5%). 4.5% of young people reported having used a Class A drug specifically within the previous 12 months.

Figure 17 below indicates the frequency of drug use amongst 16-24-year-olds who report drug use within the past 12 months. Most people (40.68%) reported using drugs once or

[48] NHS England (2024). Smoking, Drinking and Drug Use among Young People in England, 2023 (Part 8: Drug use prevalence and consumption.)

twice a year. The proportion of those reporting use in each category generally decreases as frequency increases.

Figure 17: Frequency of use among people aged 16 to 24 years who had taken any drug in the last 12 months, England and Wales, year ending March 2025[49]



Cannabis continues to be the most commonly used drug amongst young adults, with 12.5% of people aged 16 to 24 years reporting using the drug in the 12 months to March 2025. This was down from 16.4% in 2024[50].

Alcohol

The secondary school survey indicates that approximately 37% of students have ever had an alcoholic drink, down from 40% in 2021. The prevalence is not statistically significantly different between girls and boys (38% and 36% respectively) but was higher amongst those of another gender identity (48%). Breaking down by age group, the prevalence increases with each year of age, with 15% of 11-year-olds and 62% of 15-year-olds stating they have ever had an alcoholic drink.

Drinking frequency also increases with age. 5% of all students stated that they usually drank alcohol at least once per week, however this was 1% amongst 11 and 12-year-olds and 11% amongst 15-year-olds. In the East Midlands, 7% of students stated they had consumed an alcoholic drink in the previous week. For all students, use of e-cigarettes was strongly associated with alcohol use in the previous week[51].

4.4.3 Acceptability of drug use

A YouGov study was conducted between 21-24 September 2021, on a sample of 2,717 adults aged 16 and above. This national survey highlighted that drugs are widely used in the UK,

[49] Office for National Statistics (2025). Drug misuse in England and Wales: year ending March 2025
[50] Office for National Statistics (2025).Drug misuse in England and Wales: year ending March 2025
[51] NHS England (2024). Smoking, Drinking and Drug Use among Young People in England, 2023 (Part 5: Alcohol drinking prevalence and consumption.)

with 1 in 12 people reporting existing recreational drug use. However, 81% of respondents felt that drug abuse is a big problem in the UK, indicating that it is not widely accepted in society.

4.4.4 Permanent exclusions and suspensions from school

Education settings play an important part in identifying and supporting access to appropriate intervention for drug and alcohol use amongst children and young people. Early intervention and prevention initiatives can prevent escalation to riskier drug and/or alcohol use, including more frequent use and an escalation to more dangerous drugs.

Research by the University of Bristol and University of Hull indicates a link between school suspension or exclusion and later contact with the criminal justice system. Of the almost 15,000 children studied, 21% who had been suspended or excluded from school had a police record for any offence, compared to 3% of children who had not been suspended or excluded. The study also indicates a strong correlation between the amount of time a child is absent from school due to suspension and exclusion and the likelihood of self-reported or police-recorded offending[52].

There is currently no national guidance on how schools should deal with substance-related incidents within schools, including possession and being under the influence. In Nottinghamshire, Public Health advocate that this guidance should sit within school behaviour policy.

Table 8 shows that the proportion of suspensions and exclusions related to drugs and alcohol in Nottinghamshire is similar to the national average, however it appears that children are more likely to be permanently excluded than suspended for drug and alcohol related issues in both Nottinghamshire and England as a whole. It should be recognised that this data does have some limitations. It does not distinguish in what way drugs and alcohol were related to the decision to suspend or exclude a student, for example, drug possession or being under the influence whilst on school premises. It also does not give any insight as to whether any measures were taken to support students to stop using substances and address any underlying causal factors before they were excluded. As a result, it is difficult to understand any potential gaps or challenges within existing processes relating to the management of drug and alcohol use within schools.

Table 8: Suspensions and permanent exclusions within state funded schools in Nottinghamshire and England, 2021/22[53]

		Total number	Number related to drugs and alcohol	Proportion related to drugs and alcohol
Suspensions	Nottinghamshire	10,771	197	2%
	England	676,718	22,714	3%
Permanent exclusions	Nottinghamshire	81	5	6%
	England	8,689	452	5%

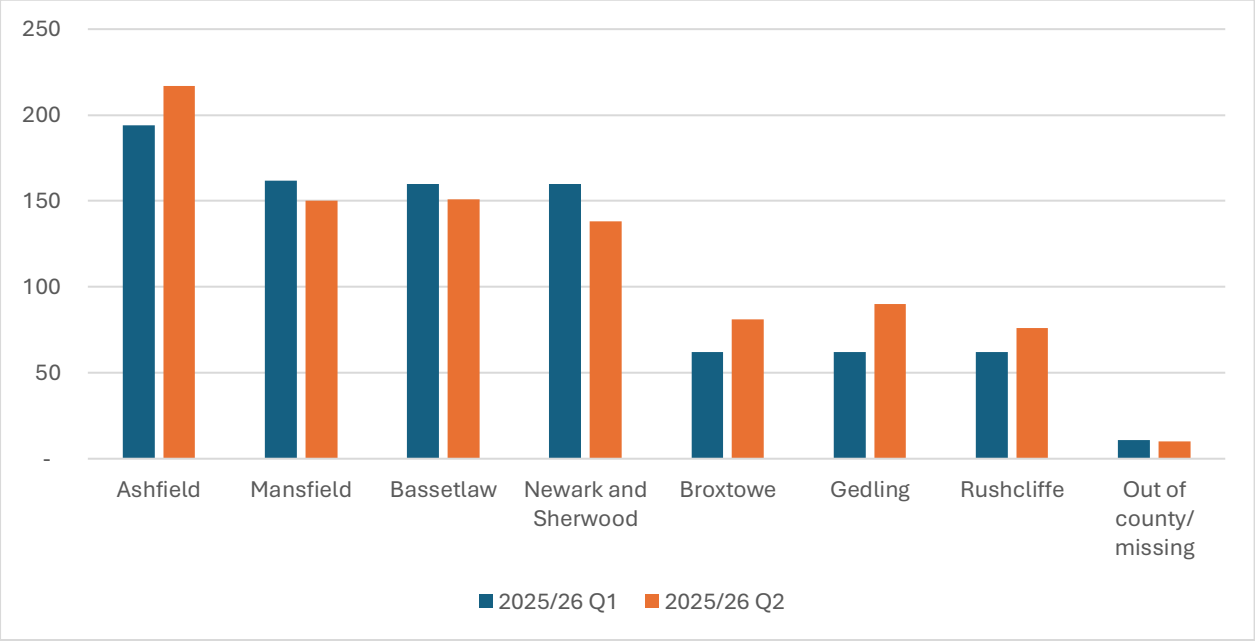
[52] Rollings, J., et al. (2025). Association between school exclusion, suspension, absence, and violent crime.
[53] NDTMS Young People Commissioning Support Pack. Accessed December 2025.

Recommendation: Public Health to work with ESHAW and Police Schools Prevention Team to understand the gaps and challenges within existing processes relating to the management of drug and alcohol use within schools. This will allow earlier intervention and prevention of suspension and exclusions and support the roll out of a whole school approach to tackling drug and alcohol use amongst children in Nottinghamshire.

4.4.5 Family contacts

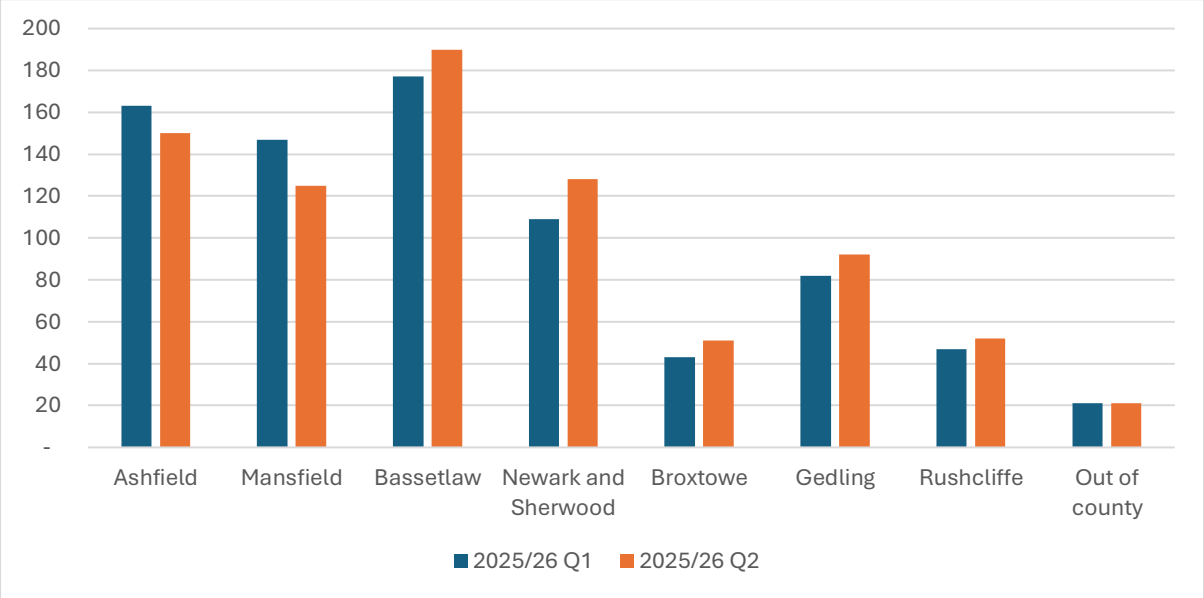
Data from Nottinghamshire County Council Children's Social Care indicates the number and percentage of family contacts where drugs and/or alcohol are identified as a factor. This data relates to factors highlighted within a referral to the Nottinghamshire Multi-Agency Safeguarding Hub (MASH). Figures 18 and 19 indicate the number of family contacts where alcohol and drug dependency was identified as a factor for the parent, broken down by district and borough. Due to changes in reporting, there is no factors data available on family contacts before April 2025.

Figure 18: Family contacts in Nottinghamshire where alcohol use was identified as a factor, Q1 and Q2, 2025/26[54]



[54] Nottinghamshire County Council Children and Family Service

Figure 19: Family contacts in Nottinghamshire where drug use was identified as a factor, Q1 and Q2, 2025/26[55]



The graphs above show that Ashfield, Mansfield, Bassetlaw and Newark and Sherwood have the highest number of family contacts were drug and/or alcohol use was identified as a factor, with alcohol use slightly more commonly identified as a factor than drugs. It should be noted that some contacts may appear in both graphs where a person has problematic drug and alcohol use.

4.4.6 Children and Family Assessments

Data from Nottinghamshire County Council Children and Family Service indicates the number and percentage of Children and Family Assessments where drugs and/or alcohol are identified as a factor. This data relates to factors highlighted at the point of social care assessment and specifically looks at factors that are having an impact on the family environment and/or safeguarding of children. Figure 20 indicates that the percentage of assessments carried out in Nottinghamshire where drug and/or alcohol use was a factor for the parent has been increasing since April 2022. The percentage of assessments where drugs was identified in a factor has increased fivefold, with over a threefold increase for alcohol. This data shows that up to Q1 2024/25 alcohol was identified in a higher proportion of assessments than drugs, however since this point drugs are identified in more assessments than alcohol.

[55] Nottinghamshire County Council Children and Family Service

Figure 20: Proportion of children and family assessments where drug or alcohol use was identified as a factor for the parent, Nottinghamshire[56]

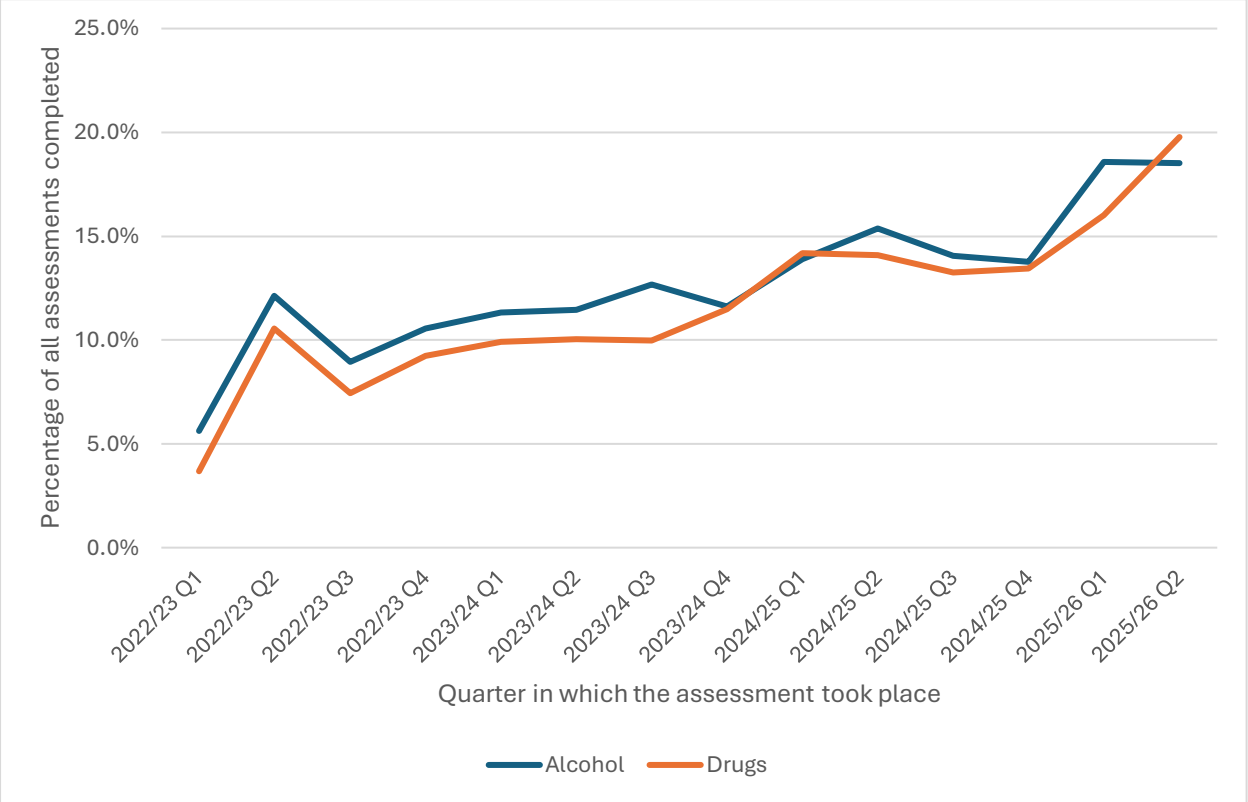


Figure 21 shows the change over time in the percentage of assessments where alcohol or drug use was identified as a factor for the child. The data shows that there has been an increase in drugs (increased by 0.9%) and/or alcohol (increased by 0.8%) use being identified as a factor for the child at the point of social care assessment. Comparing this to the identification of drugs and/or alcohol being a factor for the parent, this is a much smaller increase over a longer time period. Drugs are identified as a factor in a higher percentage of assessments than alcohol.

[56] Nottinghamshire County Council Children and Family Service

Figure 21: Proportion of children and family assessments where drug or alcohol use was identified as a factor for the child, Nottinghamshire[57]

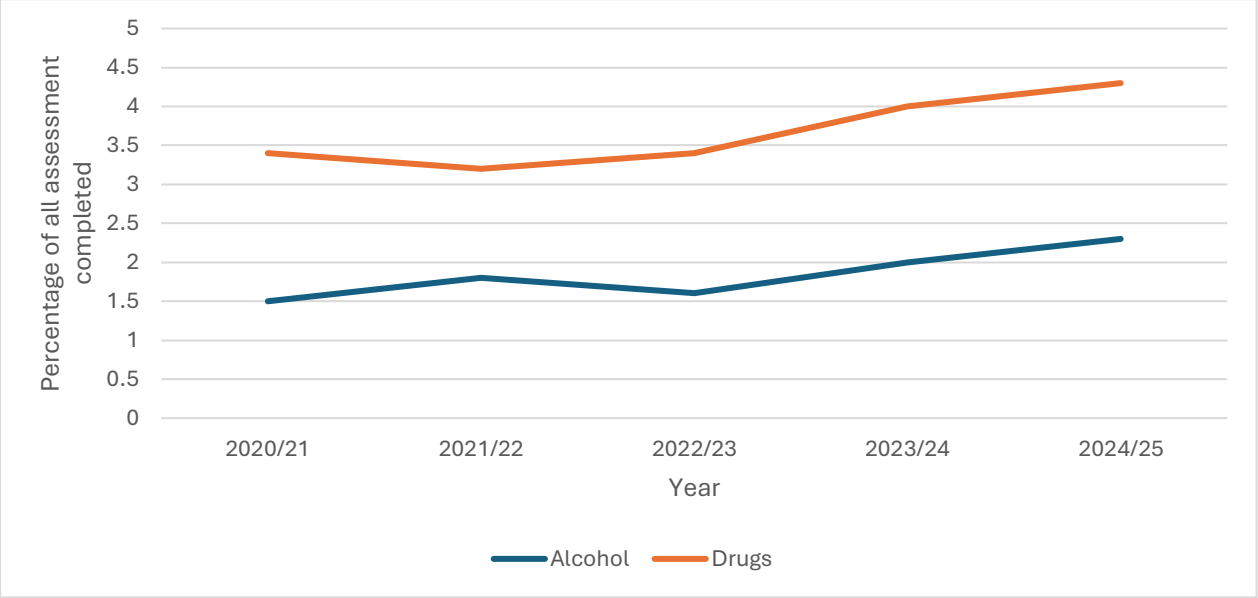
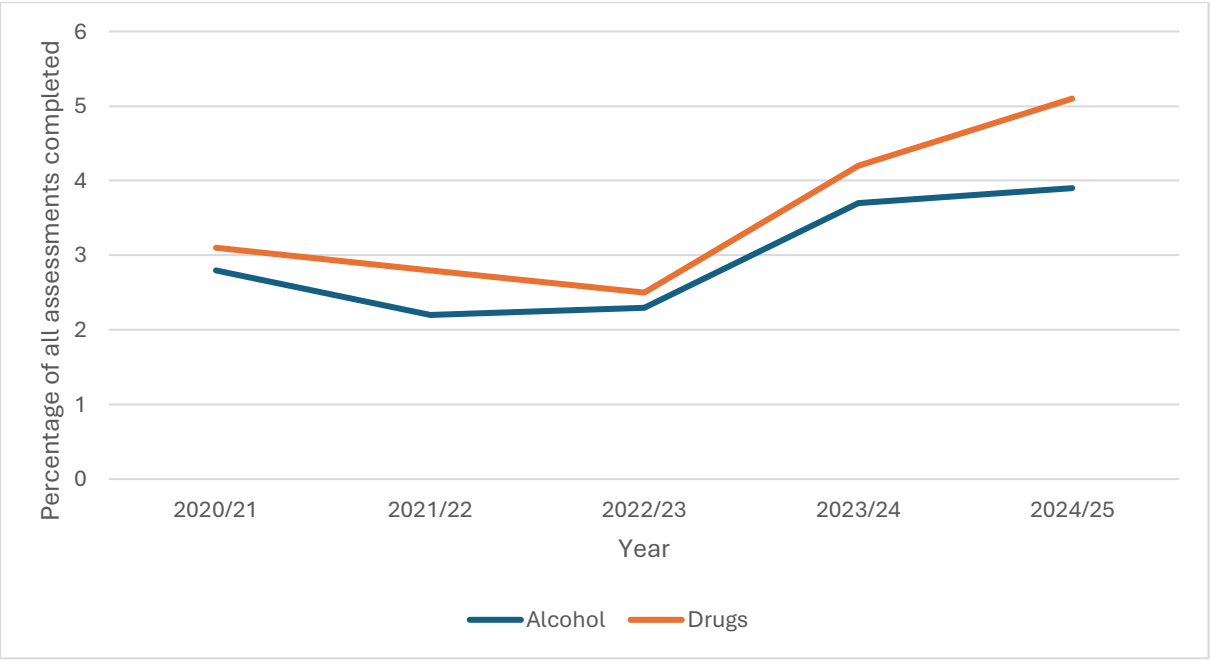


Figure 22 shows the percentage of Children and Family assessments where drugs and/or alcohol were identified as a factor for another person (not a biological parent) from within the family environment. This data also shows an increase over the time period, with an overall increase of 2% for drugs being identified as a factor and an increase of 1.9% for alcohol. Drugs are identified as a factor in a higher percentage of assessments than alcohol.

Figure 22: Proportion of children and family assessments where drug or alcohol use was identified as a factor for another person within the family environment, Nottinghamshire[58]



[57] Nottinghamshire County Council Children and Family Service
[58] Nottinghamshire County Council Children and Family Service

Figures 23 and 24 below show the number of child and family assessments completed in each Nottinghamshire district and borough where problematic drug and/or alcohol use was identified as a factor for the parent between April 2022 and March 2025 inclusive.

As expected from the family contact data in section 4.4.1, the areas with the highest number of assessments with these factors identified overall are Ashfield, Mansfield, Bassetlaw and Newark and Sherwood. Assessments where problematic alcohol use was identified as a factor have remained largely stable across the three year, with a slight decrease in Bassetlaw between 2022/23 and 2024/25. When looking at problematic drug use as a factor, there are notable increases in Newark and Sherwood, where the figure has almost doubled between 2022/23 and 2024/25, as well as increases in Mansfield and Bassetlaw.

Figure 23: Number of child and family assessments completed where alcohol use was identified as a factor for the parent, 2022/23-2024/25[59]

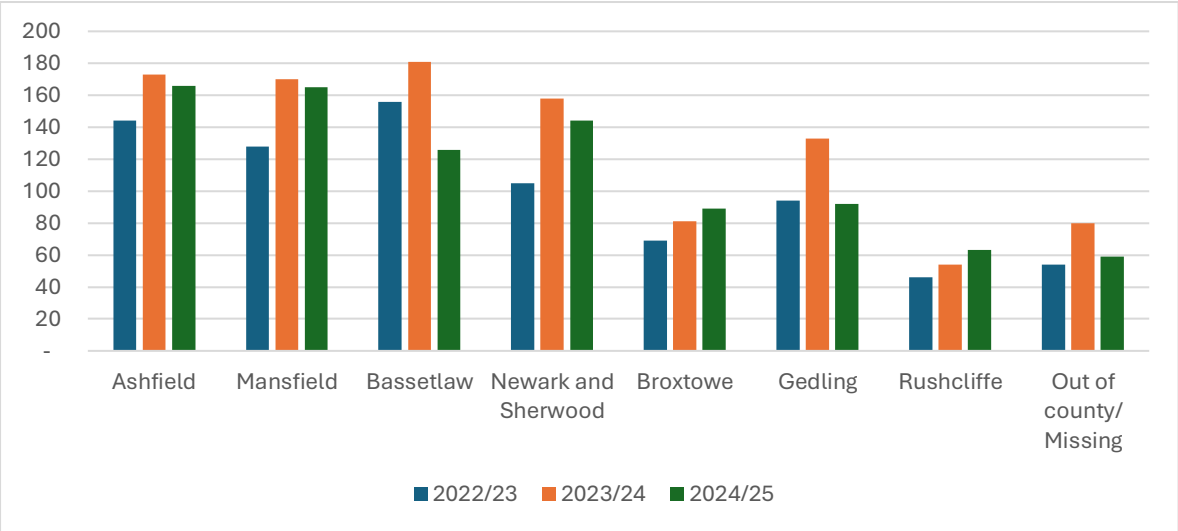
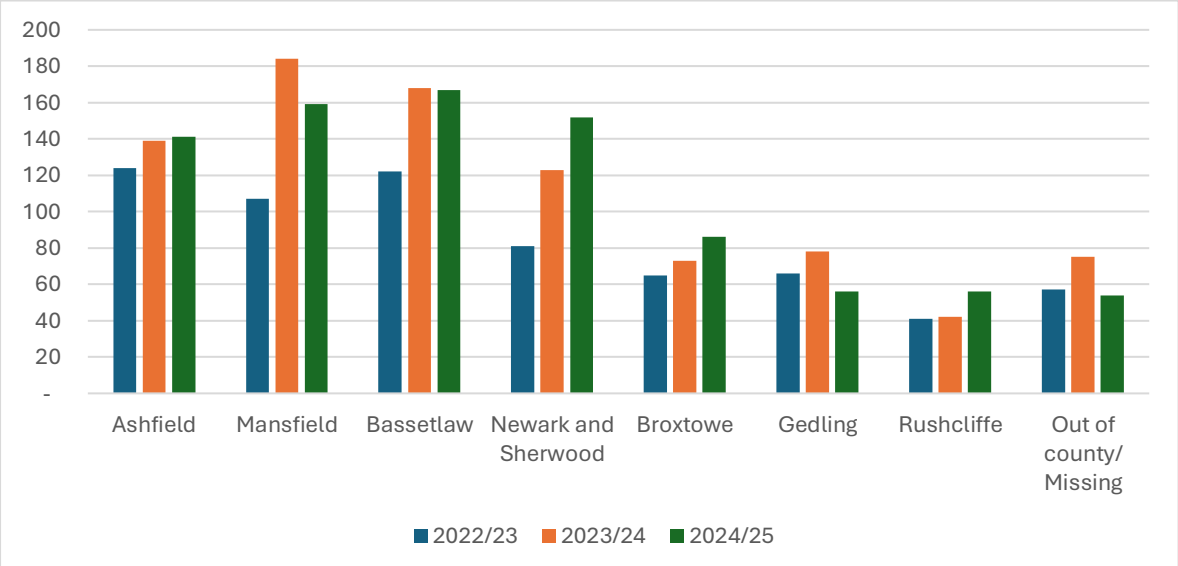


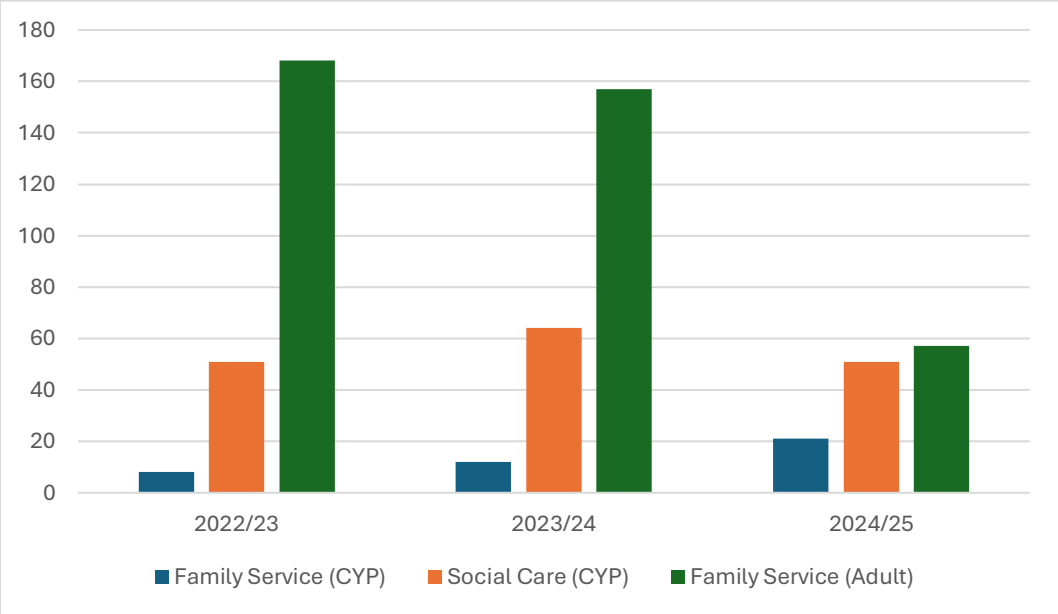
Figure 24: Number of child and family assessments completed where drug use was identified as a factor for the parent, 2022/23-2024/25[60]



[59] Nottinghamshire County Council Children and Family Service
[60] Nottinghamshire County Council Children and Family Service

Despite the number of family contacts and assessments where drugs and/or alcohol were identified as a factor, figure 25 below shows the number of referrals into CGL made by the Family Service and Social Care for adults and children and young people (CYP) in the same time period. This has been represented for the whole of Nottinghamshire due to low numbers.

Figure 25: Referrals into CGL for adults and children and young people (CYP) made by the Family Service and Children's Social Care in Nottinghamshire, 2022/23 – 2024/25[61]



Recommendation: Public Health to Public Health to work with Adult and Children's Social Care to increase referrals into CGL for support with drug and alcohol use. Specifically, work should be undertaken to understand:

1) The current barriers to making referrals;
2) How these barriers could be mitigated and;
3) The feasibility of developing a non-consent referral process considering the safeguarding concerns relating to substance use.

4.4.7 Looked after children

The term "looked after child" refers to a child that has been placed under the care of Local Authority Children's Social Care for at least 24 hours, often due to concerns for their safety, welfare and/or family circumstances. Looked after children are particularly vulnerable to developing drug and/or alcohol use behaviours.

In 2022/23, there were 691 looked after children in Nottinghamshire. Of these, 22 (3%) identified as having a drug and/or alcohol use problem. This is the same as the proportion for England overall[62].

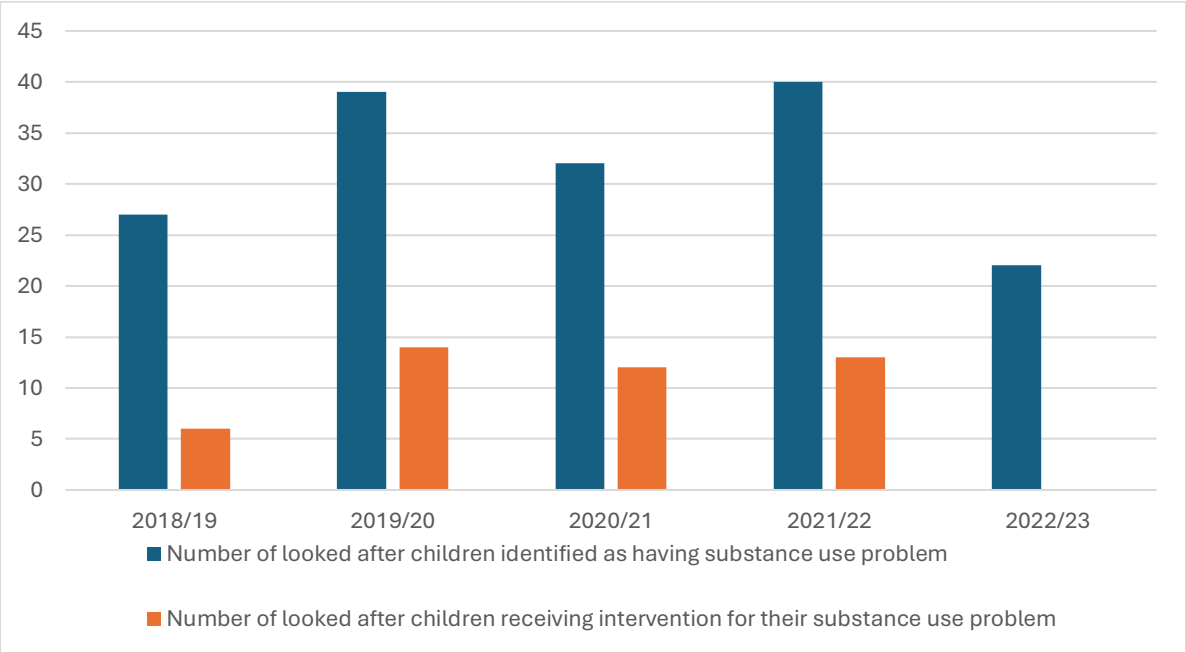
Figure 26 below shows the number of looked after children with an identified drug and/or alcohol use need, and the number who received an intervention for drug and/or alcohol use. Figure 27 shows the proportion of looked after children with an identified drug and/or alcohol

[61] Change Grow Live
[62] NDTMS Young People Commissioning Support Pack. Accessed December 2025.

use problem who received intervention for Nottinghamshire and England. Please note that this data only captures looked after children who have been in the care of the local authority for at least 12 months. The number of children who received an intervention for drug and/or alcohol use in Nottinghamshire in 2022/23 is less than 6, therefore this data has been suppressed.

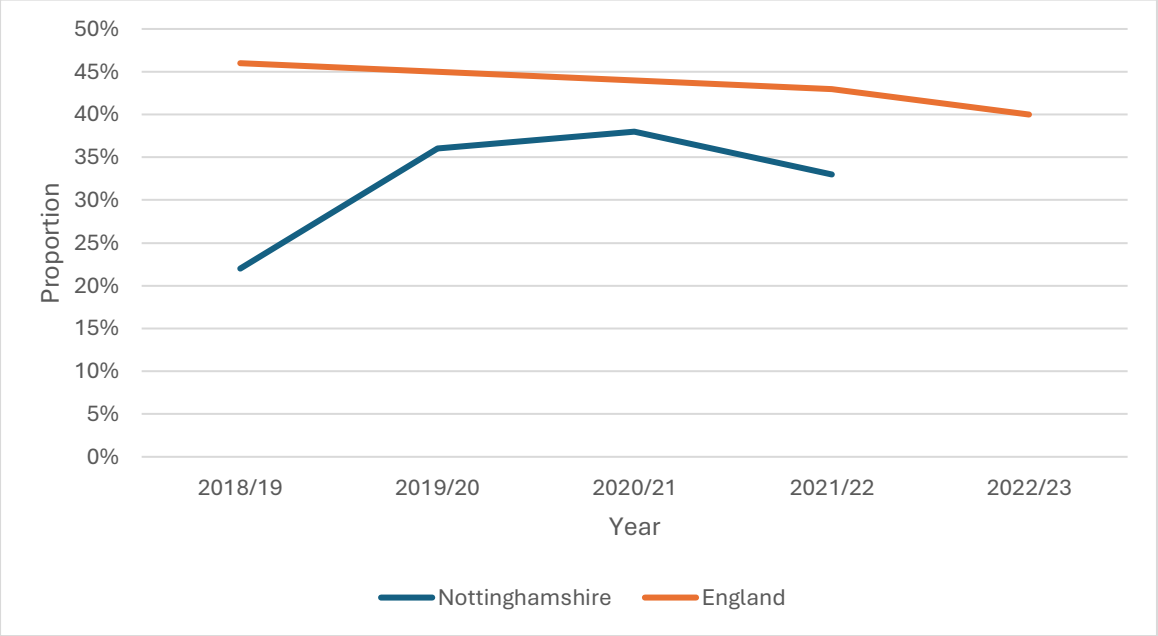
Both figures show that less than 40% of looked after children in Nottinghamshire with an identified drug and/or alcohol use problem received an intervention across the five years, and that the proportion of those receiving an intervention is lower than the England average.

Figure 26: The number of looked after children (looked after for at least 12 months) with an identified drug and/or alcohol use need and number of looked after children that received intervention for drug and/or alcohol use, 2018/19-2022/23, Nottinghamshire[63]



[63] NDTMS Young People Commissioning Support Pack. Accessed December 2025.

Figure 27: Proportion of looked after children with an identified drug and/or alcohol use problem who have received drug and/or alcohol use intervention, 2018/19-2022/23, Nottinghamshire and England[64]



Recommendation: Public Health to work with the Looked After Children Team within Children's Social Care to improve pathways into treatment for Looked After Children who are using drugs and/or alcohol. This aims to improve treatment uptake in this population group.

4.5 Factors which increase likelihood of drug and/or alcohol use

Anyone could be at risk of developing a drug and/or alcohol use problem during their lives, although certain groups in the population are at higher risk. It is important to note that individuals do not fit into one group and may potentially span across multiple or even most of the groups.

The Substance Misuse Joint Strategic Needs Assessment (JSNA) has identified eleven groups and sub-groups of the population most at risk of drug and/or alcohol use; however, the evidence of those who are most 'at risk' is strongest around Adverse Childhood Experiences (ACE's), those living in deprived areas, people with mental ill health and those who are in contact with the criminal justice system. There is some evidence to suggest that men and older people have been identified as 'at risk' of drug and/or alcohol use, in addition to increased risk linked with some ethnicities and sexual orientations, however the overall evidence is weaker in these groups or populations.

The JSNA also identifies the wider vulnerabilities of young people, where the highest percentage of young people with vulnerability factors for Nottinghamshire included mental

[64] NDTMS Young People Commissioning Support Pack. Accessed December 2025.

health treatment need, self-harm, affected by others' drug and/or alcohol use and NEET (not in employment, education, or training). For further details please refer to the JSNA.

Where available, local data relating to the factors described below can be found in sections 5.7 and 5.8.

4.5.1 Learning disability

In 2016, Public Health England (PHE) conducted a literature review into drug and/or alcohol use and people with learning disabilities. It is difficult to attach a figure or prevalence estimate, however, as increasing numbers of people with learning disabilities are living more independently in local communities and are more likely to have access to alcohol and other drugs and, therefore, there's a need for appropriate services to support those who use substances. Overall, the evidence indicated that people with learning disabilities are less likely to use substances than the general population. However, PHE identified increased risk in those who: have borderline to mild learning disabilities; are young and male; or have mental health problems. Interviews with people with learning disabilities who were using alcohol or drugs showed that the main reasons for this could be described as 'self-medicating against life's negative experiences.' Furthermore, research suggested that children with learning disabilities are more likely to experiment at an early age with potentially harmful levels of alcohol[65].

4.5.2 Mental ill health

There is extensive research into both the effect of drugs and alcohol on mental health, and the increased risk of drug and/or alcohol use amongst people who have a mental health problem. It is recognised that people with mental ill health may turn to substances to self-medicate and/or as a coping mechanism for managing trauma and difficult emotions.

Between 2024 and 2025, almost three-quarters of people starting drug and alcohol treatment in England had a mental health treatment need and over a third of people with serious mental illness had co-occurring drug and/or alcohol use conditions. When looking at those in contact with mental health services who died by suicide between 2010 and 2020, almost half (47%) had problematic alcohol use, and over a third (38%) had problematic drug use[66]. Those with co-occurring conditions who are not in contact with specialist services are at the greatest risk of suicide.

The national "Co-occurring mental health and drug and/or alcohol use delivery framework" published by the Department of Health and Social Care in December 2025 sets out four priority areas for improving the quality and effectiveness of care and support for people with both mental health and drug and/or alcohol use treatment needs. This includes the actions being taken at a national level and suggested actions for local health and care systems. The four priority areas are:

1. Strategic leadership and service model design – aiming to support integrated, patient centred care
2. Data and monitoring – referring to improvement in the collection, quality and monitoring of data to enhance understanding of local need, service access and outcomes, including changes in these factors over time

[65] Public Health England (2016). Substance misuse in people with learning disabilities: reasonable adjustments guidance. Accessed November 2025.
[66] Department of Health and Social Care (2025). Co-occurring mental health and substance use delivery framework. Accessed January 2026.

3. Workforce and training – to ensure staff working with people with co-occurring mental health and drug and/or alcohol use have basic competencies to provide effective, person-centred support
4. Commissioning and incentives – to improve the way in which commissioners plan and performance manage services offering support to this population group, including the development of service specifications to accurately and effectively respond to specific population needs[61].

4.5.3 Domestic abuse

There are many links between domestic abuse and drug and/or alcohol use. Research suggests that domestic abuse, particularly physical abuse, is more likely to occur and may be more severe when a perpetrator has been using substances[67]. In addition, it is recognised that people who have experienced domestic abuse may be more likely to use substances to cope with the trauma associated with their experiences[68].

Those who are subjected to domestic abuse are usually female[69], which makes it important to consider how services can apply a gendered lens to ensure they are welcoming and effective for women, particularly those affected by domestic abuse. A national Gendered Lens Framework published by Homeless Link suggests that services should be safe and accessible for the women who need them and should recognise the impact of trauma in their lives. Ideally, services should be co-produced to ensure they meet the unique needs of women without stereotyping[70].

4.5.4 Homelessness and rough sleeping

It is widely recognised that those who are experiencing homelessness or rough sleeping are more likely to engage in drug and/or alcohol use behaviours. A report by the ACMD found that people experiencing homelessness often have a lack of social connectedness, putting them at greater risk of overdose, and experience higher levels of infection associated with drug use, including HIV and Hepatitis C. In 2021, 2 in 5 deaths amongst this population group were due to drug poisoning[71].

The National Plan to End Homelessness, published by the UK Government in December 2025, highlights the importance of identifying and supporting drug and/or alcohol use issues amongst people experiencing homelessness. Data suggests that nationally, over 10% of people owed a prevention or relief duty between April and June 2025 had a drug or alcohol dependency, and around 6% had drug dependency needs[72].

Of all respondents to the national Rough Sleeping Questionnaire 2025, 54% stated they had a drug and/or alcohol use need in the past year. Of those with a drug and/or alcohol use need, only 52% received treatment. Around one third had been refused or declined treatment[73]. This highlights the importance of effective outreach services to meet people where they are and provide holistic support for rough sleeping, homelessness and drug and/or alcohol use.

[67] National Police Chief's Council (2023). Pilot finds high levels of drug use in domestic abuse offenders. Accessed January 2026.
[68] Ava Project. Violence against women and drugs and alcohol. Accessed January 2026.
[69] Women's Aid. Why do we say domestic abuse is gendered? Accessed January 2026.
[70] Homeless Link. The Gendered Lens Framework: explanation and top tips. Accessed January 2026.
[71] Advisory Council on the Misuse of Drugs (2019). Report into homelessness and drug misuse published. Accessed February 2026.
[72] Ministry of Housing, Communities & Local Government (2025). A National Plan to End Homelessness. Accessed February 2026.
[73] Ministry of Housing, Communities & Local Government (2026). Rough sleeping questionnaire 2025: Headline findings. Accessed May 2026.

4.5.5 Contact with the criminal justice system

Those in contact with the criminal justice system are cited as being significantly more likely to report recent illicit drug use in comparison to the general population. This includes suspects, defendants, convicted individuals, people under probation supervision and those serving a prison sentence. Monitoring of over one million arrests where the suspect was deemed eligible for drug testing in custody found that 37% tested positive for use of heroin and/or cocaine in the 24 hours prior to their arrest[74]. Additionally, the Association of Police and Crime Commissioners state that nearly half of all homicides and acquisitive crimes are linked to drug use, and that alcohol is a factor in 53% of violent crime incidents[75].

There is an increasing amount of research being undertaken around substance use amongst those in contact with the criminal justice system, including assessing the effectiveness of diversion pathways to encourage engagement in treatment and prevent reoffending.

4.5.6 Severe and multiple disadvantage

Severe and multiple disadvantage (SMD) refers to experience of two or more of the following:

- Drug and/or alcohol use
- Domestic abuse
- Homelessness or rough sleeping
- Mental ill health
- Contact with the criminal justice system

Sections 4.5.2 through to 4.5.5 above describe the increased likelihood of substance use amongst those experiencing these factors. It therefore follows that the compounded effects of each of these factors on the risk of drug and/or alcohol dependency increases the importance of a tailored offer for those experiencing severe and multiple disadvantage. Historically, many support services have worked in silo, addressing individual factors rather than looking at them in combination. This can make it difficult for people to find services that are sensitive to their circumstances and therefore to address their problems. The factors above are often interlinked and require a flexible, trauma informed, person-centred approach to best support those experiencing them.

The Making Every Adult Matter (MEAM) Approach provides a framework for local areas to coordinate services to effectively support people experiencing severe and multiple disadvantage whilst seeking to achieve long-term, systemic change[76]. This framework is being applied in 47 areas currently, including Nottinghamshire.

4.5.7 LGBTQIA+

Research suggests that those identifying as LGBTQIA+ are more likely to drink alcohol and use drugs and are more likely to use these substances at higher levels than the general population. This is often cited as due to social norms in this population group, discrimination and rejection by friends and family. In addition, those identifying as LGBTQIA+ are less likely

[74] Clinks (2021). Working with service users who consume Class A drugs and are in contact with the criminal justice system. Accessed January 2026
[75] Association of Police and Crime Commissioners. Addiction and substance misuse. Accessed January 2026.
[76] MEAM. The MEAM Approach. Accessed June 2026.

to access treatment due to fear of stigma and lack of tailored service provision and therefore experience increased drug and alcohol-related harms and equalities in health outcomes[77].

There is limited evidence of the prevalence of chemsex in the UK, however it is recognised that chemsex is most commonly associated with gay and bisexual men, trans women and men who have sex with men. Chemsex may be used to disinhibit and enhance sexual activity, with crystal methamphetamine, gamma-hydroxybutyrate (GHB) and gamma-butyrolactone (GBL) being most commonly used.

Crystal methamphetamine in large quantities can cause psychosis, paranoia and increased aggression which can require sedating medication to combat. Large quantities of GHB or GBL can be fatal, and physical dependence on these drugs can occur within just seven days of consistent use[78]. The drug treatment offer for the LGBTQIA+ population should therefore be culturally sensitive and tailored to the unique patterns and complexities of drug and/or alcohol use within this cohort.

4.5.8 Deprivation

The effect of deprivation on likelihood to use substances is complex, particularly as deprivation often comes hand in hand with other influencing factors such as poor-quality education and housing and lack of job and social opportunities.

The most deprived areas have a higher proportion of non-drinkers than the least deprived areas, yet people with lower incomes are more likely to experience alcohol-related harm – a pattern called the “alcohol harm paradox”[79]. For example, in England in 2020, the rate of alcohol-specific death in males in the most deprived quintile (34.1 per 100,000) was 4.2 times higher than those in the least deprived quintile (8.1 per 100,000). For females, the rate was three times higher in the most deprived quintile (15.0 per 100,000) compared to the least deprived quintile (5.0 per 100,000)[80].

For drug use, deprivation amongst those in treatment nationally was last reported under Public Health England in 2020. This showed that of those in treatment for opiates and/or crack use, 56% of them lived in areas ranked in the 30% most deprived areas in England[81]. In addition, drug-related deaths are more than five times higher in the most deprived quintile (21.7 per 100,000) compared to the least deprived quintile (4.1 per 100,000)[82].

This data highlights the importance of upstream interventions which seek to tackle the wider determinants of health, preventing drug and/or alcohol use and reducing inequalities in the harms associated with substance use.

4.5.9 Neurodiversity

There are tangible links between neurodiversity and drug and/or alcohol use. A 2017 Swedish population-based cohort study highlights the increased risk of drug and/or alcohol use and dependency amongst those with autism spectrum disorder (ASD) or attention deficit

[77] Murray, S., Holloway, K. & Buhociu, M. (2023). “It’s called homophobia baby” exploring LGBTQ + substance use and treatment experiences in the UK.
[78] College of Policing (2024). Chemsex-related crime. Accessed April 2026.
[79] British Medical Association. Substance misuse harms impact the vulnerable and disadvantaged most and are not inevitable. Accessed February 2026.
[80] Office for National Statistics (2021). Quarterly alcohol-specific deaths in England and Wales. Accessed June 2026.
[81] Public Health England (2020). Adult substance misuse treatment statistics 2019 to 2020: report. Accessed June 2026.
[82] The Health Foundation (2025). Inequalities in drug-related deaths. Accessed June 2026.

hyperactivity disorder (ADHD). Specifically, ASD alone is associated with a twofold risk of drug and/or alcohol use compared with the general population[83].

Research suggests that the increased risk is due to a number of factors, including neurodivergent individuals using substances to overcome social anxiety and/or to self-medicate to mask difficulties in sensory processing, "slow down" the brain and allow them to focus.

This highlights the need for timely access to appropriate services for support with neurodivergent conditions to prevent a substance dependency developing, and for substance use treatment services to be equipped to support individuals with these conditions.

4.5.10 Sex work

The links between sex work and drug and/or alcohol use are well documented, with research suggesting that most female street-based sex workers in the UK use heroin and/or crack cocaine[84]. A systematic review found a pooled prevalence of lifetime illicit drug use among sex workers to be 35%[85], however it is noted that the studies included in this review primarily focused on female sex workers. This systematic review included studies from 46 countries, therefore the prevalence for England is still largely unknown.

Individuals who are dependent on substances may enter sex work to fund their drug and/or alcohol use, or that of a loved one, including being coerced into sex work to repay money owed. Sex workers may also start to use substances to cope with verbal, sexual and physical abuse they often experience and to help remain awake when engaging in sex work through the night[81]. In addition, the national Women's Rough Sleeping Census Report 2024 highlights themes around women being pressured to engage in sex work or "survival sex" to prevent having nowhere to go during the night[86], indicating potential additional complexities associated with hidden homelessness, substance use and engagement in sex work.

It is recognised in research that those who use drugs an engage in sex work often experience worse mental, physical and sexual health outcomes due to stigmatisation and criminalisation as both a sex worker and a person who uses drugs. In addition, people engaged in sex work are thought to have a higher prevalence of heroin and crack cocaine use, injection drug use, high levels of morbidity and mortality and increased exposure to sexual and physical violence[81]. Access to trauma-informed, non-stigmatising services which provide seamless links to support for physical, mental and sexual health needs and homelessness are therefore vital to improve health and wellbeing outcomes for this population group.

4.5.11 Veterans

Veterans are at increased risk of drug and/or alcohol use due to the potential trauma experienced during their time serving in the Armed Forces, and the resultant mental ill health often experienced, such as Post Traumatic Stress Disorder (PTSD). Research suggests that

[83]Butqicka, A., *et al.* (2017). Increased Risk for Substance Use-Related Problems in Autism Spectrum Disorders: A Population-Based Cohort Study. *Journal of autism and developmental disorders*.47(1). pp. 80-89
[84] Patel, R., *et al*. (2020). Drug Use in Street Sex worKers (DUSSK) study: results of a mixed methods feasibility study of a complex intervention to reduce illicit drug use in drug dependent female sex workers.
[85] Iversen J, *et al*. (2021). Patterns and Epidemiology of Illicit Drug Use Among Sex Workers Globally: A Systematic Review
[86] Solace (2024). Women's Rough Sleeping Census 2024

the mentality encouraged within the Armed Forces prevents veterans reaching out for help and support with mental and physical health issues once they return home[87].

In recent research involving 4,104 current and ex-serving Armed Forces, 28% of respondents reported symptoms of common mental disorders, and 9% reported probable PTSD[88]. This emphasises the importance of providing services that recognise the unique complexities that veterans experience, including strong links to mental health support for this cohort.

4.5.12 Children and young people who experience familial drug and/or alcohol use

Intergenerational drug and/or alcohol use refers to drug and/or alcohol use behaviours which are present across familial generations. The increased likelihood of a child or young person exposed to familial drug and/or alcohol use going on to develop problematic drug and/or alcohol use are well documented. Exposure to a parent's drug and/or alcohol use behaviours in childhood is associated with earlier onset drug and/or alcohol use and higher drug and/or alcohol consumption[85].

In addition, it is recognised that parental drug and alcohol use is linked to child maltreatment, including emotional, physical, psychological and sexual abuse and neglect. Adverse childhood experiences such as abuse and neglect also increase the likelihood of a child or young person going on to develop a drug and/or alcohol use issue, often as a way of coping with the trauma experienced[89].

Most recent available estimates (2018/19) suggest that there is an estimated 79% unmet substance use treatment need amongst alcohol dependent adults who are living with children nationally. The unmet treatment need for opiate dependent adults living with children is 58%, however these estimates are based on 2014/15 data[90]. Local data can be found in section 5.5.8.

More up to date figures on parental prevalence and unmet need at both local and national level are due to be published on NDMTS in 2026/27.

5. Treatment

5.1 Prevalence of drug and alcohol use in Nottinghamshire

It is difficult to estimate how many people across Nottinghamshire are using substances at high-risk levels, not least because of the clandestine nature of some drug and/or alcohol use. The most reliable data comes from those in contact with treatment services, which does not necessarily reflect actual need in the community.

However, local need can be synthetically modelled. The National Drug Treatment Monitoring Service (NDTMS) provides regular updates to Local Authorities to outline the estimated drug and alcohol use prevalence and the percentage of those who are alcohol dependent and/or using illicit drugs who are currently not accessing treatment (unmet treatment need). The latest

[87] Lloyd C, *et al*. (2020). Fighting Their Own Battle: Families of Veterans with Substance Use Problems
[88] King's College London (2024). 20-year study finds rates of PTSD and common mental disorders on the rise in Armed Forces personnel and veterans. Accessed February 2026.
[89] Kim, J., Lee, H. and Ahn, H. (2026) The intergenerational cycle of substance use and its association with child maltreatment and school maladjustment: A path analysis.
[90] NDTMS Commissioning Support Pack. Accessed December 2025.

available prevalence and unmet need estimates cover 2022/23 for drugs and 2019/20 for alcohol.

5.1.1 Key summary

- Nottinghamshire has a lower estimated prevalence and unmet treatment need than England for use of opiate and/or crack (8.0 per 1,000 and 8.5 per 1,000 respectively), crack cocaine only (1.1 per 1,000 and 1.4 per 1,000 respectively) and opiates and crack (2.4 per 1,000 and 3.3 per 1,000 respectively).
- Whilst the prevalence of people using opiates only is higher in Nottinghamshire (4.5 per 1,000) than England (3.8 per 1,000), the unmet treatment need for opiates is slightly lower in Nottinghamshire (55.3% compared with 56.81% for England).
- Drug use prevalence across all substance groups is higher amongst men than women. This is true for Nottinghamshire and England.
- Overall, drug use prevalence is highest amongst the 35–44-year age group. Breaking the substance groups down, this age group continues to have the highest prevalence for opiate and/or crack, opiates only and opiates and crack use. The prevalence of crack use only is slightly higher amongst 25-34-year-olds than in other age groups.
- Nottinghamshire has a slightly higher rate of people who inject drugs (1.9 per 1,000) compared to England (1.4 per 1,000).
- Whilst estimates for alcohol dependency indicate that Nottinghamshire has a lower prevalence (13.1 per 1,000) compared to England (13.7 per 1,000), the unmet treatment need for this group is slightly higher in Nottinghamshire (76% for Nottinghamshire, 75.51% for England).
- Alcohol dependency prevalence is higher in males than females for both Nottinghamshire (20 per 1,000 for males and 6.4 per 1,000 for females) and England (21.5 per 1,000 for males and 6.3 per 1,000 for females).
- 25-34-year-olds have the highest alcohol prevalence in both Nottinghamshire and England, closely followed by the 18-24 and 35-44 age groups.

5.1.2 Drug use estimates and unmet need

NDTMS provides prevalence estimates for people aged 15-64 using opiates, crack cocaine, opiates and crack cocaine and opiates and/or crack cocaine (OCU). People using these substances may also be using other illicit drugs. These are outlined in table 9 and figure 28 below. It is not possible to compare this data to previous estimates due to changes in methodology.

It can be seen in table 9 that Nottinghamshire has a lower prevalence than all England for opiates and/or crack, crack cocaine only and opiates and crack cocaine. However, there is a higher prevalence of opiate use in Nottinghamshire (4.5 per 1,000) compared to England (3.8 per 1,000). Despite this, Nottinghamshire has similar unmet treatment need for opiates only and crack cocaine only, and a lower unmet treatment need for opiates and/or crack and opiates and crack.

Table 9: Drug prevalence estimates and unmet treatment need for Nottinghamshire by substance group, 2022-23[91].

Substance group	Prevalence estimate, rate per 1,000 population		Unmet treatment need	
	Nottinghamshire	England	Nottinghamshire	England
Opiates and/or crack	8.0	8.5	50.9%	53.37%
Opiates only	4.5	3.8	55.3%	56.81%
Crack cocaine only	1.1	1.4	73.4%	74.13%
Opiates and crack cocaine	2.4	3.3	32.6%	40.61%

Figure 28: Drug use prevalence estimates for Nottinghamshire and England by substance group, 2022-23[92].

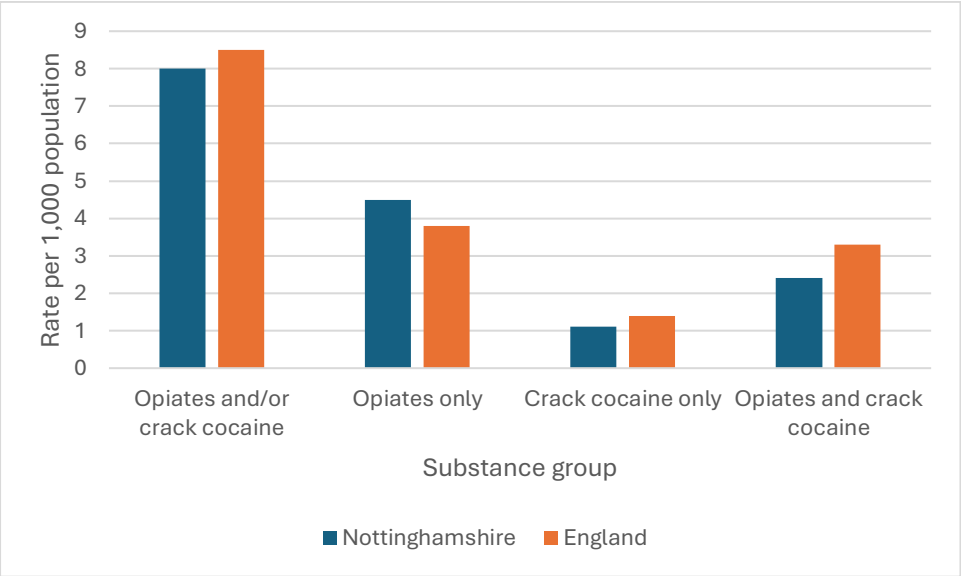


Figure 29 shows that men have a much higher rate of drug use across all substance groups for both Nottinghamshire and England. Specifically, the rate of opiate and/or crack, opiate and opiate and crack use amongst men is at least three times higher than that for females. In the 'crack only' group, the rate amongst men is four times higher than that amongst females.

[91] NDTMS
[92] NDTMS

Figure 29: Drug use prevalence estimates by substance group and sex, Nottinghamshire and England, 2022-23[93]

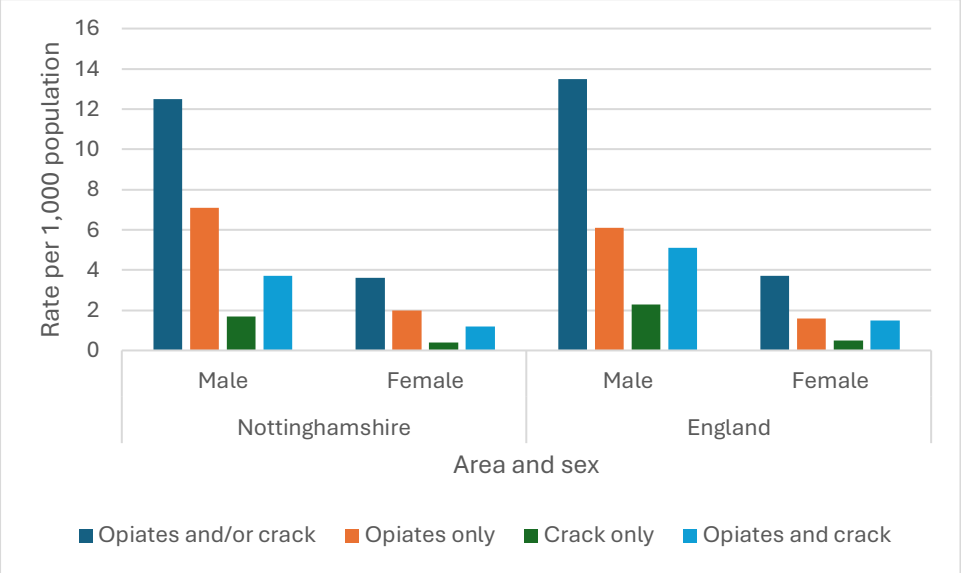


Figure 30 indicates that the rate of drug use is highest in those aged 35-44 for all substance groups except the crack only group, where the rate is slightly higher in those aged 25-34.

Figure 30: Drug use prevalence estimates by age group, Nottinghamshire, 2022-23[94]

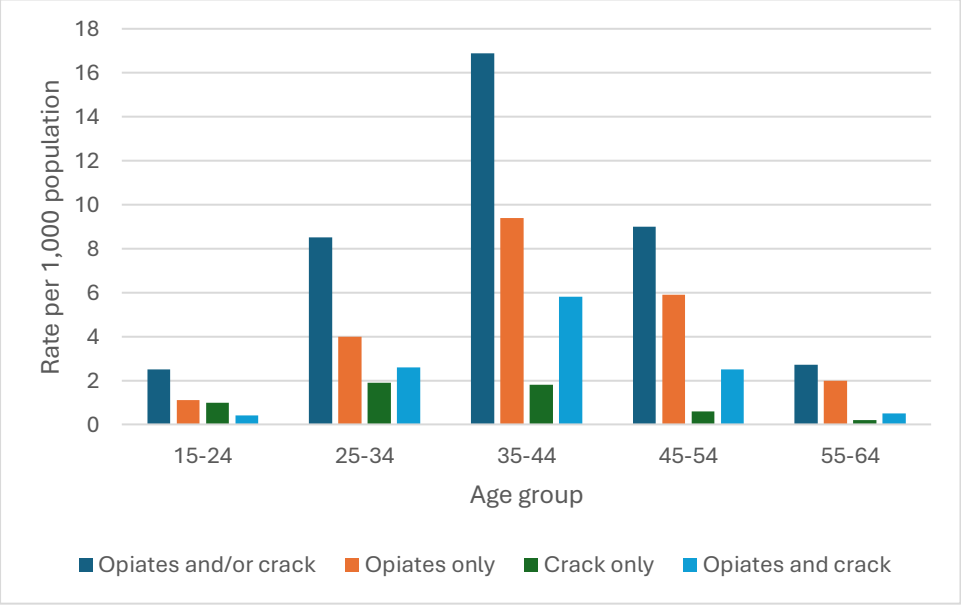
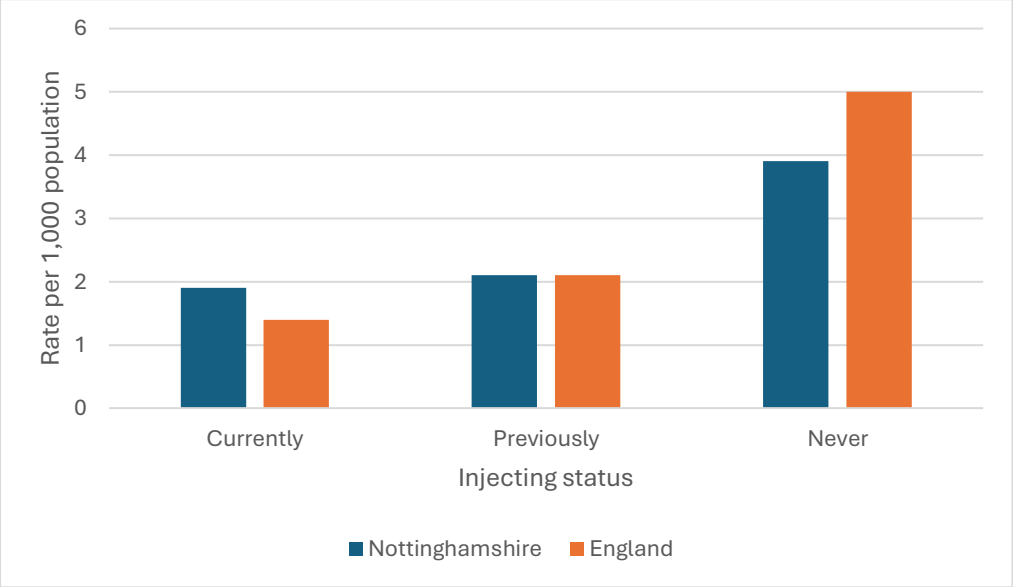


Figure 31 shows drug use prevalence estimates for Nottinghamshire and England by injecting status. Nottinghamshire has a higher rate of people who are currently injecting drugs when compared to England. This highlights the importance of ensuring a robust harm reduction offer for people who are injecting, including needle exchange.

[93] NDTMS
[94] NDTMS

Figure 31: Drug use prevalence estimates by injecting status, Nottinghamshire and England, 2022-23[95]



Recommendation: Public Health and CGL to implement interventions to bring people who use crack into treatment, including continuation of the Safer Inhalation Pipe Project (SIPP).

5.1.3 Alcohol use estimates and unmet need

Alcohol prevalence data, also published on NDTMS, provides an estimate of the rate and number of adults (aged 18 and over) with an alcohol dependency. The unmet treatment need for alcohol is also calculated. These can be seen in table 10 below. It should be noted that estimates for alcohol are based on a different time period to the drug prevalence and unmet need estimates.

Table 10: Alcohol dependency prevalence estimates and unmet need, Nottinghamshire and England, 2019-20[96]

	Prevalence estimate, rate per 1,000	**Unmet need**
Nottinghamshire	13.1	76.0%
England	13.7	75.51%

Table 10 shows that Nottinghamshire's alcohol dependency prevalence estimate is lower than England, whilst the unmet treatment need is similar. The prevalence estimate equates to approximately 8,650 people being alcohol dependent and in need of specialist treatment in Nottinghamshire.

When split between sex, figure 32 below shows that the rate of alcohol dependency amongst men is over three times that amongst women. This is similar to the England average. In addition, figure 33 shows that the age group with the highest rate of alcohol dependence is

[95] NDTMS
[96] NDTMS

25-34, followed by 18-24. This reflects the pattern across England as a whole, although the rate within Nottinghamshire is slightly higher amongst 18-24- and 25-34-year-olds when compared to England.

Figure 32: Alcohol dependency prevalence estimates by sex in Nottinghamshire and England, 2019-20[97]

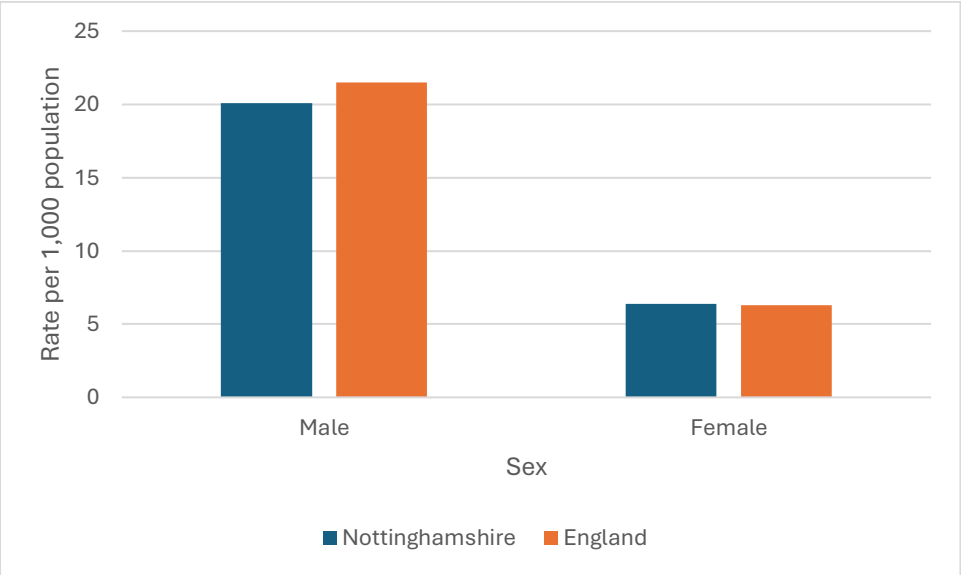
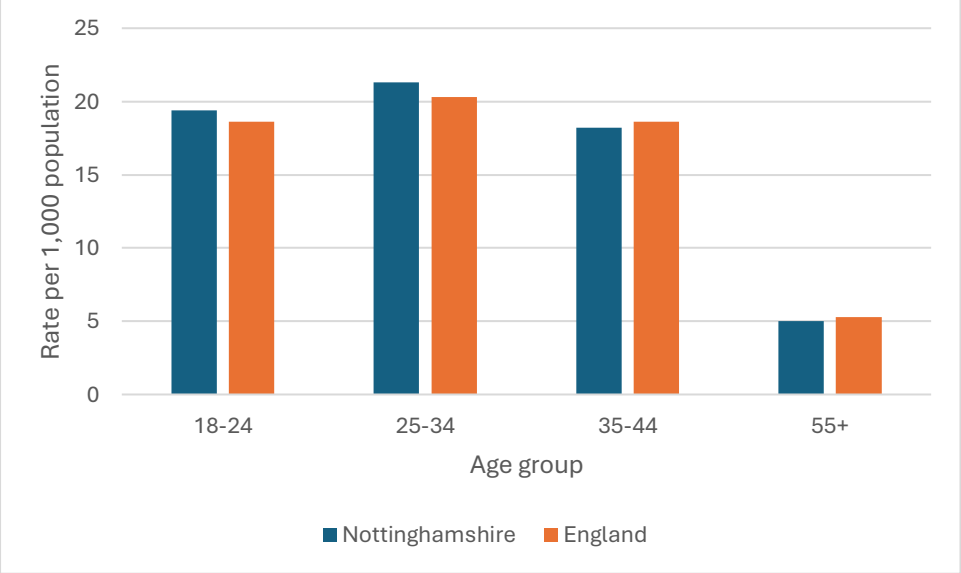


Figure 33: Alcohol dependency prevalence estimates by age group, Nottinghamshire and England, 2019-20[98]



[97] NDTMS
[98] NDTMS

5.1.4 Drug and/or alcohol use prevalence amongst young people

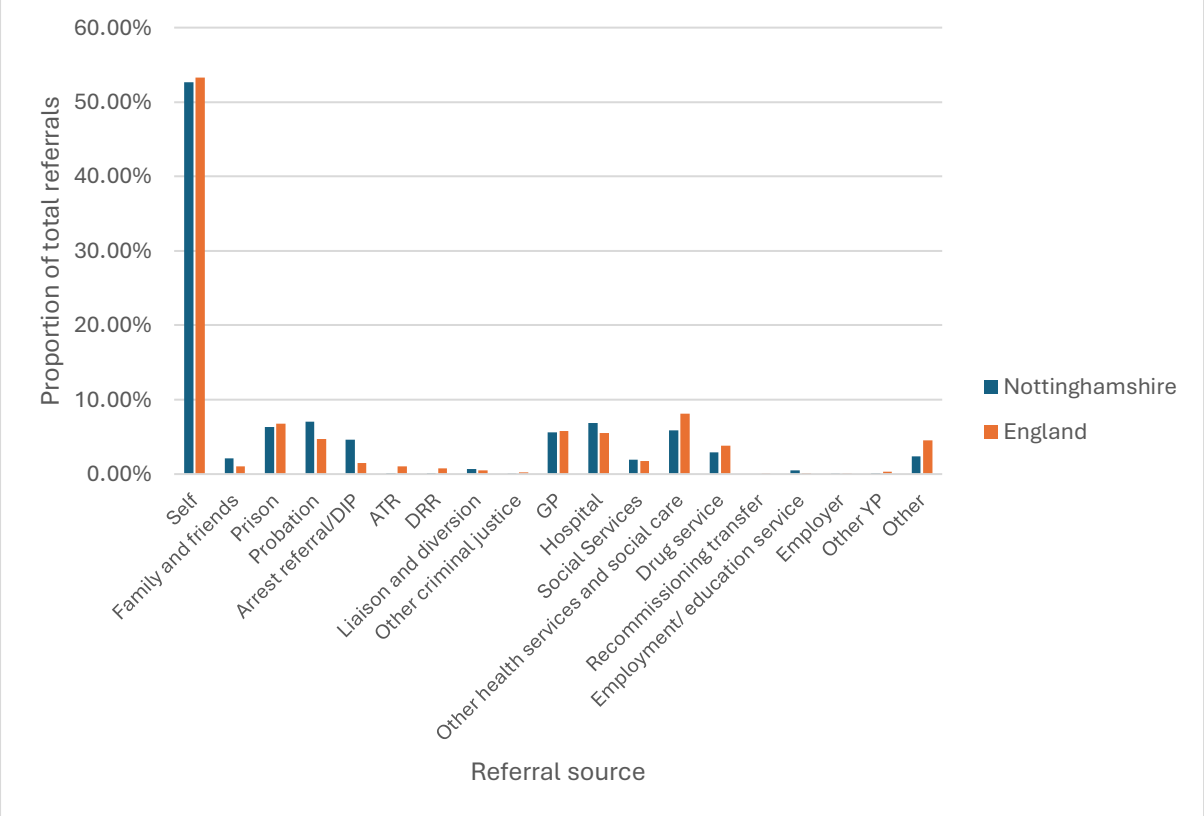
NDTMS does not publish local prevalence estimates for children and young people, however data from the Crime Survey for England and Wales provides some data about drug use in this population group. This data can be found in section 4.4.2.

Whilst this gives an indication of the picture in England and Wales, we cannot be sure how accurately this may reflect the situation at a local level.

5.2 Referrals into treatment

In the year up to June 2025, most entries into drug and alcohol treatment were from self-referrals (52.63%), followed by referrals from the Probation service (7.01%) and hospital (6.83%). This largely follows the national referral data as shown in figure 34.

Figure 34: Referrals into drug and alcohol treatment for Nottinghamshire and England by referral source[99].



5.3 Characteristics of adults in drug and alcohol treatment services

5.3.1 Key summary

- In the year to June 2025, there were 4,493 adults receiving structured treatment in Nottinghamshire. This does not take into account those who have not given consent for data to be shared with NDTMS.
- Breaking down by primary substance group, 43% were in treatment for opiates, 36% for alcohol, 11% for non-opiates and 10% for non-opiates and alcohol.

[99] NDTMS

- Those seeking structured treatment for crack cocaine, cocaine and ketamine use has increased significantly since 2010/11. Conversely, decreases in the number of people in treatment for benzodiazepine, amphetamine and cannabis use have been observed over the same time period.
- 68% of the treatment population in 2024/25 were male. A much higher proportion of males were in treatment for opiates (73%), non-opiates (75%) and alcohol and non-opiates (75%) compared to females. However, for alcohol only the difference is less drastic (60% male).
- Most people in treatment were in the 40-44-year age bracket, closely followed by the 35-40-year-old group.
- The highest proportion of people in treatment for opiate use were in the 40-44-year age group. For non-opiates only this was equal between 18–24-year-olds and 30-34-year-olds. For alcohol the highest proportion in treatment were 50-54-years old, and for non-opiate and alcohol most people were 30-34-years old.
- 88.2% of those in treatment in 2024/25 were White British, and 4.9% were from another White background. This largely reflects the overall demographic of Nottinghamshire, as 93% of residents are White.
- Over half (58.1%) of those in treatment in 2024/25 stated they had no religion. 15.5% of people in treatment in this year stated they were Christian.
- 75% of people in treatment in 2024/25 were heterosexual, 2.5% were gay or lesbian and 1.9% were bisexual.
- Most people in treatment were married (51.7%) or had a partner (20%).
- A higher proportion of people in treatment in 2024/25 disclosed a behaviour or emotional disability (38.4%) than no disability (34.7%). The second highest disability category disclosed was “progressive conditions and physical health” (9.3%).
- 2.56% of all females in treatment in Nottinghamshire disclosed a pregnancy in 2025/26.
- Of the physical health markers captured by CGL, a snapshot taken of those in treatment in December 2025 indicates that 63.7% of adults in treatment were currently smoking cigarettes. 63.7% also had a diagnosed health condition, with 15.7% of all adults in treatment specifically disclosing respiratory issues.

5.3.2 Data caveats

The data in this section is taken from NDTMS ViewIt and the ‘Adult Partnership activity report’ which provides detailed information on adults 18 to 99 in specialist treatment for drug and/or alcohol use. Please note that ViewIt figures are based on the final cut of the data which is used for annual statistics and the activity reports are based on a slightly different cut and data, hence the slight difference in overall numbers in treatment. These numbers may also be rounded.

Please note when reviewing NDTMS data in this section, the Recovery Partnership was a consortium of providers (led by Notts Healthcare Trust) who delivered Nottinghamshire’s drug and alcohol services between 2012 and 2014. CGL then won the tender in 2014.

Furthermore, due to some people in treatment not giving consent for anonymised data sharing, NDTMS does not capture data about every person. As of February 2026, the non-consent rate for upload to NDTMS within Nottinghamshire was 5.45%. This equates to 256 people who are not included in any NDTMS data referenced below.

5.3.3 Number of adults in treatment

In the year to June 2025, NDTMS reported a total of 4,493 adults receiving structured treatment in Nottinghamshire. Individuals can access treatment for either problematic drug use, alcohol, or both.

Since 2018, the proportion of adults in treatment for opiates has decreased from 53% to 43%, whilst the proportion of adults in treatment for alcohol has increased from 32% to 36%. The proportion in treatment for non-opiates has increased from 8% to 11%, and the proportion for non-opiates and alcohol has increased from 7% to 10%. The trends in both proportion and number for each category can be seen in figure 35 and table 11 below.

Figure 35: Proportion of adults in treatment (%), 2010-2025, Nottinghamshire[100]

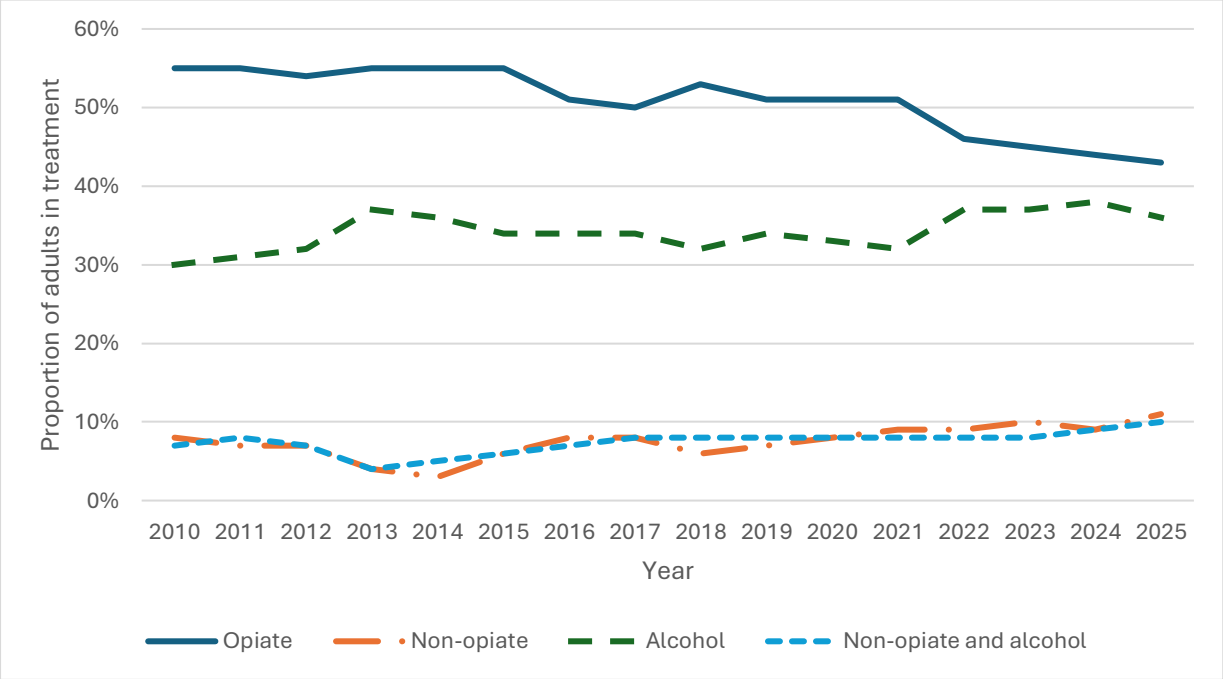


Table 11: Number of adults in treatment, 2009/10- 2023/25, Nottinghamshire[101]

Substance category	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Opiates	2610	2540	2420	2360	2305	2260	2215	2075	1940	1970	2020	1950	2015	1980	1946
Non-opiate	330	310	160	140	260	370	350	255	265	295	355	395	445	415	509
Alcohol only	1460	1485	1645	1540	1420	1500	1475	1255	1270	1250	1270	1580	1660	1730	1621
Non-opiate & alcohol	360	330	185	215	235	300	360	320	300	315	295	340	345	415	459

5.3.4 Drug and/or alcohol use profile

The distribution of substances used by all individuals in treatment is shown in Table 12 below. This drug and/or alcohol use profile defines people in treatment by groups of drug and/or alcohol use and relates to any use within a person's journey. A person may therefore be categorised by one or more groups and as a result the totals in this table will be greater than the number of people in treatment presented in the previous section. To prevent deductive disclosure, all numbers under 5 have been supressed.

[100] NDTMS View It
[101] NDTMS View It

Alcohol is used by almost half of all people in treatment (54%, n=2445). In 2023/24 just over a quarter of people in treatment were taking opiates (not crack cocaine) (26%, n=1175). This shows an overall decrease since 2010/11 when 37% of people reported using opiates.

Table 12: Number of adults in treatment by substances use type, 2010/11 to 2024/25, Nottinghamshire[102]

Substance category	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Opiate and crack cocaine	850	815	740	715	685	645	610	620	665	725	730	715	760	800	848
Opiate (not crack cocaine)	1,760	1,720	1,675	1,645	1,620	1,615	1,605	1,455	1,275	1,250	1,290	1,235	1,260	1,175	1,098
Crack cocaine (not opiate)	30	30	15	10	20	30	35	45	45	60	65	75	95	110	128
Cannabis	1,265	1,170	905	875	875	925	920	770	670	650	700	700	735	765	820
Cocaine	375	345	225	195	200	265	320	290	325	370	345	375	425	450	512
Benzodiazepine	405	390	345	315	280	260	235	210	190	195	190	160	165	155	159
Amphetamine (not ecstasy)	865	790	680	610	670	655	575	455	355	310	285	250	230	210	202
Ecstasy	100	60	35	25	35	30	25	25	20	25	30	15	20	25	22
Ketamine	10	15	5	0	5	5	10	5	10	-	5	10	25	40	44
GHB/GBL	0	-	0	-	-	-	-	-	0	10	0	0	0	0	-
Methamphetamine	0	-	0	0	0	-	0	-	-	5	5	0	0	5	-
Mephedrone	5	5	20	0	75	80	40	15	5	5	5	5	0	5	-
New Psychoactive Substances	-	-	-	-	10	60	60	60	-	80	80	90	50	50	65
Hallucinogen	10	20	10	5	5	10	15	5	10	10	10	10	30	40	49
Alcohol	2,435	2,445	2,495	2,375	2,245	2,360	2,365	2,035	1,935	1,930	1,925	2,265	2,320	2,445	2,375
Other drug	55	55	55	60	55	50	45	40	40	45	65	60	55	60	81

Table 12 also shows that the number of people in treatment for crack cocaine has more than quadrupled over this time period. Those seeking structured treatment for cocaine use has also increased significantly. Whilst there was less than 5 individuals in treatment for support with ketamine use in 2019/20, the number in 2024/25 was at least nine times higher.

Conversely, the number of people seeking structured treatment benzodiazepine and amphetamine use has drastically decreased since 2010/11. Significant decreases are also observed for cannabis and ecstasy.

This highlights the changing profile of substance use in Nottinghamshire, highlighting the need for the treatment service to remain diverse, continually horizon scan and adapt the treatment offer to reflect emerging drug use trends.

5.3.5 Sex

From a total of 4,540 people accessing treatment in Nottinghamshire in 2023/24, there were 1,455 females (32%) and 3,085 (68%) males in structured treatment. There are more males than females receiving treatment in each substance category as shown in table 13.

Table 13: Drug and/or alcohol use category by sex 2024/25 Nottinghamshire[103]

	Male		Female		
Substance Category	**N**	**Proportion**	**N**	**Proportion**	**Total (N)**
Opiates	1440	73%	540	27%	1980
Non-opiates only	310	75%	105	25%	415
Alcohol & non-opiates	310	75%	110	27%	415
Alcohol only	1030	60%	700	40%	1730
Total	**3085**	**68%**	**1455**	**32%**	**4540**

[102] NDTMS View It

[103] NDTMS View It – Note numbers may be rounded

5.3.6 Age

The data in this section shows the age of each person in treatment. Age is calculated at treatment start or at the start of the reporting year for people already in treatment.

Figure 36 below shows the proportion of people in treatment within each age group, by year for all substance types combined. It can be seen that proportionally; people are now older than they were in 2014/15.

Figure 36: Age distribution trend, as a proportion by age group and year (all substance types), Nottinghamshire[104]

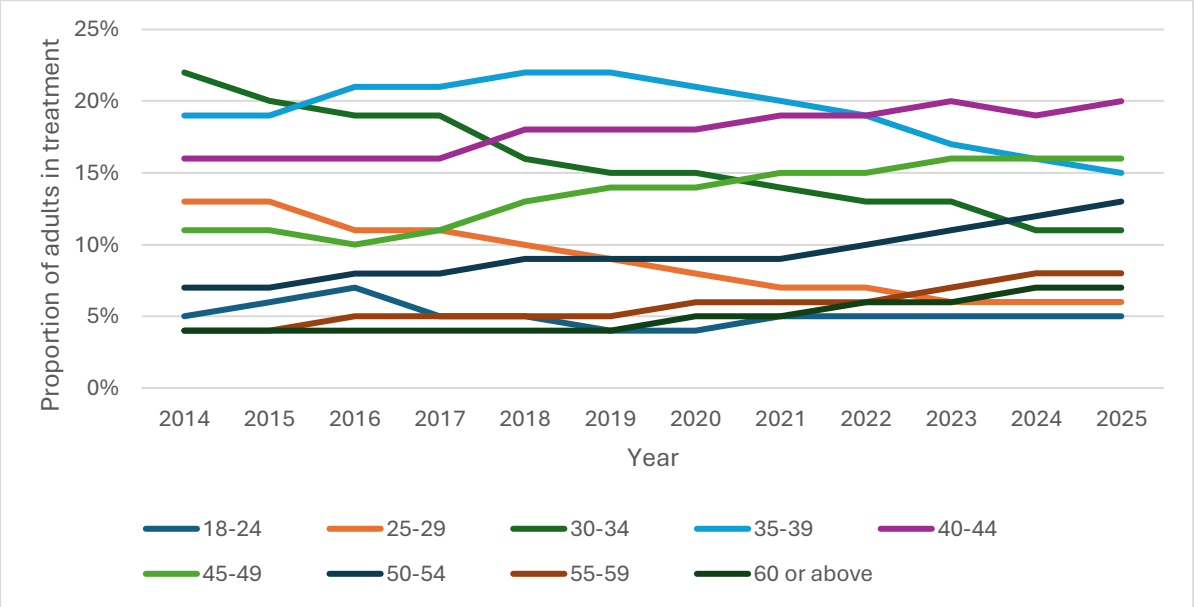


Table 14 below shows the proportion of all people in treatment by substance type and age group for the financial year 2024/25. The age group with the highest proportion for opiate treatment are in the 40-44-year age group, accounting for 27% of the all people in treatment for opiates. For non-opiate only the greatest proportion of people in structured treatment are in the 18–24-year age group. For Alcohol only, the greatest proportions of people in structured treatment are in the 45-49- and 50-54-year age group. For non-opiate and alcohol, the greatest proportion of people in structured treatment are in the 45-49- and 50-54 year age groups.

Table 14: Proportion (%) of people in treatment 2024/25 by substance type and age group[105]

Age Group	Opiate (%)	Non-opiate only (%)	Alcohol only (%)	Non-opiate & alcohol (%)
18-24	1	**21**	3	13
25-29	3	18	4	12
30-34	8	**21**	9	**19**
35-39	17	15	12	17
40-44	**27**	12	14	15
45-49	22	7	14	9
50-54	13	4	**16**	7
55-59	6	2	13	5
60+	3	1	15	3

[104] NDTMS View It
[105] NDTMS View It

5.3.7 Ethnicity

The vast majority of people in treatment are White British (88.2%) or are from Other White ethnic backgrounds (4.9%) as shown in table 15. This largely mirrors the demographics in Nottinghamshire overall, where 93% of residents are White[106].

Table 15: Ethnic proportions and count of all people in treatment 2024/25 Nottinghamshire[107]

Ethnicity (all in treatment)	1 Apr 2024- 31 Mar 2025	
	No.	%
White British	3985 / 4516	88.2%
White Irish	23 / 4516	0.5%
Other White	222 / 4516	4.9%
White & Black Caribbean	33 / 4516	0.7%
White & Black African	5 / 4516	0.1%
White & Asian	5 / 4516	0.1%
Other Mixed	16 / 4516	0.4%
Indian	32 / 4516	0.7%
Pakistani	6 / 4516	0.1%
Bangladeshi	* / 4516	*
Other Asian	17 / 4516	0.4%
Caribbean	21 / 4516	0.5%
African	9 / 4516	0.2%
Other Black	13 / 4516	0.3%
Other ethnicity	20 / 4516	0.4%
White Gypsy or Roma or Traveller or Irish Traveller	* / 4516	*
Unknown ethnicity	* / 4516	*
Not stated	85 / 4516	1.9%
Missing / inconsistent	18 / 4516	0.4%

The denominator is the total number of individuals in treatment in the reporting time period. *To prevent deductive disclosure, all numbers under 5 have been suppressed.

5.3.8 Religion (new treatment journey)

This data (shown in table 16) includes everyone starting a new treatment journey in the reporting time period, the first non-blank religion code reported in the journey. If two different codes are reported with the same triage date (and this is the earliest triage of the journey) this is recorded as inconsistent.

[106]Office for National Statistics. Nottinghamshire Census 2021. Accessed May 2026.
[107] NDTMS Adult Partnership Activity Report.

The denominator is the total number of people starting a new treatment journey in the period. The vast majority of people said that they had no religion (58.1%), however of those that have a religion, the highest proportion identified as Christian (15.5%).

Table 16: Religion proportions and counts for new treatment journey 2024/25, Nottinghamshire[108]

Religion (new treatment journey)	1 Apr 2024- 31 Mar 2025	
	No.	%
Baha'i	* / 4516	*
Buddhist	11 / 4516	0.2%
Christian	700 / 4516	15.5%
Hindu	8 / 4516	0.2%
Jewish	* / 4516	*
Muslim	23 / 4516	0.5%
Pagan	15 / 4516	0.3%
Sikh	20 / 4516	0.4%
Other	103 / 4516	2.3%
None	2626 / 4516	58.1%
Declines to disclose	33 / 4516	0.7%
Patient religion unknown	447 / 4516	9.9%
Missing / Inconsistent	526 / 4516	11.6%

*To prevent deductive disclosure, all numbers under 5 have been suppressed.

5.3.9 Sexual orientation (new treatment journey)

This data (shown in table 17) includes all individuals starting a new treatment journey in the reporting time period, the first non-blank sexual orientation code reported in the journey. If two different codes are reported with the same triage date (and this is the earliest triage of the journey) this is recorded as inconsistent.

The denominator is the total number of individuals starting a new treatment journey in the period. Three quarters of those accessing treatment in Nottinghamshire in the financial year 2024/25 identified as ‘Heterosexual’ (75%).

[108] Source: NDTMS Adult Partnership Activity Report

Table 17: Sexual orientation proportions and counts for new treatment journey 2024/25, Nottinghamshire[109]

Sexual orientation (new treatment journey)	1 Apr 2024- 31 Mar 2025	
	No.	%
Heterosexual	3389 / 4516	75%
Gay/Lesbian	113 / 4516	2.5%
Bi-Sexual	88 / 4516	1.9%
Person asked and does not know or is not sure	* / 4516	*
Not stated	280 / 4516	6.2%
Other	17 / 4516	0.4%
Missing / inconsistent	626 / 4516	13.9%

*To prevent deductive disclosure, all numbers under 5 have been suppressed.

5.3.10 Marital status

Unfortunately, NDTMS do not provide information on this characteristic. However, CGL have provided us with a marital status breakdown below for 2025/26 which is shown in table 18. Just over half (51.1%) of all adults in treatment in 2025/26 were single, with most of the remainder either having a partner (20%) or being married (18%).

Table 18: Marital status for adults in treatment in Nottinghamshire, 2025/26[110]

Marital status	Proportion of adults in treatment
Divorced	5.1%
Separated	4.1%
Single	51.7%
Married	18%
In a relationship (not living together)	1.1%
With a partner	20.0%

5.3.11 Disability (new treatment journey)

Of those starting a new treatment journey in the reporting period, NDTMS captures if an individual has cited any of the listed disabilities in any episode of their latest treatment journey. The categories are not mutually exclusive, and no response is necessary (i.e., a person can be counted in more than one disability category or no categories at all). This means that the total sum across all categories may equal more or less than the number of new treatment journeys. A summary of self-disclosed disabilities for adults starting treatment in 2024/25 can be found in table 19 below.

A disability can be physical or mental and includes long-term conditions. Behaviour and emotional disability accounted for the greatest proportion of people (38.4%). This could include adverse childhood experiences and other traumatic experiences, highlighting the importance of links with primary and secondary mental health support.

[109] Source: NDTMS Adult Partnership Activity Report
[110] CGL

Table 19: Disability proportions and counts for new treatment journey 2024/25, Nottinghamshire[111]

Disability (new treatment journey)	1 Apr 2024- 31 Mar 2025	
	No.	%
Behaviour and emotional	1732 / 4516	38.4%
Hearing	51 / 4516	1.1%
Manual dexterity	22 / 4516	0.5%
Learning disability	170 / 4516	3.8%
Mobility and gross motor	380 / 4516	8.4%
Perception of physical danger	* / 4516	*
Personal, self-care and continence	19 / 4516	0.4%
Progressive conditions and physical health	421 / 4516	9.3%
Sight	41 / 4516	0.9%
Speech	10 / 4516	0.2%
Other	84 / 4516	1.9%
No disability	1566 / 4516	34.7%
Not stated	190 / 4516	4.2%

*To prevent deductive disclosure, all numbers under 5 have been suppressed.

5.3.12 Pregnancy (female new treatment journey)

For all women starting a new treatment journey in the reporting time period, whether or not they were pregnant when they were first triaged for treatment. The denominator is the total number of women starting a new treatment journey in the period.

Of all females in treatment in Nottinghamshire, 2.56% had a pregnancy at some point during the year 2025/26.

5.3.13 Physical health markers

CGL captures information about a range of other physical health markers at assessment and throughout a person's treatment journey. Table 20 outlines the percentage of adults in treatment who had one of the listed factors recorded as of December 2025.

Table 20: Physical health markers of adults in treatment in Nottinghamshire, taken as of December 2025[112]

Marker	Percentage of adults in treatment
Engagement in unsafe sex	3.4%
Any diagnosed health condition	63.7%
Respiratory problems	15.7%
Currently smoking cigarettes	63.7%

[111] NDTMS Adult Partnership Activity Report

[112] CGL

These figures highlight the importance of strong pathways between treatment services and other health services, including smoking cessation programmes. Communication with general practitioners is essential to ensure holistic, coordinated care and improved health outcomes for those experiencing physical health issues.

5.4 Blood Borne Viruses (BBV)

People who inject drugs are particularly susceptible to blood borne viruses (BBV), with Hepatitis B, C and HIV the infectious diseases of particular concern due to their virulence and transmissibility by injection. This is highlighted by the fact there is an international campaign to eradicate Hepatitis C by 2030.[113]

It should be noted that CGL are currently undertaking a programme of work with staff to improve the uptake of BBV screening and the recording of test results.

5.4.1 Key summary

- A high proportion of adults in treatment in 2024/25 were offered testing for Hepatitis B and C but refused the offer (50.2% for Hep B and 50.8% for Hep C). This is slightly higher than England (44.9% and 43.6% respectively).
- Just over 11% of those tested for Hepatitis C antibodies (indicating previous infection) tested positive. However, a large proportion (54.2%) had received a test but did not have a recorded result. The proportion of unknown results is almost twice the proportion for England (28.8%).
- This is similar for Hepatitis C PCR results (indicating active infection), where 57.1% of those who had been tested did not have a recorded result. This is higher than England (31.7%).
- For HIV, most adults in treatment with a known status were HIV negative at treatment start (45.8%), however the majority had an unknown status (53.9%). England had a higher proportion with an unknown HIV status at 59.8%.

5.4.2 Hepatitis C

Hepatitis C is most commonly associated with people who currently or historically inject drugs and is a major cause of the UKs rise in mortality from liver disease. Chronic Hepatitis C can be treated effectively with antiviral medications, but there's currently no vaccine available.

People who have ever injected drugs are the group most affected by Hepatitis C Virus (HCV) in the UK, with over 90% of infections diagnosed in England thought to have been acquired through injecting drug use. In 2020, 60% of UAM (Unlinked Anonymous Monitoring) Survey participants in England, Wales and Northern Ireland had antibodies to HCV, indicative of being ever infected, whereas in 2023 this percentage had reduced to 53%[114].

People are considered to have chronic HCV infection when they test positive for HCV ribonucleic acid (RNA) in addition to HCV antibodies. In England, prevalence of chronic HCV amongst people who inject drugs was at 7.2% in 2023. This is a significant decrease from 30.3% in 2016, when the level of chronic infection was at its highest during the past decade[44].

Hepatitis C in those who inject drugs is a key supporting metric for reducing drug related harm in the National Combating Drugs Outcomes Framework. The HCV intervention status,

[113] World Health Organisation. Hepatitis. Accessed November 2025.
[114] UKHSA (2024). Hepatitis C in England and the UK. Accessed November 2025.

HCV antibody status of those in treatment in Nottinghamshire and PCR test results of those tested for the virus can be found in figure 37, 38 and 39 respectively.

Figure 37: Hepatitis C intervention status at start of latest treatment episode, Nottinghamshire, 2024/25[115]

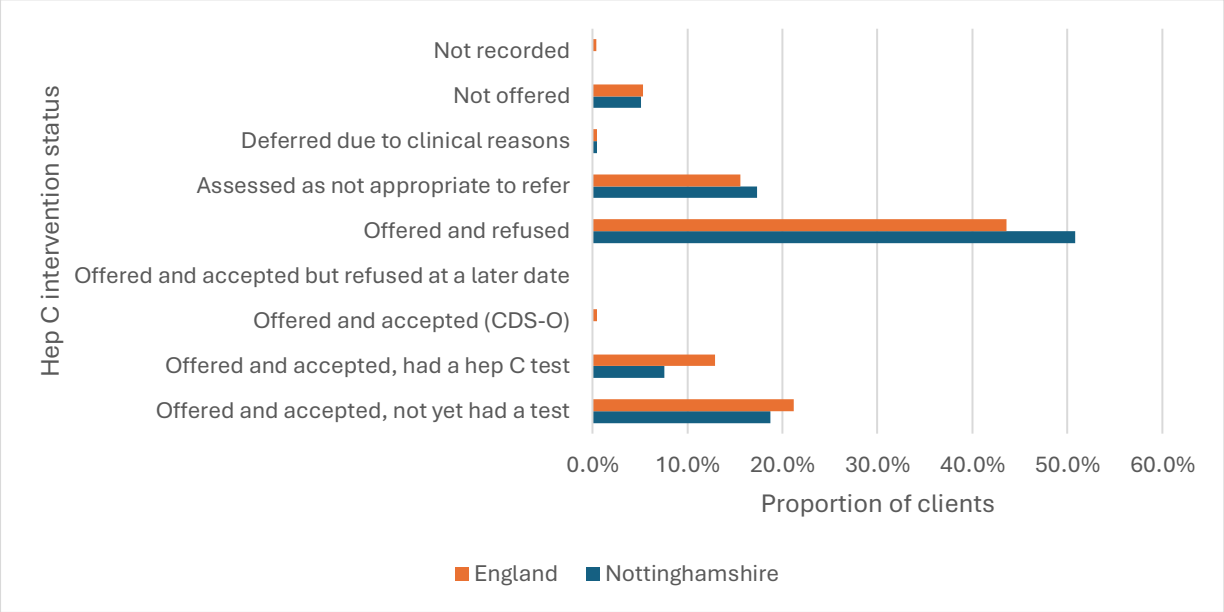
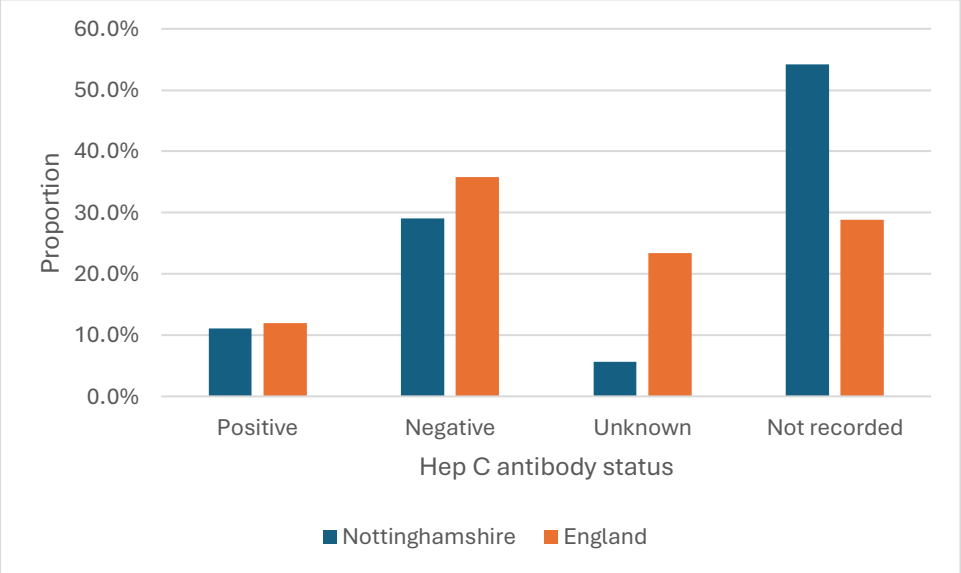


Figure 37 shows that Nottinghamshire has a similar proportion of clients who are not offered a test in comparison to the national average. The refusal rate is higher in Nottinghamshire than the national average, and a slightly higher proportion of clients in Nottinghamshire are assessed as not appropriate to be referred for testing.

Figure 38: Clients tested for presence of Hepatitis C antibodies, Nottinghamshire, 2024/25[116]

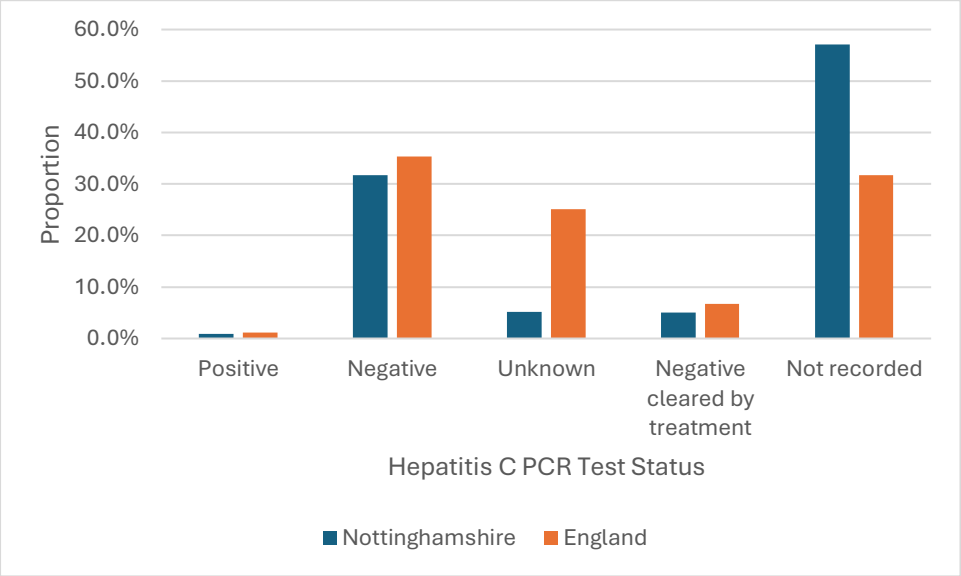


A Hepatitis C antibody test is used to indicate whether a person has a resolved or current Hepatitis C infection. Antibodies usually show up between 5 and 12 weeks after infection[117].

[115] NDTMS
[116] NDTMS
[117] NICE (2025). Hepatitis C

Figure 38 shows that the positive antibody tests results are largely similar to the England average, whereas Nottinghamshire has a lower proportion of clients with negative results and a lower proportion for which the results are unknown. In contrast, Nottinghamshire has a higher proportion where a result had not been recorded compared to the England average.

Figure 39: Hepatitis C PCR Test Result status for adults in treatment in Nottinghamshire, 2024/25[118]



A Hepatitis C PCR test seeks to identify current infection through detection of Hepatitis C RNA. The RNA can be detected as early as 1 to 3 weeks following infection[112]. Figure 39 shows that the proportion of clients in Nottinghamshire with a positive PCR test result is similar to the England average, whereas the proportion with a negative result is slightly lower. Similar rates were classed as negative, cleared by treatment in both areas. As with figure 38, Nottinghamshire had a lower proportion of clients with an unknown result but a higher proportion for which a result was not recorded.

5.4.3 Hepatitis B

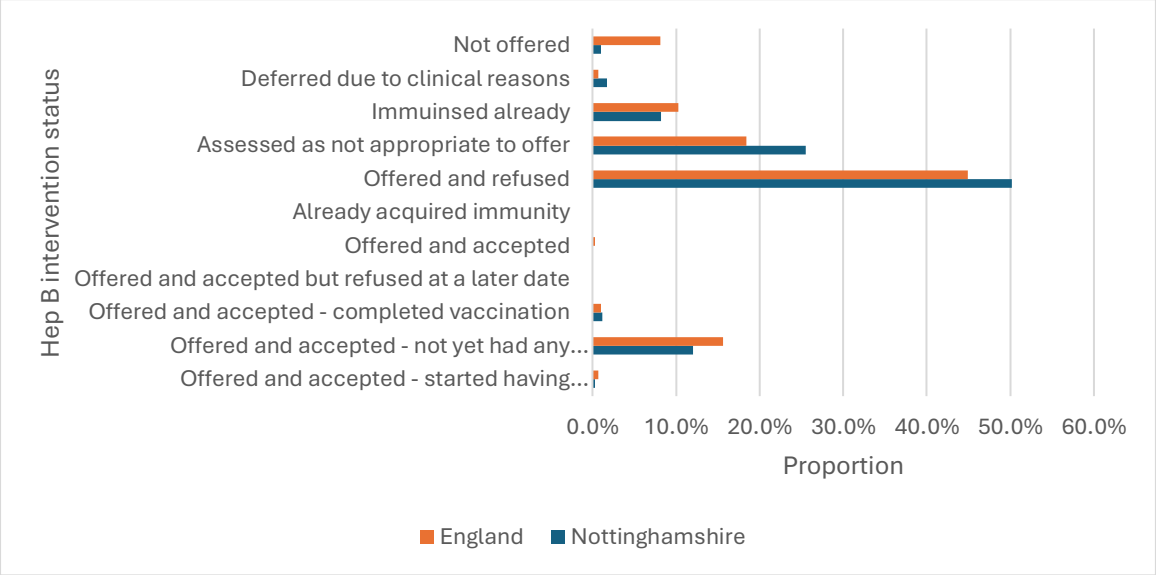
Similar to Hepatitis C, Hepatitis B (HBV) is a liver infection transmitted through the exchange of blood, semen and other bodily fluids. Prevalence of Hepatitis B is higher in people who inject drugs compared to the general population, largely due to unsafe injecting practices such as sharing needles.

The treatment for HBV is daily antiviral medication, generally needed for life. Unlike HCV, there is a vaccination for HBV which has been part of the childhood vaccination programme since 2017. Vaccination for people who inject drugs has been available since the 1980s, however uptake in this group has decreased from around 72% in 2014 to around 63% in 2023[119].

Figure 40 shows the HBV intervention status for adults in treatment in Nottinghamshire. As with HCV, Nottinghamshire has a slightly higher proportion of adults in treatment who were offered and refused testing when compared to England. However, Nottinghamshire has a much lower proportion of people who were not offered a test.

[118] NDMTS
[119] UKHSA. Hepatitis B in England 2025. Accessed December 2025.

Figure 40: Hepatitis B intervention status at start of latest treatment episode, Nottinghamshire and England, 2024/25[120]



5.4.4 HIV

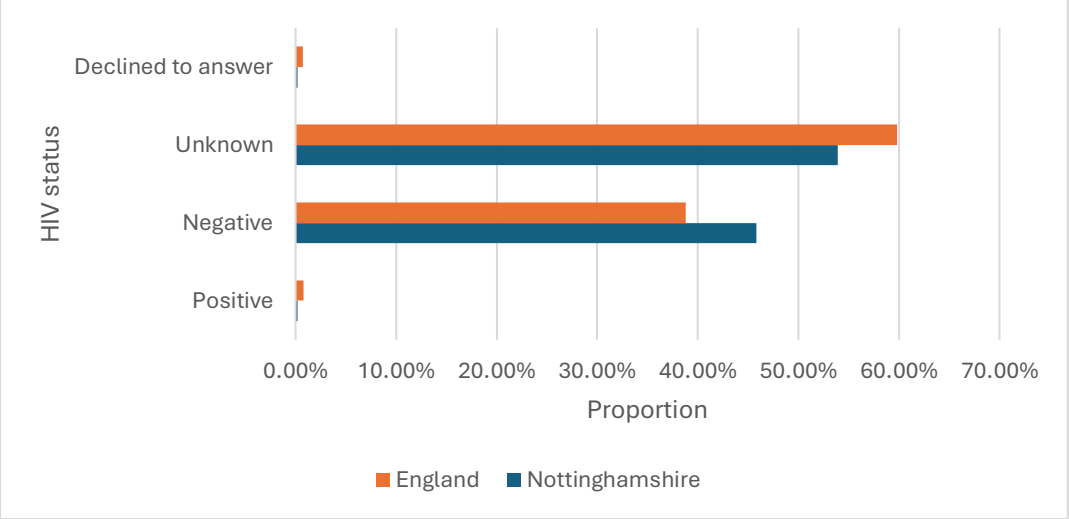
Human Immunodeficiency Virus (HIV) is a virus that weakens the immune system and increases the risk of serious illness. In later stages and without treatment, HIV can cause acquired immune deficiency syndrome (AIDS). HIV is transmitted by infected body fluids such as blood, semen and vaginal fluids entering an uninfected person's blood stream. This can occur during unprotected sex, giving birth (transmission from birthing person to baby) or sharing injecting equipment where the person with HIV has a detectable viral load[121].

There is no current cure for HIV, however strict compliance with daily antiretroviral medication can bring the level of HIV in the blood down to a level where it can no longer be measured – referred to as undetectable viral load. Pre-exposure prophylaxis (PrEP) can also be taken by an uninfected person who is engaging in activities that make them at risk of getting HIV to help prevent infection.

Figure 41 below shows the HIV status of adults in drug and alcohol treatment, indicating that most of those who provided a HIV status were negative. There is, however, a substantial percentage of clients (53.9%) where the current HIV status is unknown, although this is lower in Nottinghamshire than the England average.

[120] NDTMS
[121] NHS (2025). HIV and AIDS

Figure 41: HIV status at latest episode start, 2024/25 Nottinghamshire and England[122]



Recommendation: Change Grow Live improve recording in relation to blood borne viruses, including status at initial assessment, to ensure that those at risk can access appropriate treatment and support, including pre-exposure prophylaxis (PrEP).

5.5 Characteristics of children and young people in treatment

5.5.1 Key summary

- In 2024/25 there were 98 children and young people in treatment. This number has increased overall since CGL took over the contract in 2018, from 64 children and young people in treatment in 2018/19.
- 84% of young people in treatment cited cannabis as their primary substance, followed by alcohol (19%) and ecstasy (18%).
- In 2024/25, 51% of children and young people were male, and 49% were female. This shows a huge shift from 2016/17, where 77% of children and young people in treatment were male.
- 12% of children and young people in treatment were under 14 years of age, 52% were aged 14-15 years and 36% were 16-17 years old.
- 68% of children and young people in treatment in 2024/25 were White British, however 18% had missing or inconsistent data, therefore the true percentage may be higher.
- 68% of children and young people in treatment started using drugs and/or alcohol before the age of 15. 53% were using two or more substances (including alcohol).
- 82% of children and young people in treatment in 2025/26 reported vape use, and 14% reported engaging in unsafe sex.

5.5.2 Data caveats

The data in this section is taken from NDTMS View It and the 'Children and Young People quarterly activity report' which, for children and young people, reflects specialist treatment

[122] NDTMS

activity reported for those with problems around both alcohol and drug use. Children and Young People are those who are aged under 18. Please note that some categories have been omitted due to the low numbers of children and young people involved.

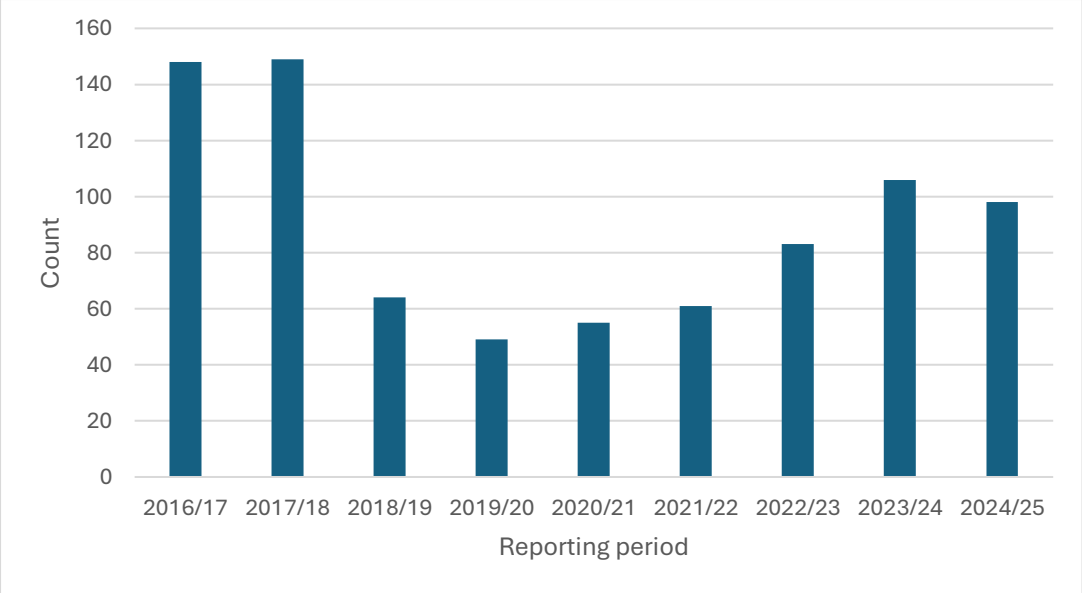
It is important to note that young people may be accessing CGL support but may not necessarily be in structured care-planned treatment and therefore are not reportable through NDTMS.

Please note when reviewing NDTMS data in this section, the young person's drug and alcohol service in Nottinghamshire has been delivered by CGL since 2018 and has been delivered as part of the integrated all-age service since 2020. Furthermore, due to non-consent from some children and young people (CYP), NDTMS does not capture all CYP, although there are very few of these.

5.5.3 Numbers in treatment

In 2024/25 there were 98 young people in treatment. It can be seen in figure 42 that the number of young people in treatment decreased significantly between 2017/18 and 2018/19 but has been gradually increasing since. The Young People drug and/or alcohol use treatment service has been provided by CGL since 2018 and methods of recording those in treatment likely changed at this point.

Figure 42: Number of young people in drug and/or alcohol use treatment in Nottinghamshire, 2009/10 to 2024/25[123]

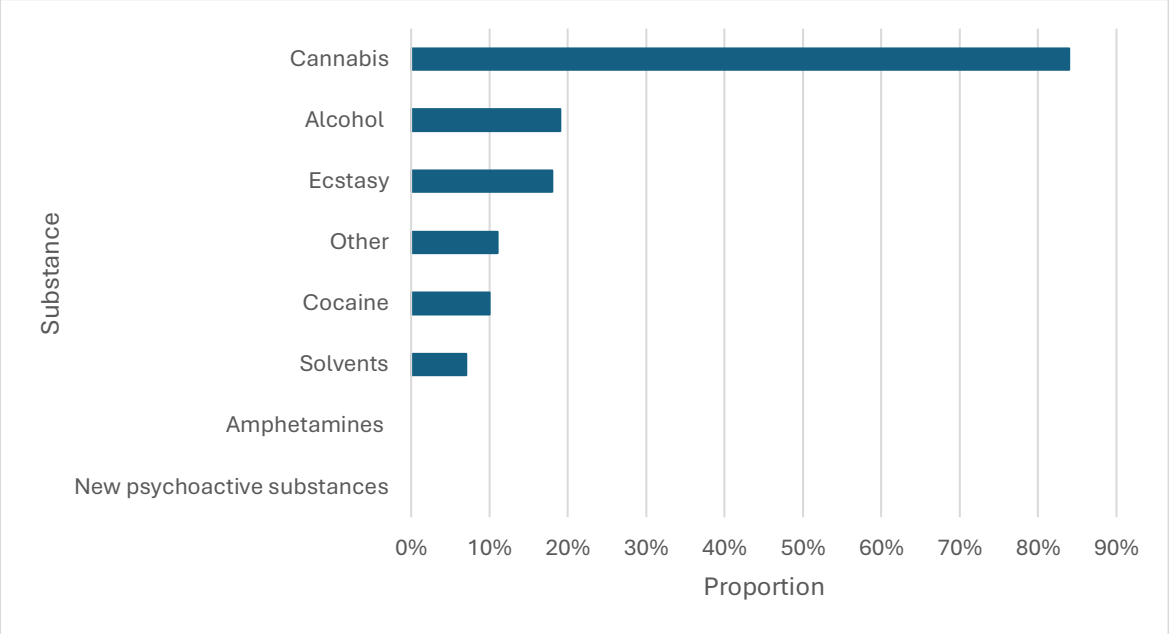


5.5.4 Drug and/or alcohol use profile

Figure 43 below shows the substances that have been cited by children and young people receiving structured treatment in Nottinghamshire for any episode in the year 2024/25. Please note that an individual may have cited more than one problematic substance so percentages may sum to more than 100%. Amphetamines and new psychoactive substances have been left on the graph, however the proportion has been suppressed due to low numbers.

[123] NDTMS

Figure 43: Proportion of children and young people in treatment by substances type, 2024/25, Nottinghamshire[124]

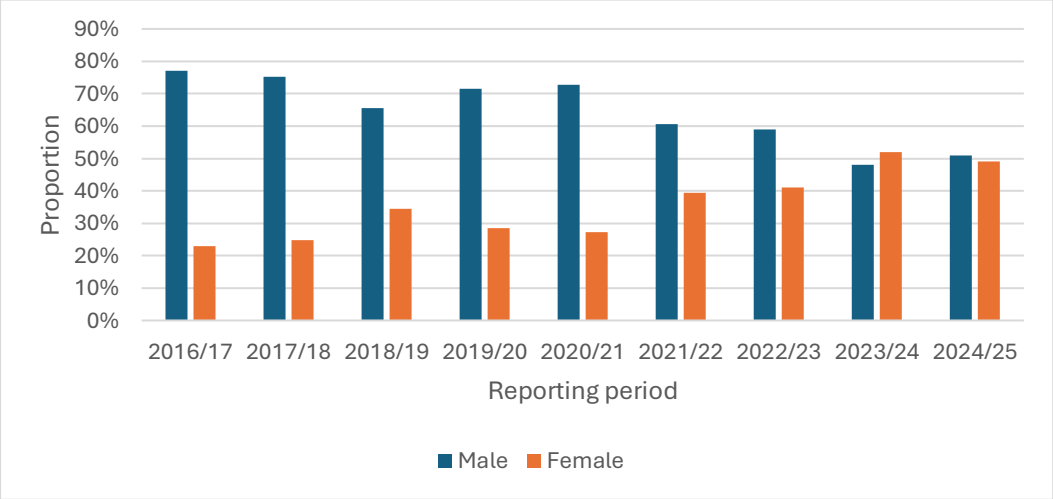


The majority of children and young people were accessing treatment for cannabis use (84%), followed by alcohol (19%). By comparison, in England 80% of young people were accessing treatment for cannabis use, and 41% for alcohol.

5.5.5 Sex

Figure 44 indicates that the sex profile of children and young people in treatment has shifted since 2016/17. Until 2023/24, there had generally been a larger proportion of males than females, however in the previous two reporting periods there has been a more equal proportion of males and females accessing treatment. In 2024/25, there was slightly more males (51%) than females (49%) in drug and/or alcohol use treatment.

Figure 44: Sex of children and young people receiving treatment in Nottinghamshire, 2016/17-2024/25[125]



[124] NDTMS
[125] NDTMS: View It

5.5.6 Age

The number and percentage of people in each age group. Age is taken at the start of treatment (earliest intervention start date in the treatment journey / episode), or the start of the current financial year (1 April), whichever is later. Nottinghamshire data can be found in table 21, which shows the number and proportion at each age, and figure 45, which shows the age distribution.

Table 21: Age distribution of children and young people in treatment in Nottinghamshire, 2024/25[126]

Age group (years)	1 April 2023 – 31 March 2024	
	Count	Proportion
Under 14	12	12%
14-15	51	52%
16-17	35	36%

Figure 45: Age distribution of children and young people in treatment in Nottinghamshire, 2016/17 to 2024/25[127]

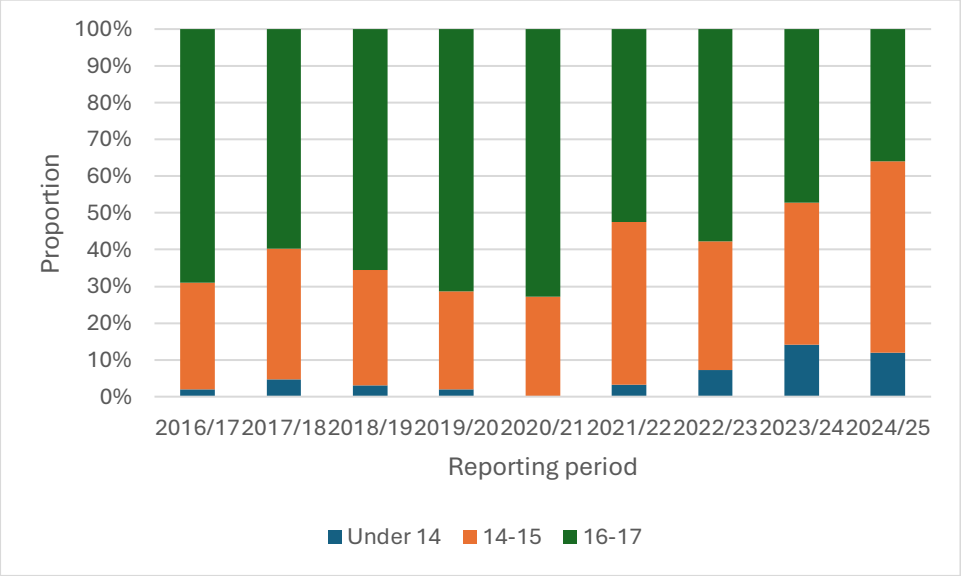


Table 21 indicates that just over a third of children and young people in treatment in 2024/25 were in the 16-17-year age group (36%). Figure 45 indicates that the proportion of children in the younger age groups has increased over the past three years.

5.5.7 Ethnicity

The majority of children and young people in treatment in Nottinghamshire in 2024/25 were White British (68%). Almost one fifth (18%) had missing or inconsistent data. Ethnicity is classed as inconsistent where conflicting ethnicities are reported for the same person within the time period.

The proportion of children and young people in treatment citing other ethnicities are small. Just 4% are recorded as Indian, whilst other ethnicities recorded include Other white, White

[126] NDTMS
[127] NDTMS

and Black African, African, White and Asian, and Other Mixed ethnicity. These percentages are too small to disclose[128].

5.5.8 Substance specific and wider vulnerabilities

Many young people receiving specialist interventions for drug and/or alcohol use have a range of vulnerabilities. Examples of the types of vulnerabilities / risks young people report having at the start of treatment include not in education, employment or training (NEET) and experience of domestic abuse and sexual exploitation.

Table 22 below shows some of the wider vulnerabilities of children and young people in treatment. The most recent available data covers 2022/23, therefore it is recognised that these proportions may have shifted in recent years and the data presented below may not accurately reflect the complex lives of young people in treatment currently.

Table 22: Substance specific and wider vulnerabilities experienced by children and young people in treatment in Nottinghamshire and England, 2022/23[129]

Vulnerability	**Proportion of those in treatment**	
	Nottinghamshire	**England**
Anti-social behaviour	30%	30%
Involved in self-harm	33%	30%
Affected by others' drug and/or alcohol use	36%	23%
Affected by domestic abuse	29%	17%
Child in need	9%	12%
Looked after child	21%	11%
Criminal exploitation	11%	9%
Subject to a child protection plan	*	8%
Involved in gangs	*	6%
Affected by sexual exploitation	*	5%
Pregnant and/or parent	*	2%
Early onset drug and/or alcohol use (before age 15 years)	68%	79%
Using two or more substances (including alcohol)	53%	56%
High risk alcohol users	*	4%
Using opiates and/or crack	*	2%
Not in education, employment or training	23%	13%

Note: where a proportion equates to less than 5 people, these have been suppressed to avoid identification.

Table 22 shows that for many of these vulnerabilities, higher proportions of children and young people in treatment in Nottinghamshire were experiencing them compared to England, particularly being affected by another person's drug and/or alcohol use, being affected by domestic abuse and being a looked after child.

Children and young people who experience familial drug and/or alcohol use

Most recent available estimates (2018/19) suggest that 1,716 adults with alcohol dependence in Nottinghamshire are living with children, with an estimated unmet treatment need in this population group of 75%. This is slightly lower than the unmet need for England 79%). For drugs, it is estimated that 1,150 adults with an opiate dependence in Nottinghamshire live with children, with an estimated unmet treatment need of 52%. This is

[128] NDTMS
[129] NDTMS Commissioning Support Pack. Accessed December 2025.

again lower than the unmet need for England (58%). It should be noted however that these estimates are based on figures from 2014/15[130].

Data from Nottinghamshire Children's Social Care (sections 4.4.5 and 4.4.6) indicates that there is an increasing prevalence of substance use amongst adults living with children, however this only shows prevalence within families with social care contact and therefore may still be an underrepresentation of the true scale of the issue.

Recommendation: Change Grow Live to monitor trends in the wider vulnerabilities experienced by children and young people engaged in treatment to help shape the treatment offer and links to other appropriate services.

5.5.9 Physical health markers

As with adults in treatment, CGL captures some physical health markers at the point of assessment and throughout a child or young person's treatment journey, however these are not as extensive as those captured for adults.

Of all children and young people in treatment in 2025/26, 14% reported engaging in unsafe sex and 82% reported existing vape use[131]. This presents an argument for strong links with sexual health services and a need for tailored support to prevent vaping in under 18s.

Recommendation: Change Grow Live work with the Youth Service to implement vaping cessation interventions for under 18s.

5.6 Characteristics of young adults in treatment

NDTMS provides limited information specifically for the young adult (aged 18-24) treatment cohort. The limited data available means that this section is presented differently to those for adults and children and young people.

5.6.1 Key summary

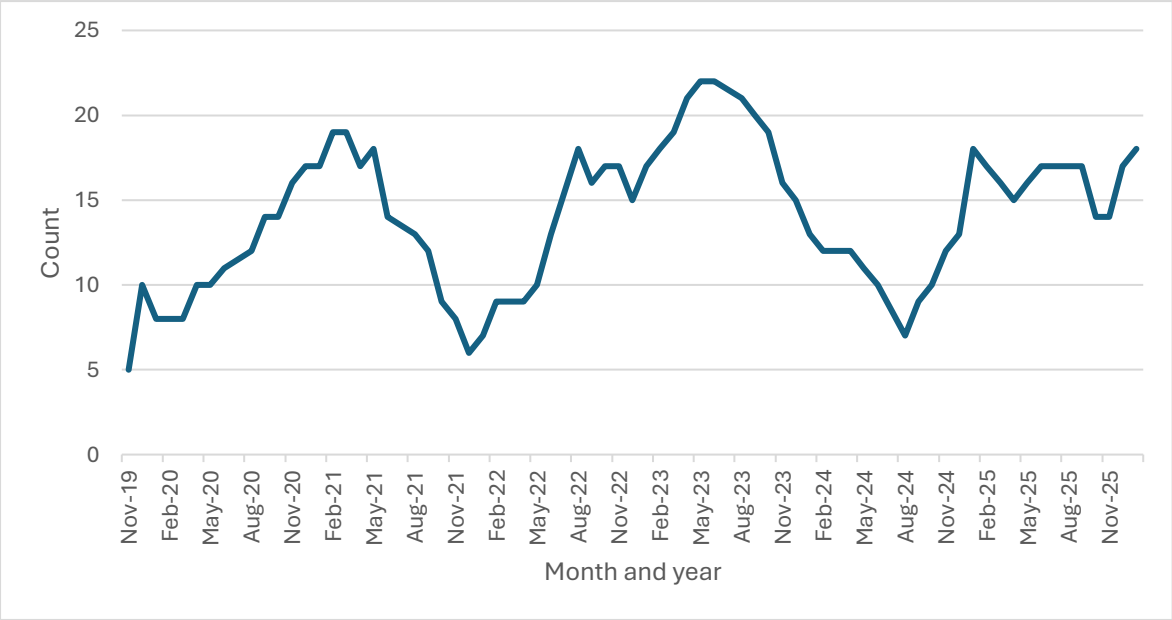
- In the year to January 2026 there was 18 young adults in treatment.
- 79% of young people in treatment in 2022/23 (most recent NDTMS data) cited problematic use of cannabis, with 66% reporting problematic alcohol use.
- In 2023/24-2024/25, 52% of those in treatment were male and 48% were female. Similar to children and young people, there has been a shift in sex profile of young adults in treatment. In 2019/20-2020/21, 73% of young people in treatment were male.
- Young people in treatment in Nottinghamshire have a lower unmet mental health treatment need (50%) than England (61.89%).

[130] NDTMS Commissioning Support Pack. Accessed December 2025.
[131] CGL

5.6.2 Numbers in treatment

In the year to January 2026 there were 18 young people in treatment. Figure 46 below shows the change in numbers in treatment over time. NDTMS data starts from April 2019 however the months before November 2019 have not been included here due to low numbers.

Figure 46: Number of young adults in treatment in Nottinghamshire, November 2019 – January 2026[132]



5.6.3 Drug and/or alcohol use profile

The most recent available drug and/or alcohol use profile on NDTMS covers 2022/23 and shows all problematic substances disclosed, not just the primary substance. This data shows that most young adults cited problematic use of cannabis (79%) followed by alcohol (66%). Other problem substances cited in this year included cocaine, benzodiazepines and crack, although the numbers citing these are less than five and therefore cannot be disclosed here.

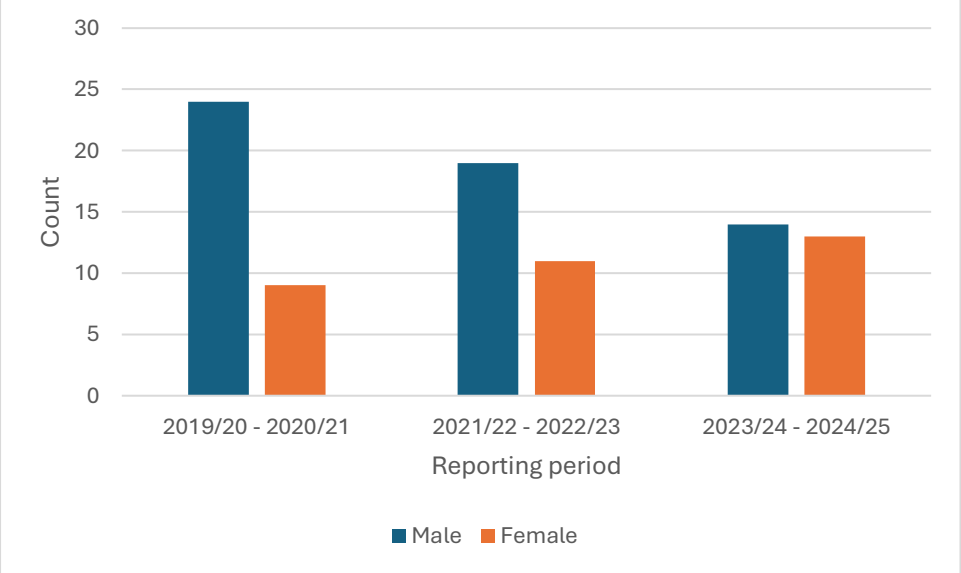
It is recognised that this snapshot from 2022/23 is unlikely to reflect the current picture. In particular, there has been a marked increase in the illicit use of ketamine amongst young adults, largely attributed to its relatively low price and easy accessibility. The peak age for reported ketamine use in the UK is 20-24 years of age, although there is considerable use in younger age groups[133].

5.6.4 Sex

Figure 47 shows the sex breakdown of young adults in treatment for the past six financial years and indicates that the proportion of young adult females in treatment has increased in recent years. Due to low numbers, two financial years have been combined to prevent deductive disclosure.

[132] NDTMS
[133] ACMD (2026). Ketamine: an updated review of use and harms (accessible). Accessed March 2026.

Figure 47: Sex of young adults in treatment in Nottinghamshire, 2019/20 – 2024/25[134]



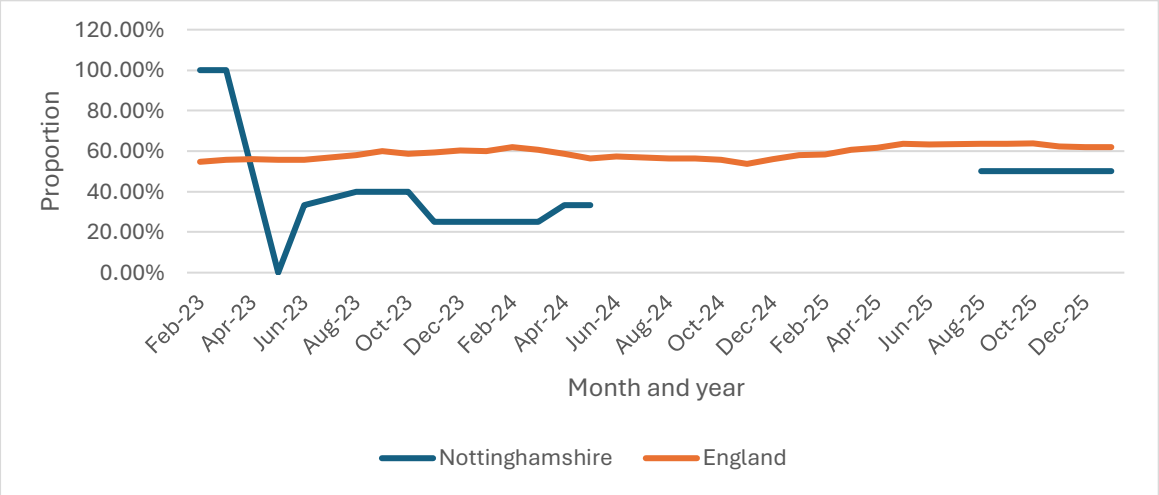
5.6.5 Unmet mental health treatment need

As described in section 4.5.2, mental ill health can have a profound impact on the likelihood and severity of drug and/or alcohol use. Addressing mental health treatment needs provides an opportunity to reduce a person's perceived need to use substances.

Figure 48 below shows the unmet mental health treatment need for young adults in treatment in Nottinghamshire and England between February 2023 and January 2026. It should be noted that there is a large gap in data recording for Nottinghamshire between July 2024 and July 2025. The reason for this is unknown.

Figure 48 indicates that Nottinghamshire has a lower unmet mental health treatment need for young adults in drug and/or alcohol use treatment (50%) compared to England (61.89%).

Figure 48: Proportion of young adults in drug and/or alcohol use treatment with an unmet mental health treatment need, February 2023 – January 2026, Nottinghamshire and England[135]



[134] NDTMS
[135] NDTMS

5.7 Severe and multiple disadvantage

Severe and multiple disadvantage (SMD) refers to a combination of two or more of the following factors:

- Contact with the criminal justice system
- Domestic abuse
- Homelessness or rough sleeping
- Mental ill health
- Drug and/or alcohol use

Section 4.5.6 discusses SMD in more detail.

It is difficult to estimate on a local level how many people experience SMD. However, work conducted for the 2023/24 Annual Director of Public Health (DPH) Report estimates that over 16,000 men and 13,000 women in Nottinghamshire are experiencing SMD, and of those who experience all four SMD factors, 70% are likely to be women[136].

Between 1st December 2023 and 1st December 2024, 80% of all in treatment in Nottinghamshire were experiencing SMD, with 37% of the treatment population experiencing at least three of the four SMD factors listed above. This is the highest rate of people in treatment experiencing at least three SMD factors so far this decade and highlights the increasing vulnerability and therefore increased complexity of people in treatment. A breakdown of SMD by district and borough can be seen in table 23.

Table 23: Severe and multiple disadvantage for all in treatment in Nottinghamshire, 1/12/23-1/12/24[137]

Area	Experiencing SMD		Experiencing three or more SMD factors	
	Number	% of all in treatment	Number	% of all in treatment
Ashfield	49	72.06%	23	33.82%
Bassetlaw	648	82.13%	321	40.68%
Broxtowe	915	75.00%	359	29.43%
Gedling	60	72.29%	26	31.33%
Mansfield	1286	78.18%	562	34.16%
Newark & Sherwood	634	90.06%	373	52.98%
Rushcliffe	48	81.36%	16	27.12%

This highlights the importance of local services working in a trauma-informed manner, recognising the unique complexities and challenges faced by people experiencing SMD. Services should also work in partnership to ensure that the interdependencies between SMD factors are recognised, rather than being treated in isolation, to maximise the effectiveness of support and improve the health and wellbeing outcomes of this population group.

[136] Nottinghamshire County Council (2023). Director of Public Health Annual Report 2023
[137] CGL

Recommendation: Change Grow Live to undertake work to track the treatment journey and progress of people in treatment experiencing severe and multiple disadvantage. This aims to allow a better assessment of capacity required within the service to support this group and prioritise specialist offers. This will build on the success of Housing Support.

5.7.1 Key summary

- Nottinghamshire has a Co-occurring mental health and substance use pathway made up of 29 members of staff across substance use treatment and mental health services. 280 people were supported through this pathway in 2024/25.
- 17% of people in substance use treatment in Nottinghamshire in the year to 31st January 2026 reported a mental health need that was not being supported, compared to 18% for England.
- Between December 2023 and December 2024, 26% of people in treatment in Nottinghamshire reported needing additional support as a result of experiencing domestic abuse.
- 33% (18) of Nottinghamshire respondents to the national Women's Rough Sleeping Census 2025 were accessing support for drug and/or alcohol. A further 9% (5 women) stated that they would like support for drug and/or alcohol but were not accessing this at the time.
- There were 607 adults with no fixed address in treatment in 2025/26. Of these almost half (281) used opiates.
- Between December 2023 and December 2024, 18% of people in drug and/or alcohol use treatment in Nottinghamshire had been in contact with the criminal justice system.
- The percentage of people leaving prison with an identified drug and/or alcohol treatment need who are picked up by community treatment in Nottinghamshire has been increasing between December 2023 (24.08%) and December 2025 (46.19%).

5.7.2 Co-occurring mental health and drug and/or alcohol use

Section 4.5.2 provides some additional context, including national data, relating to co-occurring mental health and substance use.

In Nottinghamshire the co-occurring pathway is jointly funded through public health in the Nottingham City and Nottinghamshire County and the Nottingham and Nottinghamshire Integrated Care Board. See Table 24 for the current capacity across the pathway.

Table 24: Current Nottingham and Nottinghamshire co-occurring mental health and drug and/or alcohol use pathway capacity by funding stream[138]

NHS funded	Public Health funded
3 Mental Health Practitioners in drug and/or alcohol use services, plus 1 Team Leader	4 Drug and/or alcohol use Workers in Inpatient Mental Health Services (2 in City, 2 in County)
3 Drug and/or alcohol use Workers in Local Mental Health Teams (LMHT)	2 Drug and/or alcohol use Workers in LMHT (1 in City, 1 in County)
10 Peer Support Workers working across mental health and drug and/or alcohol use services	2 Drug and/or alcohol use Workers in Mental Health Crisis team
	New from April 2026 (in addition to existing provision) 1 Drug and/or alcohol use Worker in Crisis (County) 1 Drug and/or alcohol use Worker in LMHT (City) 2 Mental Health Workers in CGL and Rough Sleeper Initiative (County)

Between February 2025 to January 2026, 17% of people in substance use treatment in Nottinghamshire reported a mental health need which was not supported, compared with 18% for England.

Table 25 below indicates the number of people in drug and/or alcohol use treatment being supported by the co-existing pathway, including community mental health teams, mental health in reach staff and/or Crisis. Non-pathway clients are those with a self-reported mental health need who are not receiving specialist mental health support. For example, this cohort may be self-managing their condition or accessing support outside the mental health trust, for example via their GP.

Table 25: Number of people in drug and/or alcohol use treatment in Nottinghamshire with a mental health need, 2023/24 and 2024/25[139]

Year	Not supported by co-existing mental health and drug and/or alcohol use pathway	Supported by co-existing mental health and drug and/or alcohol use pathway
2023/24	2378	374
2024/25	2439	280

5.7.3 Domestic abuse

Local treatment data also shows that between December 2023 and December 2024, 26% of people in treatment in Nottinghamshire reported needing additional support as a result of experiencing domestic abuse[140].

5.7.4 Homelessness and rough sleeping

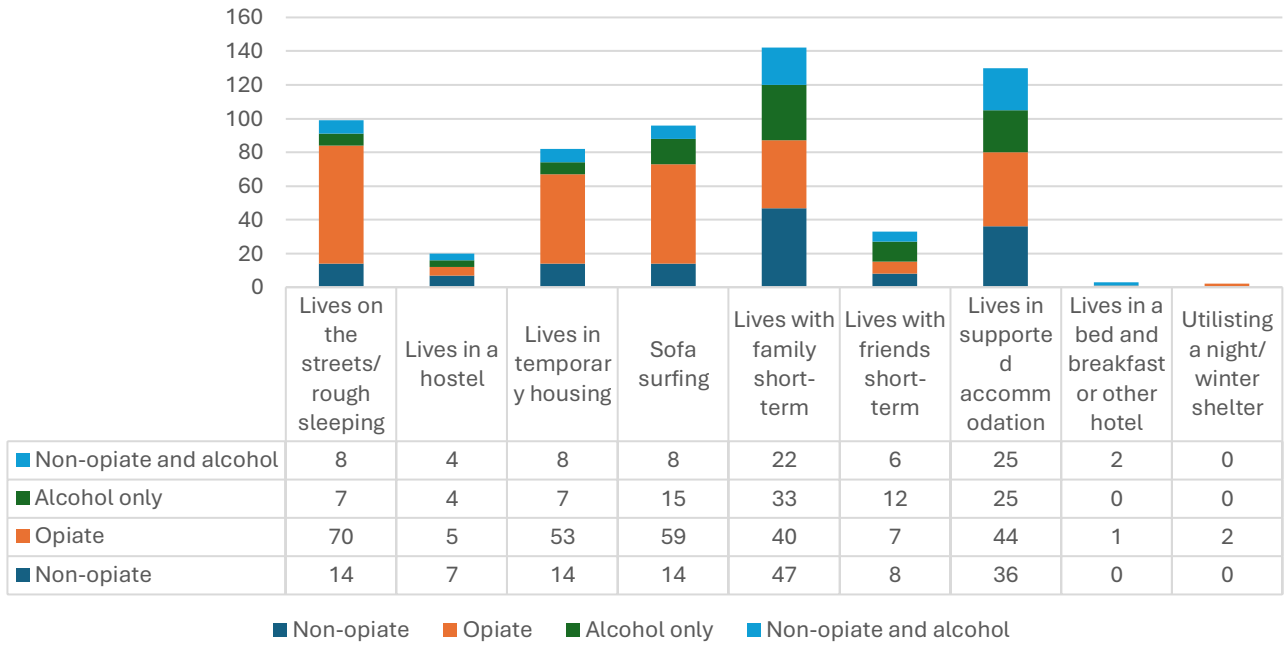
The national Women's Rough Sleeping Census is a mechanism to ascertain needs of vulnerable women. This is an annual census which gathers vital information which can be

[138] Nottinghamshire County Council Public Health
[139] CGL
[140] CGL

used to develop appropriate and supportive interventions for women who are rough sleeping or experiencing other forms of hidden homelessness, including sofa surfing and spending nights in 24-hour food outlets. In 2025, data from Nottinghamshire respondents to this census indicated that 33% (18) of respondents were accessing support for drug and/or alcohol. A further 9% (5 women) stated that they would like support for drug and/or alcohol but were not accessing this at the time. This census gives some indication of substance use treatment need amongst women who are rough sleeping but does not provide an accurate picture of unmet need within this cohort of women.

Figure 49 below shows adults in treatment who do not have a permanent fixed abode by housing status and substance type. This shows that the majority of those with no fixed abode use opiates (281 out of 607 clients) followed by non-opiates (140).

Figure 49: Breakdown of homeless caseload by housing status and substance type, Nottinghamshire, 2025/26[141]



	Lives on the streets/ rough sleeping	Lives in a hostel	Lives in temporary housing	Sofa surfing	Lives with family short-term	Lives with friends short-term	Lives in supported accommodation	Lives in a bed and breakfast or other hotel	Utilisting a night/ winter shelter
Non-opiate and alcohol	8	4	8	8	22	6	25	2	0
Alcohol only	7	4	7	15	33	12	25	0	0
Opiate	70	5	53	59	40	7	44	1	2
Non-opiate	14	7	14	14	47	8	36	0	0

Table 26 below shows the average number of drug/alcohol use days for people in treatment who are experiencing homelessness. This shows a decrease in the number of days alcohol, opiates and amphetamine are used. The average number of cocaine use days is the same now as in 2022/23, whilst there has been an increase for crack, cannabis and other drugs.

Table 26: Average number of drug/alcohol use days for those in the homeless caseload, Nottinghamshire, 2025/26[142]

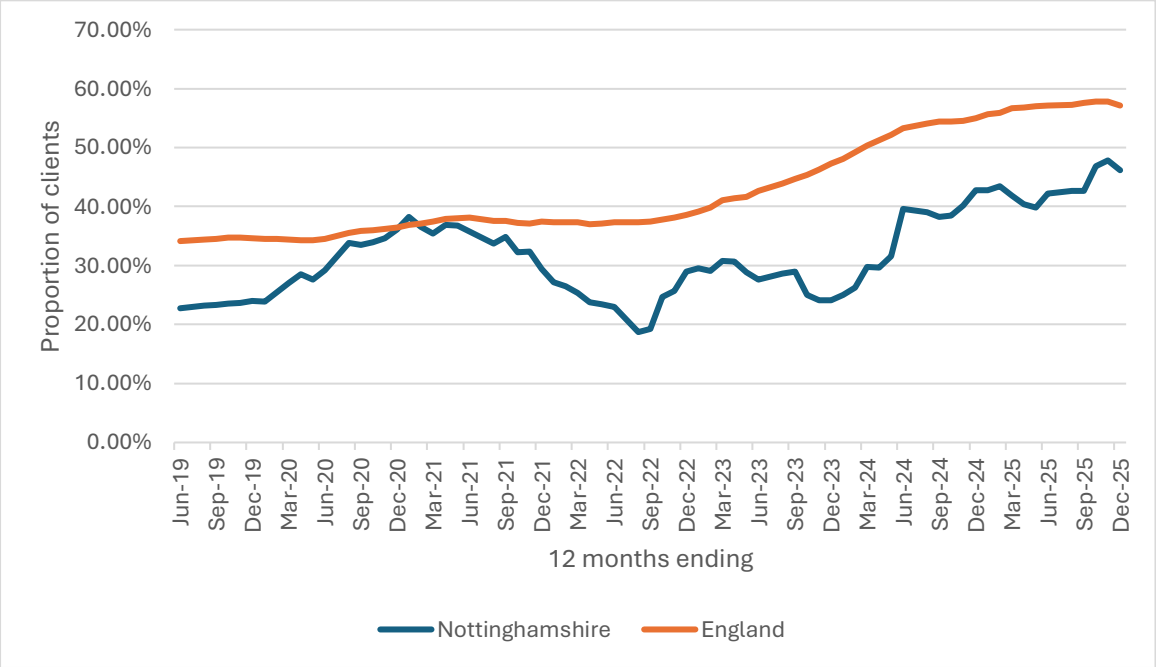
	Alcohol	Opiates	Crack	Cocaine	Amphetamine	Cannabis	Other
2022/23	13.0	8.5	5.6	0.7	0.8	3.7	0.4
2023/24	11.9	7.5	7.6	1.4	0.4	6.0	2.2
2024/25	10.9	3.5	5.0	2.6	0.4	8.6	1.8
2025/26	10.6	5.0	7.4	0.7	0.2	6.5	2.2

[141] CGL
[142] CGL

5.7.5 Contact with the criminal justice system

Between December 2023 and December 2024, 18% of people in drug and/or alcohol use treatment in Nottinghamshire had been in contact with the criminal justice system. Figure 50 below shows that, whilst the proportion of people leaving prison with an identified drug and/or alcohol use treatment need who were in community treatment within three weeks of prison exit in Nottinghamshire is lower than the England average, it has been increasing overall since June 2022 and is becoming increasingly closer to the England average.

Figure 50: Proportion of people leaving treatment with a drug and/or alcohol use treatment need who were in community treatment within three weeks of prison exit, rolling 12 months data for Nottinghamshire and England, April 2018 – December 2025[143]



5.8 Wider substance use risk factors amongst people in treatment

This section provides local treatment population data for non-SMD factors associated with increased likelihood of substance use highlighted in section 4.5.

5.8.1 Key summary

- 9.4% of those entering treatment in Nottinghamshire in 2024/25 stated they identified as LGBTQIA+.
- In 2025/26, 47 people in treatment were engaged in the CGL ADHD pathway.
- For the year 2024/25, 73 people (2.1%) in treatment reported current or previous engagement in sex work.
- 2.8% of those in treatment in January 2026 stated they were veterans. This proportion has been declining since July 2025.

5.8.2 LGBTQIA+

For all people entering treatment in Nottinghamshire in 2024/25, 9.4% stated they identified as LGBTQIA+. It should be noted, however, that around 7% of those entering treatment in

[143] NDTMS

this time period did not disclose or stated they did not know in response to questions about gender and sexual orientation at initial assessment, therefore the percentage may be higher.

Recommendation: Change Grow Live to monitor the percentage of people in treatment stating they identify as LGBTQIA+ to help shape the treatment offer for this group, including links with the Sexual Health Service.

5.8.3 Deprivation

Table 27 shows average indices of multiple deprivation (IMD) scores for those in treatment. The deprivation scores of home address postcodes for those in treatment have been used to calculate an average IMD score for people in treatment in each district and borough. The higher the score, the more people there are living in the most deprived postcodes. The average scores largely follow the overall levels of deprivation in each area.

Table 27: Average incidence of deprivation (IMD) scores for those in treatment by district and borough in Nottinghamshire, 2024/25[144]

District/borough	IMD average score
Ashfield	25.57
Bassetlaw	22.54
Broxtowe	13.75
Gedling	14.49
Mansfield	26.91
Newark and Sherwood	19.06
Rushcliffe	7.84

5.8.4 Neurodiversity

Data relating to neurodiversity is not currently routinely captured at the point of treatment entry, therefore it is difficult to accurately ascertain how many of those in treatment are neurodiverse. In 2025/26, 47 people in treatment were engaged in the CGL ADHD pathway, however many more could have undiagnosed neurodiversity. Population estimates suggest that 1% of the population has ASD and 6.5% have ADHD, however research suggests that drug and/or alcohol use-related problems are cited by 19-30% of people with an ASD diagnosis in clinical settings[145]. In addition, it is estimated that 50% of those in prison are neurodivergent, however 80% of these are undiagnosed. Given the links between criminal justice and substance use, this supports the increased prevalence of neurodiversity amongst people who use drugs and alcohol[146].

[144] CGL
[145] British Association for Counselling and Psychotherapy (2023). The big issue: Missed, misunderstood and misdiagnosed
[146] Criminal Justice Joint Inspectorates (2021). Neurodiversity in the Criminal Justice System: a review of evidence.

Recommendation: Change Grow Live to record both undiagnosed and diagnosed neurodiversity at initial assessment. This will provide a better understanding of local prevalence of neurodiversity in people who use drugs and alcohol and help shape a more appropriate local treatment offer.

5.8.5 Engagement in sex work

For the year 2024/25, 73 people in treatment reported current or previous engagement in sex work, equating to 2.1% of those in treatment who gave a response when asked about their sex work status. Of these, 65 were female and 8 were male[147]. During this period, 1,095 people declined to answer or had missing data, therefore the true percentage could be much higher. The higher proportion of females citing engagement in sex work compared to males highlights the importance of shaping the treatment and recovery offer for sex workers through a gendered lens, with a trauma informed approach in consideration of the potential abuse which may have been experienced.

Figure 51 below shows the trend over time in people in treatment in Nottinghamshire reporting being involved in sex work. For comparison, the proportion reporting current or previous sex work at assessment in Nottinghamshire and England can be found in figure 52. It should be noted that the percentage is worked out using only those who gave a definitive answer (yes or no) when asked about their sex worker status and does not therefore include anyone who may have declined to answer or where their data for this assessment question is missing. Data presented here may be an underrepresentation of those involved in sex work as it is recognised that fear of stigmatisation and differences in people's perceptions of the definition of sex work may affect disclosure.

Figure 52 indicates that whilst the proportion of adults in drug and/or alcohol use treatment in Nottinghamshire disclosing current or previous sex work is decreasing, the number in England overall has remained relatively stable.

[147] CGL

Figure 51: Number of adults in drug and/or alcohol use treatment in Nottinghamshire by sex worker status at assessment, May 2022 – January 2026[148]

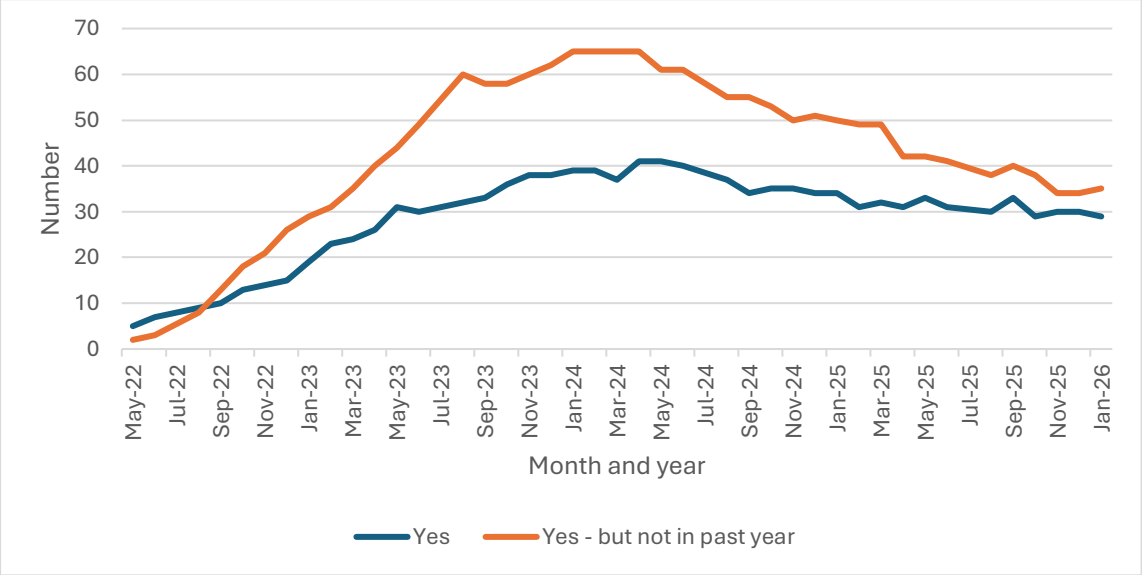
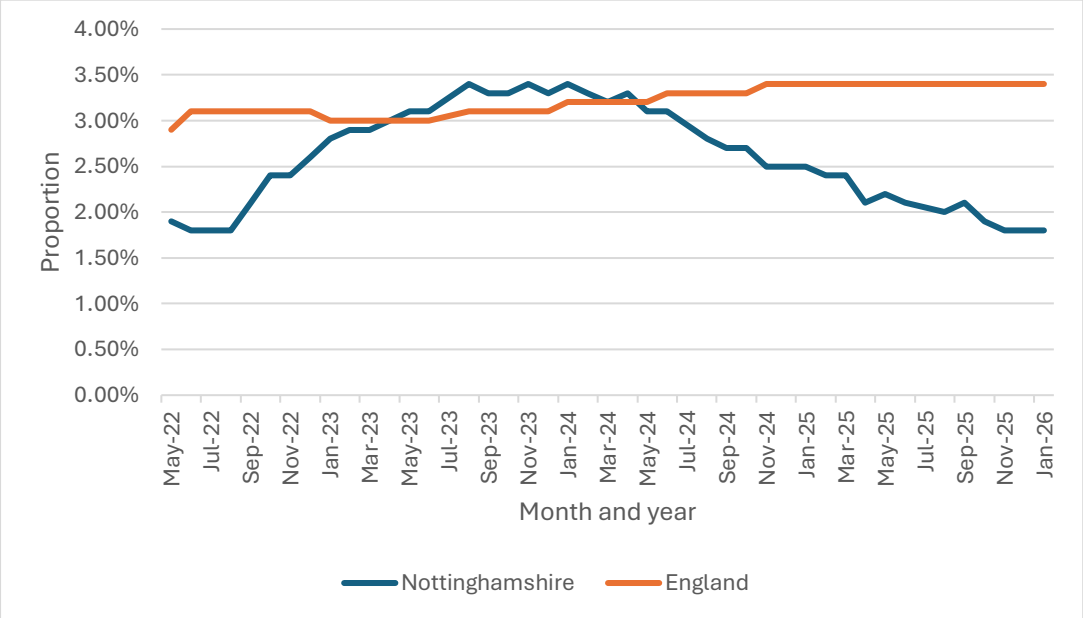


Figure 52: Proportion of adults in drug and/or alcohol use treatment in Nottinghamshire and England reporting current or previous sex work at assessment, May 2022 – January 2026[149]



Recommendation: Change Grow Live to work with key partners including specialist Police teams and local third sector organisations to improve links and pathways into treatment for people who are engaged in sex work.

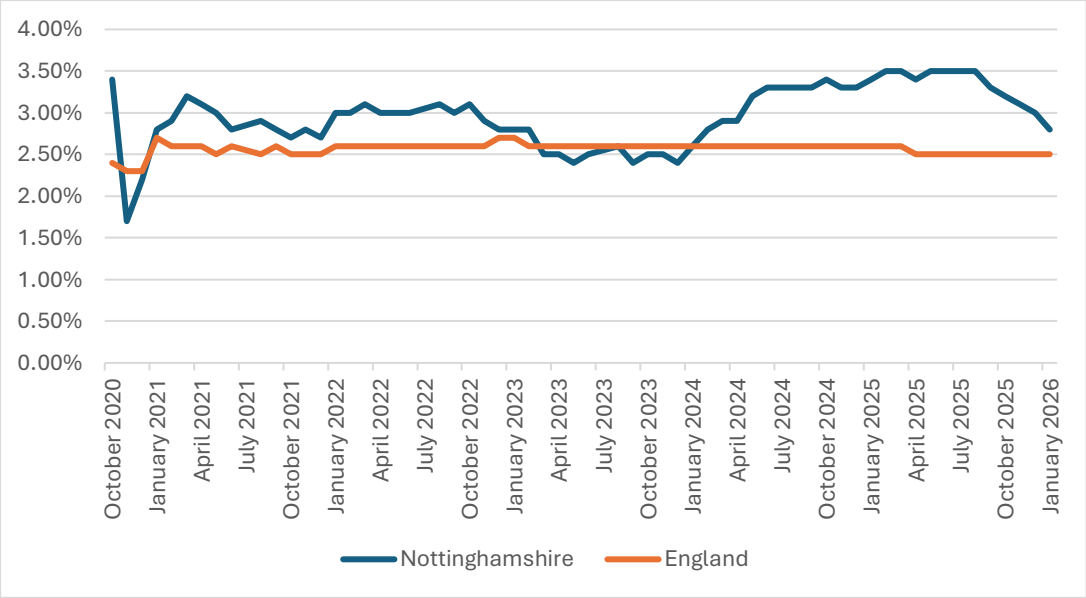
[148] NDTMS Adult Partnership Activity Report
[149] NDTMS Adult Partnership Activity Report

5.8.6 Veterans

Figure 53 shows the percentage of adults in treatment in Nottinghamshire and England by veteran status at the time of assessment. It should be noted that the percentage is worked out using only those who gave a definitive answer (yes or no) when asked about their veteran status and does not therefore include anyone who may have declined to answer or where their data for this question is missing.

The data shows that Nottinghamshire has spent much of this time period with a slightly higher proportion of veterans in treatment than the England average. However, this proportion has been declining over the past 6 months.

Figure 53: Percentage of adults in treatment in Nottinghamshire and England by veteran status at assessment, October 2020 – January 2026[150]



Recommendation: Change Grow Live to work with key partners including local third sector organisations to improve links and pathways into treatment and other relevant services for veterans. This includes an emphasis on utilisation of the co-occurring mental health and substance use pathway to support mental health needs.

5.9 Treatment retention

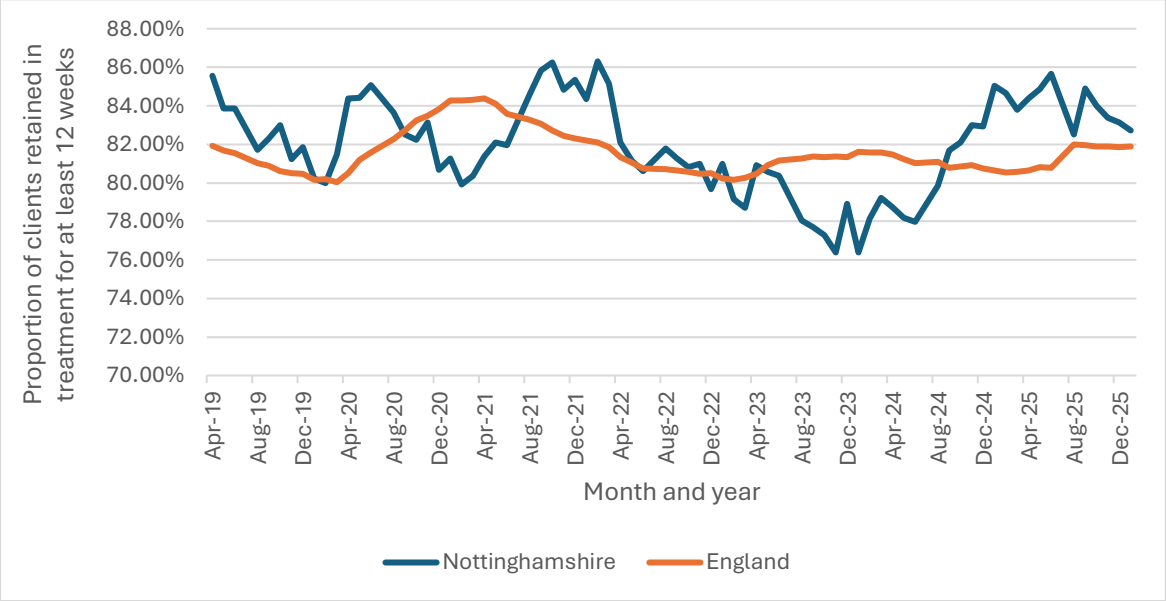
Treatment retention of at least 12 weeks is considered significant as evidence suggests protective effects of treatment after this point[151] and therefore forms part of the Local Outcomes Framework for drug and alcohol treatment.

Nottinghamshire's 12-week treatment retention rates for adults have fluctuated since April 2019, however the most recent 16 months of data show that Nottinghamshire has a higher

[150] NDTMS Adult Partnership Activity Report
[151] Dacosta-Sanchez, D., *et al.* (2022). Retention in treatment and therapeutic adherence: How are these associated with therapeutic success? An analysis using real-world data.

rate than the England average, although this has been decreasing in recent months (see figure 54).

Figure 54: Proportion of all clients retained in drug and alcohol treatment for at least 12 weeks, by month, for Nottinghamshire and England[152]



5.10 Length of time in treatment

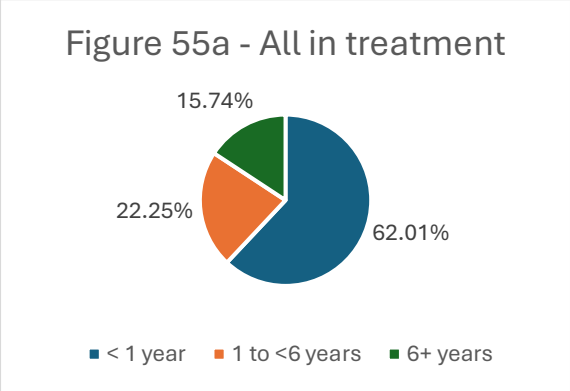
It is widely recognised that recovery from drug and/or alcohol use is a long-term process. Research suggests that spending longer in drug and/or alcohol use treatment can lead to better outcomes, including a greater chance of sustained abstinence when compared with people who spend less time in treatment. Studies relating to the optimum length of drug and/or alcohol use treatment indicate that the median time from first treatment episode to the first full year without drug and/or alcohol use is nine years, with another study suggesting that the average time from first appearance of drug and/or alcohol use disorder (SUD) to a complete absence of SUD diagnostic criteria is 17 years[153]. During this time, people may represent in treatment several times.

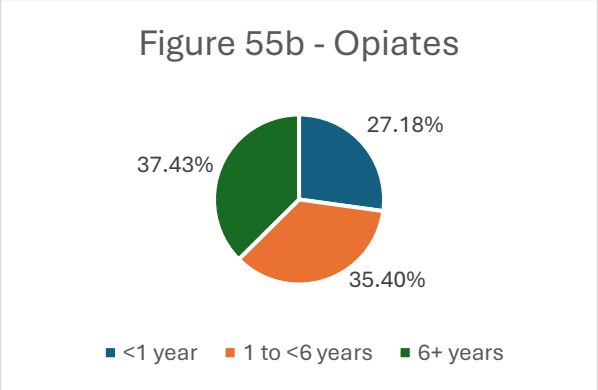
Figures 55a to 55e below indicate the length of the current treatment journey for those in treatment in the year to January 2026.

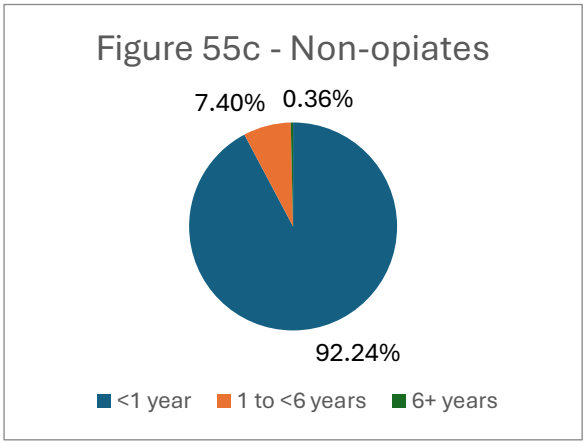
[152] NDTMS

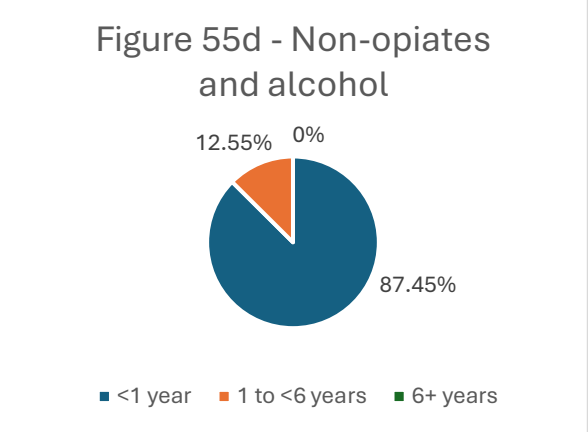
[153] Beaulieu, M., *et al.* (2021). A systematic review and meta-analysis of the efficacy of the long-term treatment and support of substance use disorders - ScienceDirect

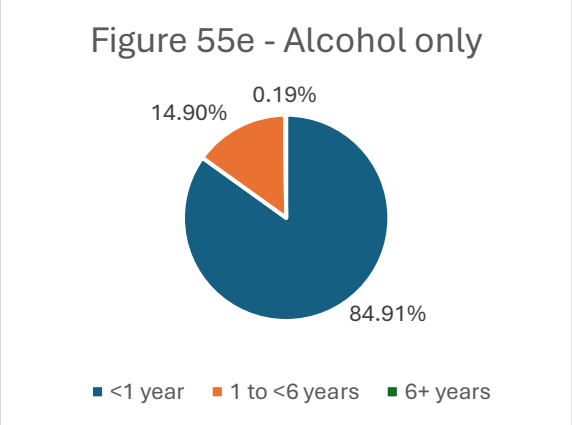
Figure 55a to 55e: Length of treatment as a proportion for all in treatment and breakdown by substance group, February 2025 – January 2026, Nottinghamshire[154]











The majority of people in treatment within this time period had been in treatment for less than one year. This is true across all substance groups except opiates. For this substance group, stability on opioid substitution therapy means that may will stay in treatment long term, as is reflected in figure 55b.

The non-opiate group covers a wide variety of substances including cannabis, cocaine and ketamine. It should be noted that there is a lack of pharmacological interventions available for this group of substances, however many people using non-opiates experience a reduction in their substance use from psychosocial intervention alone. The higher proportion of people in treatment for less than one year may also reflect a lower prevalence of co-

[154] NDTMS

occurring physical health conditions, or a lower age demographic reflecting less entrenched drug use. As a result, many people within this group will successfully complete treatment within one year.

5.11 Treatment progress

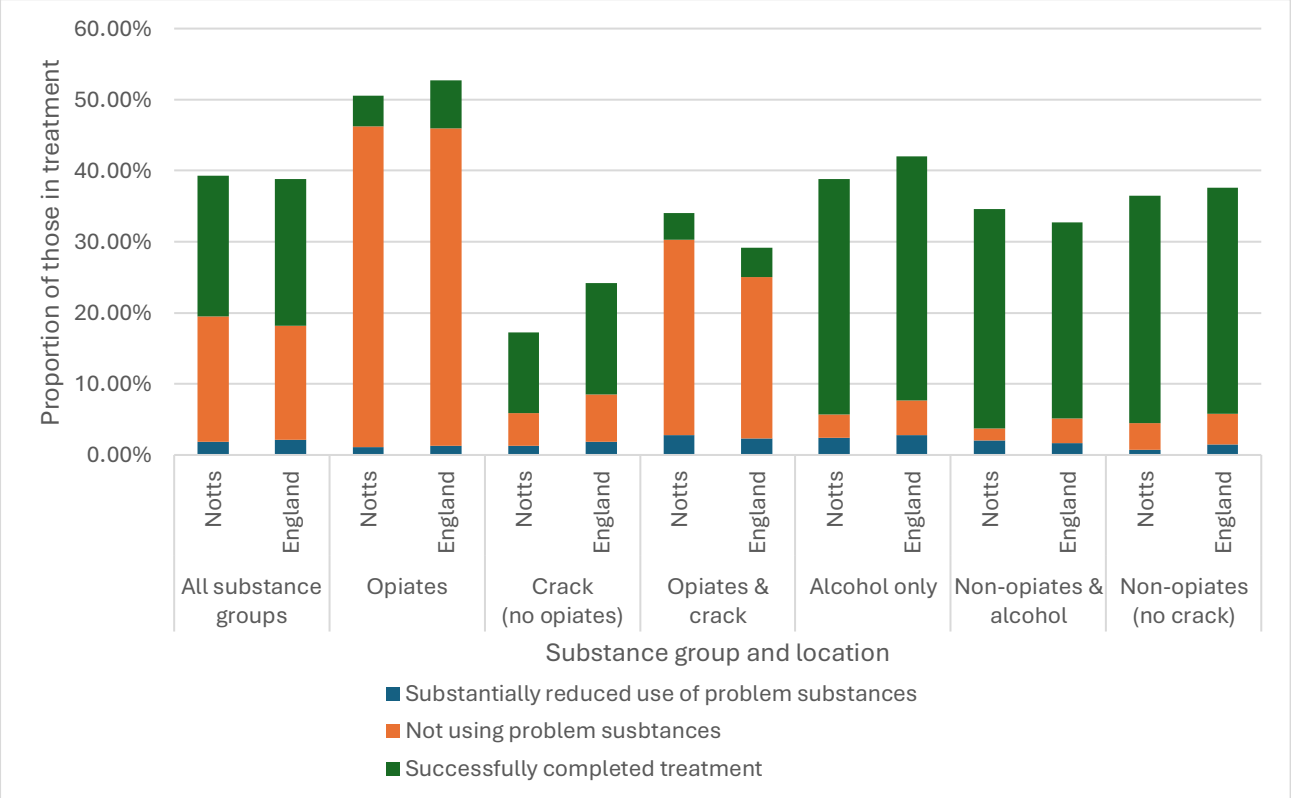
NDTMS provides data on the treatment progress for each local authority area based on information from the latest Treatment Outcome Profiles (TOPs). This emphasises the importance of making positive steps towards abstinence during the treatment journey rather than focusing solely on successful completions. This is particularly important in consideration of those who have been in treatment for over one year.

“Substantial progress” refers to those who have successfully completed treatment (excluding those who have acute housing problems at treatment exit), are not using their problem substance(s) or have substantially reduced their problem drug and/or alcohol use.

“Not yet making substantial progress” refers to those who have completed treatment but still have an acute housing problem, have not yet substantially reduced their use of problem substance(s), and those who have an unplanned exit from treatment.

The data in figures 56 and 57 shows treatment progress for all substance groups, and for those within each specific primary substance group. The data does not cover new clients (those who have been in treatment for less than 12 weeks) or those who are still in treatment but have missing TOP/journey data.

Figure 56: Treatment progress for those classed as “making substantial progress” by substance group type for Nottinghamshire and England, 2025[155]

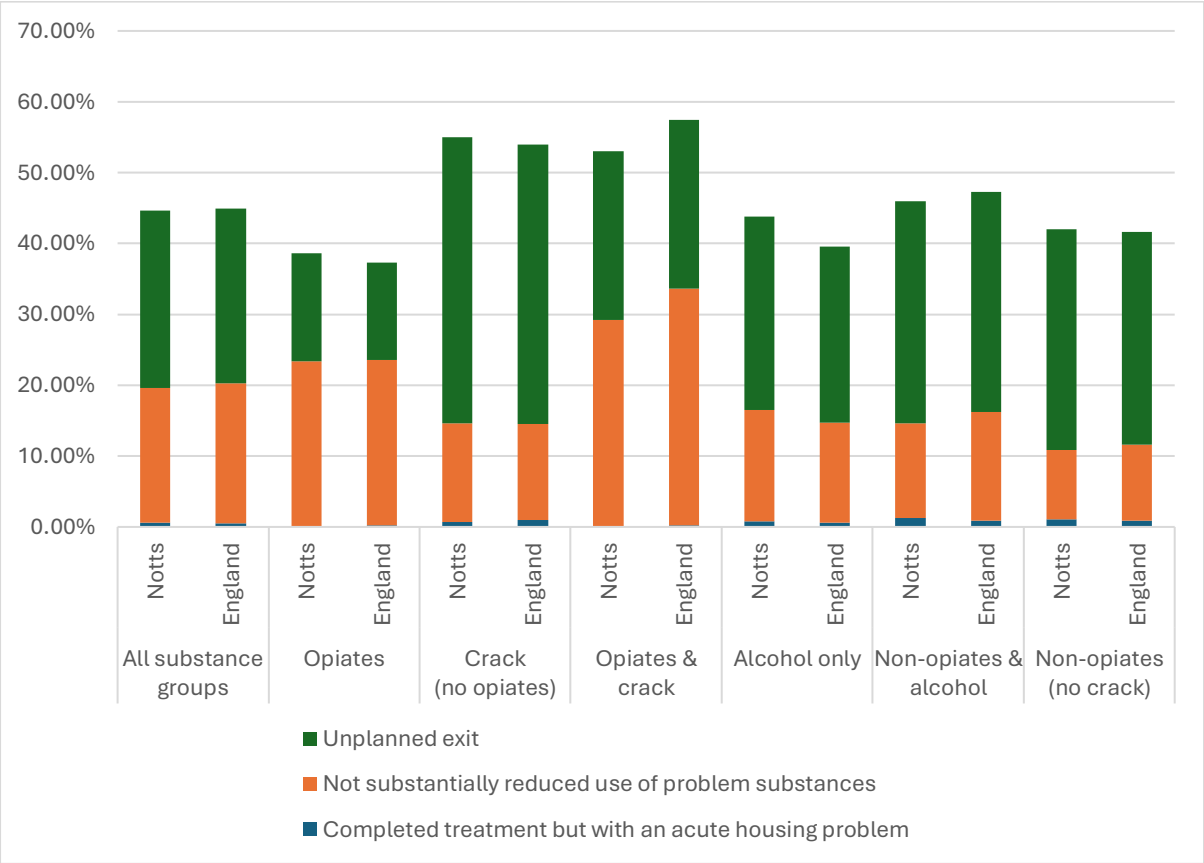


[155] NDTMS

For those classed as making substantial progress, overall proportions are similar to those in England overall. Notable areas where Nottinghamshire perform lower than England can be found in the successful completions of those who use opiates (4.4% compared to 6.7%), the overall proportion of people who use crack (no opiates) who are showing substantial progress (17.2% vs 24.2%) and, more specifically, successful completions amongst this group (11.3% vs 15.7%).

Meanwhile, Nottinghamshire appears to perform better in relation to the overall proportion of people who use opiates and crack who are showing substantial progress (34% vs 29.2%), and successful completions of people who use non-opiates and alcohol (30.9% vs 27.6%).

Figure 57: Treatment progress for those classed as "not yet making substantial progress" by substance group type for Nottinghamshire and England, 2025[156]



For those classed as not yet making substantial progress, Nottinghamshire again largely follows a similar trend to England overall. Notable differences include a lower proportion of those who have not substantially reduced use of opiates and crack (29.1% in Nottinghamshire vs 33.4% in England) and a higher proportion of unplanned exits for alcohol only (27.3% vs 24.9%).

Unplanned exits for people who use crack are high for both Nottinghamshire and England.

[156] NDTMS

5.12 Employment and accommodation

Unemployment and housing problems have a marked negative impact on treatment outcomes and exacerbate the risk that someone will relapse after treatment[157]. As Dame Carol Black also stated in her report, “employment is an essential part of recovery, both for financial stability and to offer something meaningful to do” and “having a home is key to recovery”.

Access to safe, adequate shelter is a basic physiological need (tier 1) under Maslow’s Hierarchy of Needs. This recognises housing as a fundamental component of a person’s wellbeing and motivation to progress towards personal fulfilment. The impact of a person having employment and property are recognised under safety needs (tier 2), and fulfilment of this tier of the hierarchy paves the way to address ‘belongingness and love needs’, ‘self-esteem needs’ and the need for ‘self-actualisation’[158].

5.12.1 In stable employment

There is a strong link between employment and successful drug treatment. Evidence suggests that the relationship between employment and successful drug treatment works in two directions with successful drug treatment improving the likelihood of achieving positive employment outcomes, and employment moderating drug use (including increased periods of abstinence, reduced relapse, and improved engagement with drug treatment)[159].

As shown in table 28, Nottinghamshire has a slightly higher proportion of opiate (22%) and non-opiate service users (36%) working more than 10 days in the last 28 days at exit when compared to the national average (opiate (20%), non-opiate (32%)). For alcohol only service users, Nottinghamshire matches the national average proportion of service users working more than 10 days in the last 28 days at exit (32%).

Table 28: Employment Outcomes for those in treatment in Nottinghamshire, February 2025-January 2026[160]

Latest period: 01/02/2025 - 31/01/2026	(%)	(n)	National average
Opiate Clients			
Clients working >= 10 days in last 28 at exit	22.00%	235/1062	20.00%
*Clients volunteering	1.69%	18/1062	1.04%
* Clients in unpaid structured work	0.85%	9/1062	0.89%
Non-opiate Clients			
Clients working >= 10 days in last 28 at exit	36.00%	160/450	32.00%
*Clients volunteering	1.11%	5/450	1.63%
* Clients in unpaid structured work	2.66%	12/451	2.39%
Alcohol Clients			
Clients working >= 10 days in last 28 at exit	32.00%	489/1516	32.00%
*Clients volunteering	1.98%	30/1515	1.94%
* Clients in unpaid structured work	1.32%	20/1516	1.40%

[157] Public Health England (2017). An evidence review of the outcomes that can be expected of drug misuse treatment in England
[158] Aanstoos, C. M. (2024). Maslow's hierarchy of needs.
[159] Learning and Work Institute. (2016). Drug treatment outcomes and employment: A Rapid Evidence Review.
[160] NTDMS

Key:

*Indicates that data is obtained only from the exit Treatment Outcome Profile (TOP), while all other TOP data is based on clients with both a start and exit TOP.

Clients successfully completing treatment working >=10 days in last 28 at exit is the proportion of clients aged 18 and over who successfully completed treatment reported working at least 10 days of paid work in the last 28 days at the time of their exit TOP. This column is reported for clients who successfully completed treatment in the latest rolling 12- month period. Clients must have had a TOP at both start and exit to be counted.

Clients successfully completing treatment volunteering is the proportion reported for clients who successfully completed treatment in the latest rolling 12-month period who were engaged in volunteering at the end of treatment. Due to the new implementation of this item, only a TOP at exit is required for reporting.

Clients in unpaid structured work is the proportion reported for clients who successfully completed treatment in the latest rolling 12- month period who were engaged in unpaid structured work at the end of treatment. Due to the new implementation of this item, only a TOP at exit is required for reporting.

5.12.2 In stable accommodation

A safe, stable home environment enables people to sustain their recovery. Homelessness has been implicated in starting drug and/or alcohol use or worsening usage as well as reducing the motivation and willingness for change[161]. Without appropriate housing, dependent drinkers are highly unlikely to achieve greater stability or make progress towards recovery[162]. Furthermore, having no fixed abode could reduce access to health and wellbeing services.

In Nottinghamshire, the proportion on both non-opiate (90%) and alcohol service users (92%) users in stable and suitable accommodation matches the National average. However, the proportion of opiate service users in stable and suitable accommodation (86%) is slightly lower than the National average (89%). This is shown in table 29. shows a greater housing need for opiate service users in Nottinghamshire compared to Nationally. This is supported when comparing service users within Nottinghamshire, with a lower proportion of opiate service users being in stable and suitable accommodation compared to non-opiate and alcohol service users.

[161] Public Health England (2016). An evidence review of the outcomes that can be expected of drug misuse treatment in England.
[162] Alcohol Change UK (2025). The Blue Light Approach: Improving accommodation options for people with alcohol dependency and complex needs

Table 29: Housing/Accommodation Need of those in treatment in Nottinghamshire, February 2025 – January 2026[163]

Latest period: 01/02/2025 - 31/01/2026	(%)	(n)	National average
Opiate Clients			
In stable and suitable accommodation	86.00%	913/1059	89.00%
Non-opiate Clients			
In stable and suitable accommodation	90.00%	389/434	90.00%
Alcohol Clients			
In stable and suitable accommodation	92.00%	1355/1470	92.00%

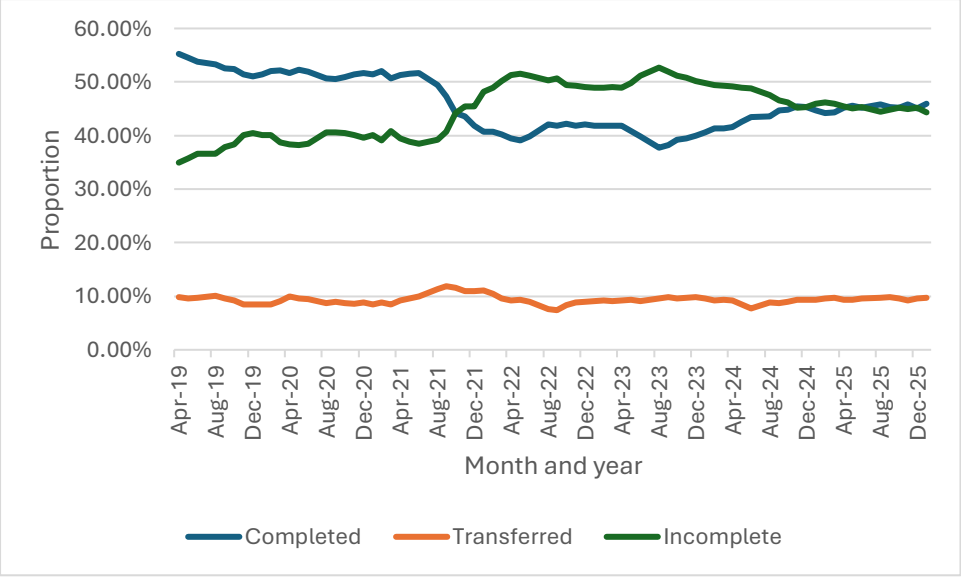
5.13 Treatment exits

Whilst successful completions have historically been the main aim of drug and/or alcohol use treatment, there has been a shift to focus on in treatment benefits and reduction in use of problem substances during the treatment journey. However, it is still useful to assess the proportion of people who successfully complete treatment and the proportion who do not. Treatment exit types since April 2019 can be found in figure 58, whilst a breakdown of exit reasons for the year to January 2026 are shown in figure 59.

Figure 58 shows that proportions of people completing and not completing treatment are fairly similar in recent months, however the proportion of people with an incomplete treatment journey has decreased slightly since September 2023.

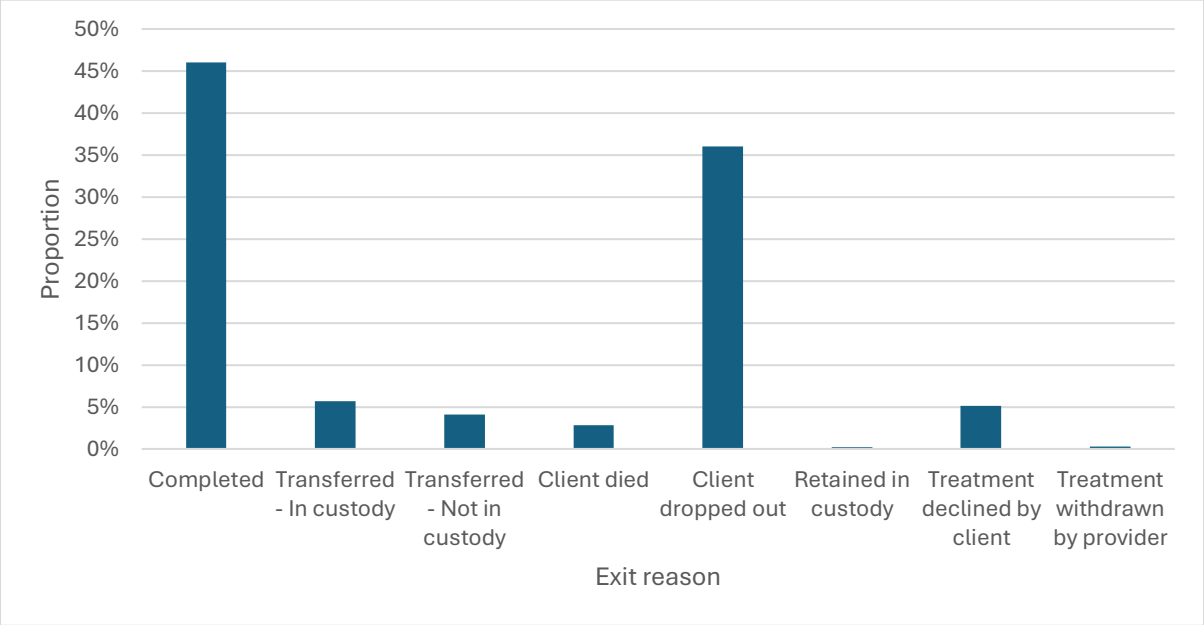
Figure 59 shows that the most common reason for an incomplete treatment journey in the year to January 2026 was due to the client dropping out of treatment.

Figure 58: Proportion of treatment exits by exit type, April 2019 – December 2025, Nottinghamshire[164]



[163] NTDMS
[164] NDTMS

Figure 59: Proportion of treatment exits by exit reason, December 2025 – January 2026, Nottinghamshire[165]



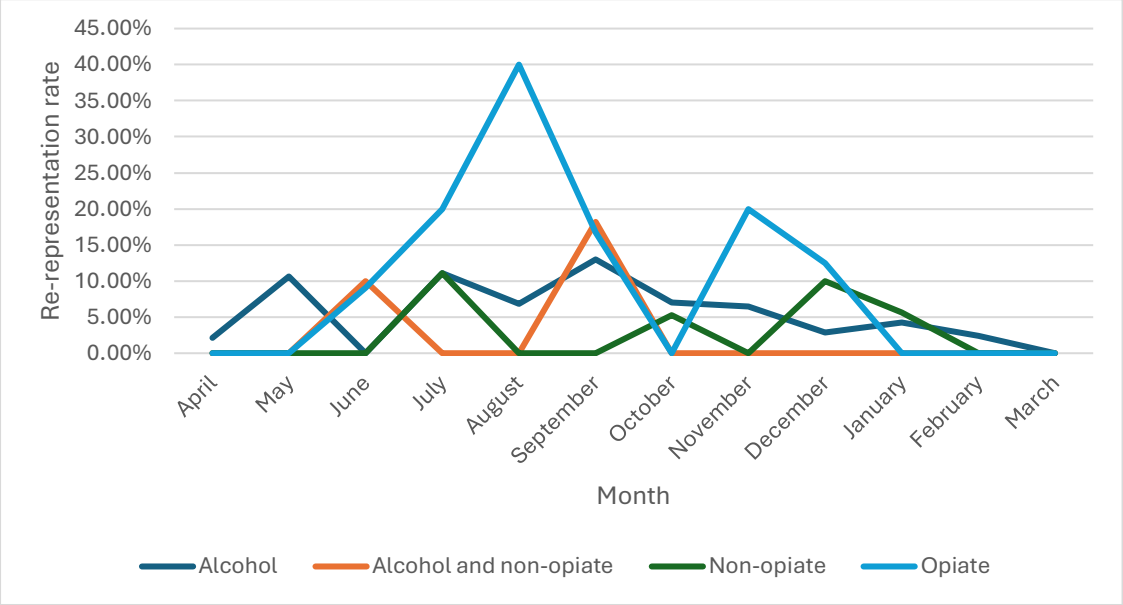
5.14 Re-presentations to treatment

Substance use is recognised as a chronic condition, where people may go through periods of abstinence and relapse several times throughout their treatment journey[166]. Whilst re-presentations into treatment following a previous successful completion may seem negative, this indicates that treatment services are accessible and that individuals are willing to re-enter treatment to once again achieve a reduction in substance use or abstinence.

Figure 60 below indicates the percentage of people who represented within six months of successful completion in financial year 2024/25. It can be seen that re-presentation rates fluctuated for all substances over the time period, however the highest overall rate of re-presentations is for people who use opiates, followed by alcohol.

[165] NDTMS
[166] National Institute for Health and Clinical Excellence (2007). Drug Misuse Psychosocial Intervention Guidelines.

Figure 60: Six-month re-presentation rate for people in treatment in Nottinghamshire by substance type, 2024/25[167]



5.15 Treatment projections: numbers in drug and alcohol treatment

In accordance with conditions of the protected ring-fenced drug and alcohol funding, Nottinghamshire County Council has provided the Office for Health Improvement and Disparities with ambitions for numbers in treatment over the next three years. Due to the Local Government Reorganisation, which is due to be effective from April 2028 and will change the population served by Nottinghamshire County Council and its commissioned services, only two years of ambitions are provided in this section.

It should be noted that the baseline and ambition numbers are for those who have consented to their data being recorded on NDTMS and is not an accurate reflection of the numbers in treatment The non-consent rate in Nottinghamshire fluctuates between 6% and 10%.In addition, the drug and alcohol funding for 2026/27 and 2027/28 is relatively flatlining in comparison to the 2025/26 allocation, therefore there is little room for increasing capacity whilst providing the same quality of treatment and support.

5.15.1 Numbers in treatment

Table 30 indicates the ambitions for numbers of adults and children and young people in treatment over the next two financial years. The small increases in each year represent a focus on in treatment benefits and quality of care.

Table 30: Baseline numbers in treatment and ambitions for 2026/27 and 2027/28, Nottinghamshire

Cohort	Baseline	Ambition	
	September 2025	2026/27	2027/28
All adults in structured treatment	4,527	4,566	4,605
Adults who use opiates	1,930	1,945	1,960
Adults who use non-opiates	1,026	1,036	1,045

[167] NDTMS

Adults in treatment for alcohol	1,571	1,580	1,600
Children and young people (under 18)	81	97	97

5.15.2 12-week retention

Table 31 shows the ambitions for 12-week treatment retention over the next two financial years. This aims to maximise in treatment benefits and successful completion of those in treatment.

Table 31: Baseline proportion of adults in treatment at 12 weeks and ambitions for 2026/27 and 2027/28, Nottinghamshire

Cohort	**Baseline**	**Ambition for retained at 12 weeks (%)**	
	September 2025	2026/27	2027/28
Adults who use opiates	80%	82%	83%
Adults who use non-opiates	83%	84%	85%
Adults in treatment for alcohol	88%	89%	90%

5.15.3 Substantial progress

This refers to those who have successfully completed treatment (excluding those who have acute housing problems at treatment exit), are not using their problem substance(s) or have substantially reduced their problem drug and/or alcohol use. This measure is taken once a person has been in treatment for 12 weeks. The baseline and ambitions for this measure can be found in table 32 below.

Table 32: Baseline proportion of adults in treatment making substantial progress and ambitions for 2026/27 and 2027/28, Nottinghamshire[168]

Cohort	**Baseline**	**Ambition for substantial progress (%)**	
	September 2025	2026/27	2027/28
Adults who use opiates	47%	48%	49%
Adults who use non-opiates	43%	44%	45%
Adults in treatment for alcohol	47%	49%	51%

5.16 A&E attendances, hospital admissions and comorbidities

5.16.1 Key summary

- Between 2023 and 2025 there were 5,800 A&E attendances for drug overdose in Nottinghamshire. Opiate overdoses account for 13% of these, however it is unknown whether the opiates were illicit.
- Over the same period there were over 4,000 A&E attendances attributed to alcohol intoxication or dependence related issues. 66% of these were for alcohol intoxication,

[168] NDTMS

whilst 15% were for alcohol dependence syndrome. Attendances for those under 18 accounted for 8% and were almost all for alcohol intoxication.

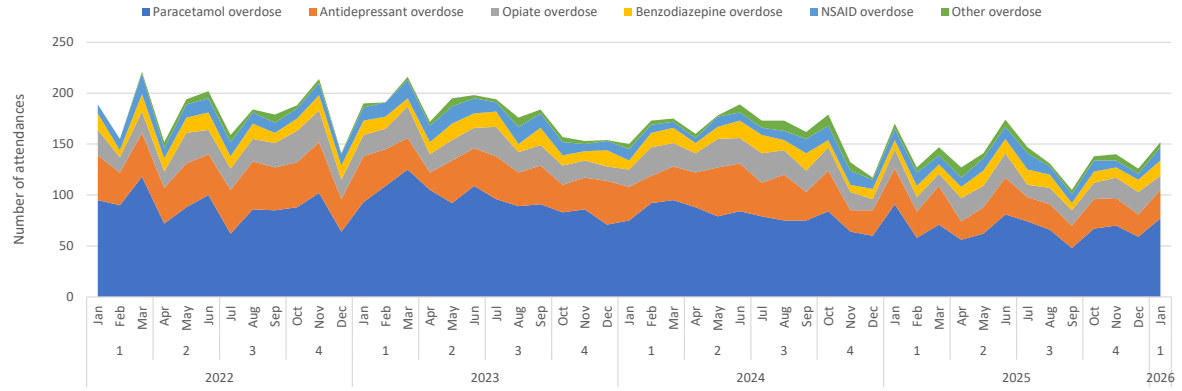
- In Nottinghamshire there were 140 admissions for poisoning by drug use in 2023/24. The rate of admissions in Nottinghamshire (17.2 per 100,000) is similar to the East Midlands (17.3 per 100,000) and England overall (17.5 per 100,000).
- There were 4,629 admission episodes for alcohol-related conditions in Nottinghamshire in 2023/24. The rate of such admissions in Nottinghamshire (533 per 100,000) is significantly higher than the rate for England (504 per 100,000). Mansfield has the highest rate (617 per 100,000) whilst Rushcliffe has the lowest (444 per 100,000).
- Nottinghamshire has a lower rate of hospital admissions for drug-related mental health and behavioural disorders (4.9 per 100,000) compared to both the East Midlands (6.8 per 100,000) and England (7.7 per 100,000).
- For the period 2021/22-2023/24, the rate of hospital admission for drug and/or alcohol use amongst 15-24-year-olds in Nottinghamshire (47.9 per 100,000) was largely similar to the national rate (47.4 per 100,000).

5.16.2 A&E attendances for drug overdose in Nottinghamshire

Between 2023 and 2025, there were 5,800 A&E attendances for drug overdoses in Nottinghamshire. Figure 61 shows the breakdown of drug overdose attendances by substance. Most drug overdoses were of paracetamol (50%) or antidepressants (20%). Opiate overdoses accounted for 13% of A&E attendances for drug overdose. Overall, the number of attendances for drug overdose has decreased over this time period.

Whilst this provides a useful measure of overdose incidence in Nottinghamshire, it does not distinguish which drugs involved in the overdoses were illicit. It is also recognised that a proportion of people who experience overdose will not go to hospital, therefore the below figures should be taken as a minimum number.

Figure 61: A&E attendances for drug overdose in Nottinghamshire by substance, 2022-2026[169]



[169] Hospital Episode Statistics

Recommendation: Public Health and CGL to work with local hospital trusts to improve referrals into treatment for those attending A&E for non-fatal overdose.

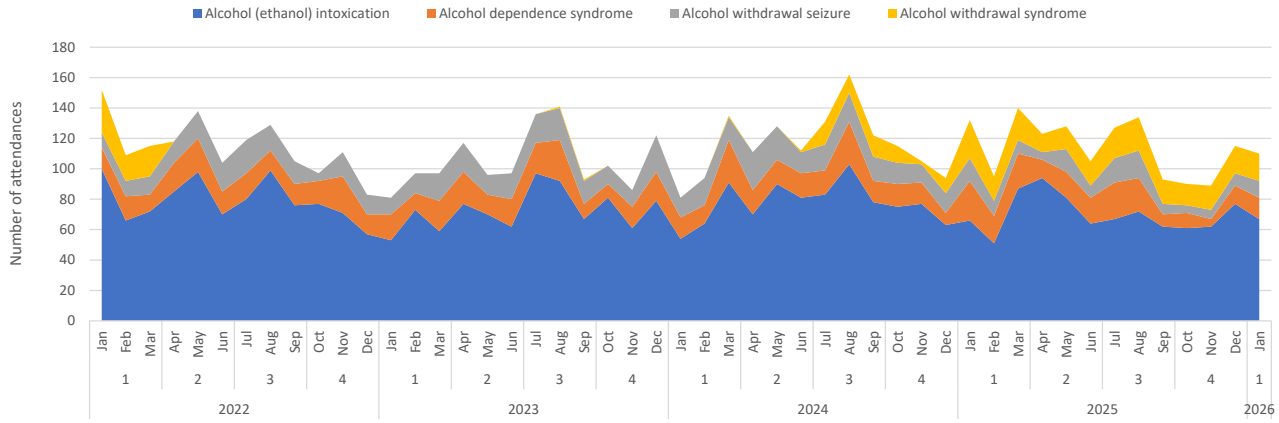
5.16.3 A&E attendances for alcohol intoxication in Nottinghamshire

Over the latest three-year period 2023-2025 there were over 4,000 A&E attendances attributed to alcohol intoxication or dependence-related issues. Attendances have remained fairly stable over this time period (an overall reduction of less than 1%), as shown in figure 62.

The greatest proportion of attendances at A&E were due to alcohol (ethanol) intoxication (66%) followed by alcohol dependence syndrome (15%).

Hospital Episode Statistics (HES) data indicates that attendances for those aged under 18 account for 8% of the total attendances. Almost all of the attendances among those aged under 18 were for 'alcohol (ethanol) intoxication'.

Figure 62: A&E alcohol attendances, Nottinghamshire, 2022 - 2026[170]



5.16.4 Hospital admissions for drug poisoning

This section looks at the trend and variation where there was a primary diagnosis of poisoning by drug use.

In Nottinghamshire in 2023/24 there were 140 admissions for poisoning by drug use (a rate of 17.2 per 100,000 residents as shown in figure 63). This rate is similar to the England rate (17.5 per 100,000 residents) (relating to 9,983 admissions) and the East Midlands rate (17.3 per 100,000 residents) (relating to 845 admissions).

Over the last five years there has been reduction of over 40% in both the number and the rate of attendances for drug poisoning nationally and locally. In Nottinghamshire this translates to a reduction of admissions from 250 persons in 2018/19 and a reduction from a rate of 32 per 100,000. Nottinghamshire is broadly tracking the national trend.

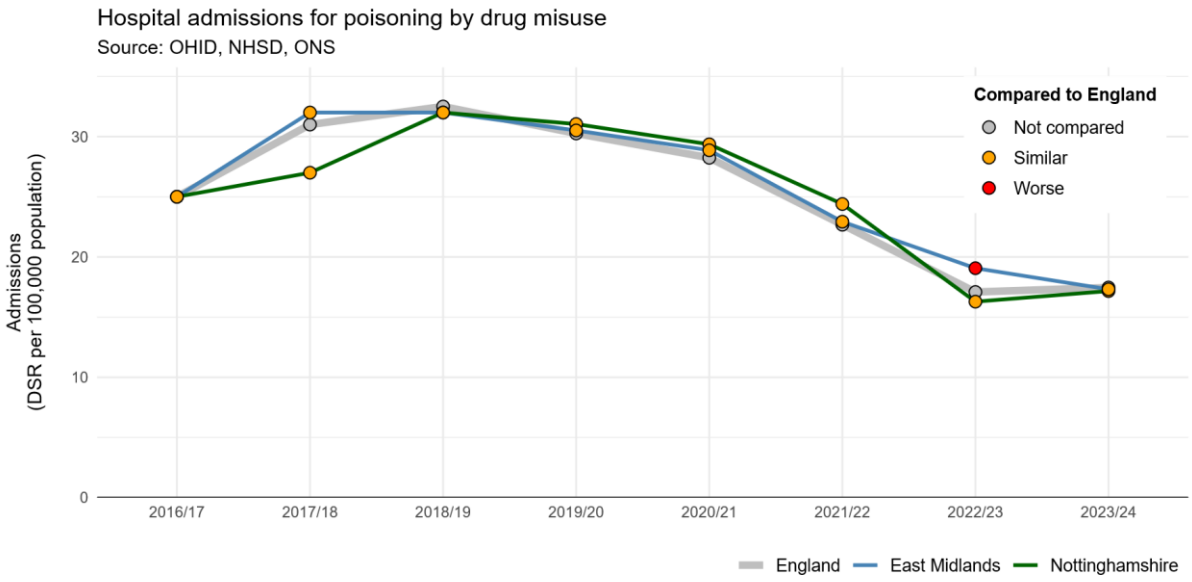
Caution should be taken when interpreting the data (in particular the noted decrease), due to data quality issues surrounding 2016/17 data, 2020/21 data onwards, and 2021/22 data

[170] Hospital Episode Statistics

onwards. While the decrease may be real there are also factors that may cause a reduction in this measure. See the data quality notes below.

Figure 63: Hospital admissions for poisoning by drug misuse 2016/17 to 2022/23 by financial year, Nottinghamshire, East Midlands and England[171]

[171] OHID, NHS Digital, ONS



Data quality

General comments: The data includes private patients treated in NHS hospitals (but not private patients in private hospitals). England total may include a small number of admissions for persons of no fixed abode. Data excludes persons resident outside of England. The primary diagnosis is the first of up to 20 diagnosis fields in the Hospital Episode Statistics (HES) dataset and provides the main reason why the patient was in hospital.

Missing postcodes: For the year 2016-17, around one third of all records for Nottingham University Hospitals Trust were submitted to the Hospital Episode Statistics database without patient identifiers such as postcode. This means it was not possible to assign a 'Local Authority of Residence' to these admission records so they will not appear in this. This will mainly affect Nottingham and Nottinghamshire with a smaller impact on the surrounding areas and the East Midlands and England totals. The results for these Local Authorities should be interpreted with caution.

COVID-19: There is also likely to be some effect on the data in relation to data from 2020/2021 onwards, due to the coronavirus illness (COVID-19) disruption. It is known that many hospitals reported zero or significantly less activity from March 2020 onwards.

SDEC: Additionally, the introduction of Same Day Emergency Care (SDEC) is expected to impact overall hospital activity reporting. NHS England has projected a potential 7% reduction in reported Finished Admission Episodes (FAEs) following full implementation of SDEC activity reporting within the ECDS, based on analyses of 2021–2022 activity levels. As a result, users should not necessarily interpret the drop in activity as a true reduction in drug misuse admissions, as some cases may now be managed within SDEC pathways rather than through traditional admission routes.

5.16.5 Hospital admissions for alcohol-related conditions

Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. These admissions to hospital are where the primary diagnosis is an alcohol-attributable code, or a secondary diagnosis is an alcohol-attributable external

cause code. There are two measures used in Local Alcohol Profiles for England (LAPE) and elsewhere to assess this burden: the Broad and the Narrow measure. In general, the Broad measure gives an indication of the full impact of alcohol on hospital admissions and the burden placed on the NHS. The Narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions

Only the 'Narrow' measure has been used for the purposes of this report, and this data is shown in figure 64. A definition of a Narrow measure is a measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition.

Figure 64: Admission episodes for alcohol-related conditions (narrow), directly standardised rate per 100,000, all persons for England, Nottinghamshire and LTLA's 2023/24[172]

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	280,747	504	502	506
Nottinghamshire	→	4,629	533	517	548
Mansfield	→	693	617	572	665
Ashfield	→	766	595	553	639
Gedling	→	683	552	511	595
Broxtowe	→	611	533	491	577
Bassetlaw	→	641	500	461	541
Newark and Sherwood	→	669	499	461	539
Rushcliffe	→	565	444	408	482

Figure 63 shows that Nottinghamshire has a statistically significantly higher rate of alcohol-related hospital admissions (533 per 100,000) compared to England (504 per 100,000). Amongst the lower tier local authorities (LTLAs), Mansfield, Ashfield and Gedling are statistically significantly worse than England, whereas the rates in Broxtowe, Bassetlaw and Newark and Sherwood are similar to England, and the rate in Rushcliffe is statistically significantly better than the England average.

5.16.6 Hospital admissions for drug-related mental health and behavioural disorders

The rate of admissions for drug-related mental health and behavioural disorders has decreased in England, the East Midlands and Nottinghamshire since 2019/20. As shown in figure 64, the rate of admissions in Nottinghamshire was very similar to the East Midlands rate between 2019/20 and 2022/23, however the most recent data (2023/24) shows that the rate in Nottinghamshire (4.9 per 100,000) is now lower than both the East Midlands (6.8 per 100,000) and England (7.7 per 100,000).

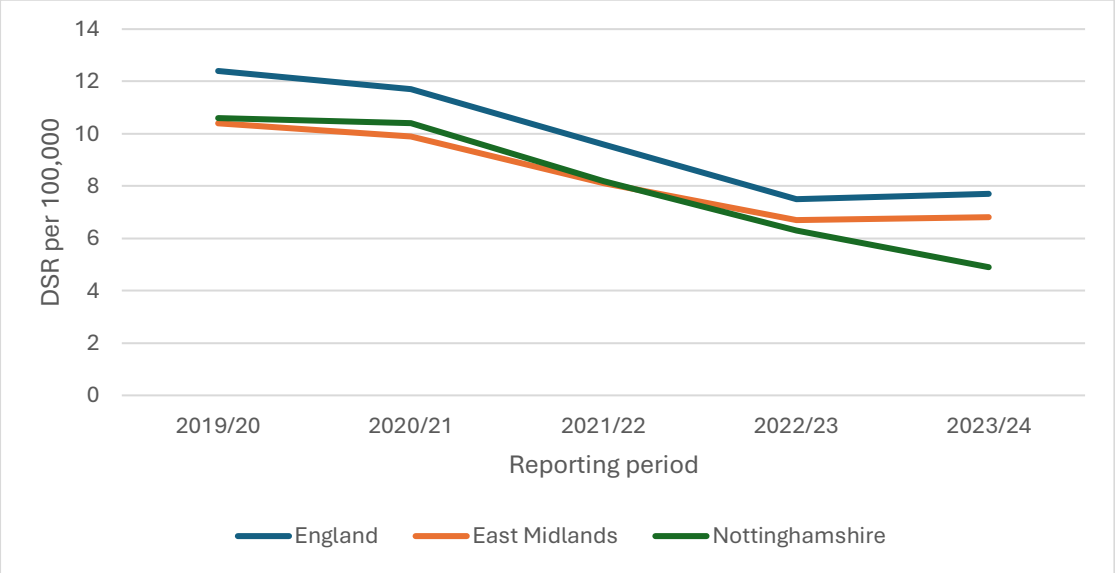
This suggests that identification of substance use and mental health treatment need, and subsequent pathways into appropriate treatment and support, may be working effectively and preventing hospital admissions for drug-related mental ill health.

It should be noted, however, that mental health providers have historically submitted to both Hospital Episode Statistics (HES, from which the data in Figure 64 is derived) and to the Mental Health Services Data Set (MHSDS). To reduce the burden on providers it was decided that while they are mandated to submit to MHSDS they are not also required to submit the same activity to HES. The date of this change taking affect is unknown. Some providers who previously submitted to HES have now stopped doing so. As a result, the data

[172] Department of Health and Social Care. Fingertips

published in this indicator is impacted, although the exact impact has not yet been quantified and the impact on Nottinghamshire's data specifically cannot be ascertained.

Figure 64: Hospital admissions for drug-related mental health and behavioural disorders, directly standardised rate (DSR) per 100,000 population, Nottinghamshire, 2019/20 – 2023/24[173]



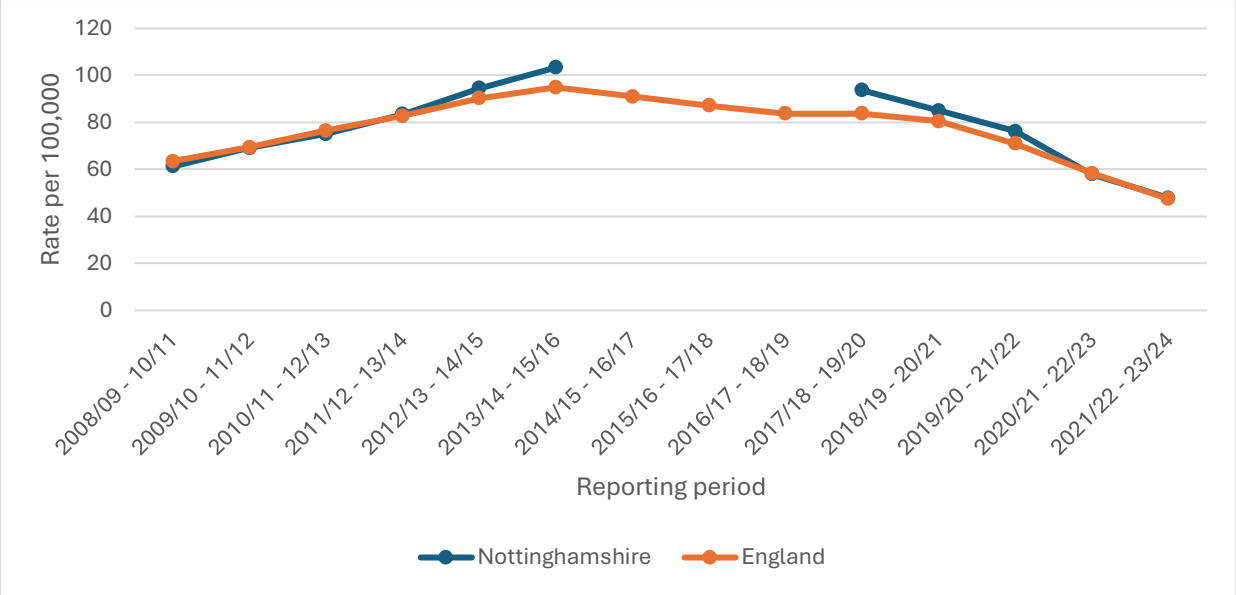
5.16.7 Hospital admissions in children and young people

NDTMS provides some data on hospital admissions for children and young people related to drug and/or alcohol use. This helps to identify the frequency of admission in this population group and understand whether further work needs to be undertaken to ensure swift access to treatment for those attending hospital.

Figure 66 shows that, between 2021/22 and 2023/24, the rate of hospital admission for drug and/or alcohol use amongst 15-24-year-olds in Nottinghamshire (47.9 per 100,000) was largely similar to the national rate (47.4 per 100,000). Data for Nottinghamshire from 2014/15 – 2016/17 inclusive is missing as Nottingham University Hospitals coded over 30% of Hospital Episode Statistics without a valid geography of residence in each of these years (see reference for further information).

Figure 66: Hospital admissions due to substance misuse amongst 15-24-year-olds in Nottinghamshire and England, directly standardised rate (per 100,000), 2008-09 to 2020-21[174]

[173] Department of Health and Social Care. Fingertips
[174] Department of Health and Social Care. Fingertips



5.17 Mortality from drugs and alcohol

5.17.1 Key summary

- Deaths due to drug misuse have more than doubled since 2011/13 in Nottinghamshire and England. The rate in Nottinghamshire was reported as 4.1 per 100,000 for 2022/24. This is lower than England (5.8 per 100,000). Mansfield has the highest rate of drug misuse deaths (6.4 per 100,000) and Rushcliffe has the lowest known rate (2.7 per 100,000) (Broxtowe suppressed).
- 53.5% of people who died due to drug misuse deaths in Nottinghamshire reported in 2022/24 had never been known to treatment, whilst 20.8% occurred in people who were in treatment at the time of their death.
- Nottinghamshire's rate of drug poisoning deaths (9.7 per 100,000) is now higher than the East Midlands (9.3 per 100,000) and England (8.8 per 100,000). Mansfield has the highest rate of these deaths (14.6 per 100,000) whilst Broxtowe and Rushcliffe have the lowest (both 6.1 per 100,000).
- The rate of alcohol-related mortality in 2024 was similar in Nottinghamshire (39.8 per 100,000) and England (38.9 per 100,000).
- The rate of alcohol-specific deaths is also very similar, with a rate of 13.7 per 100,000 in Nottinghamshire in 2023/24 and 13.8 per 100,000 in England.
- The most recent data for mortality from chronic liver disease is from 2017/19, when Nottinghamshire had a rate of 13.4 per 100,000. This was statistically similar to England (12.2 per 100,000).

5.17.2 Drug-related deaths

Drug misuse deaths and deaths from drug poisoning are two separate indicators of mortality associated with drug and/or alcohol use. A definition of each is provided below before reviewing the current data for Nottinghamshire.

Deaths classified as drug misuse must meet either one (or both) of the following conditions: the underlying cause is drug abuse or drug dependence, or any of the substances involved are controlled under the Misuse of Drugs Act 1971, this includes class A, B and C drugs and controlled prescribed medication. Information on the specific drugs involved in a death is not always available, therefore figures on drug misuse are underestimates.

Drug poisoning deaths involve a broad spectrum of substances, including controlled and non-controlled drugs, prescription medicines (either prescribed to the individual or obtained by other means) and over-the-counter medications. Deaths classified as a drug poisoning must have an applicable International Classification of Diseases (ICD) code assigned as the underlying cause of death; this is determined by international coding rules from the condition or conditions reported by the certifier, as recorded on the certificate. As well as deaths from drug abuse and dependence, Figures include accidents and suicides involving drug poisonings, and complications of drug abuse such as deep vein thrombosis or septicaemia from intravenous drug use. They do not include other adverse effects of drugs, for example, anaphylactic shock, or accidents caused by an individual being under the influence of drugs.

In England and Wales, most drug-related deaths are certified by a coroner following an inquest and cannot be registered until the inquest is completed, therefore the 'drug related death' cannot be registered until the inquest concludes. These inquests can take months or even years before the death is registered. In line with other mortality statistics, drug-related death figures are based on deaths registered in a particular year, rather than those occurring each year.

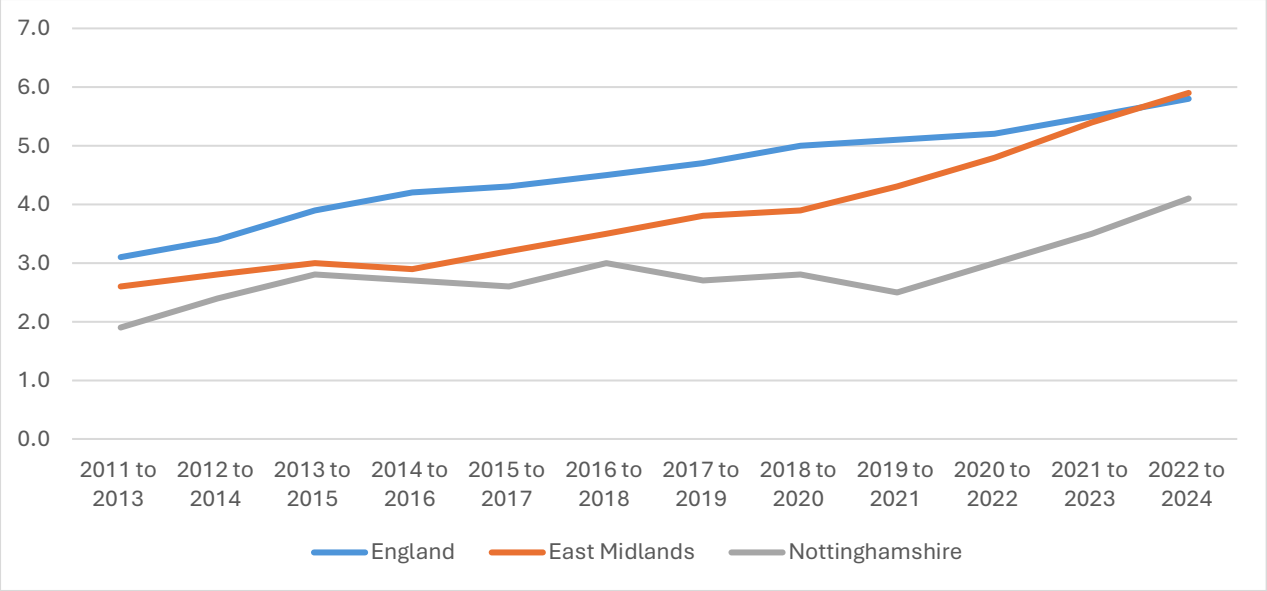
It should be noted that a death is categorised as drug poisoning or drug misuse by the Office for National Statistics (ONS) once the death certificate is received. In some circumstances, the drug(s) involved in a death are not named on the death certificate, therefore ONS cannot accurately determine the drug-related death category. As such, the number of drug misuse deaths is likely to be an underestimate.

5.17.3 Deaths due to drug misuse

NDTMS provides a detailed breakdown of drug misuse deaths in each local authority area, however the breakdown is based on the ONS data which is provided as a three-year rolling period. Figure 67 shows the age standardised mortality rate for deaths due to drug misuse. This shows that whilst Nottinghamshire has consistently had a rate of drug misuse deaths below both the England and East Midlands average, the rate has more than doubled between 2011/13 and 2022/24. However, England and the East Midlands overall have also seen drastic increases over the time period.

Figure 67: Age standardised mortality rates (per 100,000 population) for deaths due to drug misuse in England, East Midlands and Nottinghamshire between 2011/2013 and 2022/24[175]

[175] ONS



A breakdown of rates for each Nottinghamshire district and borough has not been included in the graph below as this data is suppressed in several areas in earlier years due to low numbers. The rates for 2022-24 can be found in table 33. The highest rate was in Mansfield (6.4 per 100,000) followed by Newark and Sherwood (5.4 per 100,000) and Bassetlaw (5.1 per 100,000). The lowest known rate was in Rushcliffe (2.7 per 100,000), whilst the rate for Broxtowe was suppressed.

Table 33: Age-standardised mortality rate (per 100,000 population) for deaths related to drug misuse in Nottinghamshire districts and boroughs, 2022-24[176]

District/borough	Rate per 100,000 population
Ashfield	3.6
Bassetlaw	5.1
Broxtowe	(Suppressed due to low numbers)
Gedling	3.6
Mansfield	6.4
Newark and Sherwood	5.4
Rushcliffe	2.7

In 2022-2024, 101 people in Nottinghamshire died due to drug misuse. The majority of these deaths (53.5%) were people who had never been known to treatment, whereas 20.8% occurred in people who were in treatment at the time of their death[177]. This reiterates that being in treatment may be a protective factor against drug misuse deaths.

In addition to not being in treatment, recent prison release is widely recognised as a risk factor for drug overdose in those with a history of drug and/or alcohol use. In Nottinghamshire only two people (2%) died within 21 days of leaving prison[178].

NDTMS data also suggests that 7.9% of people died within 12 months of leaving treatment, however it is not known whether these individuals had successfully completed treatment previously or whether their treatment journey ended with an unplanned exit.

[176] ONS
[177] NDTMS
[178] NDTMS

5.17.4 Deaths due to drug poisoning

Deaths due to drug poisoning in Nottinghamshire has closely followed the East Midlands and England averages since 2011-13. However, there has been a sharp increase in these deaths since the 2019-21 reporting period, and the age-standardised rate for these deaths is now higher in Nottinghamshire (9.7 per 100,000) than both the East Midlands (9.3 per 100,000) and England (8.8 per 100,000) as shown in figure 68.

Figure 68: Age standardised mortality rates (per 100,000 population) for deaths due to drug poisoning in England, East Midlands and Nottinghamshire between 2011/2013 and 2022/24[179]

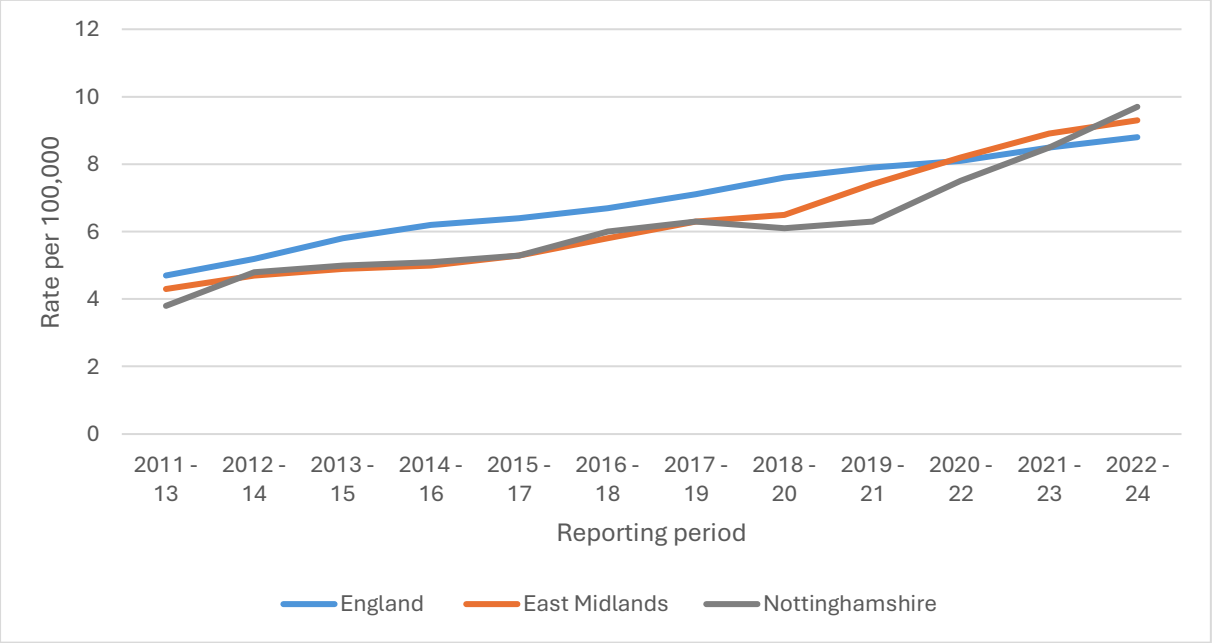


Table 34 below shows the age-standardised mortality rate for drug poisoning by Nottinghamshire district and borough. Similar to deaths due to drug misuse, Mansfield has the highest rate of drug poisoning deaths (14.6 per 100,000). The lowest rates of drug poisoning deaths are in Broxtowe and Rushcliffe, with a rate of 6.1 per 100,000 in both areas.

Table 34: Age-standardised mortality rate (per 100,000 population) for deaths related to drug poisoning in Nottinghamshire districts and boroughs, 2022-24[180]

District/borough	Rate per 100,000 population
Ashfield	10.6
Bassetlaw	12.1
Broxtowe	6.1
Gedling	7.5
Mansfield	14.6
Newark & Sherwood	11
Rushcliffe	6.1

[179] ONS
[180] ONS

5.17.5 Alcohol-related mortality

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol use is estimated to cost the NHS about £4.9 billion per year[181].

Alcohol-related mortality is a broader measure which encompasses deaths due to a range of conditions for which alcohol is a contributing factor, including some cancers and heart disease. Alcohol-specific mortality provides a much more specific measure of deaths due to alcohol consumption. These deaths are attributed to conditions which are entirely or exclusively caused by excessive alcohol consumption, including alcoholic liver disease and alcohol poisoning[182].

Nottinghamshire has a similar rate of alcohol-related mortality to England, with a rate of 39.8 per 100,000 compared to England's rate of 38.9 per 100,000. When considering the lower tier local authorities (LTLAs) Mansfield has the highest rate of alcohol-related mortality with a rate of 49.0 per 100,000, followed by Newark and Sherwood (45.1 per 100,000). Rushcliffe has the lowest rate at 28.5 per 100,000. The rates for Nottinghamshire and the LTLAs are all statistically similar to the England rate as shown in figure 69.

Figure 69: Alcohol-related deaths, directly standardised rate per 100,000 population for England, Nottinghamshire and LTLAs, 2024[183]

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	21,971	38.9	38.4	39.4
Nottinghamshire	→	360	39.8	35.8	44.2
Mansfield	→	56	49.0	37.0	63.6
Newark and Sherwood	→	63	45.1	34.6	57.7
Bassetlaw	→	59	43.8	33.2	56.7
Ashfield	→	55	42.2	31.7	55.1
Gedling	→	48	37.1	27.3	49.3
Broxtowe	→	40	33.1	23.6	45.2
Rushcliffe	→	40	28.5	20.2	38.9

Data from the Department of Health and Social Care states that in 2023/24 the rate of alcohol specific deaths in Nottinghamshire was 13.7 per 100,000 population, which is almost the same as the rate for the whole of England (13.8 per 100,000)[177]. A breakdown by LTLA is not available, likely due to the low numbers in each area.

5.17.6 Mortality from chronic liver disease

Chronic liver disease can be caused by a variety of factors, including viruses such as Hepatitis, long term alcohol use, metabolic disorders, genetic factors and certain medications. In many cases, chronic liver disease is preventable with early intervention to reduce risk factors[184].

The most recent data from the Department of Health and Social Care is from 2017-19 and is shown in figure 70 below. This shows that Nottinghamshire has a similar mortality rate from chronic liver disease to England, as to most lower tier local authorities within Nottinghamshire. However, the rate is statistically significantly higher than England in Mansfield and Ashfield.

[181] Institute of Alcohol Studies (2024). £27.4 billion cost of alcohol harm in England every year
[182] Institute of Alcohol Studies (2025). Alcohol-specific and Alcohol-related deaths: What does it all mean?
[183] Department of Health and Social Care. Fingertips, Local Alcohol Profiles
[184] NHS. Alcohol-related liver disease. Accessed December 2025.

Figure 70: Mortality from chronic liver disease, directly standardised rate per 100,000 population, England, Nottinghamshire and LTLAs, 2017-19[185]

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	19,443	12.2	12.1	12.4
Nottinghamshire	–	342	13.4	12.1	15.0
Mansfield	–	61	18.7	14.3	24.1
Ashfield	–	62	16.5	12.6	21.1
Gedling	–	49	13.5	9.9	17.8
Newark and Sherwood	–	51	13.2	9.8	17.3
Bassetlaw	–	45	11.9	8.7	16.0
Broxtowe	–	40	11.4	8.1	15.6
Rushcliffe	–	34	9.5	6.6	13.3

6. Recovery

6.1 What is recovery

David Best, the world's first Professor of Addiction Recovery, defines recovery as a transformative and holistic journey[186]. Though specialist treatment is often the start of an individual's recovery journey, real recovery happens in the community long after the completion of specialist interventions.

Interventions should be focused on helping an individual to build their recovery strengths, often referred to as 'recovery capital'. These are all the internal and external resources an individual can draw upon to start but also sustain their recovery journey.

His model of recovery comprises of three interconnected foundations:

- Personal Recovery (improving physical and mental health (sense of purpose))
- Social Recovery (the importance of relationships and peer support)
- Collective Recovery (community level change & support)

These three foundations come together to form a social movement, where individuals are empowered, communities are engaged, and systems support reintegration and growth.

6.2 Numbers in recovery

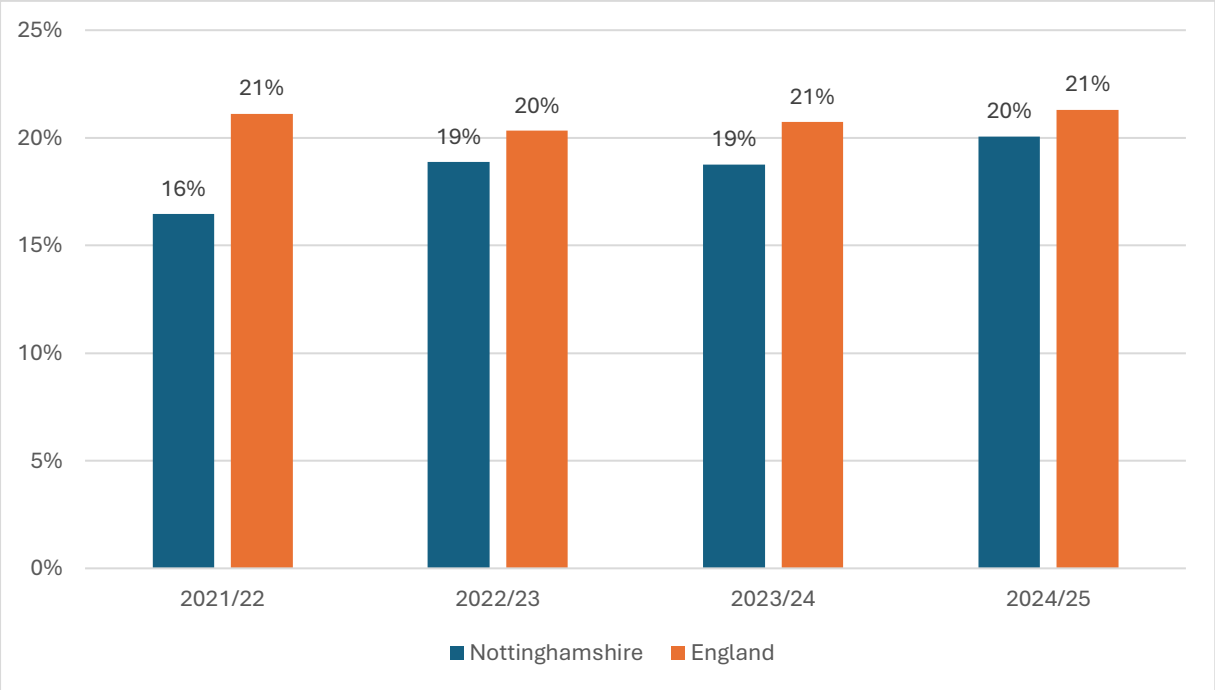
The true scale of recovery nationally and locally is unknown. Moving from dependence to recovery is an intensely personal journey and individuals do not always present to services where progress into recovery is documented through NDTMS (e.g., through successful completion of treatment). Some individuals in recovery want to give back by offering support to people in treatment or to communities following treatment, and others want no further involvement, making data around recovery harder to capture. Although there are strong advocates for highlighting that recovery is possible, many people choose to not talk about their journey in a public way possible through the stigma associated with drug and/or alcohol use.

[185] Department of Health and Social Care. Public Health Outcomes Framework
[186] Best, D. (2012). Addiction Recovery: A Movement for Social Change and Personal Growth in the UK

For the purpose of the HNA, the number of successful treatment completions has been used as a proxy for the number of people entering recovery. Successful treatment completions are included as an indicator within the Public Health Outcomes Framework (PHOF), C19 a,b,c which correspond with successful completion of drug treatment for people who use opiates, successful completion of drug treatment for people who use non-opiates and successful completion of treatment for people who use alcohol.

When looking at all drug groups, successful completions have stayed fairly consistent year on year across England (around 21%) as shown in figure 71. Nottinghamshire has consistently had a lower proportion of successful completions compared to England. However, this gap has been closing, with Nottinghamshire's proportion increasing between 2021/22 and 2022/23 from 16% to 19% and again between 2023/24 and 2024/25 from 19% to 20%.

Figure 71: Successful completions as proportion (%) of total number in treatment (for all drug groups), for Nottinghamshire and England, 2021-22 to 2024-25[187]

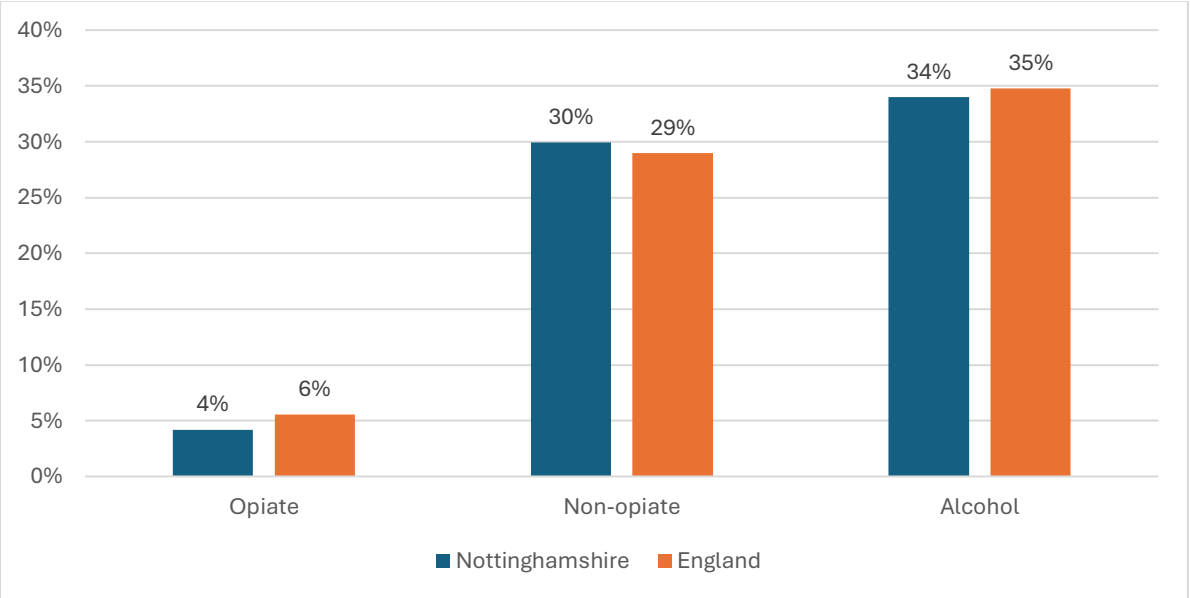


When splitting up the drug groups, successful completions for the opiate treatment group are slightly lower in Nottinghamshire (4%) than the England average (6%). For other treatment groups, non-opiates (30%) and alcohol (34%) are similar to the England average (non-opiates (29%), alcohol (35%)).

Opiates represent the smallest proportion of successful treatment completions as shown in figure 72. People who are in treatment for opiates are more resource intensive (financially and clinically) and are usually in treatment for longer periods of time compared to other substance groups as seen in section 5.10.

[187] NDTMS

Figure 72: Successful completions as proportion (%) of total number in treatment 2024-25[188]



It should be noted that successful completions are not an accurate measure of a good quality treatment service. This is particularly true for people who use opiates, where there are a number of additional health risks including blood borne viruses and infections caused by the injection of drugs. Being maintained and stable on a script can be deemed as recovery for these individuals. (insert David best quote around people don't make success until been in treatment 4 years or more).

For many people in treatment, there is a focus on abstinence from illicit drugs through optimisation of opioid substitution therapy (for those people that use opiates), psychosocial interventions, relapse prevention meds (for those people who use alcohol), alongside support for wider health and social determinants such as appropriate stable accommodation, access to employment and training and improve mental health and wellbeing.

6.3 Recovery aftercare team

Aftercare is the next stop in an individual's recovery journey after structured treatment and CGL has an aftercare programme open to anyone who successfully completes treatment. It is designed with service users' individual needs in mind and encourages individuals to sustain their recovery goals and to develop strategies and skills to prevent relapse.

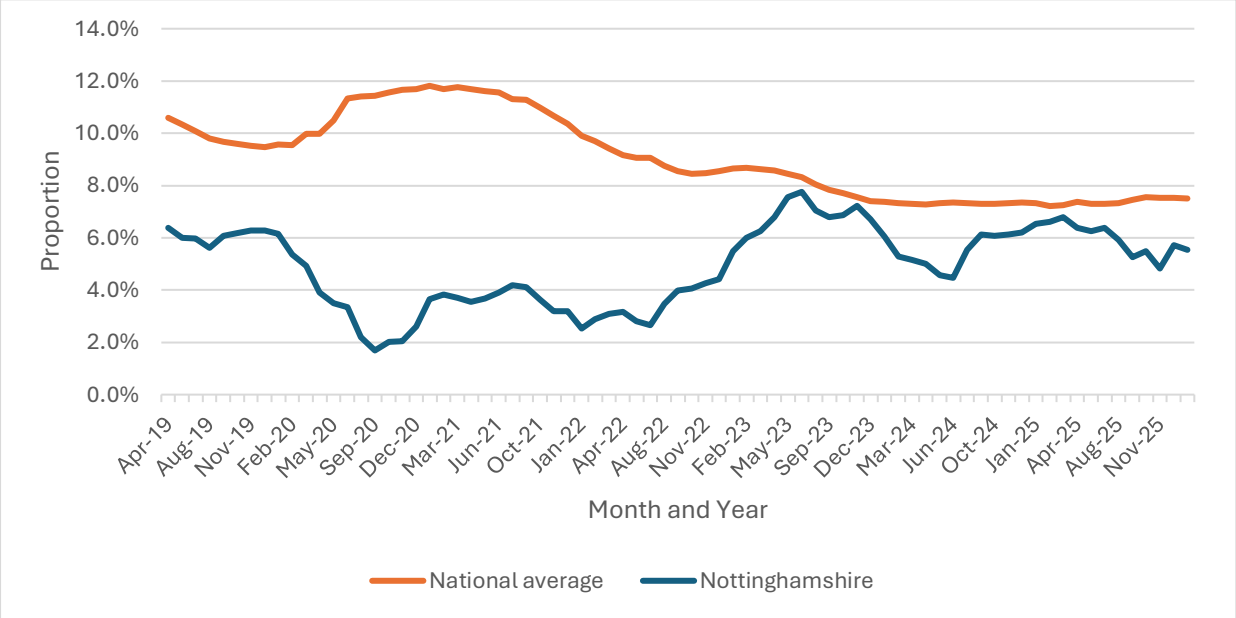
The aftercare team works with roughly 260 people across the County at any time. Over 380people received support from the aftercare team in 2025 (28% of all successful completions). There is no timescale for how long someone can stay with aftercare. The team are currently working with some individuals who have been engaging with the programme for over 18 months.

As a way of monitoring progress, people that access recovery support complete post-discharge recovery check-ups six months after successfully completing treatment. Those that don't engage with recovery support don't have consent to complete this check-up. The proportion of people who successfully completed treatment and subsequently received a post-recovery check-up since April 2019 is shown in figure 73.This figure indicates that the proportion of people receiving a recovery check-up in the latest available data is similar to

[188] NDTMS

that in April 2019, although there have been periods of decrease and increase throughout this period as a whole. Despite this, the proportion of people receiving a recovery check-up is slightly below the England average.

Figure 73: Post-discharge recovery check-ups, Nottinghamshire, 2019 to 2026[189]



Recommendation: Change Grow Live to scope options for a recovery check-up offer for those who do not consent to the current aftercare service, linking in with the development of Stronger Roots (local Lived Experience Recovery Organisation). This will ensure ongoing support and swift re-entry into treatment for those who may have relapsed.

[189] NTDMS

Appendix A: Nottingham Drug and Alcohol Partnership Governance Structure

