

**DRUG &
ALCOHOL TEAM**

Cornwall and Isles of Scilly

Reducing Harm | Promoting Recovery

**SAFER
CORNWALL**

Kernow Salwa



CORNWALL & ISLES OF SCILLY DRUG AND ALCOHOL NEEDS ASSESSMENT

Consultation and Surveys
Update 2025/26

Acknowledgments

This update to the Drugs Needs Assessment for Cornwall and the Isles of Scilly was prepared by the **Amethyst Community Safety Strategic Intelligence Team**, with support from the Drug and Alcohol Action Team, Cornwall Council.

The document was reviewed and consulted on through the membership of the **Cornwall and Isles of Scilly Community Drugs Partnership**.

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- Cornwall Council – Resilient Communities, Housing Options, Cornwall Fire and Rescue Service, Public Health, Planning and Housing, Together for Families and Adult Care and Support
- Probation Service
- Devon and Cornwall Police
- Office of the Police and Crime Commissioner
- Integrated Care Board for Cornwall and Isles of Scilly
- Commissioned services and subject experts working across Cornwall

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Introduction

In December 2021, the government published their **10-year UK Plan¹ 'From Harm to Hope'** to combat illegal drugs, backed by additional funding for 2022 to 2025, to start to **reverse the impact of disinvestment** in drug treatment over the previous decade.

The national strategy seeks to deliver the recommendations of Dame Carol Black's landmark **independent review of drugs.**² It sets out the expectations of how **Government and public services will work together** and share responsibility for delivery. This includes specific **guidance**³ for **local partners**.

Every area is required to have a local **Combating Drugs Partnership** to drive effective delivery of the national Drugs Strategy. This partnership must **agree priorities** through a **strategic needs assessment** and develop and deliver a local **drug strategy and action plan**.

In Cornwall, that responsibility is discharged through the **Community Drugs Partnership**. The Safer Cornwall Strategic Board provides oversight and governance and the Chair is the Senior Responsible Officer.

Local drug and alcohol strategies continue to be included under the umbrella of the **Safer Cornwall Partnership Plan**.

Identifying local priorities

The strategic needs assessment aims to provide a **shared understanding of local needs and evidence** for drug and alcohol provision. This informs the design of local services and enables individuals, their families and the wider community to have their **needs met more effectively**.

We undertake a **full needs assessment every 4 years** and the first iteration in this cycle was published in 2023.⁴ We undertake an **annual review and refresh** to ensure that our evidence base keeps pace with emerging trends.

This latest update focuses on **what has changed** since the last assessment and is provided as a set of three thematic papers:

- Our treatment system
- The Drug Market, exploitation and other criminality
- Consultation and Surveys

In addition, in 2025, we published a comprehensive report on [drug-related deaths in 2024](#).

Local plans responding to these needs assessments **consider both drug and alcohol-related harms**, and how to meet the complex needs of people who use alcohol as well as other drugs. Alcohol is included alongside drugs in all relevant activity and performance monitoring and reporting.

¹ [From harm to hope](#), UK Government, December 2021

² Dame Carol Black's [Independent Review of Drugs](#), Home Office and DHSC

³ [Drugs Strategy Guidance for Local Delivery Partners](#), Home Office, June 2022

⁴ The 2022/23 strategic needs assessment and 2024/25 update are published in the Safer Cornwall library under [Drugs Needs Assessments](#)

Stakeholder Consultation

Drug and Alcohol Team Engagement and Survey Narrative Report

In early 2026, the Drug and Alcohol Team (DAT) co-ordinated a consultation with stakeholders as part of the needs assessment process reviewing provision and the evidence of need for alcohol and drugs services for both adults and young people across Cornwall & the Isles of Scilly.

The findings will inform the commissioning priorities and future commissioning plan for local community services.

Service Users, Families and Carers, specialist services and other Stakeholders are being consulted through a range of meetings and processes.

The questions covered are:

1. What is **working well/has been most helpful** in helping reduce risks and promote recovery from drug and alcohol related harms in Cornwall and Isles of Scilly?
2. What has **not been working so well** or needs to improve?
3. If we could improve only **3 things in 2026-2029**, what would your top priorities be?

This report summarises the activities undertaken by the DAT to **gather comprehensive feedback** on what is working well, what is not working well, and priority improvements needed across Cornwall and the Isles of Scilly with regard to drug and alcohol treatment.

Engagement included attendance at **multiple stakeholder meetings**, routine **touchpoints with partner agencies**, and **visits** to peer support groups including MAP and Kernow Recovery Community (KRC). In addition, a **formal survey** collected detailed insights from stakeholders, residents, service users, and partner organisations.

Methodology and Engagement Approach

The DAT undertook a mixed-method engagement process to build a rounded picture of strengths, gaps and priorities across Cornwall and the Isles of Scilly:

- Structured survey disseminated via email, meetings, newsletters and other channels.
- In-person attendance at peer support groups (e.g., MAP meetings, Kernow Recovery Community) to gather lived-experience feedback.

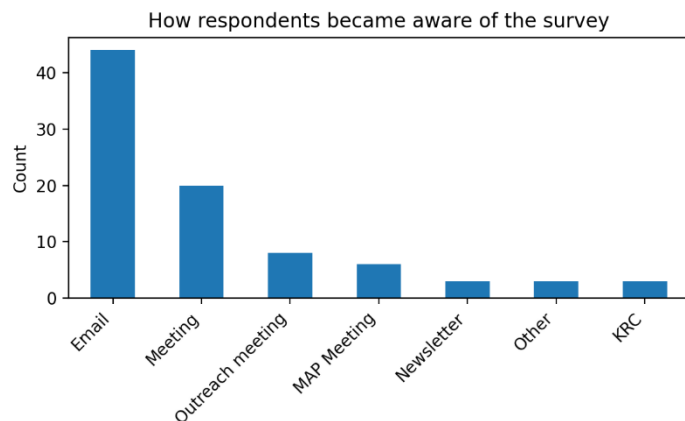
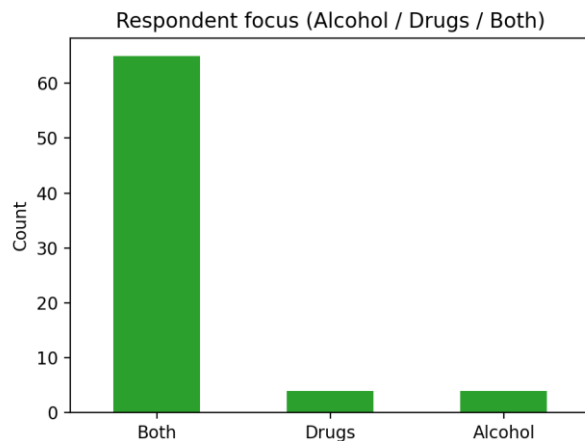
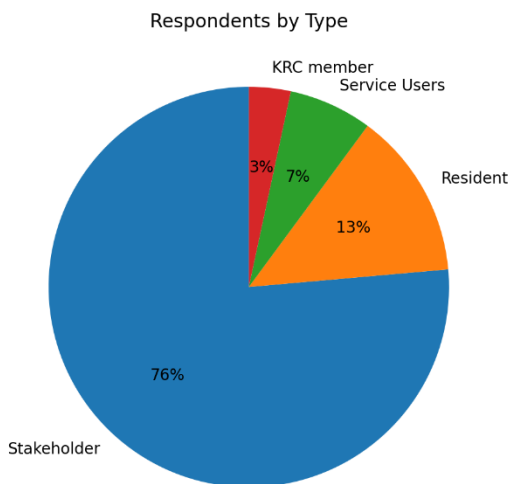
- Attendance at multi-agency meetings across health, housing, criminal justice, and the voluntary sector.
- Targeted conversations with residents in supported accommodation and people in treatment.

Respondent Numbers and Spread

Responses were received from a broad range of organisations and individuals including stakeholders, residents, service users and treatment providers. Representation included NHS Trusts, Cornwall Council teams, voluntary and community sector organisations, police, housing associations and peer support group participants.

Total respondents*	89
Stakeholder	68
Resident	12
Service Users	6
KRC member	3
Distinct organisations represented	37
Focus (Alcohol/Drugs/Both)	Both: 65, Drugs: 4, Alcohol: 4, Unknown/not stated: 16

*The number of respondents is higher than recorded due to meeting responses being counted as one response rather than the number of individuals responding



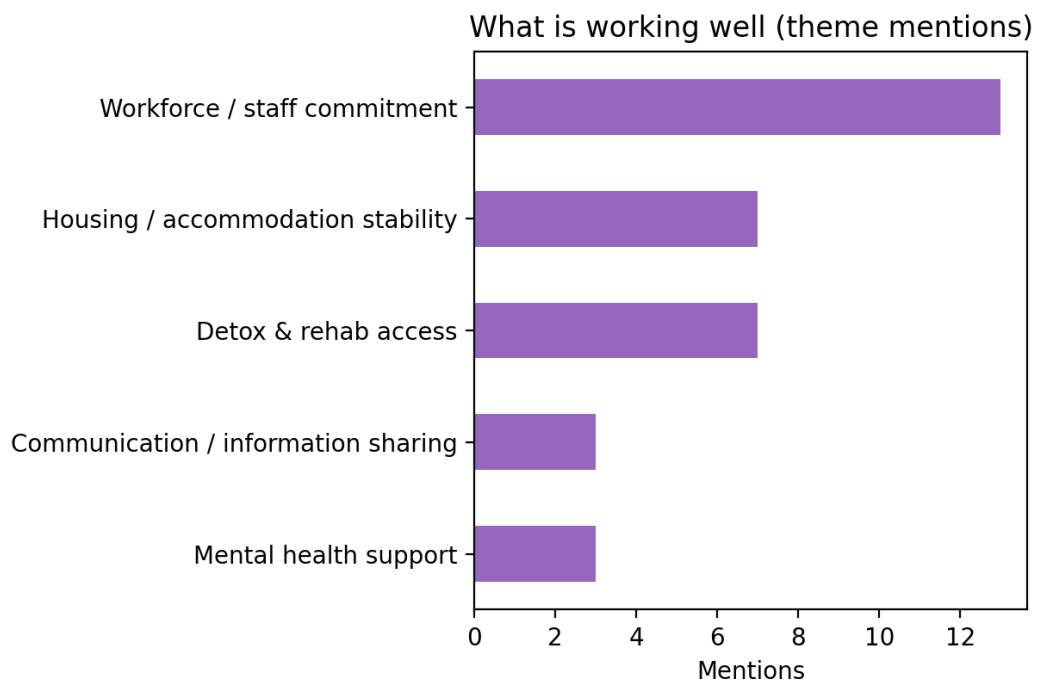
Top 10 Organisations by Number of Responses

Rank	Organisation	Responses
1	With You	5
2	Harbour Housing	4
3	Royal Cornwall Hospital	3
4	Cornwall council	2
5	St Petroc's	2
6	Coastline Homeless Service	2
7	RCHT	2
8	Mitie Care & Custody	1
9	Devon and Cornwall Police	1
10	Cornwall Council	1
—	Other organisations	25

Summary of Findings

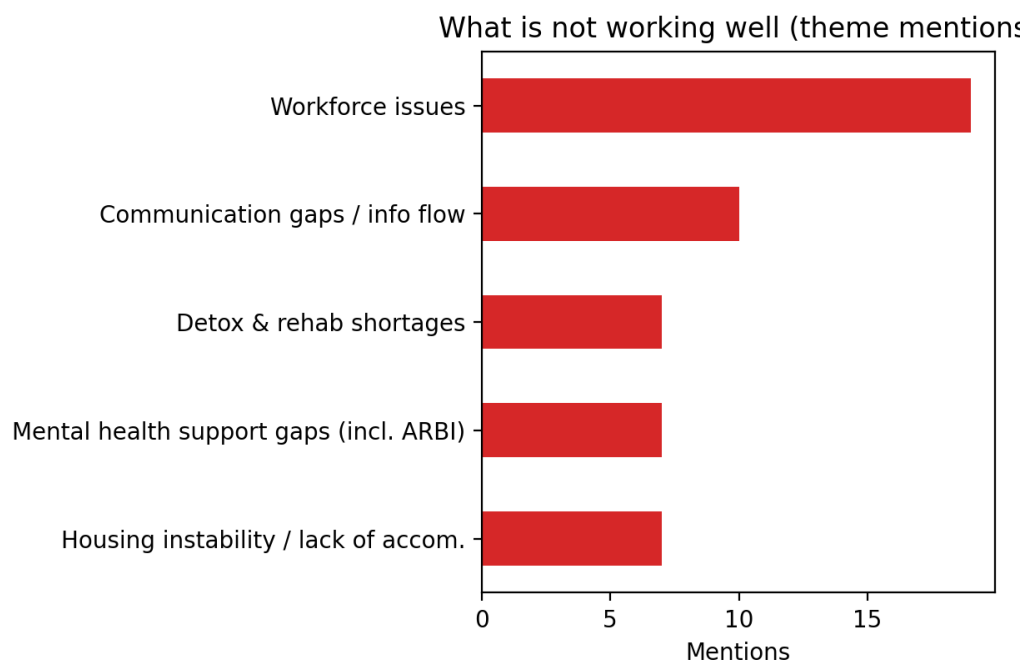
What Is Working Well

- Strong workforce commitment, with warm, compassionate and non-judgemental staff.
- Supported accommodation delivering stability and enabling recovery.
- When available, access to detox and rehab services is highly valued.
- Positive partnership working between treatment and mental health services.
- Coordination across services with regard to communication and information sharing (joint meetings, continuity of care).



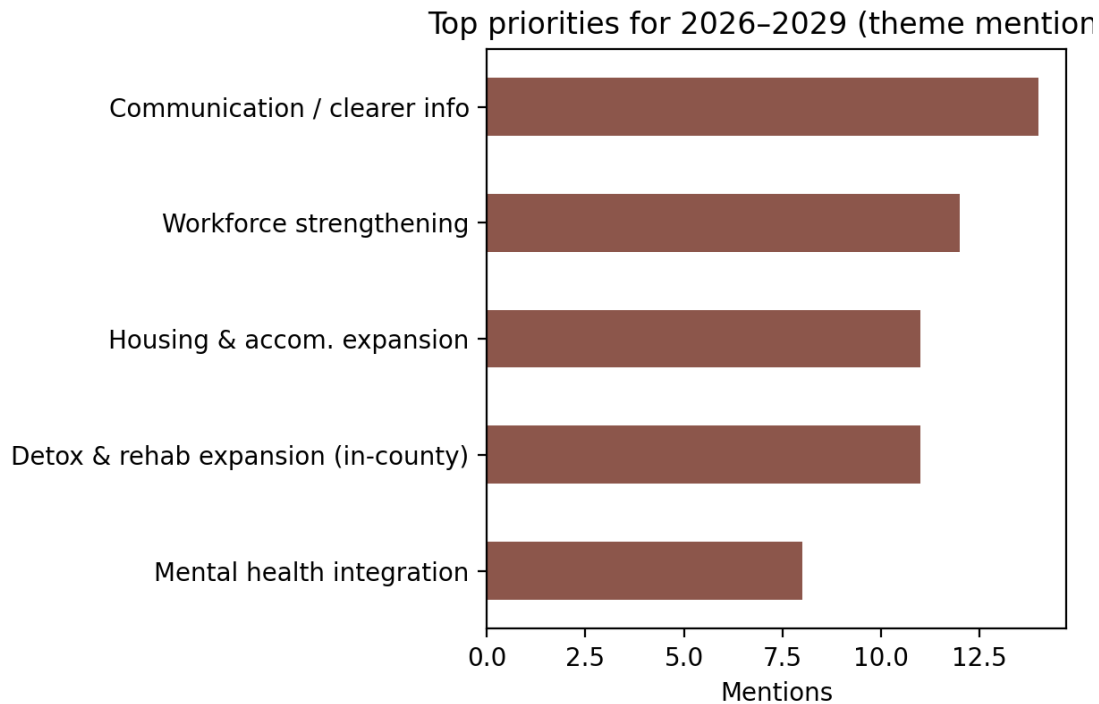
What Is Not Working Well

- Significant workforce shortages, high caseloads and turnover affecting quality of care.
- Inconsistent or poor communication between agencies, leading to gaps and delays.
- Limited access to mental health services, especially for dual diagnosis and Alcohol Related Brain Injury (ARBI) cases.
- Housing shortages, suitability and instability, especially for rough sleepers or complex needs clients.
- Insufficient detox and rehab capacity, with long waits and cancelled placements.



Priorities for 2026–2029

- Improved communication, clearer pathways, and reduced bureaucracy.
- Expansion of supported accommodation, including step-down and Housing First models.
- Increased in-county detox and rehab capacity.
- Integrated mental health and dual diagnosis provision. Clearer pathways and better partnership with CFT.
- Workforce strengthening, retention, wellbeing support and manageable caseloads.



Other top priorities for 2026–2029

- **Joint MH/dual-diagnosis protocols and co-location**
- **Education & prevention in schools/colleges** (stronger early education to reduce future harm)
- **Harm-reduction enhancements** (drug-testing kits, bad-batch alerts, naloxone awareness)
- **Outreach expansion & place-based work** (more on-site presence, drop-ins, “boots on the ground”)
- **Electronic prescribing & data access** (e-prescribing; RIO access; smart prescribing clinics)
- **ARBI pathway/support & post-care** (identification, treatment, specialist MDT, safe environments, long-term support)
- **Women-only rehab including capacity for children** (gender-specific spaces and trauma-informed pathways)
- *Reduce recording burden & streamline systems (e.g., simplify Halo, cut bureaucracy)*



Illustrative Quotes

"Commitment of frontline staff and services... highly committed and work hard to support clients with complex needs." **Stakeholder, Cornwall Refuge Trust**

"Compassionate staff... increased group work, multi-agency working." — **Stakeholder, WithYou**

"Staff have been warm and non-judgemental, able to build positive relationships with their clients to reduce risks." — **Resident**

"Access to detox/rehab centres in county... good MDT working." — **Stakeholder, Royal Cornwall Hospital**

"Mental health support which is in place and not contingent on the person first being off drugs or alcohol." — **Resident (Newsletter)**

"WithYou staffing crisis... high staff turnover and sickness leaves teams operating at half capacity, supporting twice the caseload." — **Stakeholder, Cornwall Council**

"Keyworkers overworked... sometimes can't get hold of them." — **Service User, MAP Meeting**

"Housing shortages make it almost impossible... leading to breakdowns and street/vehicle living." — **Stakeholder, Op Kernow**

"Three detoxes cancelled because nurses were unavailable." — **Resident (MAP)**

"If it wasn't for With You, I wouldn't be here" – life saving." — **Service User, MAP Meeting**

"Joint working needs to improve between With You and mental health services." — **Resident (Meeting)**

"Address substance use as a mental-health issue rather than a barrier to mental health services." — **Stakeholder, With You Cornwall**

"The detox and rehab centre in west Cornwall is a great provision." — **Stakeholder, Cornwall Partnership NHS FT**

"Strengthening ARBI identification, treatment, and long-term post-care support services." — **Stakeholder, RCHT**

"Wider provision of Housing First model." — **Stakeholder, Cornwall Council**

"Regular teams' meetings between HMP and Cornwall... better continuity of care and outcomes." — **Stakeholder, Change Grow Live**

"The EVA Project is a fantastic service for women... but access to residential rehab remains a challenge due to limited in-county provision." — **Stakeholder, West Cornwall Women's Aid**

Appendix A: Full Organisation List

Organisations
1. CC Housing
2. CS Alliance
3. Change Grow Live
4. Coastline Homeless Service
5. Coastline Housing LTD
6. Cornwall Council
7. Cornwall Council RSAP
8. Cornwall Ex-Military Info & Welfare Hub C.I.C. t/a Op Kernow
9. Cornwall Partnership NHS foundation Trust
10. Cornwall Refuge Trust
11. Cornwall council DASV team
12. Devon and Cornwall Police
13. FxPlus
14. Harbour Housing
15. Health for Homeless
16. LiveWest
17. Mitie Care & Custody
18. Practice plus group
19. Public Health
20. RCHT
21. Royal Cornwall NHS Trust
22. Salvation Army
St Petroc's
UHP
West Cornwall Women's Aid
With You
Cornwall foundation trust

Have Your Say Survey 2025

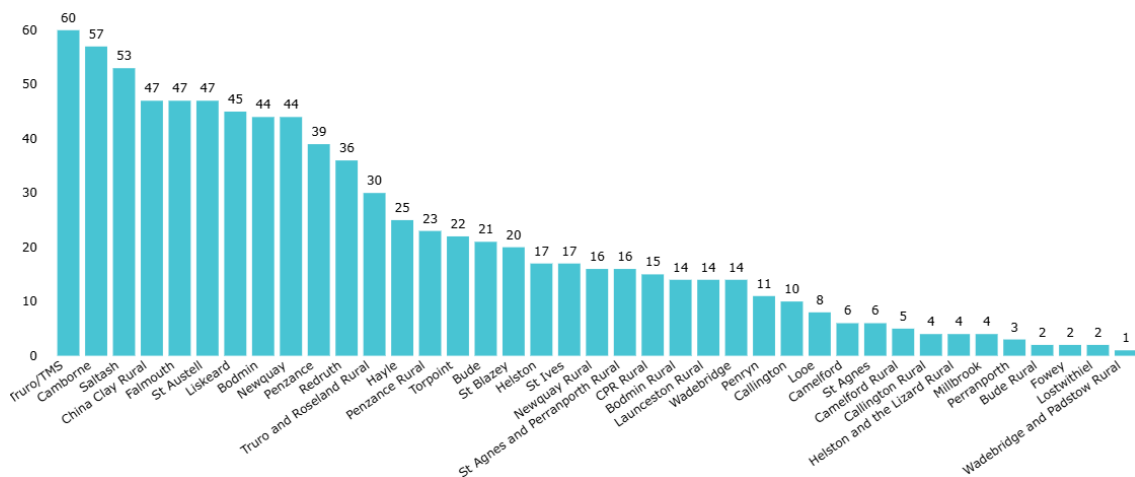
Every year, Safer Cornwall invites local people to “Have Your Say” about the **community safety issues that matter** on a day-to-day basis in the local area and what could be done to improve things. An **on-line survey** was available via Cornwall Council’s [Let’s Talk Cornwall](#) in July and August 2025.

This report provides the **headline findings from the online survey**. The full survey report is available on the Safer Cornwall website [Surveys - Safer Cornwall](#)

Who responded to our survey?

851 people responded to the survey in 2025. Numbers were 25% lower than the previous year – we had 1,142 responses in 2024 which was the highest ever response rate for this survey.

The chart below shows the breakdown of the 851 respondents by town. The town with the highest number of respondents was Truro (60), followed by Saltash (53) and China Clay Rural, Falmouth and St Austell (47 each). There were 28 towns with less than 30 respondents.



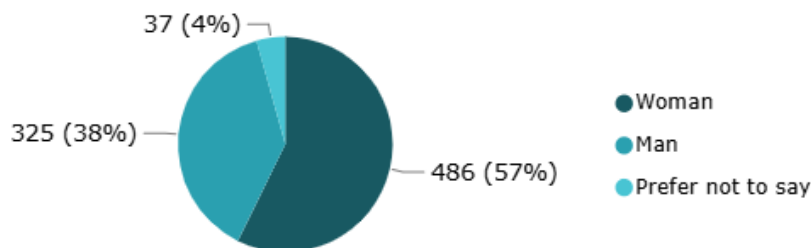
28 towns had less than 25 respondents which is a slight increase from last year. The table below shows the towns with 25 or more responses.

Town	Responses	%
Truro	60	7
Camberne	57	7
Saltash	53	6
China Clay Rural	47	6
Falmouth	47	6
St Austell	47	6

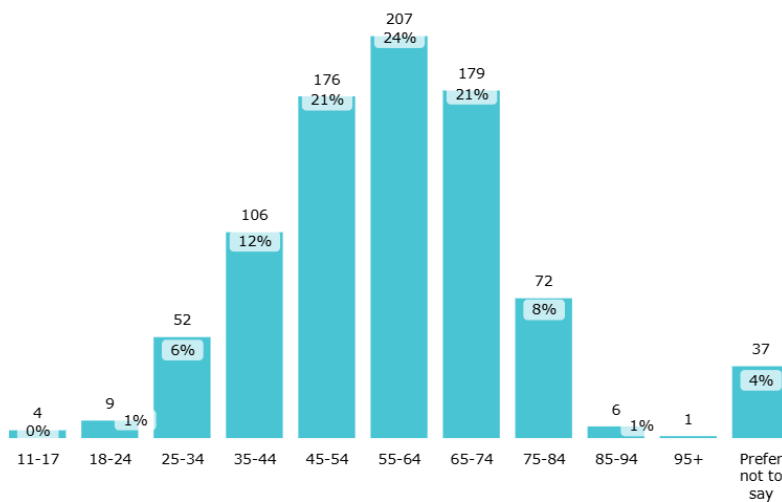
Town	Responses	%
Liskeard	45	5
Bodmin	44	5
Newquay	44	5
Penzance	39	5
Redruth	36	4
Truro and Roseland Rural	30	4

Younger age groups were under-represented when compared with the population of Cornwall. Middle age groups 45-54, 55-64, and 65-74 were all over-represented. More detail can be found in the table below.

What is your sex?



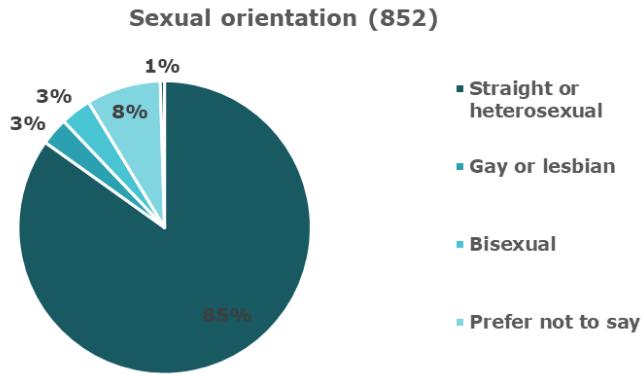
Which of the following age bands do you fall into?



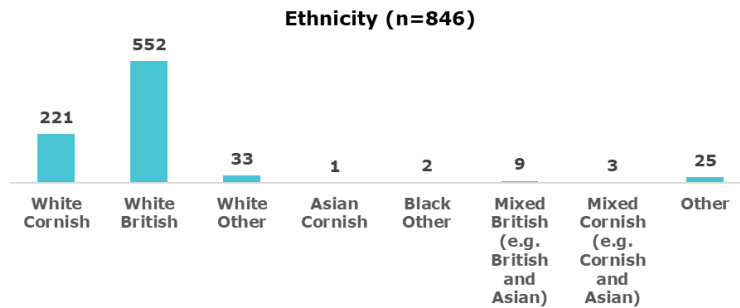
Age group	Population	Survey (2024)	Survey (2025)
11 to 24	15%	2%	1%
25-34	10%	9%	6%
35-44	12%	15%	12%
45-54	13%	21%	21%
55-64	15%	24%	24%
65-74	13%	19%	21%
75-84	9%	6%	9%
85-94	4%	<1%	1%

57% of respondents were women meaning that women were over-represented.

84% of people identified as heterosexual, **7% of people identified as LGBTQIA+** and 8% did not disclose their sexual identity.



Most respondents identified as White British at 64%, followed by 26% as Cornish. **2% of respondents were from Black, Asian, or other non-white minority ethnic groups.**

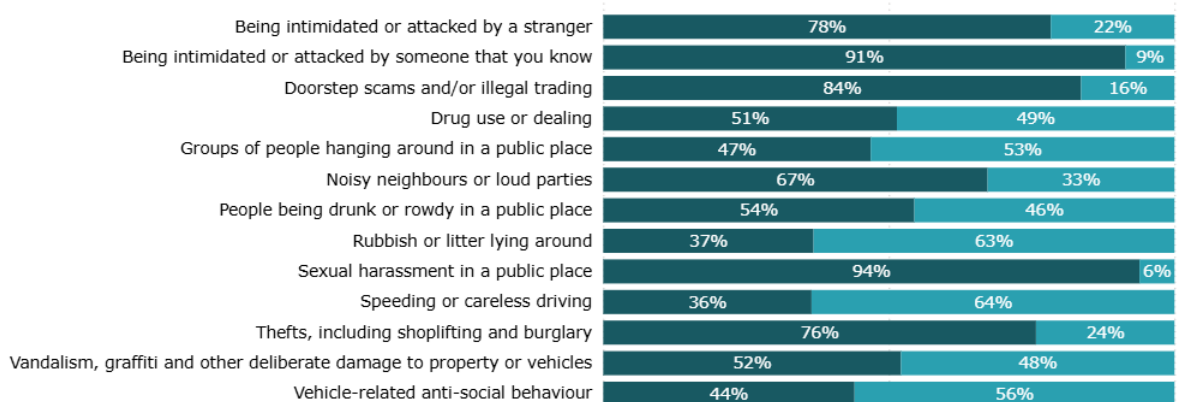


What residents told us about drugs and alcohol

Just **over three quarters** (77%) of respondents in 2025 had **seen or experienced crime or anti-social behaviour** in the previous 12 months. This is in-line with the 76% in 2024.

Issues experienced

● No ● Yes



Drugs

Consistent with previous years, the survey showed **high levels of community concern** where drug dealing and drug use has become **more visible** – for example, public drug taking, drug litter and anti-social behaviour.

49% of survey respondents who had seen or experienced crime or ASB in their local area had **seen drug use or dealing**. Only **31%** of people who witnessed drug use or dealing **reported it to police**.

Witnessing drug use and dealing has a **significant impact on public satisfaction** as well as how safe people feel. People who had seen drug use or dealing were:

- **More likely to feel unsafe** in the day-time (21% vs 13%) and at night (64% vs 35%)
- **Less confident in the police and council** – 72% disagreed that the police and council are tackling the anti-social behaviour and crime issues that matter in their local area (all respondents 55%).

Alcohol

46% of respondents who had seen or experienced crime or anti-social behaviour issues in their area had **seen people being drunk or rowdy** in a public place.

41% of respondents had seen someone **under the influence of alcohol being violent** towards another person. Three quarters (65%) stated that this violence took place in a **public place** other than in or around a pub or nightclub.

Whilst alcohol-related issues had a **negative impact on feelings of safety during the day**, there was no difference at night. Also, unlike seeing drug use and dealing, alcohol-related issues did not appear to have an impact on public confidence.

- **22%** of people who had seen people being drunk or rowdy in a public place **did not feel safe during the day** (compared with 13% for all respondents) and **35%** did not feel safe in their local area **after dark** (the same as for all respondents).
- **55%** of people who had seen people being drunk or rowdy in a public place **disagreed** that the council and the police are dealing with the anti-social and crime issues that matter in their local area. This is the **same as the rate for all respondents** to the survey.

Violence/crime - Includes mentions of assaults, stabbings, vandalism, and general criminal activity (approx. 15%)

- *Due to the violence that happens I feel I cannot really leave my property after dark without someone being with me. I worry that people will start on me for no reason other than I have walked in on a deal or they are having an argument and they will start on me because they are under the influence of alcohol and drugs*
- *Crime is becoming a big problem here and will most likely become worse if it isn't stomped out now. Anti-social behaviour is rampant as well as drug related crimes.*
- *I live in Penzance and in recent months I have had to call the police at night due to witnessing assaults outside my house.*

Respondents were asked what they felt would have **greatest impact in addressing crime and anti-social behaviour issues in their area.**

Whilst the most commonly offered solution was a greater police presence (mentioned by around 50% of all respondents), around **10% suggested improving the support available** for people affected by drug and alcohol use or wanted to see a **more assertive approach to tackle dealers.**

Drug and Alcohol Issues (approx. 10%)

- *"More help and support for mental health services and people affected by drug and alcohol use."*
- *"Better policing but also treatment or somewhere for these people to go in the day, or voluntary work – would give them purpose."*
- *"Arresting the dealers, doing random checks on the vehicles that stink and erratic drivers."*

Accessing support for drugs and alcohol

The **percentage** of respondents who knew **how to access support for drug and alcohol** remained **constant** at 62%.



While just over half of men knew **how to access support**, the **percentage of women was much higher** (69%).

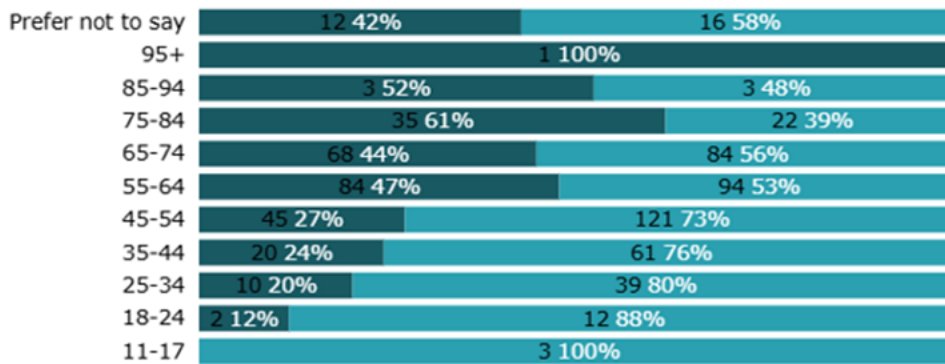
Do you know how to access support if you or someone you know needs help with alcohol or drugs issues?

● No ● Yes



The chart below shows the percentage of respondents who know how to access support for alcohol or drug issues, linked to age group. It shows that **knowledge of how to access services tends to decrease with age** with 88% of 18-24 year olds knowing how to access services through to 39% of 75 to 84 year olds.

● No ● Yes



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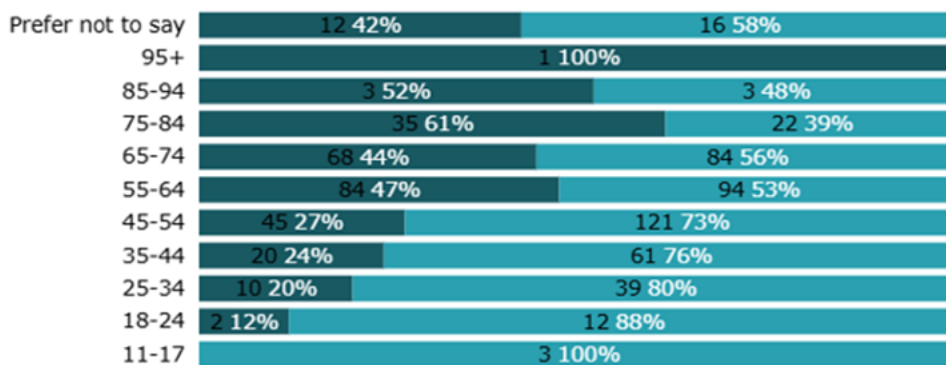
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● No ● Yes



Cornwall's Right On Survey 2025

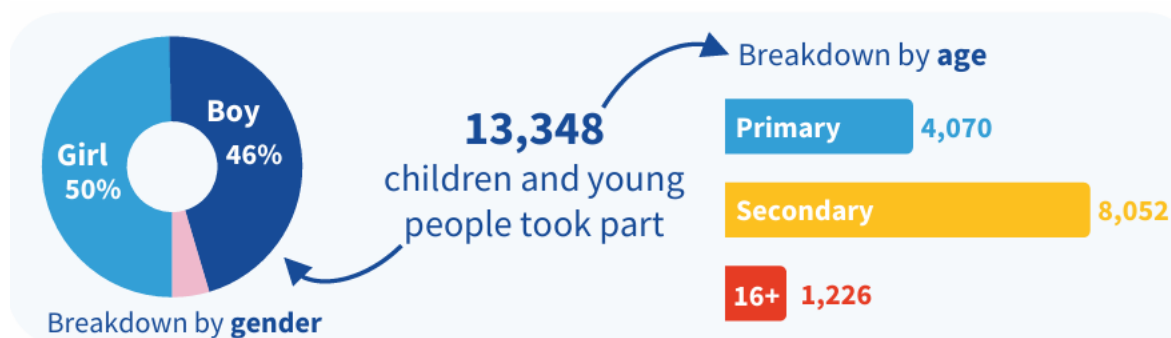
The Right On Survey is an extensive **biennial consultation with children and young people** in Cornwall and the Isles of Scilly.

The survey invited children and young people to let us know their thoughts on a wide range of issues that impact their lives. This survey forms part of wider engagement and participation work to ensure we are connected with the children and young people of Cornwall.



Cornwall Council has formally adopted the United Nations Convention on the Rights of the Child (UNCRC), a global agreement that sets out the basic rights every child should have. These rights ensure children are protected, treated fairly, listened to, and supported to grow and thrive. The UNCRC helps guide how services, schools, and decision makers in Cornwall consider and act on children's rights —making sure young people's best interests.

By using the UNCRC alongside the Right On Survey, we can better understand children's experiences and make decisions that respect and uphold their rights to improve their daily lives.



The following findings for drugs and alcohol are based on the secondary and post 16 participants which amounts to just over 9,200 responses.

- **Smoking:** Smoking rates increase with age, as expected. National data for secondary-aged pupils is broadly in line with local rates. "Coping with stress and worry" is frequently cited as a key reason for smoking, highlighting a need for improved stress-management and emotional-regulation strategies.
- **Vaping and Nicotine Pouches:** More pupils across all age groups have tried vaping—or currently vape—than have ever smoked. This may indicate that vaping is a more accessible entry point to nicotine use, raising questions

about whether it acts as a potential gateway to cigarette smoking. Use of nicotine pouches remains low.

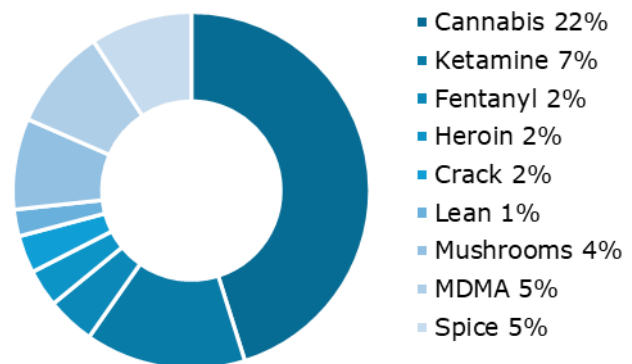
- **Alcohol:** National survey data shows that a much higher proportion of young people report never having consumed alcohol (68%) compared with local secondary respondents (27%). This suggests **alcohol is more commonly experimented with locally**, even though overall drug-use rates remain low.
- **Drugs:** The proportion of pupils reporting that they have been offered or have taken drugs is lower than levels seen in national surveys.

Young people were asked **what substances** they have used:

- The **majority of pupils report they have never taken drugs** (78% of Secondary and 60% of 16+). Conversely, 8% of Secondary and 18% of 16+ pupils report they have taken drugs. Whilst there are no national data available for those aged 16+, the local rate of taking drugs is lower than the average for England (13%) (survey as above).

It was clear in these free text options that there were some answers were bogus or junk responses, however they have been included in these responses as some responses will be valid. In total there were 420 responses to the question that asked specifically about types of substance.

- Most responses to this question reinforced the students views that **they don't use drugs**. Paracetamol, ibuprofen, Calpol and prescribed medicines were most often cited as the drugs that young people are using.
- **22%** of secondary/ post 16 respondents had said that they had used **cannabis**.
- **Heroin, Fentanyl and Crack** were mentioned in **2%** of responses although they were often cited together.
- **Ketamine** often appeared on its own and was **mentioned in 7%** of responses as ever being used. This equates to 30 young people
- **MDMA and Spice** were present in **5%** of responses.
- **Lean** (also known as purple drank and dirty Sprite) was mentioned in a handful of responses. This relates to the mixing of counter prescribed liquid medicine mixed with sugary fizzy drinks.



More detailed information from the Right On Survey 2025 can be found in the 2026 update to the **Young People's Substance Use Needs Assessment**.

Further reading

- [Drugs Needs Assessments](#) including the comprehensive 2022/23 assessment and subsequent updates.
 - Cornwall and Isles of Scilly Drugs Needs Assessments – 2022/23 and 2024/25 update
 - Young People’s Substance Use Needs Assessment 2024/25
 - Alcohol Needs Assessment 2022
- [Drug Strategy Reports](#) showcasing the work done locally in the in support of the national Drug Strategy. **Three consecutive years** are available.
- Annual [Drug Related Deaths Report](#) for Cornwall and the Isles of Scilly, covering the calendar year 2024. It follows the guidance and requirements by the Department of Health and the Home Office for all areas to have in place a system of recording and conducting confidential inquiries into drug related deaths within their specific areas.
- [From harm to hope](#): A 10-year drugs plan to cut crime and save lives (cross-Government Strategy, launched in 2021)
- [Independent review of drugs](#) by Professor Dame Carol Black, parts 1 and 2. Home Office and Department of Health and Social Care (2020).
- Alcohol and drug misuse and treatment statistics (collection), Office for Health Improvement and Disparities. [National statistics](#) to support improvements in decision making when planning alcohol and drug misuse treatment services.