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# Drug Demand Profile - Horsham

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Public Health and Social Research Unit

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## Local Context

In 2021 the UK Government published a 10-year drugs strategy “From harm to hope: A 10 year drugs plan to cut crime and save lives”. As a result of the new strategy, it was required that every local authority have a strong partnership that brings together all the relevant organisations and key individuals. The West Sussex Drug and Alcohol Partnership (WSDAP) was created with a statutory duty to follow the new national drug strategy: breaking drug supply chains, delivering a world-class treatment and recovery system and achieving a generational shift in the demand for drugs.

The WSDAP understand that to reduce local demand for drugs, it is necessary to work with local partnerships to conduct research activities to create local area profiles of resilience and risk factors of substance misuse for the diverse local geographies across the county, with the ambition to assign partnership leads to the identified priority areas of work resulting from such profiles.

For a better understanding of the results in this report, it is important to have a clear picture of Horsham population characteristics and its community. Once we know the local context of the study, it should help us to describe and explain some of the analysis and conclusions on this report.

To understand Horsham local context we need to focus on:

- Population and geography
- Population demographics
- Multiple Deprivation and local inequalities

### Population and geography

Horsham is on the Southeast region of England and is a local government district in West Sussex. It is bordering with Mole Valley and Waverley Districts at North, with Mid Sussex and Crawley to the East, with Arun and Adur at South and Chichester to the West. It is well connected to London and other neighbouring areas by road and rail lines, there are 50Km to the South West of London and 30Km to the North West of Brighton.

Horsham has an area of 530 Km<sup>2</sup> with 146,778 people with a density of 277 people per Km<sup>2</sup>; the 14<sup>th</sup> least densely populated of the South East's 64 local authority areas.

Horsham is mostly composed by rural villages and towns with a cluster classified as urban around Horsham town.

In Horsham, nearly 80% of households need over 30 minutes by car to access a Hospital but 100% of households can access to a GP within 30 minutes by car and 90% can also do it by public transport or walking<sup>1</sup>.

At the time of the 2021 Census, 882,700 people<sup>2</sup> living in West Sussex of which 147,000 lived in Horsham. Between 2011 and 2021, the population in Horsham increased by 11.8% this was higher than the South East growth (7.5%). The median age was 45 years, an increase by 1 year compared to 2011 census; the biggest increase in population has been for the groups of age 50 and over (Figure 1), while the group aged 35 to 49 has reduced.

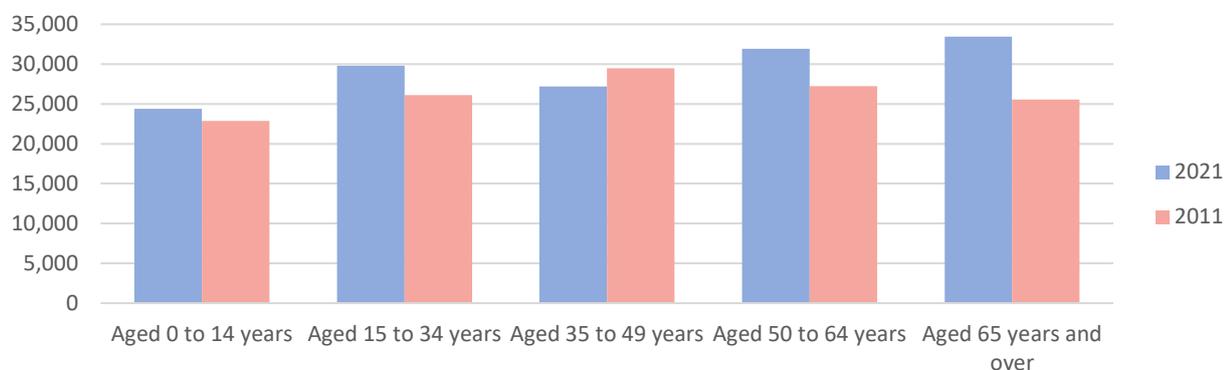
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<sup>1</sup> Source: [SHAPE - Shape \(shapeatlas.net\)](https://shapeatlas.net)

<sup>2</sup> Source: ONS, UK Census 2021

The life expectancy at birth for males is 82.2 years and in females is 85.1, above to West Sussex figures (80.6 and 84.1 respectively)<sup>3</sup>.

Figure 1: Horsham - Population in 2021 and 2011



Source: ONS, UK Census 2011, 2021

## Population demographics

This profile uses a variety of information only available from the Census, such as data on ethnicity, language, so have used the last figures from the 2021 UK census, which are still relevant for the purpose of our analysis.

There are approximately 146,778 people in Horsham, an increased by 11.8% compared with 2011 UK census. The average growth for the South East has been 7.5% and 9.4% for West Sussex.

Table 1: West Sussex 2021 population by districts and boroughs

Population	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing	West Sussex	South East	England
<b>2011</b>	61,182	149,518	113,794	106,597	131,301	139,860	104,640	806,892	8,634,750	53,012,456
<b>2021</b>	64,544	164,889	124,068	118,493	146,778	152,566	111,338	882,676	9,278,065	56,490,048
<b>Change</b>	3,362	15,371	10,274	11,896	15,477	12,706	6,698	75,784	643,315	3,477,592
<b>% Change</b>	5.5%	10.3%	9.0%	11.2%	11.8%	9.1%	6.4%	9.4%	7.5%	6.6%

Source: ONS, UK Census 2011, 2021

If we compare Horsham with nearby areas outside West Sussex like Mole Valley and Waverley, Horsham had higher increase in population than Mole Valley (2.4%) and Waverley (5.5%).

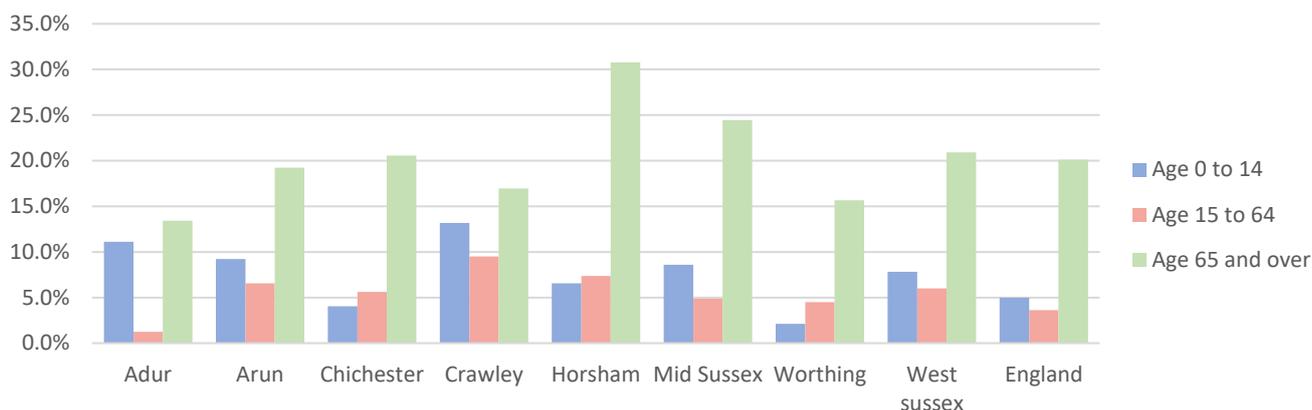
<sup>3</sup> Source: <https://fingertips.phe.org.uk>

## Age distribution

In West Sussex context, Adur, Arun, Crawley, Horsham and Mid Sussex districts have all seen increases in those aged under 15 years, above the England average of 5.0%, with Horsham at 6.6%.

When we analyse the percentage change by age, we can see that in Horsham, the increase in population for the group of age 65 and over has experienced a higher increase (30%) compared to younger groups (6-7%).

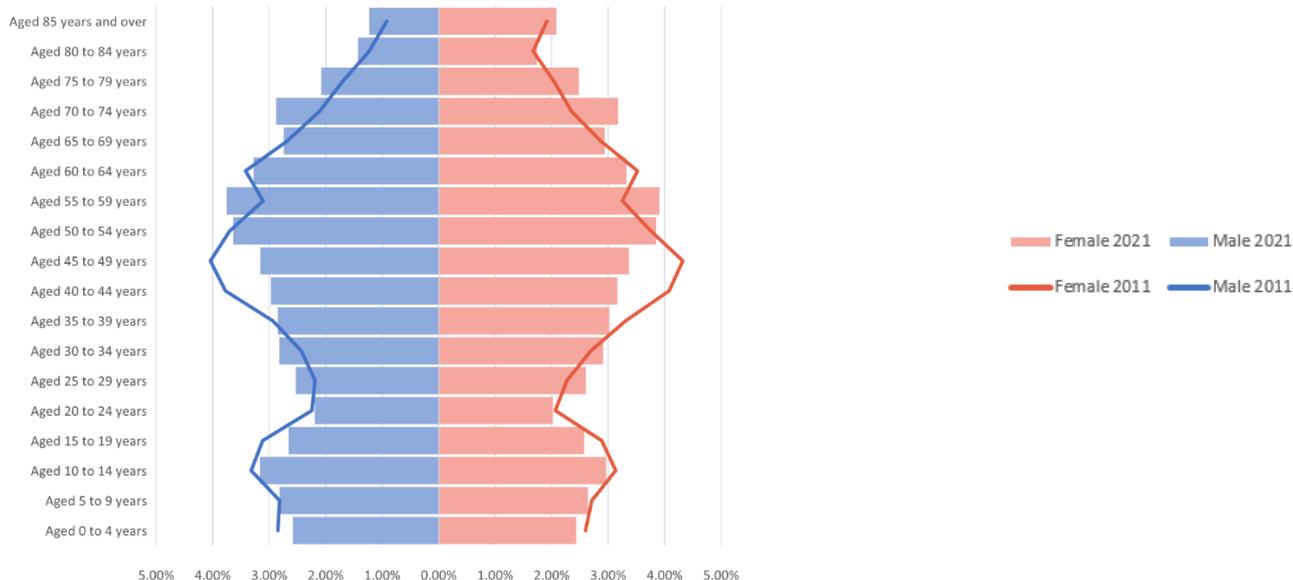
Figure 2: 2011-2021 Population Percentage Change by Age Group West Sussex



Source: ONS, UK Census 2011, 2021

If we compare the data from the 2011 Census with the 2021 Census (Figure 3), we can see how the population has changed. In recent years, the group of age 40 to 49 has seen a reduction in their population while older groups have increased.

Figure 3: 2011-2021 Population Percentage Change by Age Horsham



Source: ONS, UK Census 2011, 2021

Figure 4: 2011-2021 Population Percentage Change by Age England



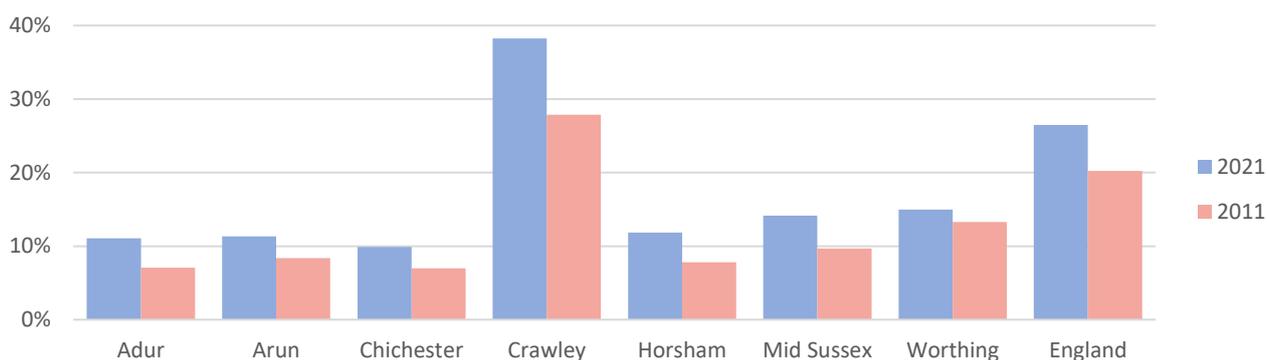
Source: ONS, UK Census 2011, 2021

If we compare the population pyramids between Horsham and England (figure 3 and 4), we can see that Horsham has bigger proportion of population with older age and smaller proportion of people between 15 to 44.

### Ethnicity and nationality distribution

Minority ethnic communities in West Sussex are increasing across all seven districts and boroughs, of note Crawley, the percentage of the population from an ethnic minority has increased by over 10% in the last 10 years (Figure 5). In the rest of West Sussex the increase has been more moderated.

Figure 5: West Sussex - BAME composition 2011 - 2021 (Includes 'White Irish', 'Gypsy/Traveller', 'Roma' and 'Other white').

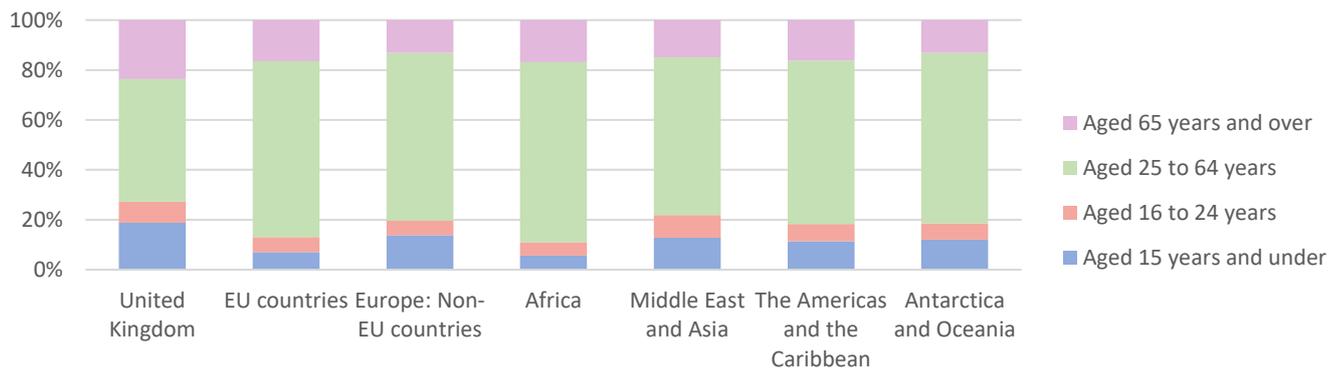


Source: ONS, UK Census 2011, 2021

In Horsham minority groups have increased 3%. The minority group with highest increase has been 'Other White non UK ethnic' which represent 5.51% of population in 2021 (3.83% in 2011).

If we analyse the population by country of birth, 10.3% of the population was born outside the UK, the majority from EU countries. From the people born outside the UK, the vast majority are aged between 25 and 64 years (Figure 6).

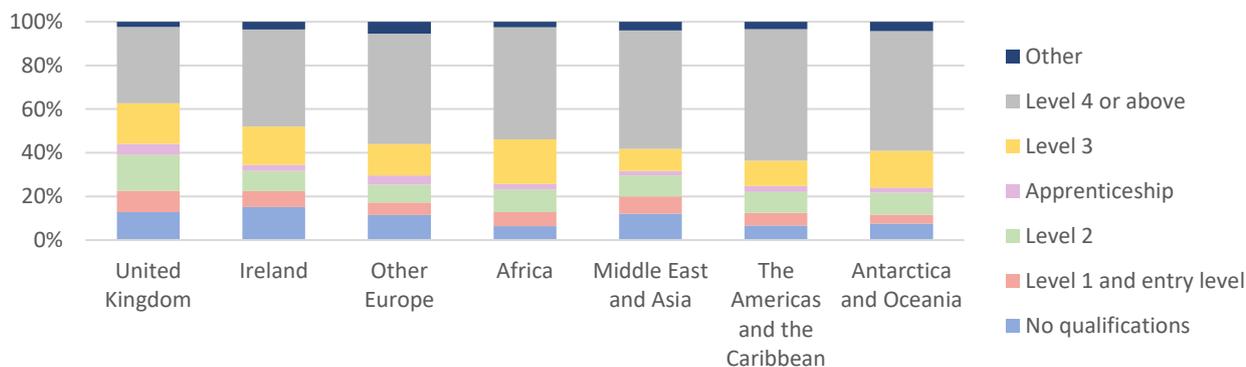
Figure 6: Horsham - Age population by country of birth



Source: ONS, UK Census 2011, 2021

Analysing the level of education of those born outside the UK (Figure 7) we can see the proportion with Level 4 (e.g., university education) or above is higher than the population born in UK, especially people born in The Americas and the Caribbean.

Figure 7: Horsham – Highest level of qualification by country of birth



Source: ONS, UK Census 2011, 2021

People living in Horsham coming from outside the UK are more likely to be between 25 to 64 years old, with a higher level of education.

## First language

In Horsham there are variety of main languages spoken and 3.5% of the population do not have English as their main language. Polish is the second main language, also 1% of the population speaks any kind of Asian language.

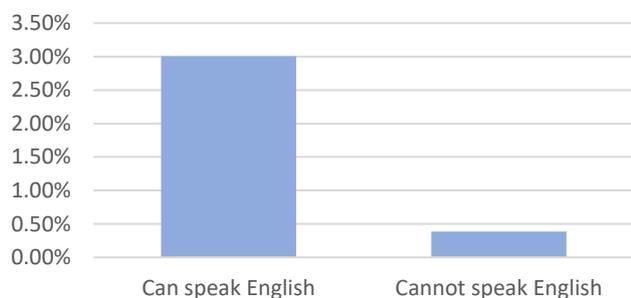
Figure 8: Horsham– Main language spoken rather than English.



Source: ONS, UK Census 2011, 2021

In the figure below, we can see the proficiency in English in Horsham, English is the main language for 96% of the population and 0.4% of the population in Horsham cannot speak English.

Figure 9: Horsham – Percentage of population with English as a second language

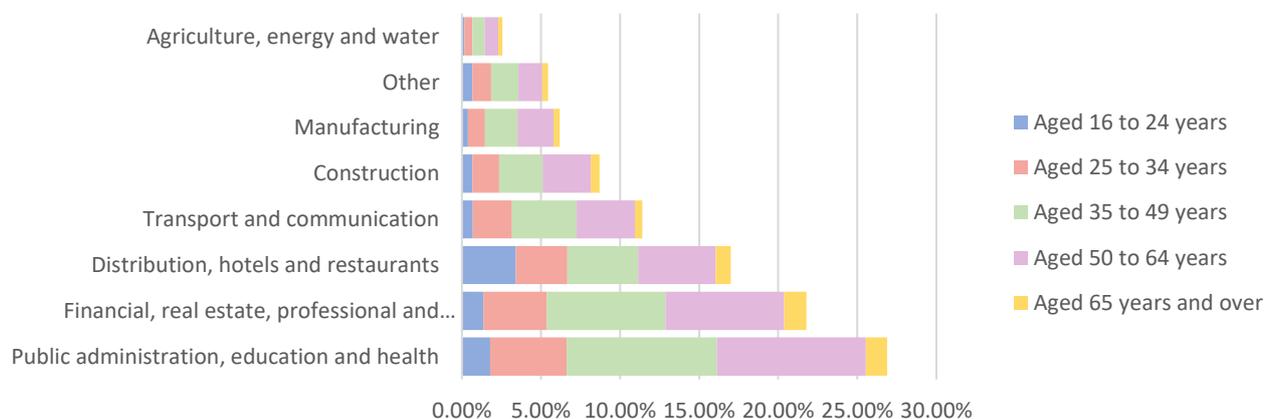


Source: ONS, UK Census 2011, 2021

## Economy in the area

The distribution of Horsham economic activity is similar to the rest of Districts and Borough of West Sussex. In Horsham the main economic activities are those relevant to public administration, education and health and represents 27% of the economy, (29% as average for the rest of West Sussex). The second industry most important for is financial, Real estates and administrative services while for West Sussex is distribution and hospitality. See Figure 10.

Figure 10: Horsham – Economic Industry by Age



Source: ONS, UK Census 2011, 2021

If we analyse the economic activities by age, most of the population in employment aged 16 to 24 are working in hospitality and distribution.

## Multiple Deprivation and local inequalities

There are different social factors that have an impact in substance misuse, from housing and employment to mental health and access to different services and living in a deprived area. By analysing the context of deprivation in local communities we can understand these wider determinants of inequality.

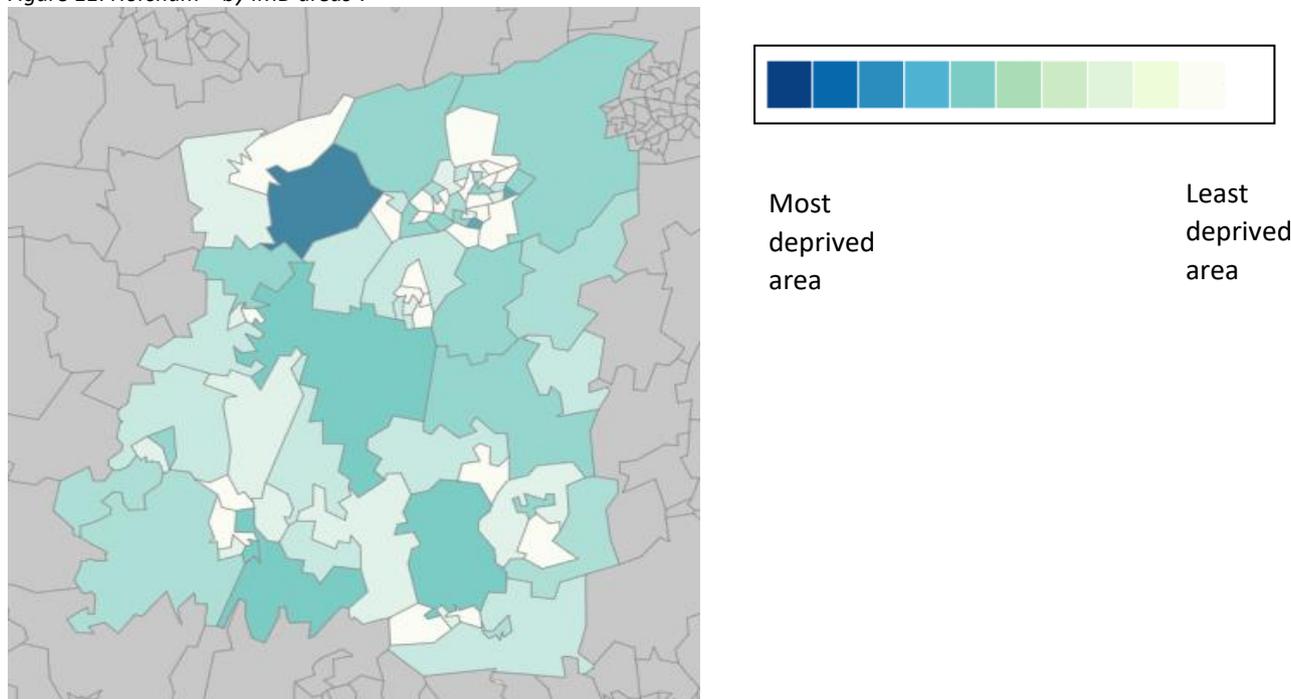
### Index of Multiple Deprivation (IMD2019)<sup>4</sup>

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England. It is based in 39 separate indicators, organised across 7 domains of deprivation which are combined and weighted to calculate the Index of Multiple Deprivation. The result is an overall measure of multiple deprivation experienced by people living in an area and is calculated for every neighbourhood area in England.

IMD divides England into small areas (called Lower Super Output Areas referred to as LSOAs) of approximately 1500 people and each area is ranked with a value between 1<sup>st</sup> (most deprived area) to 32844<sup>th</sup> (least deprived area). The map below shade areas according to decile grouping, with the most deprived 10% of neighbourhoods shaded dark blue, the least deprived 10% shaded light yellow.

Horsham has 81 LSOAs, and the most deprived area ranked nationally as the 9134<sup>th</sup> most deprived area in England.

Figure 11: Horsham – by IMD areas<sup>5</sup>.



<sup>4</sup> Source: [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

<sup>5</sup> Source: [Microsoft Power BI](#)

In total Horsham has 41 LSOAs within the 20% - 10% least deprived area, and seven LSOAs scoring within 30 – 50% most deprived areas.

When analysing the most deprived area across the seven domains, the area has scored poorly in relation to living environment and barriers to housing and services and ranked in the decile 1 on both domains and health deprivation and disability has also received a poor score in the decile 3.

Looking across all the various domains of deprivation, it is clear that deprived areas in Horsham ranked poorly on barriers to housing and services and living environment. The areas ranked better on issues such as health deprivation and disability and employment.

## Prevalence

The following data will aim to describe the scale of drug activity in Horsham.

### Drug Litter

Horsham District Council started to record drug litter in February 2024 by seven neighbourhood warden teams. When drug litter is found, they record where the drug litter is found, the type of drug litter and quantity. An additional parks team records the drug litter from parks and open spaces over one week a year as a representation of their weekly findings. Thanks to that we can have a better understanding of the level of drug activity in Horsham. We have to remember that this data will not provide a complete picture of the level of drug use in the community, not even all public drug use or drug litter findings.

For our analysis, we could have access to the drug litter records from 1st February 2024 to 31st August 2024, during that time 125 records of drug litter were logged by the neighbourhood warden teams and 63 records of drug litter were logged by the parks team in one week. During this time, June and August were the months with more drug litter records.

Each record makes reference to the type of drug litter found (using a 14 category code) and includes the quantity they found each time.

Table 2: Drug litter records by type of drug litter and quantity (parks team records quantity over 9 as "lots", for this table lots equals +10)

Type of drug litter	Warden teams		Parks Team (one week sample)	
	Records	Quantity	Records	Quantity
1 - Drinks cans or foil containers, may be discoloured by heat	-	-	6	+40
2 - Spoons - burnt or discoloured by heat	-	-	-	-
3 - Pipes, all shapes, sizes and materials	1	25	11	+90
4 - Cigarette papers or ripped packs	3	14	11	+90
5 - Foil with burn mark down the middle	-	-	1	+10
6 - Shredded cigarettes	1	2	9	+60
7 - Squares of papers (folded to form a small envelope)	-	-	-	-
8 - Syringes, barrels and needles	-	-	-	-
9 - Plastics bags, corners of plastic bags, small "Ziplock" bags	85	227	17	+130
10 - Aerosol cans, butane gas containers	5	9	4	+30
11 - Small phials and bottles	-	-	-	-
12 - Small colourfully "branded" packets used to hold NPS	3	10	-	-
13 - Small (harm reduction) foil water dishes used in preparing injections	-	-	1	3
14 - Blister packs of over counter cold/flu - antihistamine capsules	3	5	3	+20
9 & 4 - Together	24	43	-	-
<b>Grand Total</b>	<b>125</b>	<b>336</b>	<b>63</b>	<b>+450</b>

Source: Horsham District Council

The main type of drug litter found by the warden teams was 9 (Plastics bags, corners of plastic bags, small "Ziplock" bags), recorded 85 times and found 227 pieces of litter and an additional 24 times where 9 and 4 (cigarette papers or ripped packs) were recorded simultaneously with 43 pieces of litter.

The main types of drug litter found by the parks team were: 9 recorded 17 times with over 130 pieces found, 3 (pipes, all shapes, sizes and materials) and 4, both recorded over 11 times and over 90 pieces found.

Some types of drug litter were found in big quantities, could indicate that the drug referring to that type of litter could be consumed in big groups of people or is a hotspot area.

It is worth mentioning that the type of drug litter 1 (Drinks cans or foil containers, may be discoloured by heat), 5 (Foil with burn mark down the middle) and 13 (Small foil water dishes used in preparing injections) were just recorded by the parks teams in significant quantities.

Over 80% of findings recorded by the warden teams were recorded in Billingshurst, especially around community buildings, parks and playgrounds.

Most drug litter recorded in one week by the parks team, were found in Roffey (60% of findings) and Horsham (19% of findings).

Figure 12: Drug litter finds by the Warden teams February – August 2024 (Quantity)



Figure 13: Drug litter finds by the Parks teams (one week sample) (Quantity)



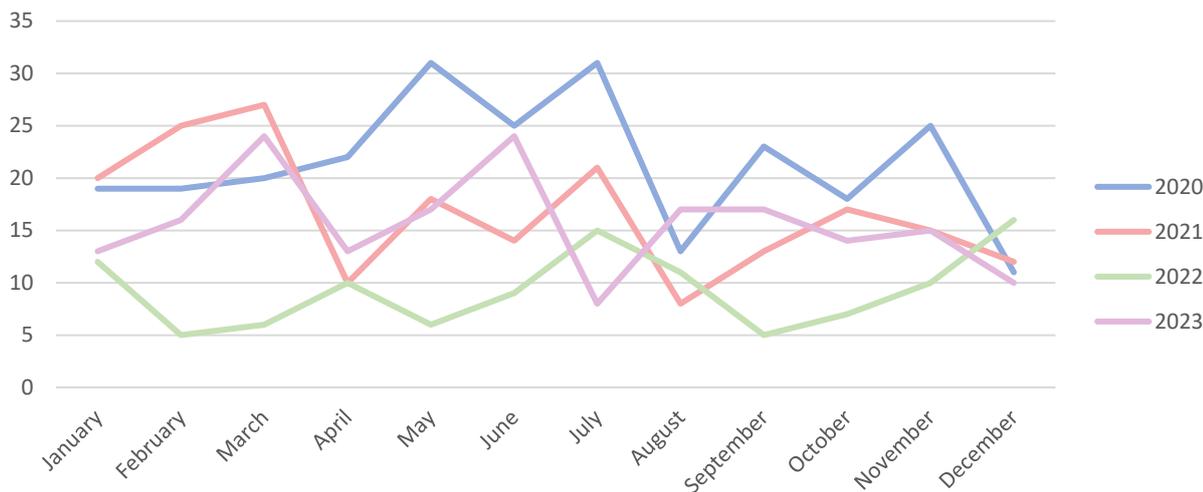
Source: Horsham District Council

## Criminal activity and Drug offences

Below we can find the drug related crime recorded by Sussex Police from January 2020 to December 2023 in Horsham. Horsham has been compared with other areas in West Sussex.

During the period analysed, there were 757 offences recorded as drug crime by Sussex Police. 2020 was the most active year while 2022 was the least active. The number of offences varies by month, as seen in the figure below.

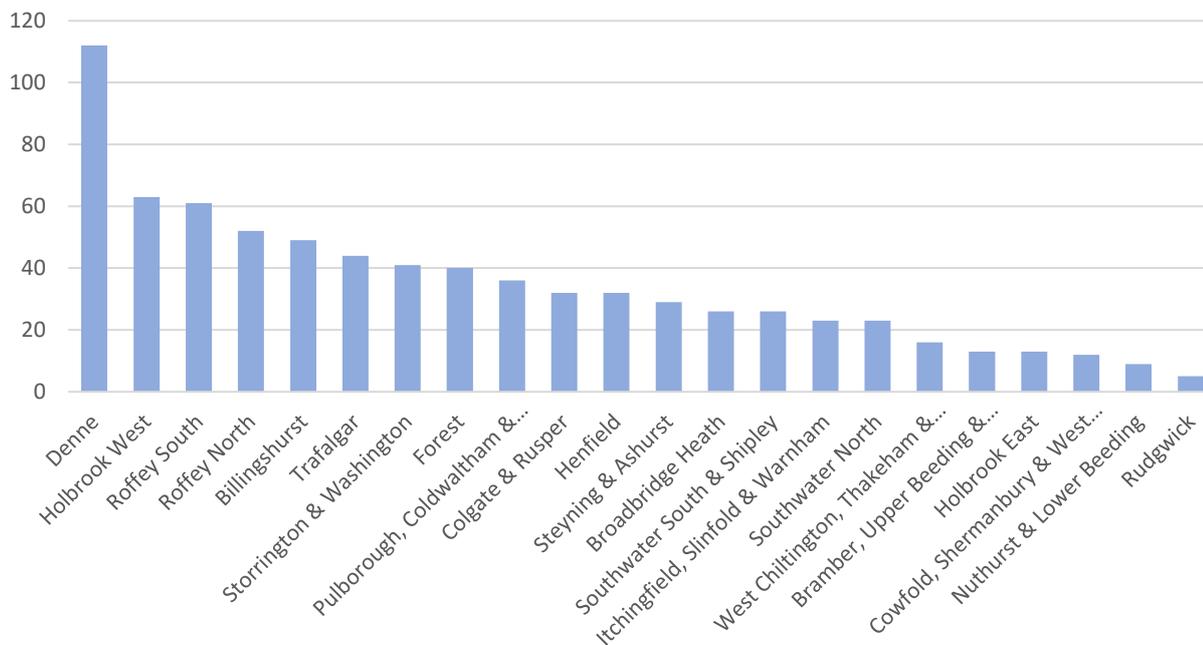
Figure 14: Offences recorded as “drug crime” by Sussex Police 2020-2023



Source: data.police.uk/data/

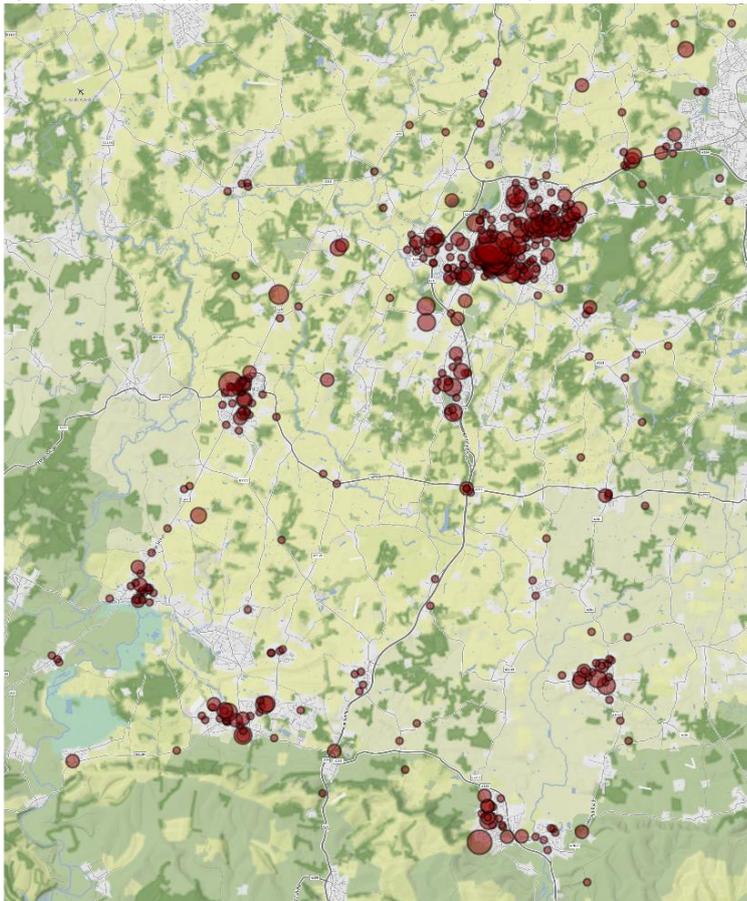
The ward with the highest number of offences recorded as “drug crime” was Denne.

Figure 15: Offences recorded as “drug crime” by Wards 2020-2023



Source: data.police.uk/data/

Figure 16: Map of offences recorded as “drug crime” by Sussex Police 2020-2023

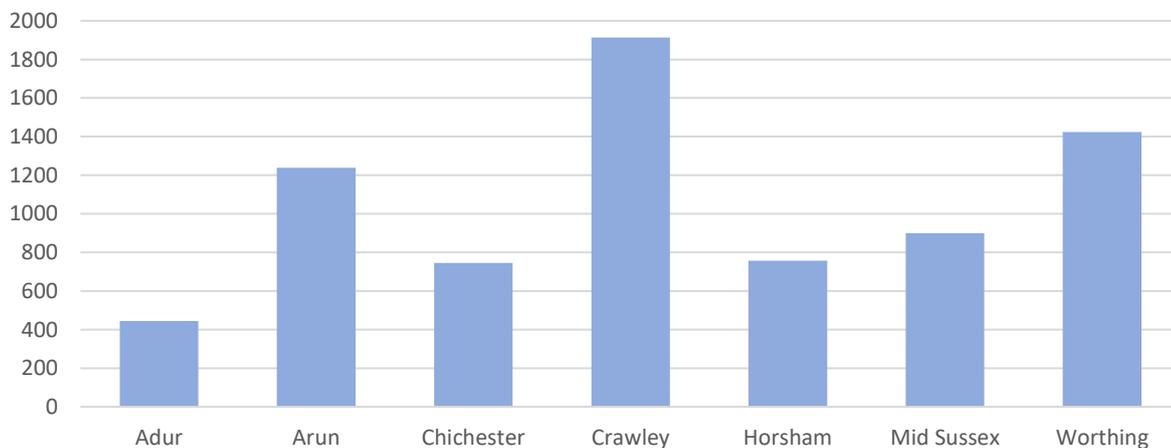


Number of police incidents ● 5 ● 10 ● 15 ● 20

Source: data.police.uk/data/

If we compared the drug offences from Horsham with the rest of West Sussex, Horsham is the third area with less drug offences overall. Crawley stands out as the locality with the highest number of offences. It should be noted that higher levels could reflect specific local programmes and initiatives, such as the “Clear, Hold, Build” programme in Crawley.

Figure 17: Drug offences – West Sussex 2020-2023



Source: data.police.uk/data/

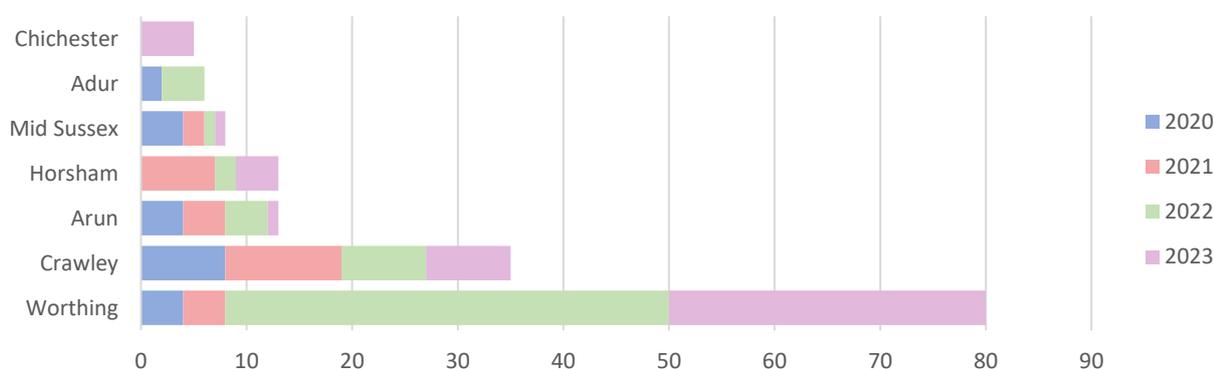
## BRITISH TRANSPORT POLICE – Drug related incidents

In addition to the information received by Sussex Police, it is helpful to understand drug related offences recorded by British Transport Police (BTP). Train lines are used to transport drugs, including as a method of transport used by county lines.

British Transport Police (BTP) have provided information of drug related incidents for the period 1st January 2020 to 31st December 2023.

Over the period analysed, BTP has 160 drug related incidents in West Sussex. 2022 was the year with more incidents, twice as many cases than 2021. From 2022 to 2023 drug incidents reduced by 20%. In this period, Horsham had 13 offences of which 7 were in 2021.

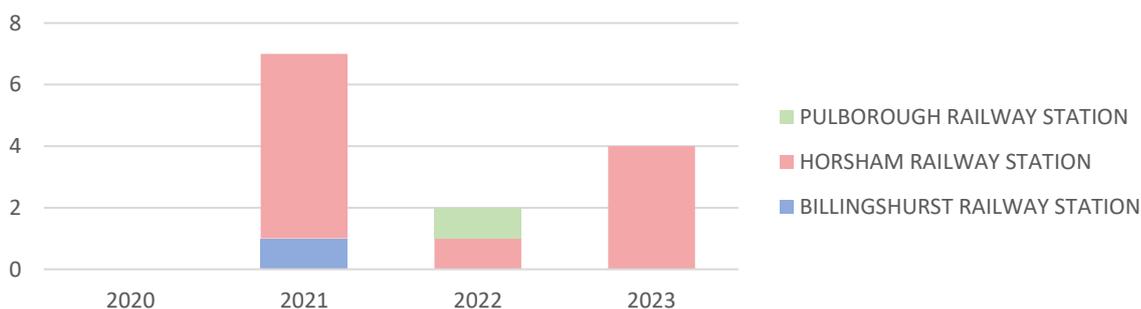
Figure 18: BTP – Drug related incidents West Sussex 2020 - 2023



Source: BTP

From the incidents recorded in Horsham, there are 3 main train stations identified, Billingshurst Railway Station with one incident in 2021, Pulborough Railway Station with one incident in 2022 and the rest, 11 incidents in Horsham Railway station. In 2020 there was no drug related incidents recorded.

Figure 19 : BTP – Drug related incidents Horsham 2020 - 2023



Source: BTP

Cannabis (in the form of resin, plant or sativa) was recorded in 6 incidents, the other incidents BTP referred as: “Suspected Class A” 3 times, once as “Other medication/Prescription drugs” and 3 incidents with unknown drug. In West Sussex cannabis (and derivatives) represent 71% of incidents.

Offences – by Demographic Background

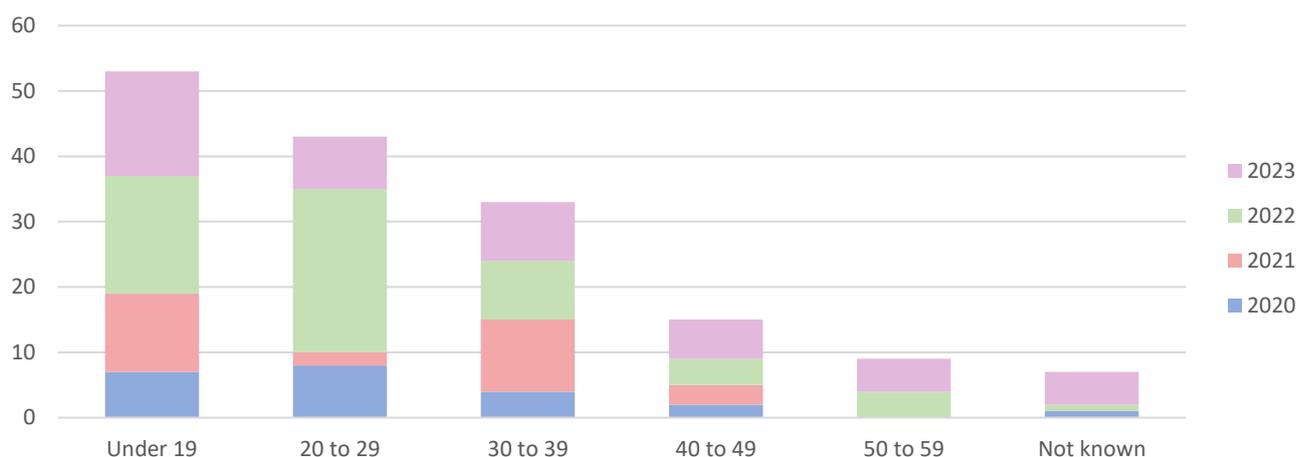
Note: Due to small numbers for reasons of confidentiality, we have received the data for West Sussex overall and not by district and borough.

By age, on the figure below, we can see how the younger people account for most of the drug incidents.

The age band under 19 gather most incidents over the period, 2022 was the year with more incidents (18) but 2021 the year with higher proportion (42%).

The age band 20 to 29 has the most incidents recorded in 2022 (25 incidents and 41% of incidents on that year).

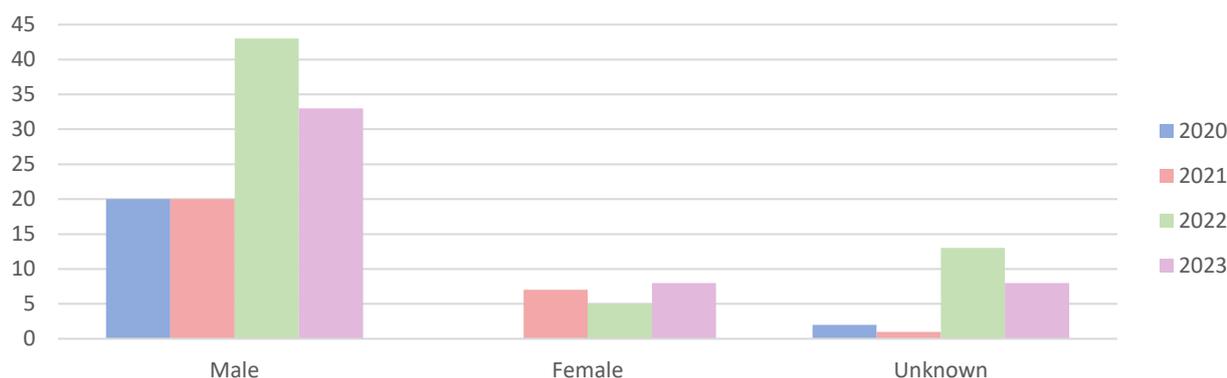
Figure 20: BTP – Drug related incidents by age West Sussex 2020 - 2023



Source: BTP

By gender, males represent the 72.5% of all drug related incidents, females are the 12.5% and the rest are unknown. From 2022, despite the number of incidents for males increasing, the percentage of males on drug incidents are reducing due to females and unknown raising.

Figure 21: BTP – Drug related incidents by gender West Sussex 2020 - 2023



Source: BTP

#### Prevalence - Key points:

- From February 2024 to August 2021, Horsham cleansing team has recorded drug litter 125 times with over 330 pieces of drug litter. An additional parks team recorded the drug litter over a sample week with 63 drug litter records and over 400 pieces of drug litter.
- The main type of drug litter found is “Plastics bags, corners of plastic bags, small "Ziplock" bags” found, as average, over seven pieces of litter each time. The parks team also recorded “Pipes, all shapes, sizes and materials” and “Aerosol cans, butane gas containers” over eight and seven pieces of drug litter each time respectively.
- Some types of drug litter were found in bigger quantity could indicate that this type of litter could be consumed in big groups of people or there is a hotspot area of drug use.
- Over 80% of findings recorded by the warden teams, were recorded in Billingshurst, especially around Billingshurst Community and Conference Centre and Manor Fields Playground.
- Most drug litter recorded in one week by the parks team, were found in Roffey (60% of findings).
- From January 2020 to December 2023 there were 757 offences recorded as drug crime by Sussex Police in Horsham. The ward with the highest number of offences recorded as “drug crime” was Denne.
- British Transport Police has recorded thirteen drug related incidents in Horsham over 2020 to 2023, of which seven were in 2021. Horsham Railway Station is the station with higher number of incidents (11).
- Cannabis (in the form of resin, plant or sativa) was recorded in six incidents.
- Using data at a West Sussex level, we know that young males account for most incidents.

## Impacts in the community

### Multiple disadvantage Audit

A multiple disadvantages audit is completed each quarter by West Sussex housing support teams, the local housing authority as well as homelessness and housing service providers capture information about co-occurring needs alongside housing situation/ homelessness.

From April 2021 until December 2023, West Sussex housing support team received a total of 6085 clients data returns from local housing authority, homelessness, and housing service providers. *(Note: Some clients would have been included in multiple quarterly reports, as they were still engaging with housing support services).*

In the table below we can see the data returns and of note, how many had substance misuse recorded as a need and how they compared to West Sussex.

Table 3: Clients' returns with substance misuse received by changing futures

		West Sussex			Horsham		
		Substance Misuse	%	Total Clients	Substance Misuse	%	Total Clients
2021	April - June	295	56.19%	525	21	77.78%	27
	July - Sep	331	59.00%	561	19	90.48%	21
2022	Jan - Mar	410	70.93%	578	18	64.29%	28
	April - June	386	59.57%	648	19	65.52%	29
	July - Sep	385	61.60%	625	20	62.50%	32
	Oct - Dec	191	61.02%	313	27	65.85%	41
2023	Jan - Mar	361	57.21%	631	48	68.57%	70
	April - June	370	58.92%	628	59	72.84%	81
	July - Sep	406	55.54%	731	54	66.67%	81
	Oct - Dec	461	54.56%	845	56	69.14%	81
<b>Grand Total</b>		<b>3596</b>	<b>59.10%</b>	<b>6085</b>	<b>341</b>	<b>69.45%</b>	<b>491</b>

Source: Changing Futures

Overall, 69% of Horsham's returns are from people with substance misuse, this percentage is 10% higher than West Sussex, most likely due to the small returns overall from Horsham, especially at the beginning of the programme. Over the last quarterlies the number of returns has been increasing and so has been the number of returns with substance misuse.

From all returns received by the programme without substance misuse, 83% are from males and 13% from females similar if they experience substance misuse, 86% are from males and 14% from females.

If we focus just on the clients with substance misuse need identified we can see that over the period, for West Sussex, the percentage of clients known to treatment services has been relatively stable and neither has improved the percentage of clients engaging with treatment. In Horsham, despite having similar rate of people known to service treatments than West Sussex, the percentage of clients engaging with treatment is lower than West Sussex. Also, returns from people with opiate substitution prescription is lower and has been decreasing over the period.

Table 4: Clients with substance misuse received by changing futures known or engaged to treatment services

		West Sussex				Horsham			
		Substance Misuse	% Known to services	% Engaging with treatment	% Opiate substitution prescription	Substance Misuse	% Known to services	% Engaging with treatment	% Opiate substitution prescription
2021	April - June	295	0.00%	35.93%	20.00%	21	57.14%	33.33%	23.81%
	July - Sep	331	0.00%	39.88%	22.36%	19	68.42%	52.63%	31.58%
2022	Jan - Mar	410	60.24%	36.34%	21.46%	18	83.33%	38.89%	27.78%
	April - June	386	63.21%	30.05%	22.02%	19	78.95%	36.84%	31.58%
	July - Sep	385	54.29%	34.29%	24.68%	20	80.00%	40.00%	25.00%
	Oct - Dec	191	57.07%	35.08%	24.08%	27	70.37%	29.63%	18.52%
2023	Jan - Mar	361	50.42%	34.90%	22.44%	48	45.83%	16.67%	8.33%
	April - June	370	51.35%	35.95%	21.35%	59	49.15%	16.95%	10.17%
	July - Sep	406	68.23%	33.50%	20.94%	54	46.30%	11.11%	5.56%
	Oct - Dec	461	63.77%	31.02%	19.31%	56	41.07%	16.07%	7.14%
<b>Grand Total</b>		3596	58.99%	34.48%	21.72%	341	55.43%	23.46%	14.37%

Source: Changing Futures

58.7% of females with substance misuse in Horsham are known to treatment services, and for males is 55%, lower values than West Sussex (females 74.1% and males 61.8%). Of those known to treatment services, 18.5% females engage on treatment and 47% of males in Horsham, lower engaging rates than West Sussex returns, 52.5% for females and 54% for males.

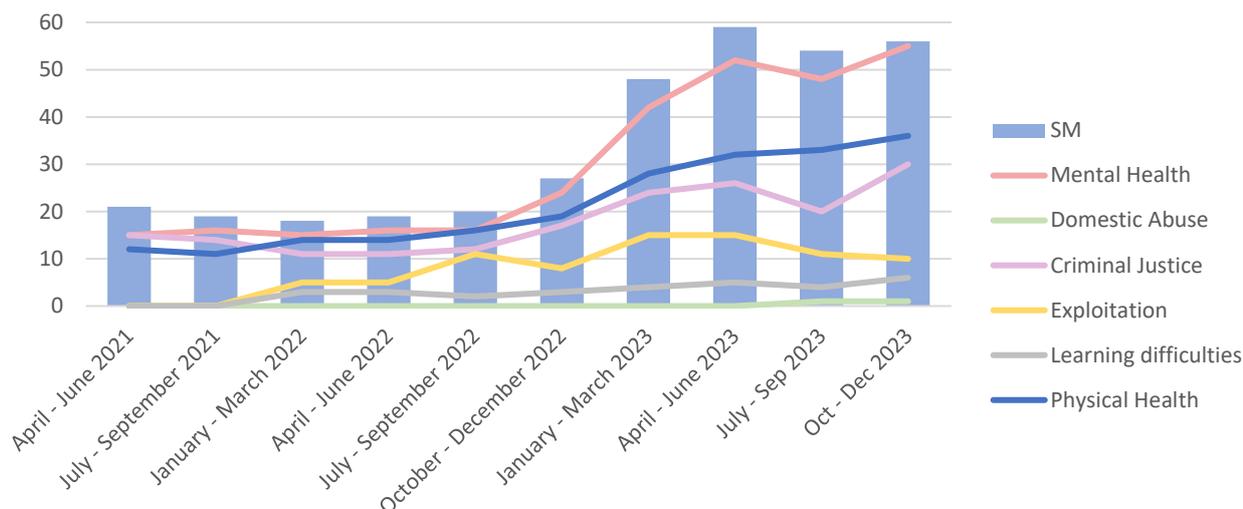
### Multiple disadvantages

In the graph below, we can see what other disadvantages people with housing problems and substance misuse are facing. Mental health issues were identified in 88% of returns of people with substance misuse, higher than West Sussex (76.8%). The second biggest issue identified was physical health. In Horsham there is a big proportion of returns (63%) from people suffering from homelessness and substance misuse who also experience poor physical health.

The third most common issue from people suffering from homelessness, and substance misuse is a history of offending (52.8% of returns).

Exploitation is affected on 23.4% of returns for Horsham, while for the rest of West Sussex, exploitation is affected on 16.7% of returns (with substance misuse).

Figure 22: Horsham returns with multiple needs



Source: Changing Futures

There were 299 returns from clients with substance misuse and mental health problem, of those, just 12.7% of returns were having treatment for both issues at the same time, and 57% of returns are not getting any treatment for mental health or substance misuse.

27% of returns are from people who are in treatment for just one issue.

Table 5: Horsham clients returns with substance misuse and mental health - treatment

Age	Mental health issues and Substance misuse	Just Substance Misuse treatment	Just in Mental Health treatment	Both	Neither	Unknown MH or SM treatment
18-24	30	0	7	0	21	2
25-40	153	14	15	27	93	4
41-60	115	18	26	11	58	2
61-79	1	1	0	0	0	0
<b>Grand Total</b>	<b>299</b>	<b>33 (11%)</b>	<b>48 (16.05%)</b>	<b>38 (12.71%)</b>	<b>172 (57.52%)</b>	<b>8 (2.67%)</b>

Source: Changing Futures

## Changing Futures

Changing Futures is a programme carried out in Sussex with the objective of improving the lives of those experiencing multiple disadvantages in Sussex. Multiple disadvantage or multiple complex/compound needs is defined by the programme as people who experience three or more of:

- homelessness,
- current or historical offending,
- substance misuse,
- domestic abuse
- and mental ill health.

As of August 2024, there have been a total of 226 clients nominated for support from the Changing Futures Programme, and of those, 132 were accepted to received support, unfortunately we do not have the information by local area.

The most common combination of compounding needs for individuals accepted onto the Changing Futures caseload were Housing issues, Substance misuse, Mental health issues with histories of Offending behaviour and Domestic violence (27%).

Table 6: Matrix of compounding needs for individuals accepted onto Changing Futures caseload Nov '22 – Aug '24

Mental Health issues	Domestic Violence	Substance Use issues	Offending Behaviour	Homelessness or Housing issues	Individuals	% of all referrals
MH	DV	SU	OB	HH	36	27.3%
MH		SU		HH	24	18.2%
MH		SU	OB	HH	20	15.2%
MH	DV	SU		HH	19	14.4%
MH	DV			HH	12	9.1%
MH	DV	SU			5	3.8%
MH	DV	SU	OB		5	3.8%
	DV	SU		HH	3	2.3%
MH			OB	HH	<3	n/a
MH	DV		OB	HH	<3	n/a
MH				HH	<3	n/a
	DV	SU	OB	HH	<3	n/a
		SU	OB	HH	<3	n/a
	DV	SU			<3	n/a
n = 126	n = 84	n = 115	n = 67	n = 121	132	100.0%

Source: Changing Futures

95% of people who were accepted experienced poor mental health as a need at the time of nomination, 92% were experiencing homelessness, 87% had a substance use need, 64% were experiencing domestic violence and/or abuse and 51% of all clients nominated had current/historical contact with the criminal justice system.

## Housing and support needs

The Department for Levelling up, Housing and Communities (now the Ministry for Housing, Communities and Local Government) publish returns from local housing authorities (districts and boroughs) on the number of households owed a homelessness duty under the Homelessness Reduction Act 2017, this information can be further broken down by the support needs of households.

In Horsham there were 1,155 households owed a duty between 2020/21 to 2022/23. *Some households owed a duty in one year could have represented in a subsequent year.*

Overall, 508 were recorded as having support needs (44%). Drug dependency needs were recorded in 9% of these households over the whole period.

Table 7: Number of households owed a homelessness duty

Total number of households assessed	2020-21	2021-22	2022-23
Total households assessed as owed a duty	342	418	395
Total households with support need(s) owed a duty	127	182	199
Percentage of assessed households having support needs	37%	44%	50%
(Total number of support needs for those owed a duty)	221	325	341
Drug dependency needs (%)	11 (9%)	20 (11%)	13 (7%)

Source: Department for Levelling Up, Housing & Communities

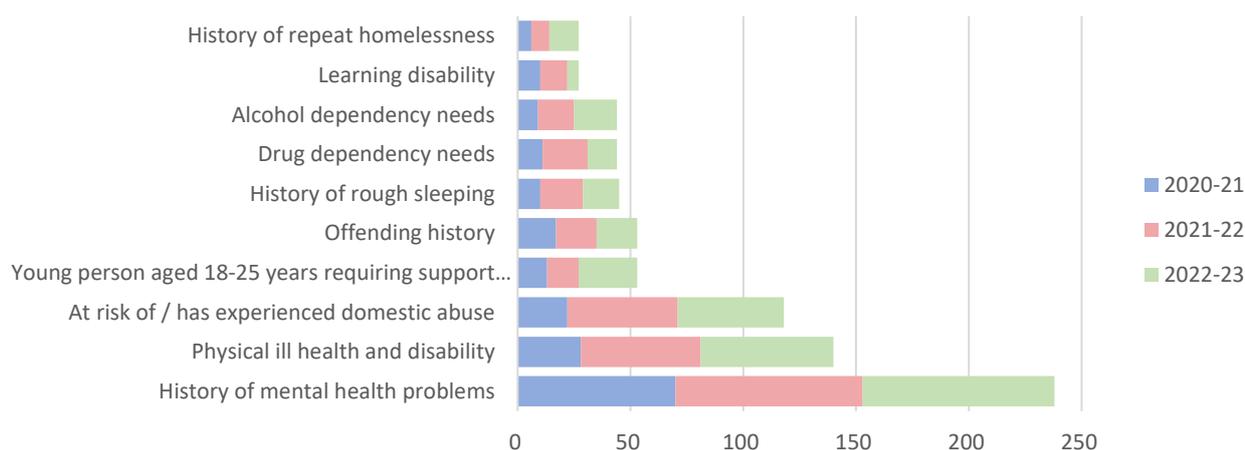
In the figure below we can see how drug dependency needs are the seventh highest need recorded over the period, for households owed a duty. 2021-2022 was the year with the highest number of drug dependency needs recorded (11% of households).

Other needs recorded over the period were:

- history of mental health problems (47%),
- physical ill health disability (28%),
- at risk or history of domestic abuse (23%),
- history of offending (10%),
- alcohol dependency need (9%).

Overall, 301 households had one recorded need (59%), 108 households had two needs (21%), and 35 households had three or more needs (19%).

Figure 23: Number of households owed a homelessness duty with support needs (10<sup>th</sup> most recorded needs)



Source: Department for Levelling Up, Housing & Communities

## Housing and homelessness support providers

**Turning Tides** provides a range of homeless support services covering Adur, Worthing, Littlehampton, Horsham and Mid Sussex and is one of the main housing support services operating in West Sussex.

As of January 2024, 360 individuals engaged with Turning Tides reported having a current or historic drug or alcohol misuse issue, where 156 were using said substance every/almost every day, and a further 39 using substances multiple times a week.

Most commonly taken were: alcohol (77 individuals using daily); crack/cocaine (40 individuals using daily); cannabis (40 individuals using daily); and heroin (33 individuals using daily).

Forty-six of these individuals were polysubstance users, particularly being heroin, crack, and alcohol.

Table 8: Substances used and frequency of use amongst clients

	Every day / almost every day	Frequently each week	Once or twice a month	Once every couple of months	Once or twice a year	Unknown / no data	Current use total	All historic use
Alcohol	77	19	12	8	8	5	129	152
Crack / cocaine	40	12	13	8	3	11	87	106
Cannabis	40	12	7	0	3	10	72	81
Heroin	33	4	5	3	3	6	54	71
Amphetamines / speed	<3	0	3	0	0	0	5	5
Benzodiazepines	3	<3	0	0	0	0	5	5
Ketamine	3	0	0	0	0	0	3	3
New psychoactive subs	<3	0	<3	0	0	0	<3	<3
Crystal Meth	0	0	0	0	0	0	0	<3
Mushrooms	0	0	<3	0	0	0	<3	<3
Prescription drugs	5	<3	0	0	0	<3	9	10

Source: Turning Tides

## Employment and economic inactivity

Job Centre Plus are responsible for managing claims and payment of Jobseeker's Allowance, Incapacity Benefit, Employment and Support Allowance and Income Support.

It is not currently possible to assess numbers of individuals with substance misuse or housing issues within the data, but unemployment and Job Centre Plus activity may be indicative of underlying vulnerabilities in the community.

As August 2023, Horsham had a total of 115 Job seeker's allowance claimants, of which 10% were of the duration of 5 years and over.

Table 9: Job seeker's allowance claimants and duration of current claim (Aug 2023)

Duration of Current Claim	Up to 3 months	3 months up to 6 months	6 months up to 1 year	1 year and up to 2 years	2 years and up to 5 years	5 years and over	All JSA claims
Adur	43	8	8	-	-	29	81
Arun	98	25	25	6	18	40	205
Chichester	38	27	6	-	8	38	123
Crawley	80	22	12	6	14	54	186
<b>Horsham</b>	<b>59</b>	<b>30</b>	<b>13</b>	<b>5</b>	<b>5</b>	<b>12</b>	<b>115</b>
Mid Sussex	73	18	14	8	12	6	130
Worthing	48	16	7	6	5	30	111
West Sussex	439	146	85	31	62	200	951

Source: JCP Performance data

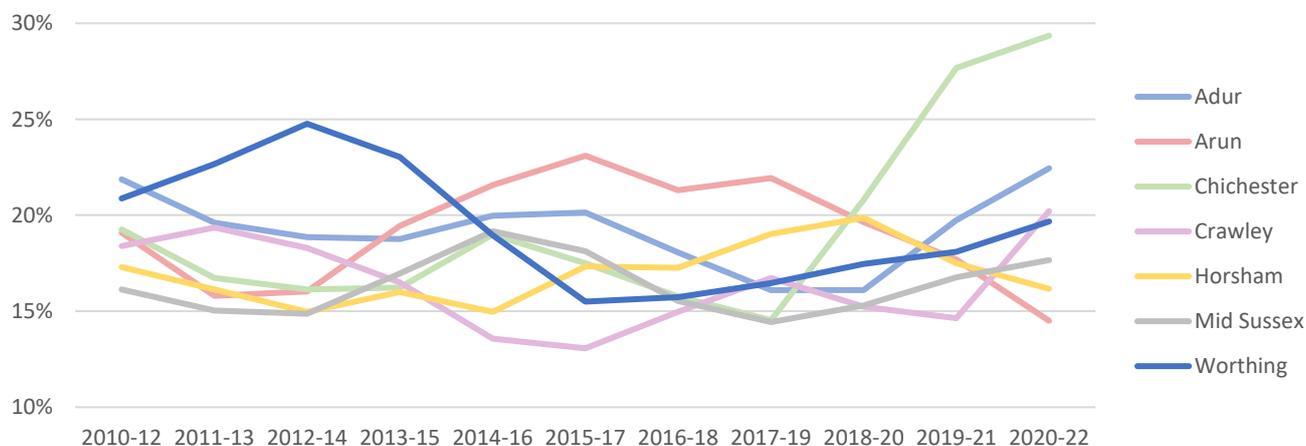
The Office for National Statistics estimate **local unemployment rates**, by examining the proportion of economically active people aged 16 years and over without a job, who have been actively seeking work within the last four weeks and are available to start work within the next two weeks.

Locally, unemployment has been running steady at three percent over the past several years, similar to the rest of West Sussex.

**Economic inactivity** is a measure of the proportion of people aged between 16 and 64 years who are not in employment but do not meet the internationally accepted definition of unemployment because they have not been seeking work within the last four weeks or they are unable to start work in the next two weeks.

Over the county, this typically ranged from between 15% to 25%. Horsham has reduced the inactivity rate in the last few years and in the last three year average 2020/22 was 16%, one of the lowest rate in West Sussex.

Figure 24: Economic inactivity rate (3 year rolling averages)



Source: ONS data

## Early Help

Early Help is a service provided by WSCC designed to assess families with children under 18, the assessments are for the whole family and not for individual households, as it would also include parents not living with children in the same household. The objective of those assessments is to identify needs and offer support at the early stage before issues may escalate.

Between the 1<sup>st</sup> January 2020 and 31<sup>st</sup> December 2023 West Sussex received a total of 8,894 family assessments (initial assessments could have been done years before 2020) of those, 1,285 family assessments were affected by substance misuse by parents, children or both.

The table below show the number of families receiving support from Early Help with substance misuse mentioned by adults or children, for Horsham and West Sussex by year (some families may have been receiving support for more than one year, so we have counted them every year they received support).

Table 10: Families receiving Early Help support by year

		Adult substance misuse mentioned		Child substance misuse mentioned		Adult AND Child substance misuse mentioned		All CSC assessments
2020	Horsham	18	5.00%	12	3.33%	0	0.00%	360
	West Sussex	402	10.73%	180	4.81%	27	0.72%	3743
2021	Horsham	27	7.05%	15	3.92%	2	0.52%	383
	West Sussex	360	11.41%	151	4.79%	26	0.82%	3155
2022	Horsham	29	8.48%	22	6.43%	4	1.17%	342
	West Sussex	331	11.49%	159	5.52%	27	0.94%	2882
2023	Horsham	45	12.43%	23	6.35%	3	0.83%	362
	West Sussex	321	11.64%	162	5.87%	20	0.73%	2758

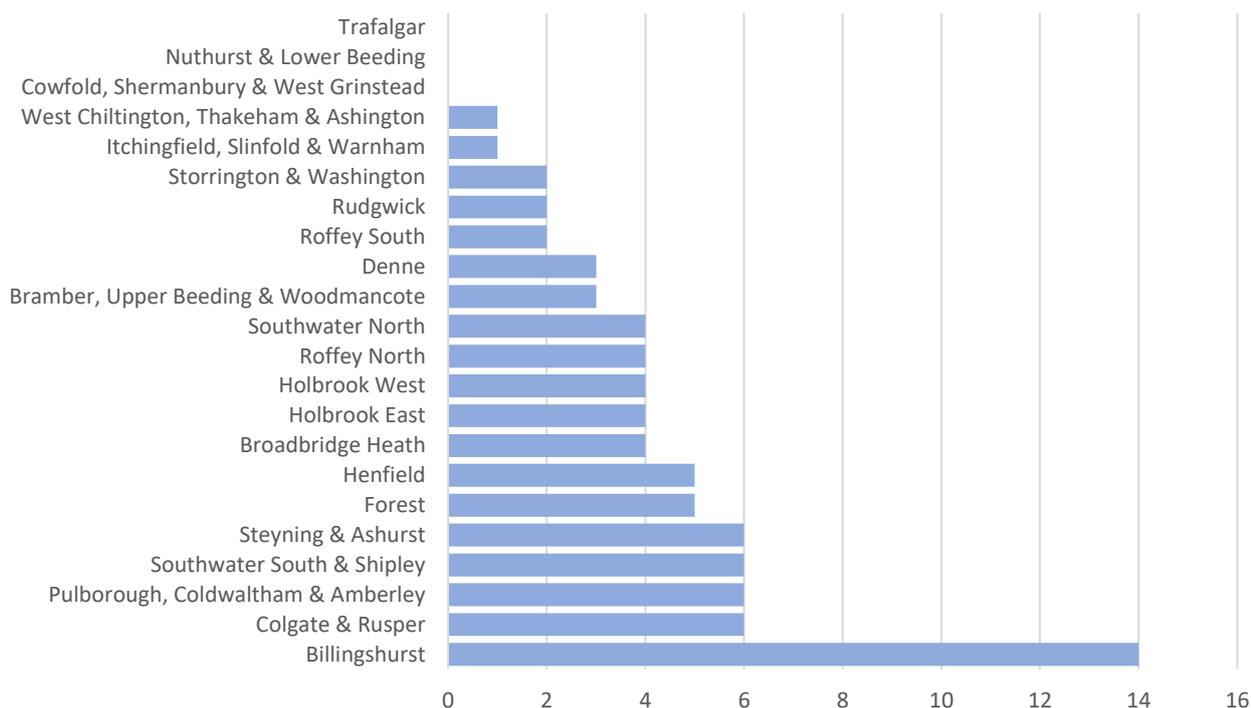
Source: Early Help

Overall, Horsham both adult and children substance misuse mentioned has been increasing over the period, both in terms of incidence and percentage of all assessments completed. In the case of mentions of children with substance misuse, the incidences have duplicated and the case of adults the increase is even bigger over the period.

By ward, Billingshurst had the highest number of support plans which mentioned adult substance misuse. It is worth highlight that Billingshurst has seen an increase on adult with substance misuse mentions in 2022 and 2023.

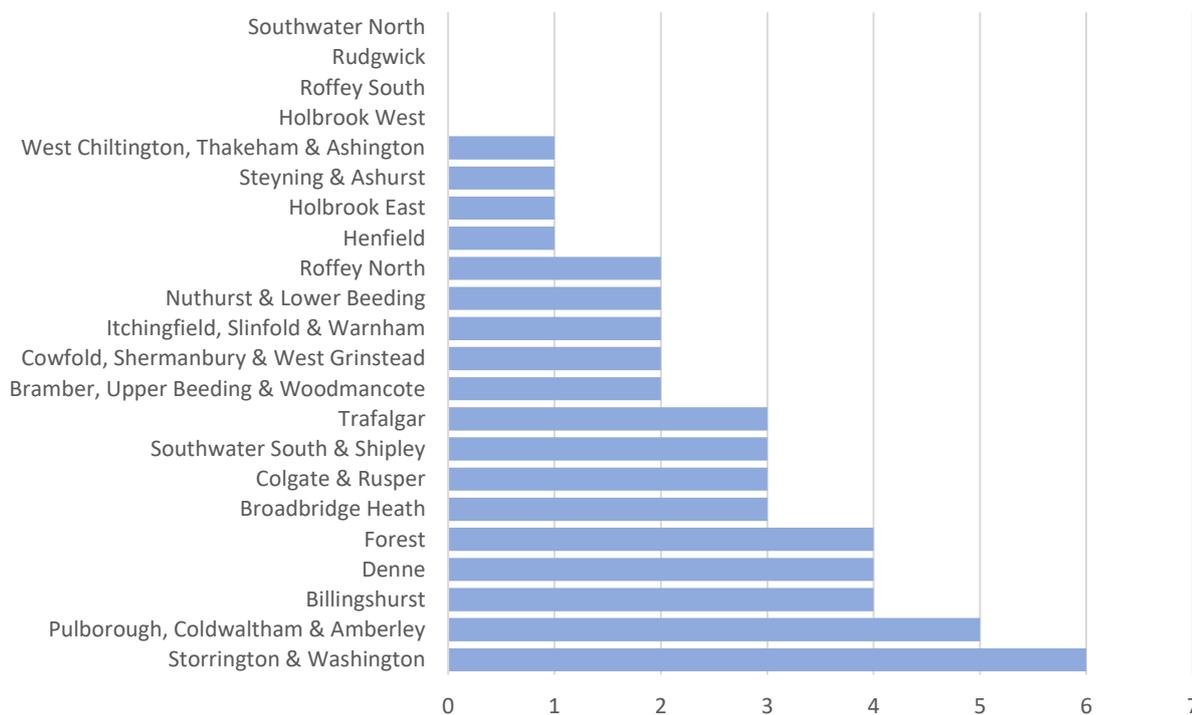
The wards with the highest number of support plans which mention child substance misuse are Storrington & Washington and Pulborough, Coldwaltham & Amberley.

Figure 25: Families receiving Early Help support with Adult substance misuse



Source: Early Help

Figure 26: Families receiving Early Help support with Children substance misuse



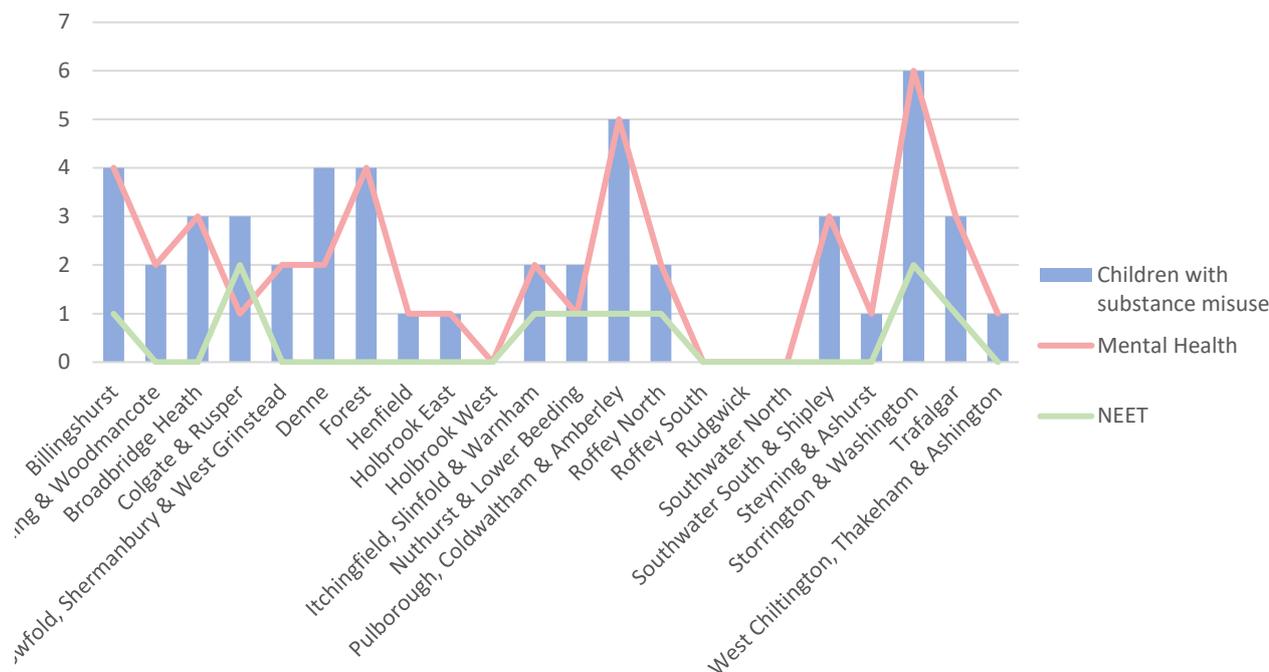
Source: Early Help

With a new framework introduced in Oct 2022, Early Help assessments can also identify other needs facing families with adults or children affected by substance misuse, such as mental health needs (adult and children), homelessness (adults and young persons), adults in the family that are workless, young person NEET (not in education, employment or training). Unfortunately, for some of the needs (adult mental health and young

person excluded or at risk of exclusion from the family home) could not be extracted from the old system for the period of interest.

We looked at how many early help assessments with children with substance misuse also identify a mental health problem. And as we can see in the figure below, most of the assessments identifying child substance misuse, also identify children with mental health problems.

Figure 27: Early Help assessments with children substance misuse and mental health problems and NEET



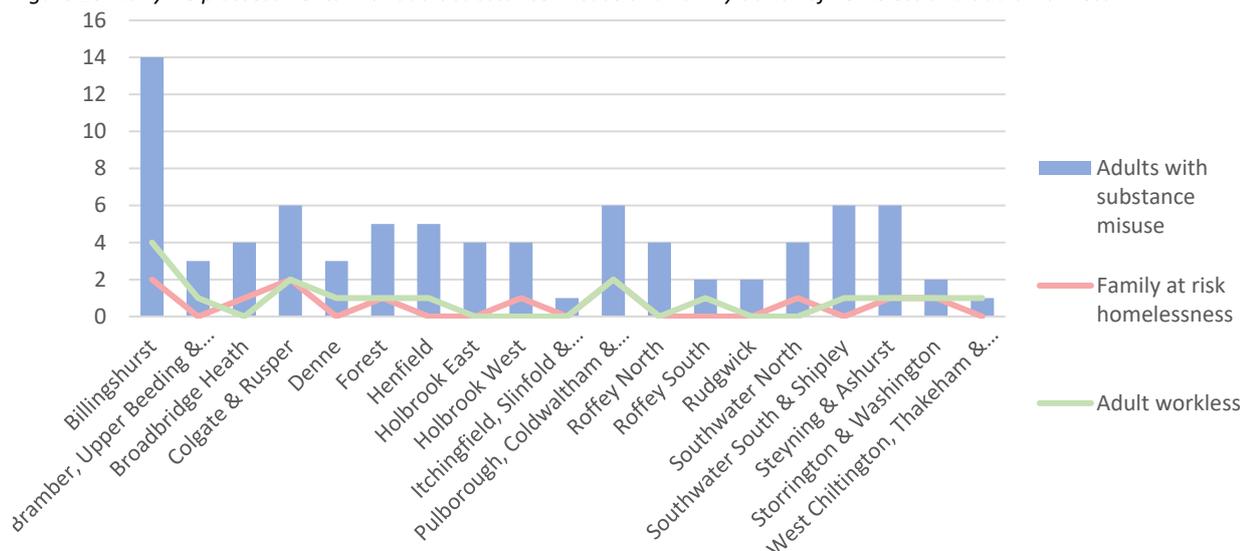
Source: Early Help

From the early help assessments:

- 90% of children identified as having a substance misuse problem also suffer from Mental health problems, dropping to 72.5% when children don't have substance misuse identified.
- 20.4% of children with substance misuse identified are also NEET,
- while just 3.4% of children who don't have substance misuse identified are also NEET.

In the figure below, we can see 14.6% of families with adult substance misuse identified are at risk of homelessness, the risk when adult substance misuse is not mentioned in the assessments is 5.8%. Also, 20.7% of families with adults with substance misuse recorded, has adult workless, 10% for families with no mentions of adults with substance misuse.

Figure 28: Early Help assessments with adult substance misuse and Family at risk of homeless and adult workless



Source: Early Help

Regarding adults’ mental health needs, if we consider only the new assessments from 2023, 78.6% of assessments with adult substance misuse mentioned, also identify adult mental health needs, in the case of adults with no mention of substance misuse, mental health needs drop to 57.1%.

## Children’s Social Care

As part of our research, we requested data from Children’s Social Care to obtain information for the period between January 2020 to December 2023 to know how many children were affected by parents using drugs and also, how many children were identified with drug use and their age. Each assessment is for one child, (e.g., if in a family there are three children affected by parents’ drug use, it would be three assessments, one for each child). Due to a change in the data recording system, we have focused on data for 2022 and 2023.

For the period analysed, Horsham has a total of 124 cases of children affected by parents with drug use and 60 cases where child drug use is mentioned. In total, there were 171 children’s assessments with parents and/or child drug use mentioned, 13 of those, with both parent and child with drug use. Over the period analysed, the incidents have increased slightly by child drug use, from 2.1% in 2022 to 2.6% in 2023.

Table 11: Drug use mentioned on CSC assessments.

		Parent drug use mentioned	Child drug use mentioned	All CSC assessments
2022	Horsham	66 (4.9%)	28 (2.1%)	1,343
	West Sussex	600 (6.0%)	176 (1.7%)	10,067
2023	Horsham	58 (4.77%)	32 (2.6%)	1,216
	West Sussex	613 (6.62%)	222 (2.4%)	9,254

Source: Children social care performance data

Table 12: Drug use mentioned on CSC assessments.

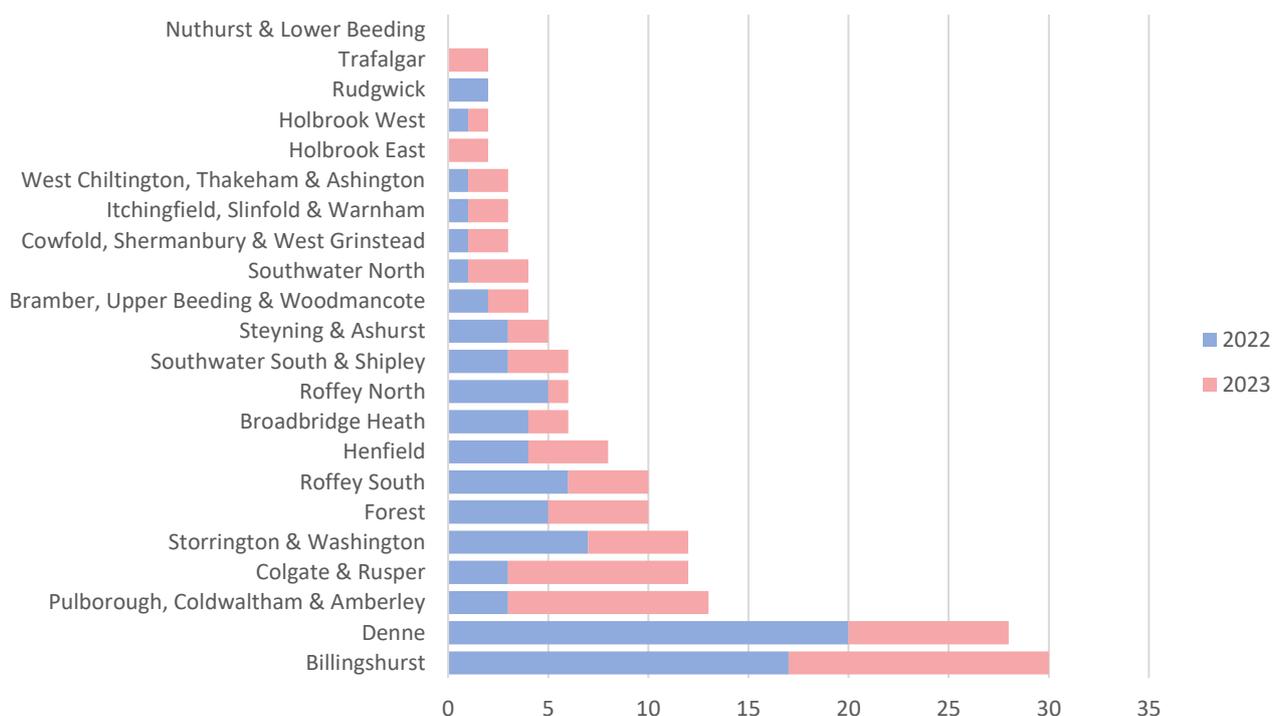
		Parent AND/OR Child drug use mentioned		Parent AND Child drug use mentioned		All CSC assessments
2022	Horsham	89	6.6%	5	0.4%	1,343
	West Sussex	743	7.4%	33	0.3%	10,067
2023	Horsham	82	6.7%	8	0.7%	1,216
	West Sussex	785	8.5%	50	0.5%	9,254

Source: Children social care performance data

6.7% of 2,559 assessment for Horsham were identified with drug use, either by the parent, child or both, below the 7.9% of 19,321 assessments for West Sussex.

By wards, if we analyse the data by number of assessments with parent and/or child drug use mentioned, Billingshurst and Denne are the areas with higher number of incidents, Denne more affected in 2022.

Figure 29: Parent AND/OR Child drug use mentioned by Wards



Source: Children social care performance data

It is worth mentioning, that Billingshurst, despite been the area with more assessments with drug use mentions, 9.6% of CSC assessments mentioned drug use, below other areas like Rudgwick with higher rate of assessments with drug use mention due to the small number of assessments received (compared to other areas).

Table 13: Parent AND/OR Child drug use mentioned by Wards

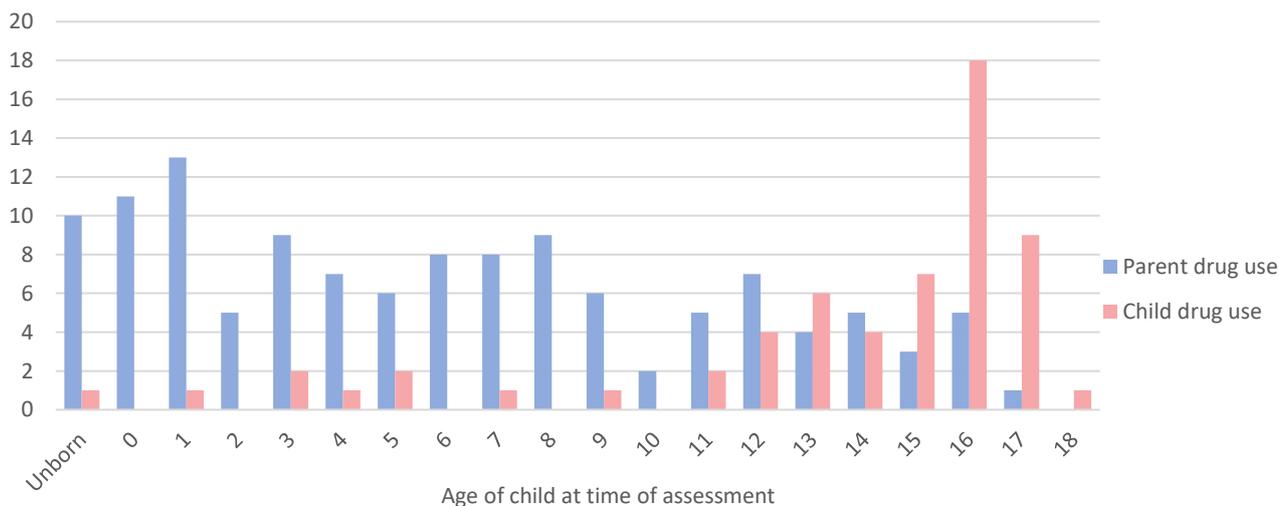
Wards	Count of parent and/or child mentioned	% of all assessments	CSC Total assessments
Billingshurst	30	9.65%	311
Bramber, Upper Beeding & Woodmancote	4	7.27%	55
Broadbridge Heath	6	4.14%	145
Colgate & Rusper	12	7.84%	153
Cowfold, Shermanbury & West Grinstead	3	5.36%	56
Denne	28	11.38%	246
Forest	10	4.15%	241
Henfield	8	10.13%	79
Holbrook East	2	2.53%	79
Holbrook West	2	2.56%	78
Itchingfield, Slinfold & Warnham	3	4.17%	72
Nuthurst & Lower Beeding	0	0.00%	36
Pulborough, Coldwaltham & Amberley	13	7.43%	175
Roffey North	6	4.05%	148
Roffey South	10	8.70%	115
Rudgwick	2	10.00%	20
Southwater North	4	4.40%	91
Southwater South & Shipley	6	5.45%	110
Steyning & Ashurst	5	7.14%	70
Storrington & Washington	12	8.96%	134
Trafalgar	2	3.77%	53
West Chiltington, Thakeham & Ashington	3	3.26%	92

Source: Children social care performance data

The next figure shows the age of children when the parent or child had drug uses mentioned in their CSC assessment we can see how at the age of 12 the CSC assessments start to record an increase of incidents with child drug use.

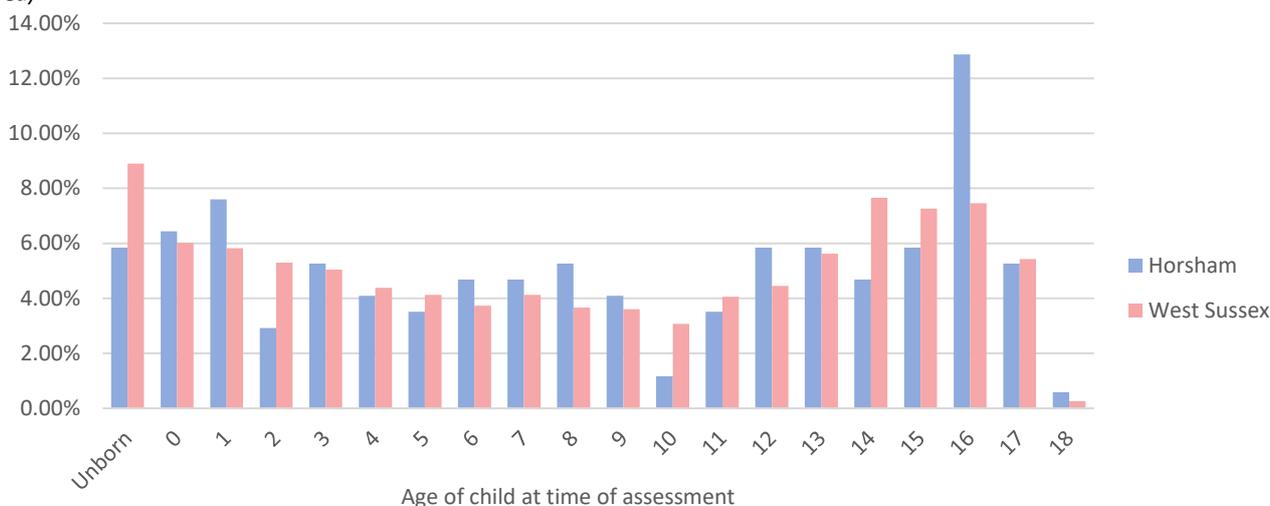
At the age of 15 most of the CSC assessment with parents and/or child drug use would come from the child drug use.

Figure 30: Age distribution of children in Horsham mentioning parent and/or child drug use (total values)



Source: Children social care performance data

Figure 31: Age distribution of children in Horsham mentioning parent and/or child drug use compared to West Sussex (% within each area)



Source: Children social care performance data

As we can see in last figure, Horsham’s age distribution differs from West Sussex when the children are unborn as CSC assessments mentioning drug use is higher in West Sussex. Also, the percentage of CSC assessments when children are age 16 is very high in Horsham, due to the high child drug use compared to parents.

Some children are under the care of the local authority, known as Children We Care For or CWCF, 6% of CWCF in West Sussex for the full year preceding March 2023 had been identified as having a substance misuse issue. Most of these children with substance misuse issues identified do not accept the offer of further support. As we can see in the table below, Horsham had not identified children with substance misuse.

Table 14: Children We Care For (CWCF) for 12 months or more, as of 31<sup>st</sup> March 2023.

	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing	West Sussex
<b>All CWCF</b>	<b>37</b>	<b>75</b>	<b>32</b>	<b>60</b>	<b>25</b>	<b>33</b>	<b>105</b>	<b>367</b>
Identified with substance misuse	1	5	1	4	0	0	12	23
Intervention received	0	0	0	3	0	0	5	8
Offered but not accepted	1	5	1	1	0	0	7	15
% Children, identified with substance misuse	2.7%	6.7%	3.1%	6.7%	0.0%	0.0%	11.4%	6.3%
% Identified, who received intervention	0%	0%	0%	75%	n/a	n/a	42%	35%
% Identified, offered but not accepted	100%	100%	100%	25%	n/a	n/a	58%	65%

Source: Children’s social care performance data

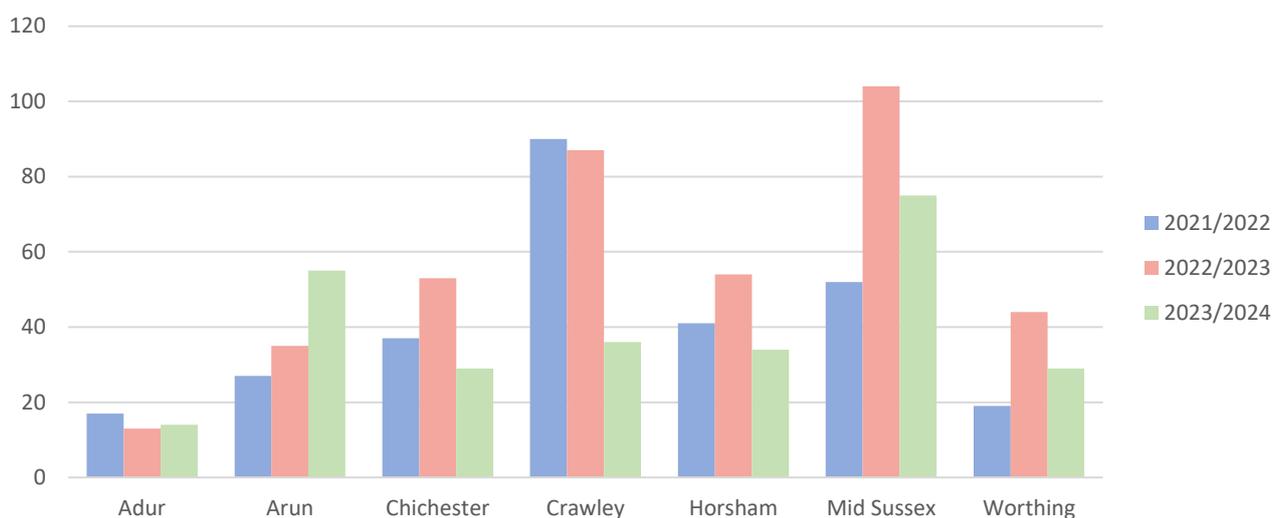
## School exclusions and suspensions

We have analysed drug and alcohol related school exclusions for the last 3 academic years (2021/22, 2022/23 and 2023/24 up to May 2024).

Note: Fixed period exclusions (up to 45 school days in a school year) are referred to as suspensions and when permanent we refer to them as exclusions.

In West Sussex, from 2021/2022 there have been over 1,200 episodes of drug and alcohol related suspensions in schools with a total of over 2,500 school days missed. In 2022/2023 academic year there was an increase of 50% on drug and alcohol related suspensions compared to the previous year. This increase was accounted for by, in the main, by exclusion of boys.

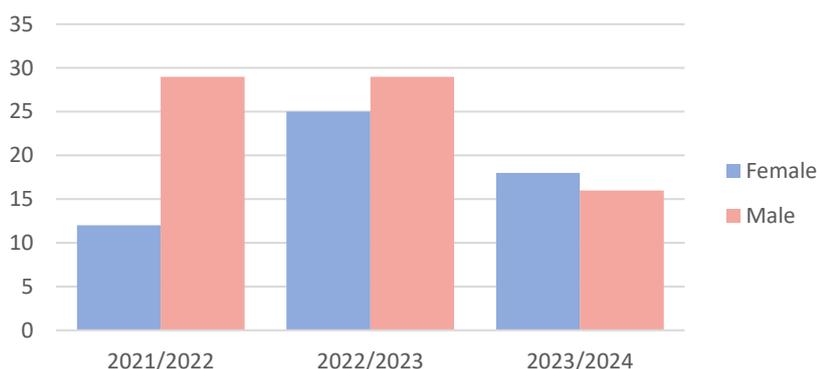
Figure 32: Drug and alcohol related school suspensions in West Sussex



Source: Children’s Services Data and Performance

Over the period analysed, Horsham had 129 episodes of drug and alcohol related suspensions with a total loss of 323 school days and a total of 6 exclusions. By gender, males represent 57% of the schools’ suspensions (65% for the total of West Sussex) and 83% of school exclusions. In recent years, the gender gap has been reduced and in the last year females’ suspensions were higher than males.

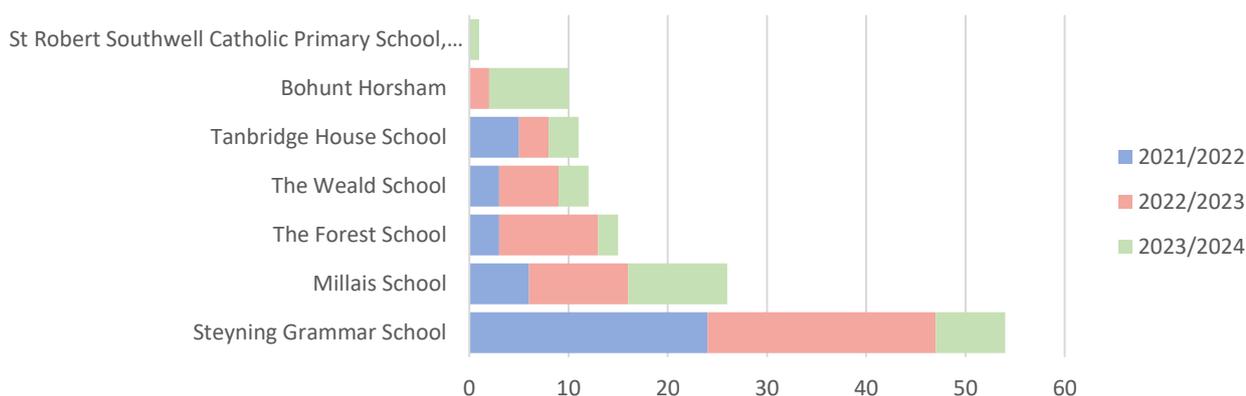
Figure 33: Drug and alcohol related school suspensions by gender and academic year



Source: Children’s Services Data and Performance

By schools, secondary schools are affected around all the borough, but Steyning Grammar had the highest number of suspensions especially for 2021/22 and 2022/23 academic years.

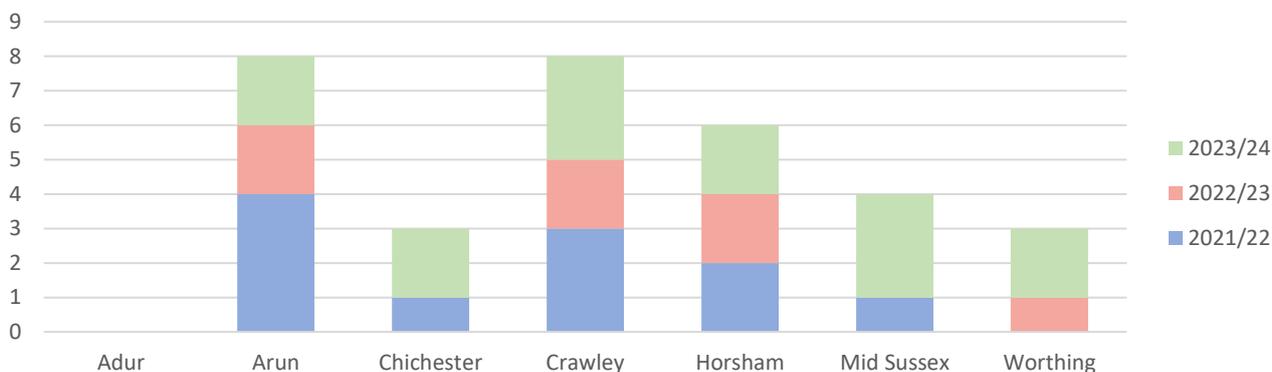
Figure 34: Drug and alcohol related school suspensions in Horsham



Source: Children’s Services Data and Performance

Exclusions in Horsham are stable over the period with 2 exclusions each year. Horsham is the third area in West Sussex with highest number of schools exclusions related to drug and alcohol.

Figure 35: Drug and alcohol related school exclusions in West Sussex



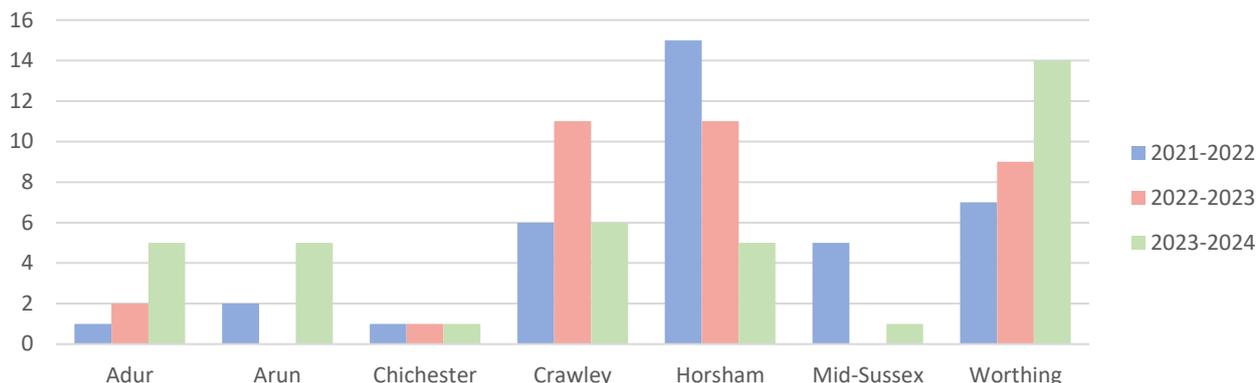
Source: Children’s Services Data and Performance

## CGL - Referrals from Education for Under 18s

Young people can get referred to CGL services via their education setting. From financial year 2021/2022 to 2023/2024 CGL received 108 education referrals (in relation to drugs and alcohol ) for under 18s in West Sussex.

In the figure below, we can see the distribution of the referrals across West Sussex by financial years.

Figure 36: Drug and alcohol CGL education referrals – Under 18's

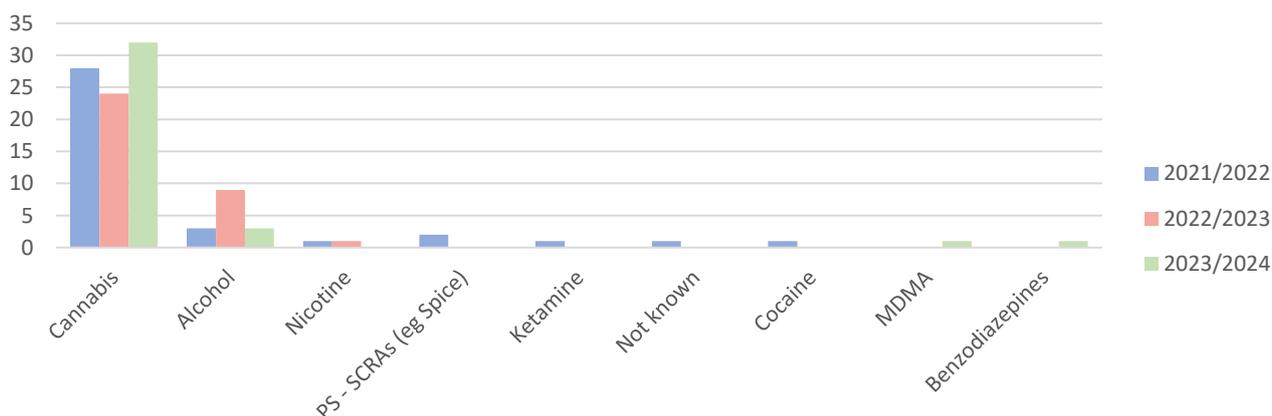


Source: CGL performance data

As we can see, Horsham has the highest number of education referrals compared to other areas in West Sussex for the period analysed. Despite year on year the referrals have dropped, Horsham represent 29% of West Sussex for the period analysed (but just represent 13.5% of West Sussex in the last financial year).

Cannabis is the main substance, mentioned in 78% of referrals.

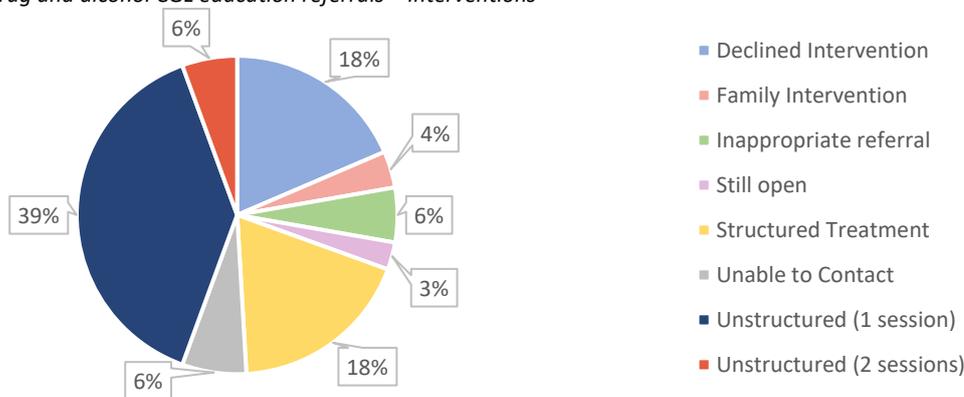
Figure 37: Drug and alcohol CGL education referrals – main substance



Source: CGL performance data

68% of the total referrals had some kind of intervention. 18% of young people referred declined further intervention.

Figure 38: Drug and alcohol CGL education referrals – Interventions



Source: CGL performance data

## Exploitation

In July 2023 Multi Agency Child Exploitation (MACE) was introduced, prior that, only children open to CSC were included in the data set. Between July and December 2023, 145 children were triaged at local Multi Agency Child Exploitation (MACE) reviews.

Where the risk type was known:

- at least 64% of these children were Criminally Exploited (CCE),
- 22% were exploited sexually (CSE)
- and 14% were a victim of both criminal and sexual exploitation.

In 32% of cases the risk was unknown.

- Almost 75% of the exploited children were aged 14-16 years.
- Half of the cohort were children in need (CIN), 17% open to Early Help and 16% on a Children Protection Plan (CPP).
- 61% were boys, with data suggesting a gendered response to exploitation, as girls identified a higher risk of sexual exploitation and boys of criminal exploitation.

Figure 39: Child exploitation in West Sussex by exploitation type (CCE, CSE or Both)



Source: West Sussex County Council Child Exploitation Team

## Youth Justice Therapeutic and Family Interventions

Children and young people identified by the WSCC Youth Justice Service receive focused interventions via the Therapeutic & Family Intervention Team to address underlying issues, to support a movement to a stable lifestyle and preparing young people for adulthood.

Some of the young people supported are also identified as having a substance misuse problem.

Service leads report that roughly 60% of the children and young people that they support have some level of drug or alcohol misuse issues which require interventions, data systems are being developed to capture these issues more consistently.

In West Sussex there were a total of 321 interventions cases closed in 2023/24 from 258 children (some children had more than one intervention). Of these, 40 individuals were recorded as having a substance misuse problem at the start of their intervention and 66 recording substance misuse at some point during their

intervention. These were typically aged between 14 and 18 years by intervention end, though some were as young as 12 years. Roughly one third of these were female.

From the 21 interventions in Horsham, 29% were from individuals with substance misuse records, 5% with substance misuse recorded prior to start the intervention and 24% recorded at some point during the intervention.

Table 15: Therapeutic & Family Intervention Team cases closed in 2023/24, by local geography

	Adur & Worthing	Arun	Chichester	Crawley	Horsham	Mid Sussex	Out Of County	Total
Substance misuse record starting <b>prior</b> to intervention	9	11	5	8	1	1	5	<b>40</b>
Substance misuse record starting <b>during</b> intervention	23	15	2	10	5	5	6	<b>66</b>
All interventions	79	78	24	55	21	28	36	<b>321</b>

Source: Children Services Data & Performance Team

Table 16: Therapeutic & Family Intervention Team cases closed in 2023/24, by age and substance need

Age of individual at end of intervention	Substance misuse record starting <b>prior</b> to intervention	Substance misuse record starting <b>during</b> intervention	All individuals supported
10 years	0	0	3
11 years	0	0	1
12 years	1	0	15
13 years	0	2	35
14 years	5	10	43
15 years	8	17	65
16 years	12	16	71
17 years	8	14	60
18 years	6	7	27
19 years	0	0	1
<b>Total</b>	<b>40</b>	<b>66</b>	<b>321</b>

Source: Children Services Data & Performance Team

The majority of interventions lasted between 4-6 months, with 5% lasting up to a year or beyond. Those young people who recorded substance misuse prior to, or during intervention tended to have longer intervention lengths than those without substance misuse reported, with nearly twice as many receiving their intervention for seven months or longer.

Of the 42 children and young people assessed for the substance misuse intervention programme, six were for alcohol only, and two more for alcohol and class A substances. Twenty-one were for cannabis use, with two more for cannabis and Xanax, and another one for cannabis and 'polydrug use'.

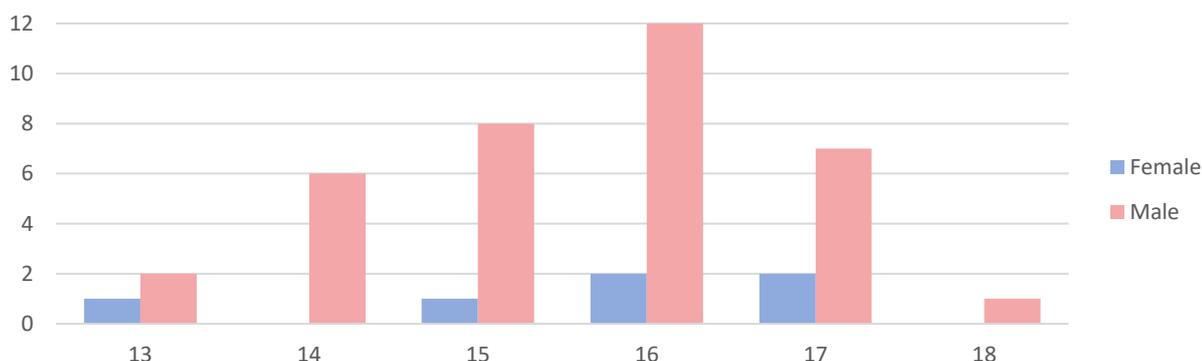
Table 17: Numbers of individuals in programme, by sex and main substance need (2023/24)

Substance need	Female	Male	All individuals
Alcohol only	5	1	6
Cannabis only		21	21
Alcohol and Cannabis	1	9	10
Alcohol and benzodiazepines		1	1
Alcohol, Crack and Heroin		1	1
Cannabis and Xanax		2	2
Cannabis and polydrug use		1	1
All substances	6	36	42

Source: Youth Justice Intensive Interventions teams

Six were females, aged 13 to 17, and thirty-six were males, aged 13 to 18, with a peak around the age of 16. Of the twenty-one individuals who completed their full programme of support, five were entirely 'drug-free', and sixteen reported 'occasional use'. Eleven of the twenty-one were deemed to need further support moving forwards, and ten needed no further support.

Figure 40: Numbers of individuals in substance misuse programme, by sex and age (2023/24)



Source: Youth Justice Intensive Interventions teams

Arun district and Worthing borough amounted for half of the children and young people assessed by the programme. Horsham had 5 young people assessed by the programme of which 3 were males.

Table 18: Numbers of individuals in programme, by sex and district/borough (2023/24)

	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing	West Sussex
Female		1		1	2		2	6
Male	4	10	3	5	3	2	9	36

Source: Youth Justice Intensive Interventions teams

## Probation Services

The Probation Service is a statutory criminal justice service that supervises offenders serving community sentences or released into the community from prison. Their responsibilities are also to provide advice to courts on sentencing, deliver community payback and behavioural programmes, and provide information to

victims of serious offences. They are responsible for sentence management in both England and Wales, along with Accredited Programmes, Unpaid Work, and Structured Interventions.

In West Sussex there are 3 geographical teams (based in Crawley, Littlehampton and Worthing) and 2 additional teams, 1 for Unpaid Work Standalone Orders (this are Orders where the only active requirement is Unpaid Work) and a team of Trainee Probation Officer (PQIP).

As of the 1st of February 2024, West Sussex probation teams were managing 1,319 Community and Licence Cases.

The table below shows the West Sussex Community and Licence Caseload, and the associated Offender Assessment System (OASys) needs identified.

As of the 1st of February 2024, West Sussex probation teams were managing 1,319 Community and Licence Cases.

Of the needs recorded “relationships” is the highest OASys Need (68%) among the caseload, followed by Lifestyle (61%). Drug needs account for 34% of the cohort, and alcohol 29%.

Table 19: West Sussex – Probation Community/Licence Caseload with OASys Needs (Note people may have multiple needs recorded).

West Sussex Team	Crawley	Littlehampton	Worthing	PQIP	Unpaid Work Standalone	Total Community /Licence Caseload	% of OASys Need
Community/Licence Caseload	555	436	246	74	8	1,319	-
OASys Accommodation is a Need	178	168	93	35	2	476	36.1%
OASys ETE is a Need	166	166	89	26	1	448	34.0%
OASys Finance is a Need	191	158	89	25	-	463	35.1%
OASys Relationships is a Need	345	313	184	56	3	901	68.3%
OASys Lifestyle is a Need	321	271	171	42	1	806	61.1%
<b>OASys Drugs is a Need</b>	<b>179</b>	<b>161</b>	<b>87</b>	<b>24</b>	<b>2</b>	<b>453</b>	<b>34.3%</b>
<b>OASys Alcohol is a Need</b>	<b>162</b>	<b>118</b>	<b>73</b>	<b>24</b>	<b>1</b>	<b>378</b>	<b>28.7%</b>
OASys Emotional Well-Being is a Need	321	266	164	49	3	803	60.9%
OASys Thinking & Behaviour is a Need	318	264	162	49	3	796	60.4%
OASys Attitudes is a Need	282	250	136	43	3	714	54.1%

Source: HM Prison and probation service – West Sussex performance data

The table below shows the Community sentences in West Sussex. Community sentences are alternatives to prison sentences and can carry requirements to engage in treatment or support services.

From January 2021 to January 2024 there were 149 Alcohol treatment Requirements, 118 Drug Rehabilitation Requirements, and 11 Mental Health Treatment Requirements. These have been imposed as alternatives to custodial sentences. Numbers have moderately increased over this time.

A new scheme in 2024 is to separate Mental Health Treatment Requirements into Primary Mental Health and Secondary Mental Health. Primary Mental Health will not require a formal diagnosis and is believed this will increase Treatment requirements for mental health needs in future.

Table 20: West Sussex ATR/DRR/MHTR Sentences.

Sentence Year	Sentenced - Alcohol Treatment Requirement	Sentenced - Drug Rehabilitation Requirement	Sentenced – Mental Health Treatment Requirement
2021 Total	48	33	3
2022 Total	40	35	3
2023 Total	56	42	4
2024* January only	5	8	1
<b>Total</b>	<b>149</b>	<b>118</b>	<b>11</b>

Source: HM Prison and probation service – West Sussex performance data

The table below shows the Commissioned Rehabilitative Service (CRS) referrals made between June 2021 (when CRS provision started) and 3rd February 2024. The majority of referrals were made by the Crawley team, and the highest number of referrals was for an Accommodation Service, followed by Personal Wellbeing.

Table 21: West Sussex Commissioned Rehabilitative Service (CRS) Referrals (2021-24)

CRS Contract Type	Referral Year	Crawley	Littlehampton	Worthing	PQIP	UPW Standalone	Total CRS Referrals
Accommodation Service	Jun-Dec 2021	69	52	35	1	2	159
	Jan-Dec 2022	138	101	68	4	2	313
	Jan-Dec 2023	189	95	110	29	-	423
	Jan- 3rd Feb 2024	12	9	14	7	-	42
<b>ACC Total</b>		<b>408</b>	<b>257</b>	<b>227</b>	<b>41</b>	<b>4</b>	<b>937</b>
Dependency and Recovery Service	Jan-Dec 2022	29	25	7	2	-	63
	Jan-Dec 2023	147	67	53	10	-	277
	Jan- 3rd Feb 2024	16	8	5	3	-	32
<b>D&amp;R Total</b>		<b>192</b>	<b>100</b>	<b>65</b>	<b>15</b>	<b>-</b>	<b>372</b>
Education, training and Employment	Jun-Dec 2021	38	29	20	-	2	89
	Jan-Dec 2022	75	67	30	4	3	179
	Jan-Dec 2023	81	41	38	17	-	177
<b>ETE Total</b>		<b>194</b>	<b>137</b>	<b>88</b>	<b>21</b>	<b>5</b>	<b>445</b>
Personal Wellbeing Service	Jun-Dec 2021	26	31	13	-	-	70
	Jan-Dec 2022	116	60	40	6	1	223
	Jan-Dec 2023	157	88	71	12	-	328
	Jan- 3rd Feb 2024	14	4	9	4	-	31
<b>PWB Total</b>		<b>313</b>	<b>183</b>	<b>133</b>	<b>22</b>	<b>1</b>	<b>652</b>
Women Services	Jun-Dec 2021	15	7	3	1	-	26
	Jan-Dec 2022	48	34	21	9	1	113
	Jan-Dec 2023	45	23	32	3	-	103
	Jan- 3rd Feb 2024	9	2	3	4	-	18
<b>WOS Total</b>		<b>117</b>	<b>66</b>	<b>59</b>	<b>17</b>	<b>1</b>	<b>260</b>

Source: HM Prison and probation service – West Sussex performance data

## CGL – People in structured treatment and Naloxone provision

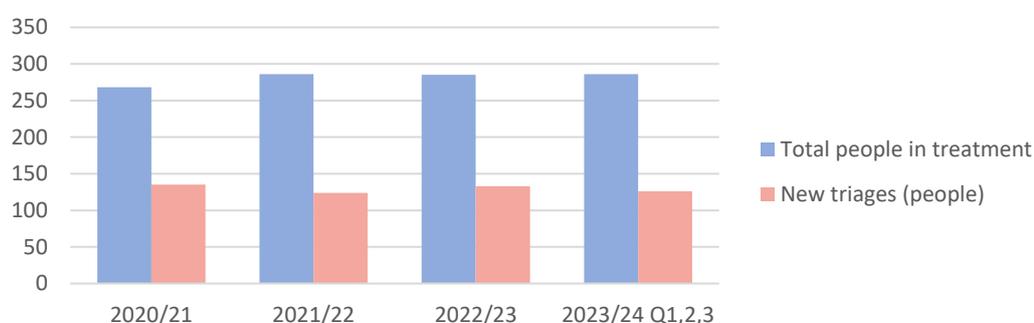
In West Sussex people who need treatment for their substance misuse can be referred, or can self-refer to CGL (Change, Grow, Live), the locally commissioned treatment provider.

Records of referral for structured treatment were provided by CGL for financial year 2020/2021 onwards and include different variables age, sex at birth, housing need, mental health need, employment status, drug category (as NDMTS<sup>6</sup>) and discharge time and reason.

In Horsham from 2020/21 up to 2023/24 Q3 590 people received treatment from CGL. This includes 136 people who began treatment at some point during 2016/17 to 2019/20. Over the period analysed there were a total of 661 episodes.

The number of people in treatment has kept stable over the years with small increase over the period, 2023/24 presumably when Q4 is added will have an increased in both total people in treatment and new triages.

Figure 41: Total individuals in treatment and new triages



Source: CGL performance data

From 2017/2018 alcohol treatment is the main reason to engage with CGL.

In 2017/18 the referrals for “any opiates” was accounting for a third of all referrals, since then, the gap between referrals by alcohol and “any opiate” has increased over the years due to the increase of alcohol referrals and the decrease of “any opiate” referrals. In 2023/24 alcohol treatment account for 53% of total referrals whilst “any opiates” is the 11% of total referrals. In recent years, people looking for treatment for “non-opiates and alcohol” are higher than people looking for “non-opiates” treatment.

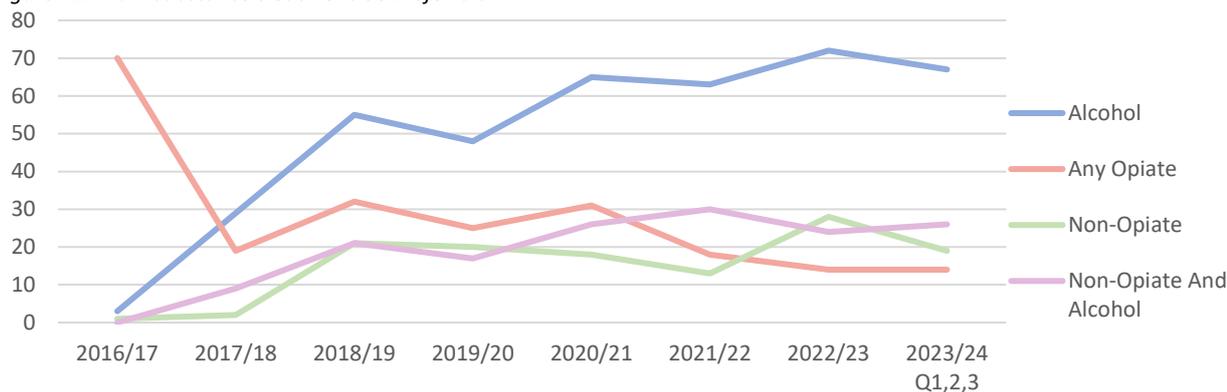
<sup>6</sup> Any mention of opiate use would result in the person being categorised as **opiate**.

People who present with non-opiate substances (without opiates or alcohol) will be classified as **non-opiate**.

People who present with a non-opiate substance and problematic alcohol use will be classified as **non-opiate and alcohol**.

People who present with alcohol and no other substances will be categorised as **alcohol**.

Figure 42: Main substance treatment CGL referrals



Source: CGL performance data

For the period analysed, self referral is the most common referral source, 62% of total referrals, followed by health care provider with 17% of total referrals.

Table 22: Referral source by year

Referral Source	2020/21	2021/22	2022/23	2023/24 Q 1,2,3	Grand Total
Self	91	76	79	79	325
Health Care Provider	17	25	31	18	91
Other treatment provider	5	7	7	13	32
Criminal Justice	4	3	12	10	29
Other	8	2	1	2	13
Social Services	7	3	2	1	13
Housing/homelessness service	3	5	1	1	10
Relative/peer/ concerned other	2	1	5	2	10
Outreach		2			2
<b>Grand Total</b>	<b>137</b>	<b>124</b>	<b>138</b>	<b>126</b>	<b>525</b>

Source: CGL performance data

The number of discharges increased in 2021/22 compared to 2020/21 and has been stable since then, in 2023/24 the number of discharges is likely to increase (missing the data for Q4). The proportion of successful completions has decrease slightly if we compare recent years with 2020/21 while the number of people disengaging with the program has increase and in 2023/24 (up to Q3) is 50%.

Table 23: Discharges by year

Discharge reason	2020/21	2021/22	2022/23	2023/24 Q1,2,3	Grand Total
Client Died	4	2	1	1	8
Dropped out - disengaged	48	58	56	64	226
Retained in prison		1			1
Successful completion	49	56	52	54	211
Transferred to another service	1	2	2	1	6
Transferred to prison		2	2	2	6
Treatment declined	5	11	19	7	42
<b>Grand Total</b>	<b>107</b>	<b>132</b>	<b>132</b>	<b>129</b>	<b>500</b>

Source: CGL performance data

Over the period analysed, females represent 38% of the total referrals.

If we have a look at the main substance people are seeking treatment for, females are proportionally more likely to be seeking help for alcohol misuse (60% of females affected by alcohol alone compared with 45% of males).

The second category females and males need treatment for is “non-opiate and alcohol” (18% females and 21% males).

Table 24: Main substance by gender

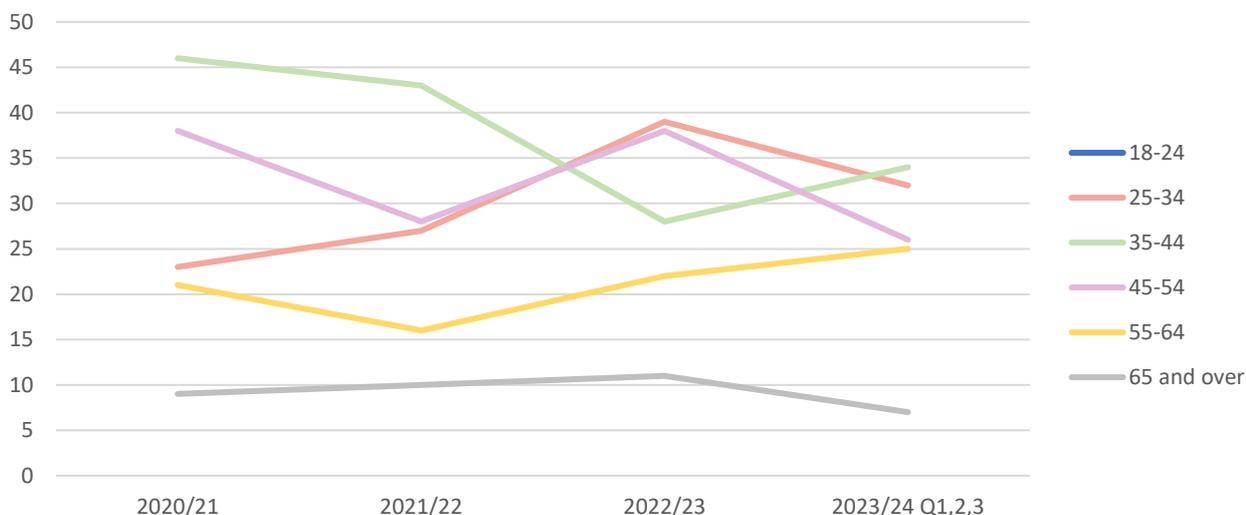
Gender	Alcohol	Any Opiate	Non – Opiate	Non – Opiate and Alcohol
Female	120	12	33	36
Male	145	65	43	69
Grand total	265	77	76	105

Source: CGL performance data

By Age, the group 25-34 years old is the age band that has increased the most over the period, in 2020/21 this group was the 17% of total referrals and in 2022/23 they represented the 28% over all referrals.

The groups 45-64 and 35-44 years old have reduced the most the number of referrals.

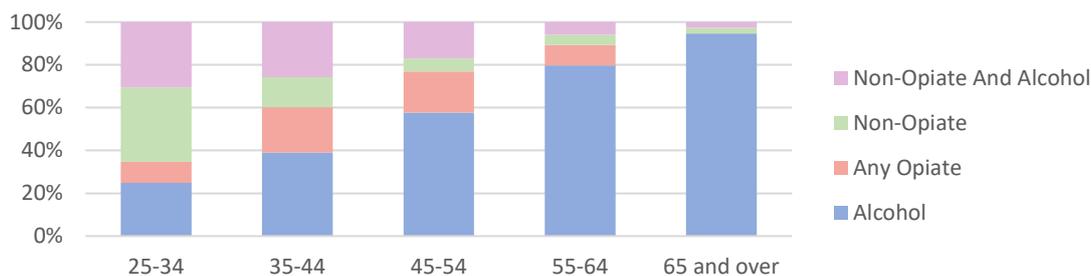
Figure 43: CGL referrals by age group (age group 18-24 not represented due to small number)



Source: CGL performance data

If we look by age group at the main substance they need treatment for, we see how individuals seeking alcohol treatment increases with the age and non-opiate and alcohol decreases with age. More people are seeking non-opiate treatment between the ages of 25-34, whereas more people are seeking opiate treatment between the ages of 35 and 44.

Figure 44: CGL referrals – main substance treatment (we have not represented 18-24 due to very low numbers)



Source: CGL performance data

### Multiple needs

- 12% of new referrals to CGL from 2020/21 to 2023/24 (Q3) have a housing problem, experience homelessness or are living in temporary accommodation. The age band most affected by housing needs is 25-34 years old, 19% would not have settled accommodation.
- 73% of people referred to CGL over the period analysed, were recorded as having mental health issues. Of those, 82% were engaging with some support to address their mental health issues, leaving 18% with mental health needs but not treatment, 6% of them would have declined treatment.
- 33% of new referrals over the period analysed are from people unemployed, of those, 62% are not looking for employment.

### Naloxone provisions

Naloxone is a medicine that can rapidly reverse the effects of an overdose due to opioids. Its provision in the community is an essential programme to prevent deaths of those vulnerable to substance overdoses. Since 2020/21 the rollout has increased significantly, and naloxone provision has nearly tripled between 2022/23 and 2023/24 (to Dec 2023) partly due to issuing additional kits to high-risk users in light of the contaminated opiate supply.

Table 25: Naloxone kits dispensed in the community (including replacements for used, lost and expired kits. 2023-24 includes the supply of Naloxone and Nyxoid).

Naloxone provision	2019-20	2020-21	2021-22	2022-23	2023-24 Dec	Total
Adur	12	19	19	29	42	121
Arun	80	99	105	118	208	610
Chichester	48	74	69	56	121	368
Crawley	73	99	96	112	179	559
Horsham	42	39	27	35	72	215
Mid Sussex	35	31	35	28	79	208
Worthing	86	113	82	103	172	556
Pharmacies	17	26	25	17	84	169
Naloxone Project	0	46	186	218	881	1,331
West Sussex HARP	0	17	0	0	0	17
<b>Total Issued</b>	<b>393</b>	<b>563</b>	<b>644</b>	<b>716</b>	<b>1,838</b>	<b>4,154</b>

Source: CGL performance data

From 2019-20, service users in Horsham have received 215 Naloxone kits and the distribution in the last couple of years has increase significantly.

Impacts in the community – Key points:

- From April 2021 to December 2023, the multiple disadvantage audit shows that the percentage of returns from people in Horsham experiencing housing problems with substance misuse was higher than West Sussex.
- In Horsham, despite having similar rate of people known to service treatments than West Sussex, the percentage of clients engaging with treatment is lower than West Sussex. Of those known to treatment services in Horsham, 18.5% females engage on treatment and 47% of males in Horsham, lower engaging rates than West Sussex returns, 52.5% for females and 54% for males.
- In Horsham, 88% of returns from people with housing problems and substance misuse are also affected by mental health issues as shown in the multiple disadvantage audit (higher than West Sussex (77%)), and 13% of them will be in treatment for both conditions at the same time, the lower rate in West Sussex. 57% of returns are not getting any treatment for mental health or substance misuse.
- In Horsham there were 1,155 households owed a homelessness duty between 2020/21 to 2022/23. Of these, 508 were recorded as having support needs (44%). Drug dependency needs were recorded in 9% of these households over the period.
- Over 50% of individuals engaged with local homelessness and housing provider were consuming substances (including alcohol) every day or almost every day.
- In Horsham 10% of JSA claims are of the duration of 5 years and over. The level on unemployment has been steady for the last few years at 3%.
- The rate of economically inactive population has been decreasing in the last few years and in 2020/22 was 16%, one of the lowest rates in West Sussex. However, it is not currently possible to assess numbers of individuals with substance misuse.
- Each year, around 12.6% of families receiving Early Help support are affected by substance misuse by parents, children or both. Both adult and children substance misuse has been increasing over the period, both in terms of incidence and percentage of all assessments completed. In the case of mentions of children with substance misuse, the incidences have duplicated and the case of adults the increase is even bigger over the period.

- Billingshurst was the area more affected by parental substance misuse and Storrington & Washington, Pulborough, Coldwaltham & Amberley by substance misuse of children and young people.
- 90% of children receiving Early help support with substance misuse as an identified problem also suffer from mental health problems.
- 20% of children receiving Early Help support with substance misuse identified as a problem, were not in education, employment or training (NEET), compared with a NEET rate of 3% when substance misuse is not recorded.
- 21% where substance misuse was identified as a problem in adults, were also impacted by worklessness, compared to 10% when substance misuse is not mentioned.
- 15% of families with an adult with substance misuse are at risk of homelessness and the risk when adult substance misuse was not mentioned in the assessments was 6%.
- In 2023, 79% of Early help assessments with adult substance misuse mentioned, also identify adult mental health needs, in the case of adults with no substance misuse mentioned, mental health needs drop to 57%.
- 7% of CSC assessments in Horsham were identified with drug use, Billingshurst and Denne are the areas with higher number of incidents with Denne more affected in 2022.
- The percentage of CSC assessments with drug use mentioned when children are age 16 is higher in Horsham than West Sussex due to high child drug use.
- In the last three academic years, Horsham had 129 drug and alcohol related suspensions and 6 exclusions. In 2021/22 males' suspensions were higher than females, but in the last couple of academic years, the gender gap has been reduced and in 2023/24 females' suspensions were higher than males.
- The data available showed that the school with highest number of drug and alcohol related suspensions was Steyning Grammar School especially for 2021/22 and 2022/2023 academic years.
- CGL education referrals (under 18) were the highest in Horsham in 2021/22 with 15 referrals. Year on year the referrals have decreased and in 2023/24 there were 5 referrals (13.5% of West Sussex). For West Sussex, cannabis has been the main reason for a referral to CGL.
- Horsham received 21 interventions from Youth Justice Therapeutic and Family intervention of which 29% were from individuals with substance misuse records, 5% with substance misuse recorded prior to start the intervention and 24% recorded at some point during the intervention.
- As of the 1st of February 2024, West Sussex probation teams were managing 1,319 Community and Licence Cases. Additional needs relating to drugs account for 34% of the cohort, and 29% for alcohol.

- In West Sussex, from January 2021 to January 2024, 149 Alcohol treatment Requirements, 118 Drug Rehabilitation Requirements, and 11 Mental Health Treatment Requirements have been imposed as alternatives to custodial sentences, and numbers have moderately increased over this time.
- The number of adults referred to CGL for treatment each year has kept stable from 2020/21. Alcohol is the main referral reason. Self-referral is the main referral source to contact CGL in 62% of cases.
- Females are, proportionally, more affected by alcohol than males (60% of females affected by alcohol alone compared to 45% of males).
- Relatively more people seek non-opiate drug treatment between the ages of 25-34, which reduces with age, whereas relatively more people seek opiate treatment between the ages of 35-44.
- 73% of new referrals made to CGL are from people who has a mental health problem. 12% have a housing problem and 33% from people with an unemployment situation.
- Horsham has received 215 Naloxone kits and the distribution in the last couple of years has increased significantly.

## Impacts on health

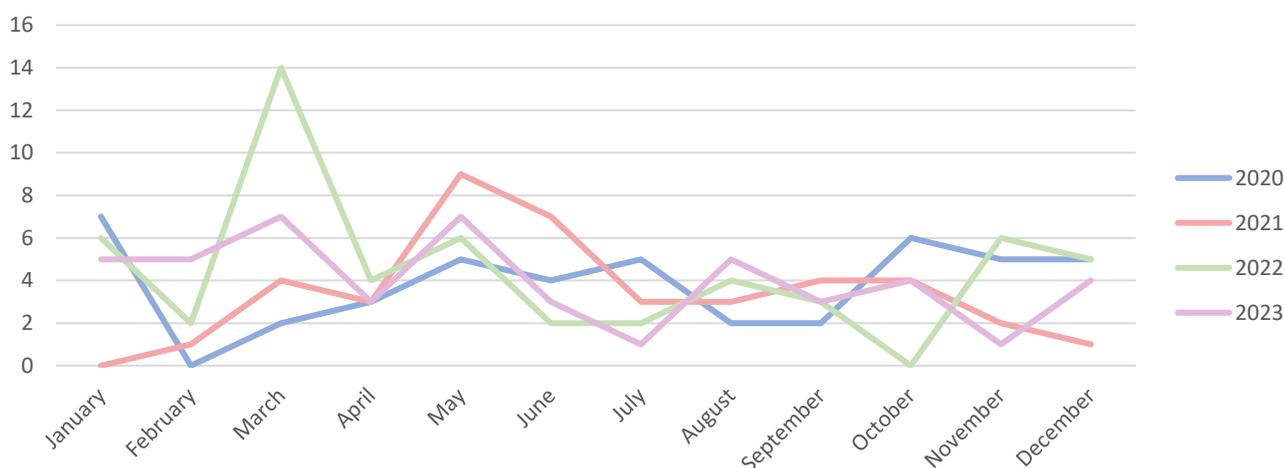
### Accident and Emergency attendances

To understand the impact of drug use on health we requested local hospitals to provide data from 2020 to 2023.

For the four-year period, there were a total of 686 A&E attendances where drug use was recorded from people living in Horsham.

71% of records are coming from Surrey and Sussex Healthcare (SSH) and 29% from University Hospitals Sussex (UHS). 2022 was the year with the highest number of attendances with an increase of 9.4% compared to 2021. In 2023 the attendances reduced to 2020 and 2021 values. By month, we could just analyse the data coming from UHS; the number of attendances varied for each year, but March 2022 was the month with the highest number of A&E attendances.

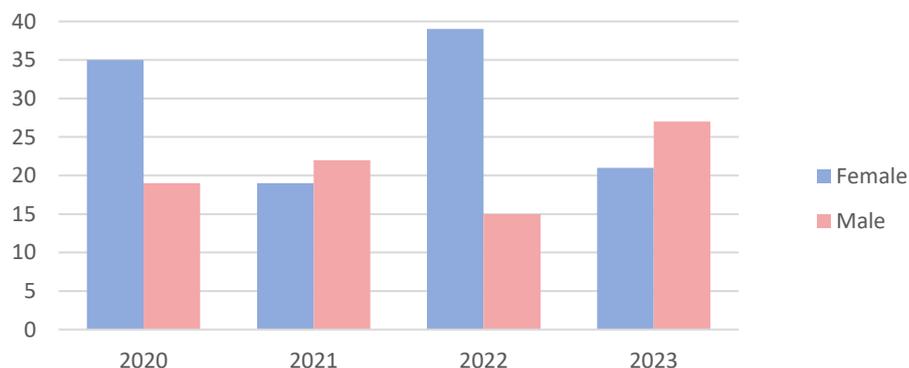
Figure 45: A&E Attendances from people living in Horsham related post code where illicit drug was recorded in UHS



Source: University Hospitals Sussex NHSFT

A&E attendances by females were higher than males for the data received by UHS (58%) and lower (42%) in the data received by SSH where data is aggregated with Crawley and Mid Sussex. If we focus on the information received by UHS, females' proportion was especially higher in 2020 and 2022.

Figure 46: A&E Attendances by gender UHS

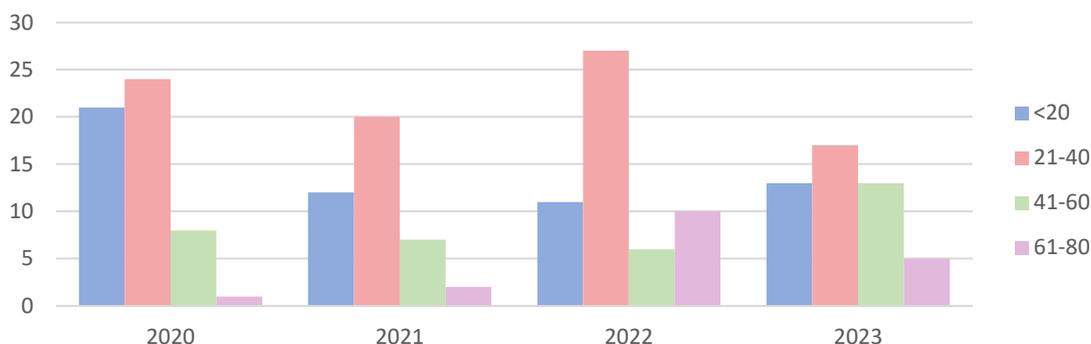


Source: University Hospitals Sussex NHSFT

The age groups with biggest attendance in 2020 were 21-40 and <20. Both age brackets have reduced the number of attendances if we compare 2023 with 2020, but the number of A&E attendances in 2022 was especially high in the age band 21-40.

In 2023, the age band <20, 21-40 and 41-60 have similar values reducing the gap between age bands.

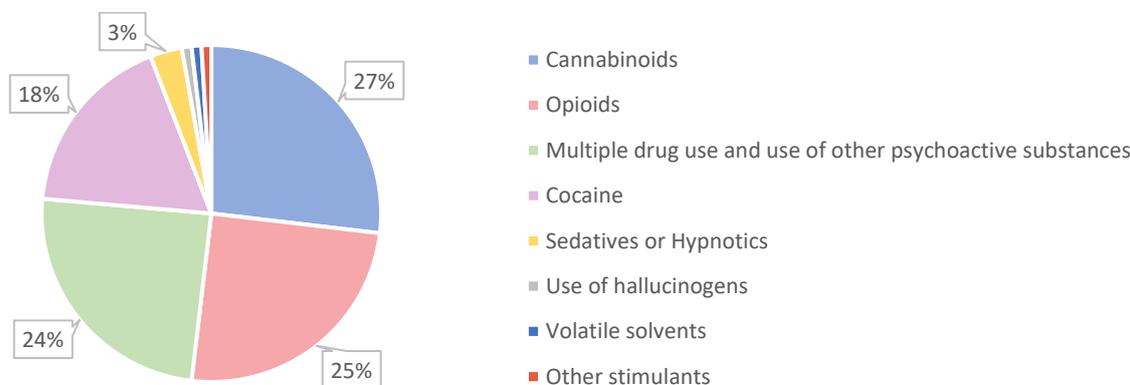
Figure 47: A&E attendances by age bracket UHS (\*attendances under 12 have not been consider for our analysis)



Source: University Hospitals Sussex NHSFT

From the records received by SSH; the type of drug is unknown for over 80% of attendances, the most common known type of drug was cannabinoids (27%) followed by opioids (25%) and multiple drug use and other psychoactive substances. In the figure below we can see the proportion of known drugs.

Figure 48: A&E attendances substances recorded SSH (Including Crawley, Mid Sussex and Horsham)

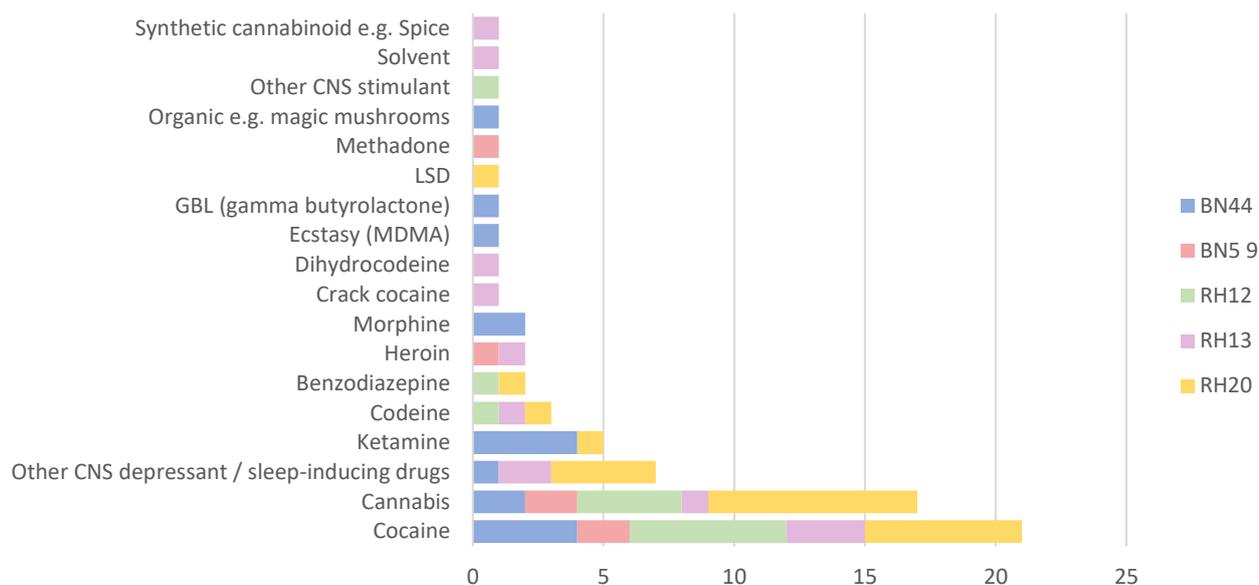


Source: Surrey and Sussex Healthcare NHS Trust

From the information received by UHS, it was possible to analyse the drugs recorded by post code and age. The type of drug was recorded as unknown over 61% of attendance and in total were 18 substances mentioned in A&E reports; the most known drugs with 21 attendances was Cocaine (10.4%) and with 17 attendances was Cannabis (8.45%).

40% of A&E attendances from UHS were from the post code RH20 and the drug with more records was cannabis followed by cocaine. The third substance most mentioned was Other CNS depressant/ Sleep-inducing tablets.

Figure 49: A&E attendances in UHS by drug and post code

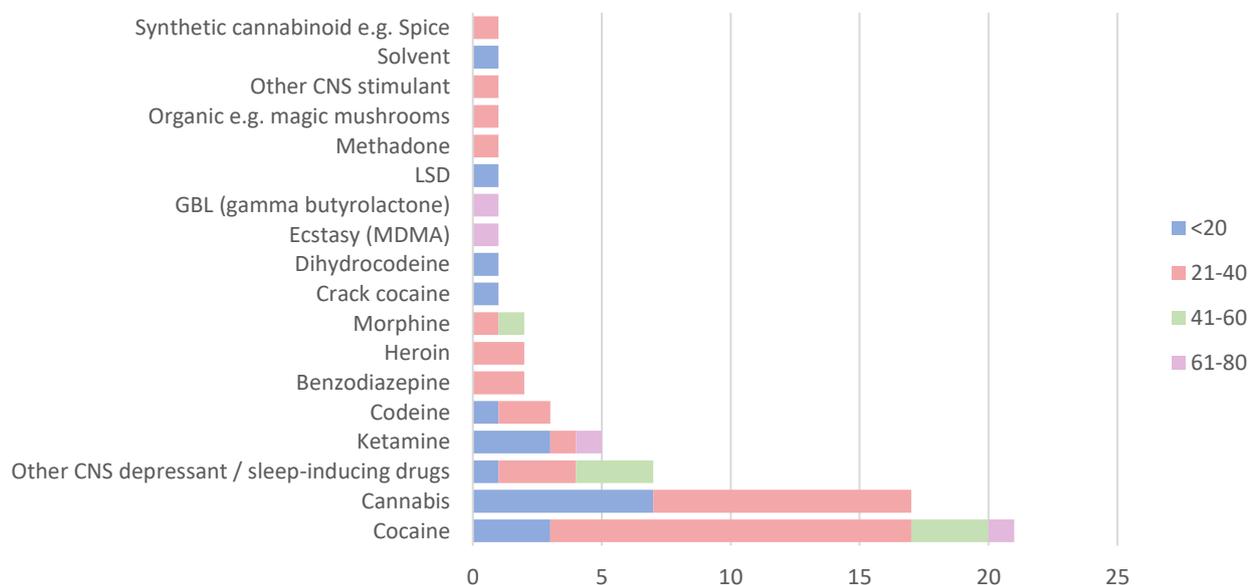


Source: University Hospitals Sussex NHSFT

45% of A&E attendances (UHS) were from patients in the age bracket 21-40, for this age group, the most common substance (when recorded) was cocaine (15%) and cannabis (11%). It was also the age bracket 21-40 the one with more variety of substances recorded.

The second age bracket with more attendances was <20 (38%) and the substance most recorded in this group was cannabis followed by cocaine and ketamine.

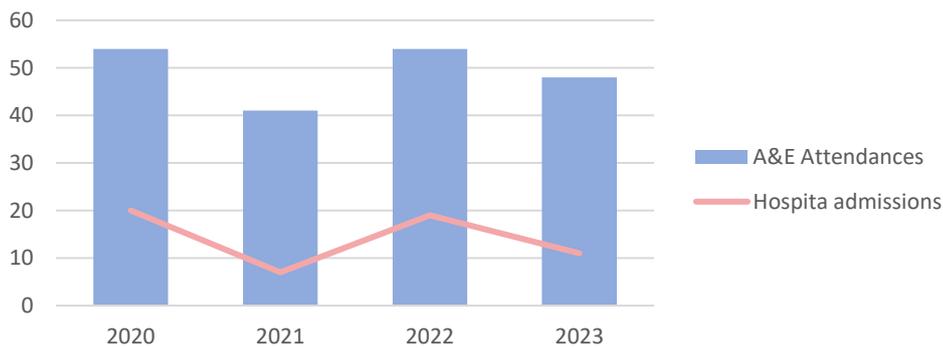
Figure 50: A&E attendances by type of drug and age UHS (\*attendances under 12 have not been consider for our analysis)



Source: University Hospitals Sussex NHSFT

From UHS we could know the number of incidences of A&E attendances that end up in hospital admissions. Admissions have fluctuated over the period, in 2020 37% of A&E attendances resulted in hospital admission, while in 2023 was 23%, the year with less admissions was 2021 where just 17%, no big differences on the proportion between males and females.

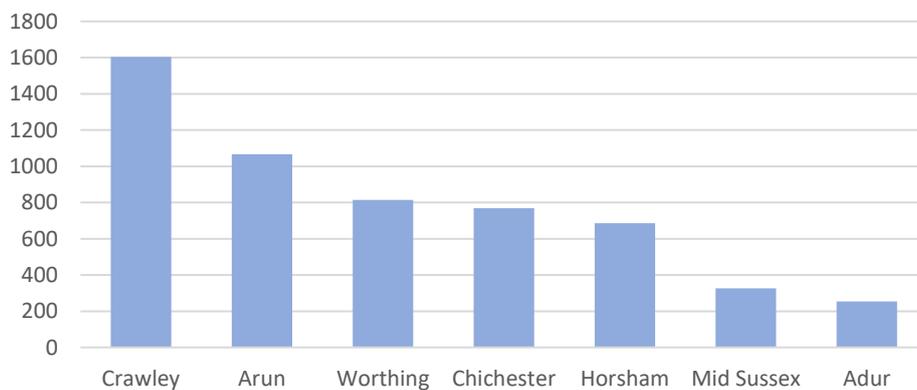
Figure 51: A&E attendances and hospital admissions UHS (\*attendances under 11 have not been consider for our analysis)



Source: University Hospitals Sussex NHSFT

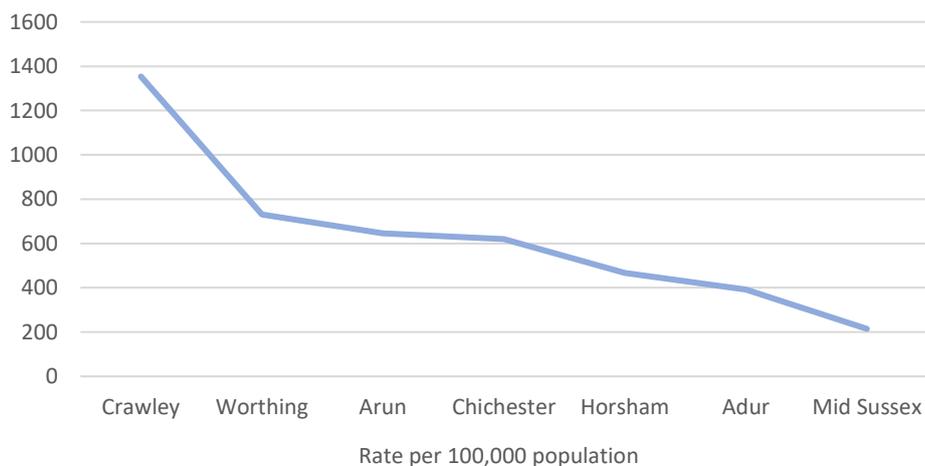
If we compare the A&E attendances from Horsham with the rest of West Sussex over the period analysed, Horsham is the third locality with the least A&E attendances.

Figure 52: A&E attendances by locality (\*attendances under 9 have not been consider for our analysis)



Source: University Hospital Sussex and Surrey and Sussex Healthcare

Figure 53: A&E attendances 2020-2023 rate per 100,000 population (\*attendances under 9 have not been consider for our analysis)



Source: University Hospital Sussex and Surrey and Sussex Healthcare

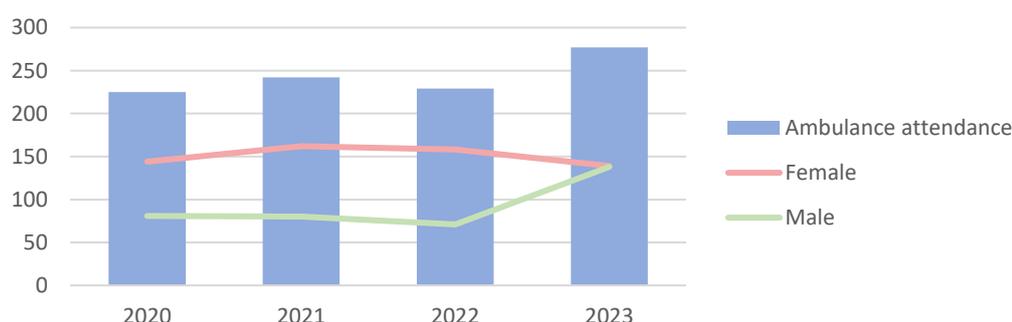
## Ambulance attendances

As part of our analysis and to understand the health impacts of drug use we have asked SECAMB (South East Coast Ambulance Service) for the ambulance attendances due to drug use in the area from January 2020 to December 2023.

Counts include all substance related incidents, not just illegal substances, since the drug cannot always be reliably determined.

During the period analysed (Jan 2020 to Dec 2023), Horsham had a total of 973 ambulance attendances. Females' attendances have always been higher than males until 2023, when females drug ambulance attendances dropped 12% and males' attendances increased 94% reducing the gap between genders.

Figure 54: Ambulance attendances due to drug use 2020-2023 by gender



Source: SECAMB

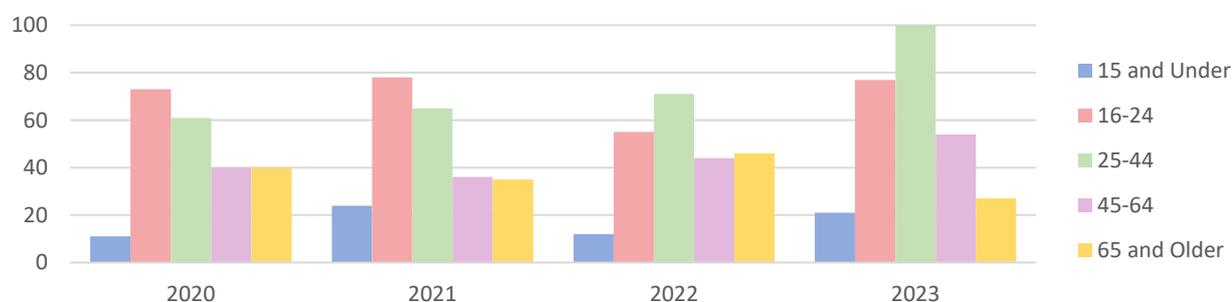
By age, in 2020 and 2021 the age band with higher number of ambulance attendances was 16-24 (32%).

In 2022 and 2023, the group with higher number of ambulance attendances was 24-44 (31-36%).

The age groups 45-64 and over 65 has similar levels over the first 3 years, but in 2023 the gap between both ages has intensified, as the age group 45-64 has increased while the group of over 65 has reduced the number of attendances in 40%.

The age group 15 and under, overall were 7% of ambulance attendances.

Figure 55: Ambulance attendances 2020-2023 by age



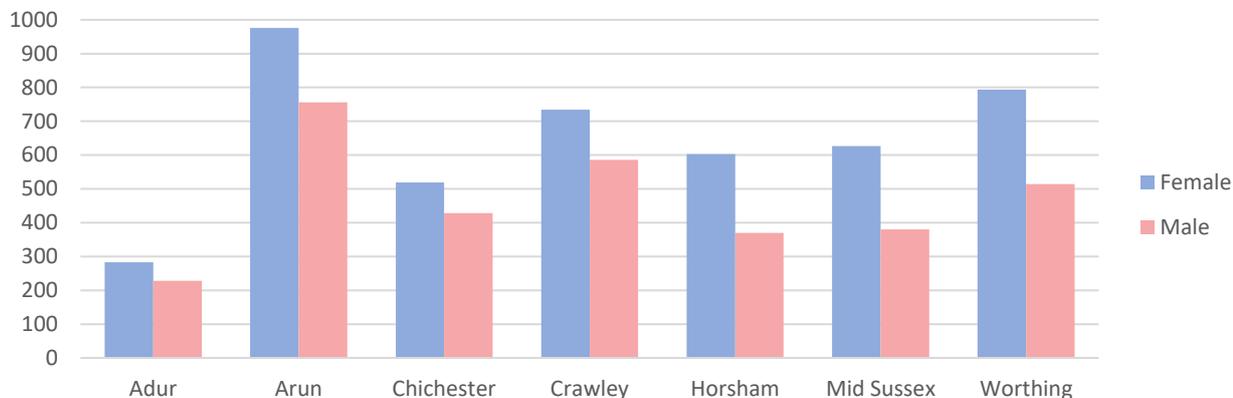
Source: SECAMB

Naloxone usage - Ambulance services use Naloxone in opiates drug incidences to rapidly reverse the effects of an opioid overdose. Due to the small count in Horsham, they were not able to provide how many times they have used it.

If we compare Horsham with the rest of West Sussex, Horsham has similar values to Chichester and Mid Sussex and like the rest of West Sussex, females' attendances are higher than males (55% - 62%)

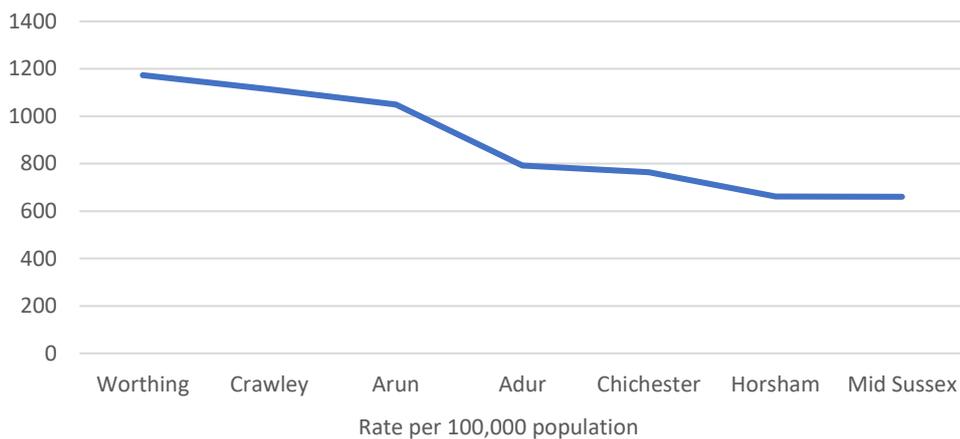
Horsham is the second locality in West Sussex with the lowest rate per 100,000 population.

Figure 56: Ambulance attendances due to drug use 2020-2023 in West Sussex



Source: SECAMB

Figure 57: Ambulance attendances 2020-2023 rate per 100,000 population



Source: SECAMB

## Deaths related to substance misuse

Each year the Office for National Statistics (ONS) releases information on the number of deaths related to drug misuse by local authority. For the three years 2020 – 2022 there were 10 substance misuse related deaths in Horsham.

Table 26: Substance misuse deaths related – West Sussex 2020-2022

	2020	2021	2022	Grand Total	Rate per 100,000 population
Adur	1	2	1	4	N/a
Arun	3	4	8	15	3.2
Chichester	7	2	2	11	3.2
Crawley	6	1	3	10	2.9
Horsham	3	4	3	10	2.5
Mid Sussex	1	1	8	10	2.3
Worthing	1	4	5	10	3.2
<b>West Sussex</b>	<b>22</b>	<b>18</b>	<b>30</b>	<b>70</b>	<b>2.8</b>
<b>(SOUTH EAST)</b>	<b>354</b>	<b>364</b>	<b>402</b>	<b>1,120</b>	<b>4.1</b>
<b>(ENGLAND)</b>	<b>2,830</b>	<b>2,846</b>	<b>2,906</b>	<b>8,582</b>	<b>5.2</b>

Source: ONS

Given the relatively small number of deaths at a local authority level deaths over a three year period are compared. For the past two periods, West Sussex has had significantly fewer deaths from substance misuse (per 100,000) than the South East and England).

- The overall decrease in West Sussex is attributable to males, with rates of 5.1 deaths per 100,000 residents in 2017-19 falling to 3.5 deaths per 100,000 in 2020-22.
- Rates for females, whilst lower overall, have been slowly rising at 1.8 deaths per 100,000 in 2017-19 to 2.1 deaths per 100,000 in 2020-22.

### Health Impacts – Key points:

- Between January 2020 and December 2023, there were 686 A&E attendances with illicit drugs were recorded by people living in Horsham.
- A&E attendances received from UHS, females' attendances are higher than males over the period (58%), due to high rates in 2020 and 2022 on female attendances.
- The age brackets with biggest attendance in 2020 and 2021 were 21-40 and under 20. Both age brackets have reduced the number of attendances if we compare 2023 with 2020, reducing the gaps with other age bands.
- The type of drug was recorded as "unknown/other" for over 61% of attendances from the data set from UHS. Where recorded, in total, 18 substances were mentioned in A&E reports; the most known drug with 21 attendances (10.4%) was Cocaine. The second known drug was Cannabis with 17 attendances (8.45%) from UHS data. From the records received by SSH; the type of drug is unknown for over 80% of attendances, the most commonly known type of drug was cannabinoids (27%) followed by opioids (25%).
- 45% of A&E attendances (UHS) are from patients in the age bracket 21-40, most of A&E attendances in this group with known substance are cocaine (15%) and cannabis (11%). Is also the age bracket 21-40 the one with more variety of substances recorded. The second age bracket with more attendances is <20 (38%) and the substance most recorded in this group is cannabis followed by cocaine and ketamine.
- From 2020 to 2023 SECAMB had 973 drug related attendances in Horsham, 2023 has been the year with higher number of ambulance attendances. Females' attendances were higher than males from 2020 to 2022, but the gap has reduced and in 2023 they have similar ambulance attendances rates.
- The age band 25-44 has increase the number of ambulance attendances over the years specially from 2022 to 2023.
- If we compare Horsham with the rest of West Sussex, Horsham has similar ambulance attendances to Chichester and Mid Sussex and like the rest of West Sussex, females attendances were higher than males.
- Horsham is the second locality in West Sussex with the lowest rate per 100,000 population.
- From 2020 to 2022 there were 10 substance misuse related deaths, similar to other local authorities in West Sussex and second locality in West Sussex with the lowest rate.

## Community Engagement

As part of our report and to understand the issues the community is facing regarding drug use and related harms, four surveys were developed targeting different parts of the community; residents, professionals and volunteers working with people affected by drug use and people in treatment.

Surveys for residents and professionals were available to be completed for 8 weeks during April and May and CGL service users survey was available for 6 weeks in April and May.

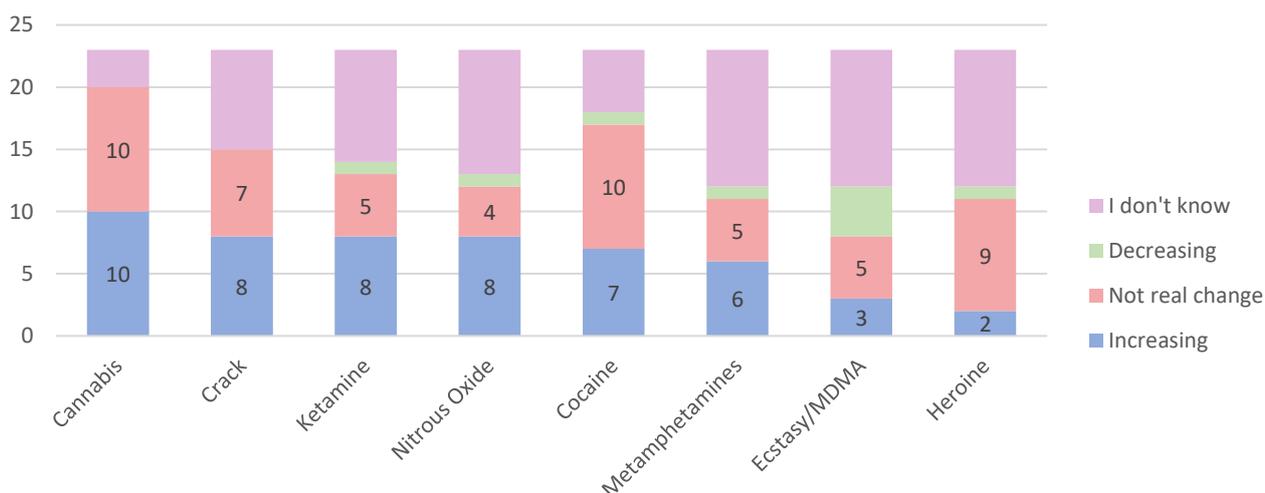
All surveys were available through a link provided for each target audience. The residents' survey link was shared in West Sussex County Council social media platforms and Social Media channels used by Horsham District Council. The professionals survey link was shared directly with targeted professionals identified by the working group and also in a West Sussex County Council internal newsletter. The CGL Service users survey was shared internally to CGL service users through their email.

We received a total of 106 responses from residents living in Horsham, 77 responses from professionals in West Sussex, of whom 23 were working in Horsham and 46 responses CGL service users (in West Sussex). All the responses from the surveys were analysed and summarised in the following sections.

### Professionals' Survey

23 professionals working in Horsham answered the survey. They were asked what their experience was regarding the level of drug use in the community. They were also asked about the use of specific drugs in their area.

Figure 58: Professionals' perception of drug use in the community



Source: Understanding drug use and harm in West Sussex, Professionals' Survey

For cannabis, cocaine, crack, ketamine and nitrous oxide a majority of professional thought that there was no change in use or use had been increasing.

## Funding drug use

### Professionals were asked how people funded their drug use beyond any regular employment.

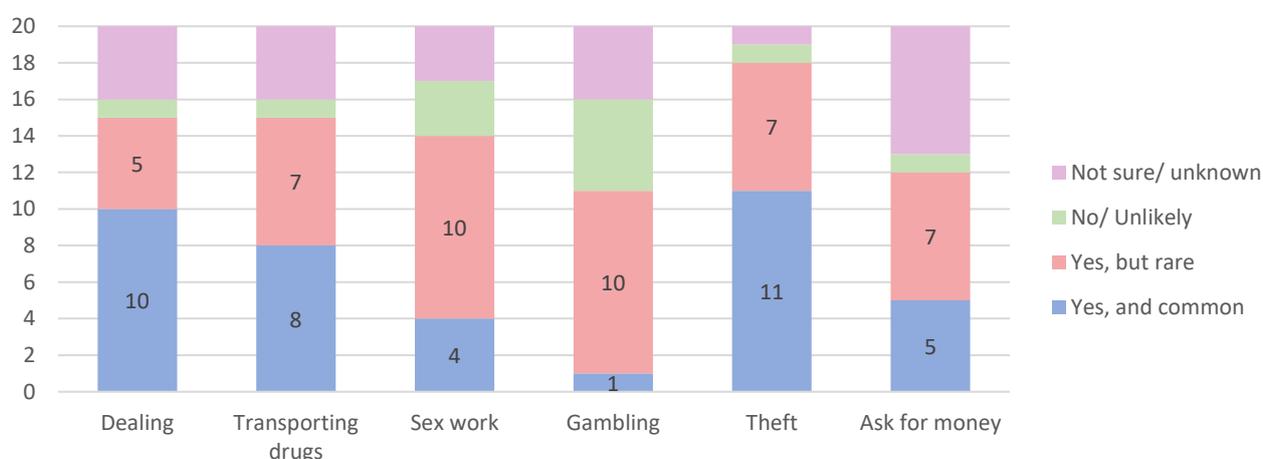
Responses were given and respondents rated their answers as “Yes, common”; “Yes, rare” or “No, unlikely”.

- 21 respondents believed that theft was a way to fund drug use with 12 believing it was common.
- The second activity considered common to fund drug use was dealing, with 16 positive responses and 11 professionals thinking this was common.
- Transporting drugs, sex work and ask for money are also seen as an option used to fund drug use. Transporting drugs cited more frequently by professionals working with young people and asking for money by people working in homeless charities.
- Sex work and gambling were considered by the professionals surveyed as the least common ways to fund drug use.

A few professionals mentioned that these issues are not often explored or discussed in their sessions, and also because some young people will not recognise exploitation or share their circumstances with professionals.

One professional mentioned that most drug users would fund their drug use generally from their benefits, but some people with mental health problems and heroin/crack users would fund drug use through begging and shoplifting. Another professional mentioned ‘survival sex’ as a way to obtain food or rent. Also, some people will get into debt.

Figure 59: Professionals’ perception of how drug users fund their drug use



Source: Understanding drug use and harm in West Sussex, Professionals’ Survey

## Exposure to violence and safety concerns:

### Professionals were asked if people they supported had been exposed to violence due to their involvement with drugs and if they had concerns for their safety.

Many professionals said they had seen how many of their service users engaging with drugs were suffering from violence and even fear for their lives, as well as being threatened by drug dealers due to unpaid drug debts. Many people will not report this to the police, due to fear of consequences from the perpetrators and because the victims often see the perpetrators as their friends. Also, many professionals have seen cuckooed

clients due to their vulnerability and some victims were unable to seek help, sometimes the perpetrators use drugs as a way to control the victim.

Some clients do not feel safe at home due to dealers knowing where they live and fears that they will wait for them at home or vandalise their home to the point that some victims will hide or even consider moving out of the area of risk. Professionals said that housing services are over-stretched and moving people to alternative properties is more difficult now than ever before; sometimes people have to be placed in temporary accommodation where there may be further issues with drugs and people said still felt unsafe.

Professionals working with young people mentioned domestic abuse as a source of violence for their clients and said some used drugs as a coping mechanism.

Violence amongst the homeless has been cited by some professionals, a homeless charity worker also mentioned that there is a risk of being exploited by “friends” when a client secures accommodation.

#### Life and wellbeing in the community:

##### **Professionals were asked how drug use impacted the life or quality of life of their clients**

Professionals said that some of their clients with more chaotic drug use, will use all their money on substances and increase debt and neglect every other area of need. They can then become homeless, become involved with the criminal justice system, family relationships will be affected, losing contact with their family and partners and, for some, their children. Job losses and the impact on, mental health made clients more depressed, anxious and more psychotic.

Losing family support and feeling isolated with an increase interaction with other drug users could reinforce this cycle of drug use and decline.

Mental health issues and becoming homeless was mentioned frequently and losing the capacity to find or hold down jobs reducing their motivation for positive activities and being stuck in a loop which they are unable to escape from.

Professional said children are affected in similar ways, from school exclusion, lack qualifications which reduces job opportunities, getting into debt, turning to crime, getting a police criminal record and in some cases with impact on their liberty. Family or home relationships become very difficult with volatile groups of friends which makes engaging with the community and professionals very difficult. Some children will suffer from mental health issues and physical health problems.

#### Physical health impacts:

##### **Respondents were asked about the physical health impacts of drug use.**

Professionals mentioned infections, amputations, loss of mobility, bruises and hard veins as a result of complications from injecting. People self-neglect and may not seek professional help.

Professionals also cited cuts, bruises and broken bones as a result of physical injuries when under the influence of substances.

Lungs, kidney and liver problems due to damage from overdoses were among the most mentioned physical impacts.

Oral health and dental problems/deformities, bad skin and malnutrition with vitamins deficiency, brain injuries and increased epileptic seizures were also mentioned by professionals.

#### Mental Health impacts:

Anxiety, depression and psychosis were issues mentioned most frequently by professionals.

Other issues mentioned (frequently) were paranoia, sleep problems and stress.

Many professionals pointed out that some patients with mental health problems use drugs as a way of self-medicating to cope with trauma and life stresses, drug use then exacerbates their negative mental health leaving the patient in a continuous vicious cycle, some even have suicidal thoughts.

One professional mentioned that some patients use cannabis as self-medication (despite being advised of the negative impact on their mental health) to help them relax and sleep and said there was a lack of services to provide alternative resources to assist.

Also, mentioned but less frequently: panic attacks, complex post-traumatic stress disorder, personality disorders, lack of motivation, low mood and irritation, becoming aggressive over small issues and reduced capacity of understanding which affects their decision making, suicidal thoughts and self-injury.

Many professionals said that the relationship between mental health and drug use is a blurred line, often hard to determine if the drug use is used as a form of self-medication for undiagnosed or untreated mental health issues or if the mental health issues are a result of the drug use and lifestyle.

#### Access to hospital services:

The main reason that professionals said their clients go to hospital was due to an overdose (accidental or intentional).

The second reason noted was injuries caused while being under the effect of substances or caused by others (stabblings, assaults, etc) or due to infections due to injection complications.

Other professionals mentioned people would also go to hospital due to a mental health crisis.

Less frequently mentioned were lung and heart problems, loss of limbs.

#### Vulnerabilities to habitual drug use:

**The respondents were asked from their professional experience, what made people more vulnerable to habitual drug use.**

Having mental health problems was stated as one of the main reasons by professionals and that sometimes access to mental health services takes time and some people will use drugs as self-medication or as a coping mechanism for their trauma or circumstances (domestic abuse, exploitation).

In general, professional stated that poverty was a contributory factor to people's vulnerabilities to drug use along with lack of housing, lack of employment and feeling that there is no hope of improvement.

Professionals also said that their clients may feel isolated in the community as a result of lack of services or poor engagement with them and also lack of family support with unstable home environments, especially if there is drug use within the family, creating major vulnerabilities.

If children are not attending school reducing lack of positive social contacts and they feel pressure by their social environment or friendship group. Also, some professionals think that the lack of hobbies and interests in young people leads to boredom and drug use.

Professional said that people with disabilities or learning needs are more vulnerable to exploitation and county lines.

How could we reduce people's vulnerabilities to drug use:

**Professionals were asked how partnership work could reduce people's vulnerabilities they mentioned before.**

Many professionals cited the importance of family/ young people interventions through education with schools and youth groups, some examples of these interventions mentioned:

- Offering support after school for families on low incomes where there are socio-economic vulnerabilities that pre-dispose families to higher risk of drug use.
- Educate children and young people about the implications of being involved with drugs (drug use, exploitation, etc.), introduce life experience chat to school children.
- Work on resilience, especially for young people, empowering them to say no.
- Supporting the school as place to identify children and young people with issues, with professionals, to support those at risk.
- Have more places for young people to hang out that are safe, youth clubs where children can have positive experiences and have the benefit of engagement with caring adults.
- Parental support with groups discussing issues such as drugs, teen life etc, and teach parents how to have conversations with their children when they suspect drug use or experience problems. Focus of family and ensure children have positive attachments and appropriate care within the home.
- More preventative work for vulnerable families around the risks of exploitation and county lines.
- Drug and alcohol workshops

**Improving services visibility through communications and engagement:**

- Help people to understand who they can talk to, how they can help and ultimately how they can refer themselves into that support.
- Professionals to have the resources and capacity to go to clients, not an expectation that clients come to services to engage and get relevant support.
- Increasing profile across social Media platforms of issues/help/resources. Local events.
- Access to support being within the community, such as in shopping centres/town centres or areas where drug users may be concentrated. Access within the GP environment to reduce stigma.
- Flexible support, offering holistic support with one person designated to contact all services needed.

**Increasing mental health support was seen as one of the most important ways to reduce vulnerabilities, and it was outlined in different ways:**

- Reducing waiting times, easier access to services, teaching mental health techniques.

- Focusing more time and resources on working with young people that are known to experience neglect and trauma to try and prevent them going into adulthood where they can turn to drug use as a coping mechanism.
- Preventative work looking to the next generations emotional wellbeing and resilience being better able to adapt and cope with life.

#### **Improving housing solutions and employment opportunities:**

- Housing first approach.
- Don't give benefits to those who can work, make them work for their money to give them a sense of purpose and improve self esteem
- More affordable supported housing and appropriate housing for care leavers, people with dual diagnosis and for those who have disabilities where they can feel settled and get the support that they need.
- Accommodation in rural locations away from temptations

#### **Increasing services:**

- More support around debt help, financial advice
- Safer injecting spaces need to be considered.
- Gym memberships for drug affected (used in a group only) so those motivated can get fit and feel the benefits while recovering.

#### **Joint work between services: improving communication and relationships between services.**

More police presence in the streets and reduce county lines, more CCTV cameras.

#### **Barriers that can prevent people from accessing help/support:**

##### **Professionals were asked what barriers may prevent people from accessing the support they need.**

Professional said that the main barrier to seeking support for a substance misuse problem is not feeling ready for a change or not identifying substance misuse as a problem needed to be resolved.

Also, some said that service users often feel the stigma with negative attitudes from staff and they feel judged and embarrassed. They are concerned with being labelled.

Some professional said that if people are trying to get help and organisations do not have capacity or resources to meet their need, they may believe they have been let down and gaining trust when they try to reach out again with services/professionals is very hard.

Also, people fear the consequences of admitting drug use, from children thinking they may lose their place at school, to parents thinking they may lose their children to social care. They fear the police and legal consequences. Sometimes this fear comes from the pressure from drug dealers or their exploited situation.

Some professional said that some barriers come from services and the way they work, with some professionals mentioning the long waiting list to access services, complicated referral processes, chaotic lifestyles not fitting into the rigid expectations of services where they have to make appointments instead of drop ins. Also, travel expenses to make the appointments was seen as a barrier to seek and maintain support.

Some professionals said when people are working with a lot of professionals, they do not want to have to repeat their personal story to new people all the time and this becomes a barrier. When staff turnover is high, service users may meet a support worker they open up to and when that support worker leaves, they would have to start again have to start again. Some people will not know what support is available for them and not know how to access the service or who to ask.

#### Professionals Survey – Key points

- Cocaine, crack, cannabis, ketamine and nitrous oxide were all seen as staying the same or increasing by the majority of professionals.
- In relation to how drug use was funded, professionals said that theft was the most common way to fund drug use followed by dealing. Asking for money and transporting drugs are also seen as an option used to fund drug use, transporting drugs is seen more often by professionals working with young people while asking for money is cited by people working in homelessness charities. Some professionals pointed out that young people would not recognise the exploitation and would not share their circumstances with professionals.
- Many professionals said that many of their service users suffered from violence and are even fear for their lives. One of the main reasons given was being threatened by drug dealers due to unpaid drug debts. Many victims will not report to the police due to fear of consequences from the perpetrators.
- Sometimes the exposure to violence in young people comes from domestic abuse, with some using drugs as a coping mechanism.
- Some professional said some homeless people could be exploited by “friends” when they get secure accommodation.
- Professionals said that clients with the most chaotic drug use, use all their money on drugs and increase their debt risking their family, their house and their jobs, some lose family relationships and children with impacts on their mental health.
- Professional said that losing family support and feeling isolated with an increase interaction with other drug users would reinforce this vicious cycle of drug and destruction.

- Children were cited as being excluded from school, lacking qualifications, reducing their job opportunities, getting into debt, turning to crime and ultimately getting a police criminal record. Family or home relationships become very difficult with volatile groups of friends, which makes engaging with community and professionals very difficult.
- Regarding physical health impacts of drug use, professionals have referred to infections, amputations, loss of mobility, bruises and hard veins as a result of complications from injecting and that people self-neglect and do not seek professional help when needed.
- Anxiety, depression and psychosis are the most mental health issues mentioned by professionals. Other issues also mentioned frequently are paranoia, sleep problems and stress.
- Many professionals have pointed out that some patients with mental health problems use drugs as a way to self-medicate to cope with their trauma and life stresses.
- Professional said the main reason for hospital admission by service users was due to an overdose (accidental or intentional), followed by injuries caused while been under the effect of substances or caused by others (stabblings, assaults, etc) or due to infections. Some people will have a mental health crisis.
- Professionals said that people are more vulnerable to drug use if they have a mental health problem, and said drugs are used for self-medication purposes. Also, that drugs are used as a coping mechanism for their traumas or circumstances (domestic abuse, exploitation).
- Another factor that increases vulnerability to drug use is poverty, lack of housing and employment, people feel trapped with no hope of improvement. And so is a lack of positive social interactions for both adult and children.
- People with disabilities or learning needs are cited as being more vulnerable to exploitation and county lines.
- To reduce some of the vulnerabilities mentioned, professionals proposed more interventions for family/young people through education and youth groups: offering support, education, working on resilience and in social positive interactions with the community. Increasing service visibility through communication and engagement reducing stigma and judgement.
- It was also considered very important to increase mental health support services to reduce waiting times and focus on young people's traumas, enabling them to go into adulthood with coping mechanisms resulting in more resilience individuals. Improving housing solutions and creating employment opportunities.
- Joint work between services: improve communication and relationship between services.

- The main barriers that prevent people from accessing support is not feeling ready for a change or not identifying their substance misuse as a problem they need to resolve. Also fear, the fear of being judged by professionals, fear of losing their children if they admit to drug use, the fear of getting the police involved and having legal consequences, the fear of drug dealers that are exploiting them.
- Other barriers coming from services setting were mentioned: long waiting list to access services and the complicated referral processes, chaotic lifestyles not fitting into the rigid expectations of services where they must make appointments instead of drop ins. Also, the travel expenses to make to the appointments was seen as a barrier to seek and maintain support. When the staff rotation is very high within service providers, service users feel they must repeat and start over again which can be discouraging. Some people will not know what support is available for them, not knowing how to access the service or who to ask.

## Residents' Survey

**This survey was designed to understand the issues that are affecting the community regarding drug use and had two sections: all residents, and residents who have children between 11 and 25 years old. The survey was divided into two sections:**

- the first section the aim was to understand the residents' perception of drug use in the community and what issues from drug use causes concern in the community, at the same time if people in the community know where to access help and the role of social media regarding drug use/distribution.
- The second section was designed to understand if parents are aware of their children using drugs and how they communicate the risk of drug use to their children and if they are aware of what their children access online.

**106 people living in Horsham responded the survey.**

50 respondents were males and 48 females 8 people prefer not to say. By age, most people (44%) were between 45 and 64 years old. Most people were homeowners and either employed/self-employed (42%) or retired (33%). The wards with more responses were Billingshurst and Denne neighbourhood.

*Table 27: Residents' wards*

<b>Where most residents live</b>	
Billingshurst Parish Council	14
Horsham: Denne Neighbourhood Council	14
North Horsham Parish Council	12
Horsham: Trafalgar Neighbourhood Council	11
Horsham: Forest Neighbourhood Council	10
Broadbridge Heath Parish Council	7
West Chiltington Parish Council	6

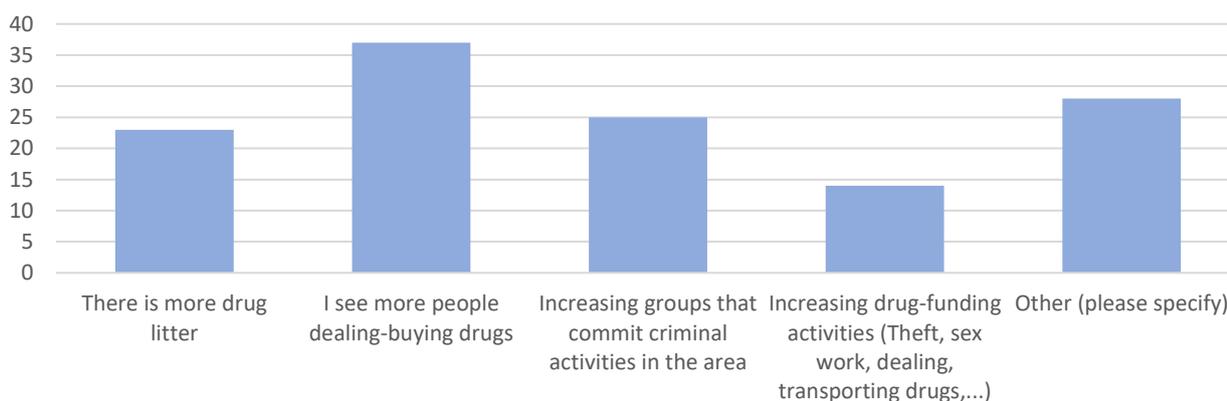
Henfield Parish Council	5
Southwater Parish Council	4
Storrington and Sullington Parish Council	4

Source: Understanding drug use and harm in West Sussex, Residents' Survey

### Drug use in the community

70% of respondents considered that drug use is increasing in the community and the reasons that make them believe drug use is increasing is due to "I see more people dealing and buying drugs" (50%) followed by "increasing groups that commit criminal activity" (34%).

Figure 60: Residents' reasons to believe drug use is increasing (respondents could select more than one answer)



Source: Understanding drug use and harm in West Sussex, Residents' Survey

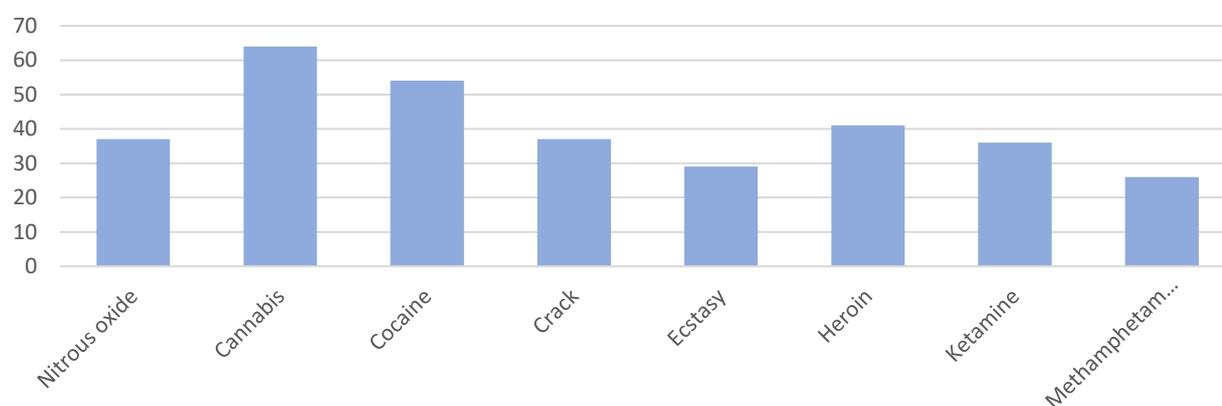
Due to the limitations of extracting the information from the survey, the category "Other (please specify)" couldn't be analysed by district/borough, the information has been analysed for West Sussex.

Across all West Sussex, people complained of "cannabis smell" especially in town centres and "seeing more people doing drugs", people's perception is that drug users do not hide anymore and are happy to do it in front of others.

Regarding what drug use concern them the most in the local community, cannabis and cocaine were the drugs with more mentions, followed by heroin. The drugs that cause less concern to residents was ecstasy.

There are no major differences if we analyse the information by age.

Figure 61: Residents – drugs that causes more concern in the local community

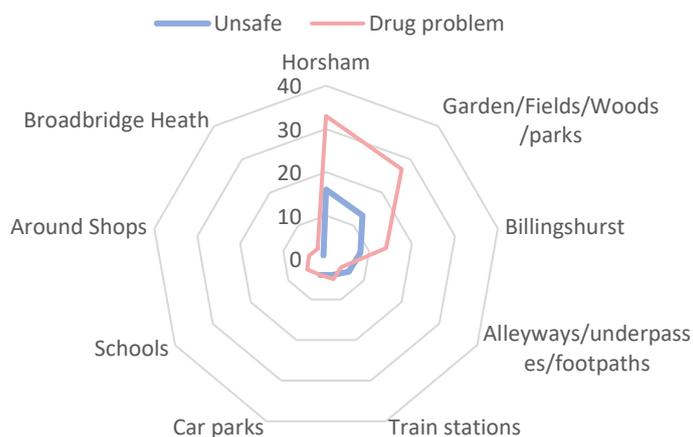


Source: Understanding drug use and harm in West Sussex, Residents' Survey

We asked residents what areas have higher drug use in the community, different parts of Horsham were mentioned 33 times (town centre mentioned 10 times). Gardens/fields/woods and parks were also mentioned across the district. The third area most mentioned was Billingshurst.

Regarding were they feel unsafe, the same areas were identified by the residents, 6 residents mentioned they don't feel safe in general, but 30 people mentioned that they feel safe everywhere in Horsham.

Figure 62: Residents' perception of areas more affected by drug use and unsafe feeling



Source: Understanding drug use and harm in West Sussex, Residents' Survey

### Drugs harms

We asked residents what harm they thought occasional/recreational drug use caused the community and/or at an individual level.

Most people (80%) said that it causes harm to both the individual and at a community level.

At an individual level, residents identified health risks, mental health and risk to become addicted.

The community harms identified more often were crime, ASB, and normalising drugs socially.

Table 28: Residents' – harms of recreational drug use

Harms on the individual	Mentions
Health risk	23
Mental Health	16
Addiction	13
Family	5
Debt	3

Harms on the community	Mentions
Crime	32
ASB	27
Normalised	8
Drug litter	6
Drug driving	5
Violence	3
Exploitation	2
Pressure on services	1

Source: Understanding drug use and harm in West Sussex, Residents' Survey

### Where to get support

Residents were asked if they knew where to get help in case of addiction or if they were pressured to commit crime to understand if they are aware of services available in the community.

40% of residents responded that they knew where to get help for addiction and 43% if pressured to commit crime.

The age group less likely to know where to get help if pressured to commit crime were people between 25 and 44 (35%).

These percentages slightly improved when respondents were parents of children of age between 11 and 25, 44% of parents knew where to get help for addiction and 53% if being pressured to commit crime.

### Personal drug use

Three residents have responded that they have taken drugs recently.

All of them consume drugs in rare occasions.

Two of them access drugs from friends and one by text/call to dealer. None are concerned for their safety and two have asked for help from professionals.

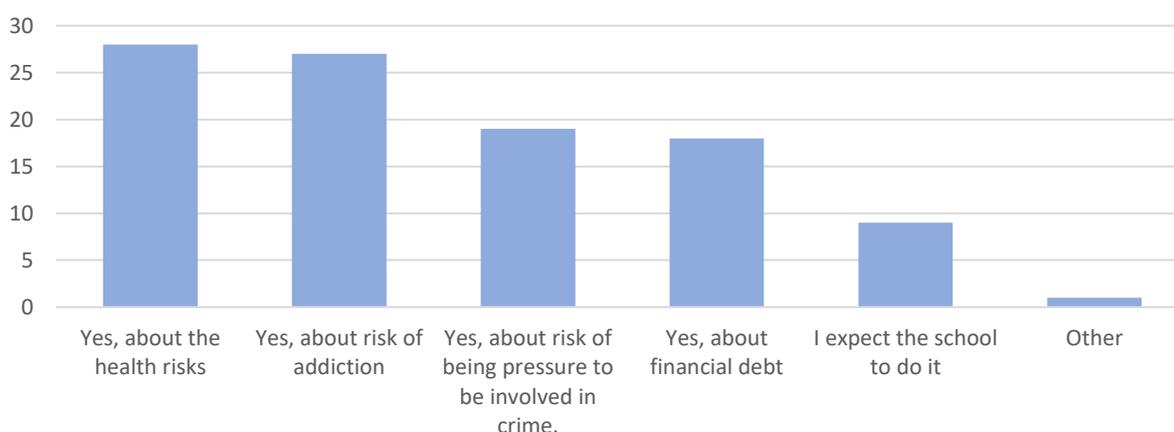
All are males, 2 between 25 and 44 years old and one between 45 and 64 years old.

### Parents

32 respondents have children between 11 and 25 years old and 66% (21 parents) are concerned about drug use in the local community.

Most parents have talked to their children about the health risks of drug use and the risks of addiction. Less parents talked to their children about the risk of being pressure to commit crime or about financial debt due to drug use (56%-59%). Some parents expect the school to do it.

Figure 63: Residents – Parents: talking about drug risks to their children

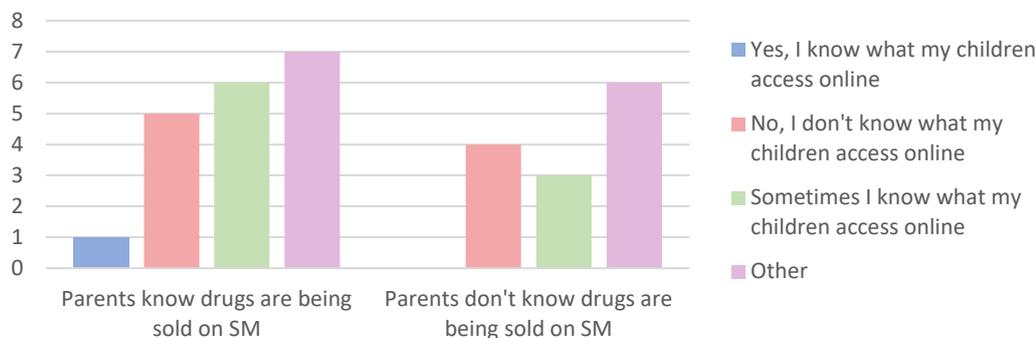


Source: Understanding drug use and harm in West Sussex, Residents' Survey

59% of parents (19 parents) are aware that drugs are being sold using social media channels, of those who are aware, 5% (1 parent) would know what their children access online in regular basis and 31% (6 parents) would do sometimes.

The parents who don't know that drugs are been sold on Social Media, are less likely to know what their children access online.

Figure 64: Residents – Parents Social media knowledge



Source: Understanding drug use and harm in West Sussex, Residents' Survey

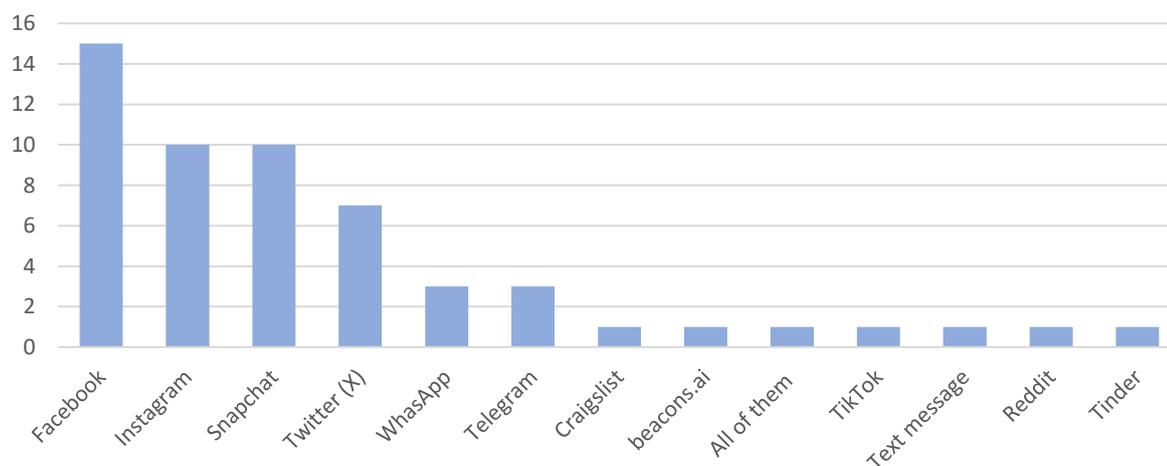
Fifteen parents (47%) know that their children have been offered drugs and eight of them are certain that their children have taken drugs. In total, there were 10 parents that were aware that their children have taken drugs, two of them are taking drugs regularly, 3 do it sometimes and 4 rarely (one parent didn't answer the question).

70% of parents of those children would know where to get help for addiction and 50% would know where to get help if pressure to commit crime. Just one parent had asked help from professionals regarding their children using drugs (one of the children with regular use).

### Social Media

In West Sussex there have been 50 respondents (11 in Horsham) who have seen drug advertisements on social media. Facebook is the platform where more people have seen drug adverts.

Figure 65: Social Media platform where residents have seen drug adverts



Source: Understanding drug use and harm in West Sussex, Residents' Survey

## Residents Survey – Key points

- 70% of respondents considered that drug use is increasing in the community and the reason for this is due to “I see more people dealing and buying drugs” (50%) followed by “increasing groups that commit criminal activity” (34%). People’s perception is that drug users do not hide anymore and are happy to do it in front of others.
- Regarding what drug use concerned them the most, cannabis and cocaine were the drugs with more mentions, followed by heroine. The drug that cause less concern to residents was ecstasy.
- When residents answer about the areas with higher drug use, Horsham had the most mentions followed by gardens/fields/woods and parks across the district. The third area most mentioned was Billingshurst.
- 80% of respondents said that recreational drug use causes harm to both community and on an individual level. As individual harms, residents identified health risks, also mental health and risk to become addicted. The community harms identified more often were crime, ASB, and normalising drugs socially.
- 40% of residents responded that they knew where to get help for addiction and 43% if pressured to commit crime. The age group less likely to know where to get help if pressured to commit crime is people between 25 and 44 (35%).
- 66% of parents are concerned about drug use in the local community. Most parents have talked to their children about the health risks of drug use and the risks of addiction. 59% of parents have talked to their children about the risk of being pressure to commit crime and 56% about financial debt due to drug use.
- 41% of parents did not know drugs are being sold using social media channels. Parents who don’t know that drugs are been sold on Social Media, are less likely to know what their children access online.
- 47% of parents responding the survey know that their children have been offered drugs and of those, 53% know their children have used drugs. Overall, 10 parents recognise their children have taken drugs, 70% of those parents would know where to get help for addiction and 50% would know where to get help if pressure to commit crime.
- 50 respondents in West Sussex (11 in Horsham) have seen drug advertisements on social media.

## CGL – Service Users’ Survey

This survey was designed for people with drug use engaged with CGL (Alcohol and Drug treatment provider) to understand the vulnerabilities that lead to drug use, what the barriers to seek for help and support are, and if people are aware of this support when they need it. We also wanted to understand what is important in the recovery journey.

In total, 46 responses were submitted in West Sussex, more responses from men than women and by age, largest number of responses from people aged 45 to 64 years.

over 50% of respondents said they were unemployed and not seeking employment and 11% were unemployed and seeking employment. 6% of respondents were working, or in education or training.

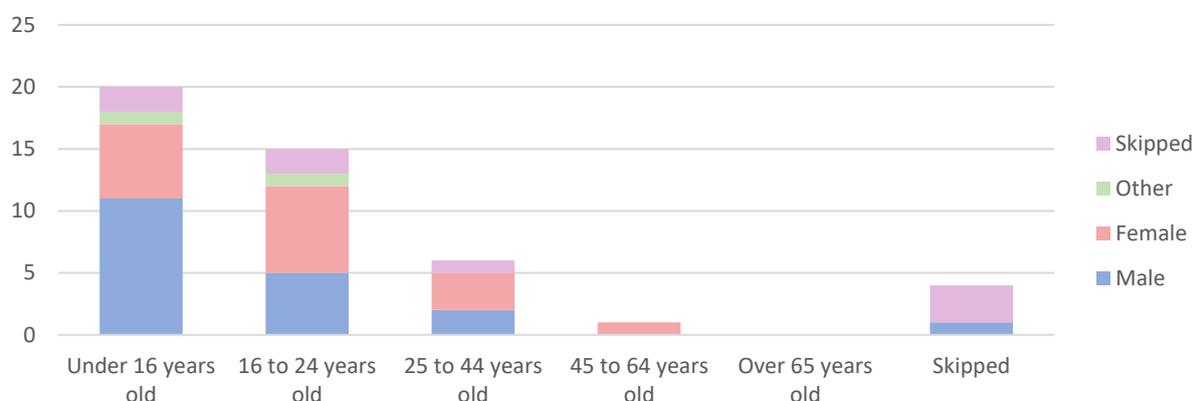
37% of respondents are living in social housing accommodation; 13% are living in private renting and 6% are homeowners, 6% are homeless or living in emergency accommodation.

### First time drug use

**To understand the first experiences with drugs, we asked respondents how old they were when they tried drugs for first time, the circumstances and which drugs they used.**

Most people (76%) tried drugs for first time when they were under 25 years old, 43% of people when they were under 16 and 33% between 16 and 24 years old, males seem to try drugs younger than females.

Figure 66: People’s age when they try drug for first time



Source: Understanding drug use and harm in West Sussex, CGL Service Users’ Survey

Regarding the circumstances around the first time they tried drugs, 26% of respondents answered it was due to curiosity, especially people who tried drugs when they were under 16 years old.

The second reason given (21%) was “My friends/family were doing it, I feel I have to”.

The only respondent who said they had tried drugs for first time at the age of over 45 did it as an alternative for prescribed medicines. This respondent said heroin was the first drug they had tried.

Among the answers given in the “Other” category are: leading by friends, trauma and depression, to lose weight, fun at school and prescribed.

74% of people mentioned that cannabis was one of the first drugs used.

Nitrous oxide was mentioned by people who tried drugs when they were under 16.

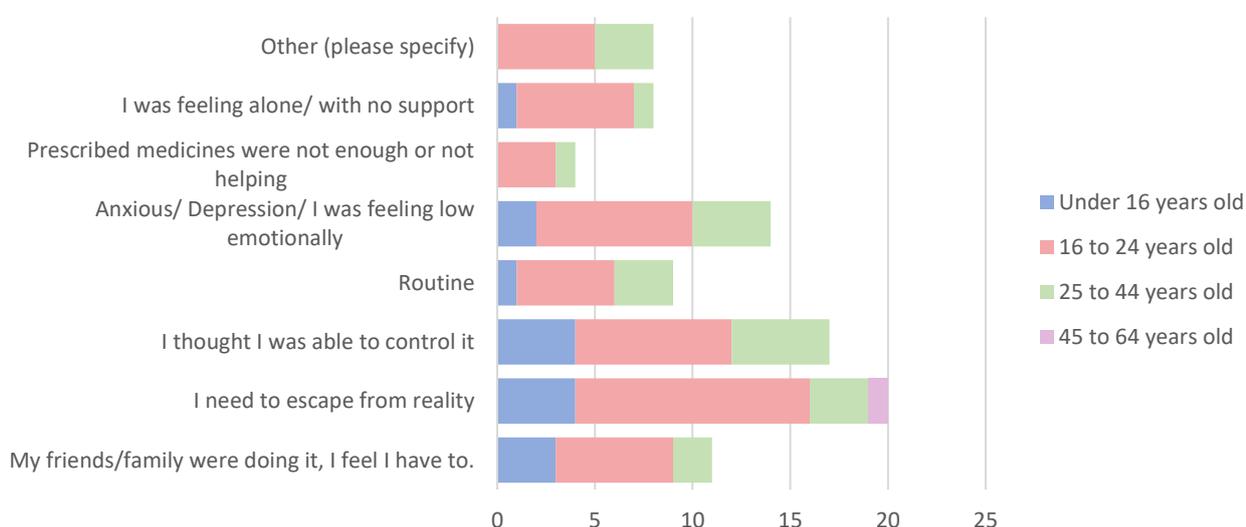
46% of respondents considered that when they tried drugs for first time they were healthy and 28% mentioned they had some kind of mental health problem, including anxiety and depression (two of those due to body weight concern).

### Regular drug use

**We asked respondents when they started to use drugs regularly and their circumstances.**

Most people (54%) started to use drugs regularly between 16 and 24 years, among the main factors given were “to escape from reality” (48%), due to some mental health issue like anxiety, depression or feeling low emotionally (32%) or thinking they were able to control it (32%).

Figure 67: Factors for regular drug use



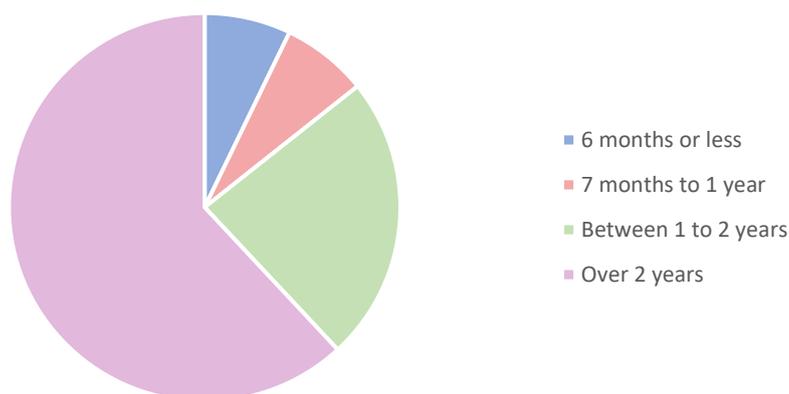
Source: Understanding drug use and harm in West Sussex, Residents’ Survey

22% of people started to have regular drug use between 25 and 44 years old and the main reasons given were thinking they were able to control it (50%) or due to anxiety, depression or feeling low emotionally (40%).

Cannabis and heroin were the drugs most frequently cited by respondents, 32 people consumed cannabis regularly and 27 of those did it twice or more a week the second drug most consumed was heroin consumed regularly by 22 people, 15 of those did it twice or more a week.

We also asked respondents when they decided they needed help. 62% of people said they were living with regular drug use for over 2 years before they decided they needed help or support for their drug use.

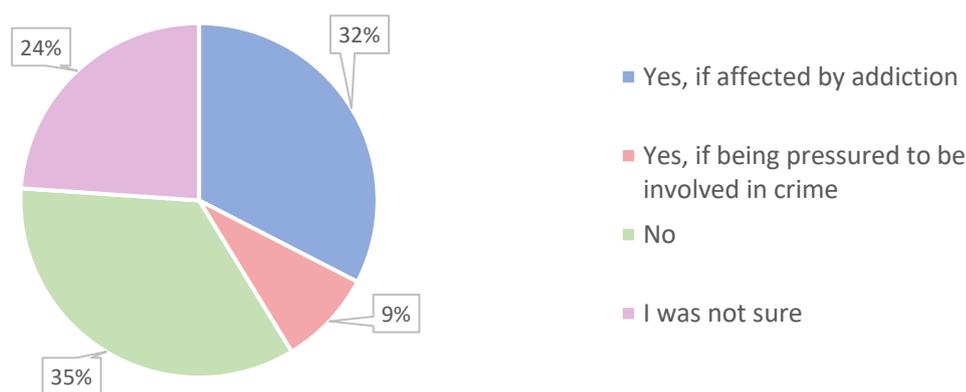
Figure 68: When people realised they needed help/ support



Source: Understanding drug use and harm in West Sussex, Residents' Survey

Unfortunately, deciding they needed help didn't mean they knew where to get help, just 33% of respondents said they knew where to get help for addiction and 9% where to get help when being pressured to be involved in crime.

Figure 69: People knowledge where to get support



### Impacts of drug use

**To understand the vulnerabilities of people with regular drug use, we asked respondents how drug use has impacted their life.**

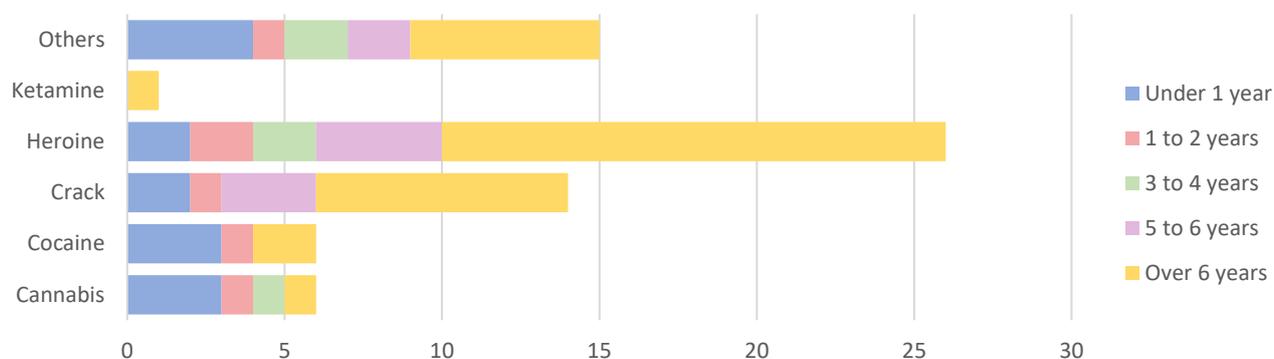
Drug use affects people in multiple ways, most people said that drug use has affected their mental and physical health (67-72% of respondents), negatively impacted social and family life (54-65%), loss of employment and accommodation (37-54%), negatively impacted economically (50%) and even involvement with criminal justice (43%).

We also asked respondents if they have been asked to deal/transport drugs to fund their drug use, 20 people (37%) said they have been asked to transport drugs (17% didn't answer the question). Of those who have been asked to transport drugs, 17 (85%) have agreed to do it. Of those who agreed to transport drugs, 10 (59%) were concerned for their safety due to their involvement with drugs.

## Treatment

Most of the respondents (56%) said they were getting treatment for at least Heroin, the second substance cited was Crack with 33% of respondents getting treatment. For both substances, most respondents have been in treatment for over 6 years.

Figure 70: Length in treatment by substances

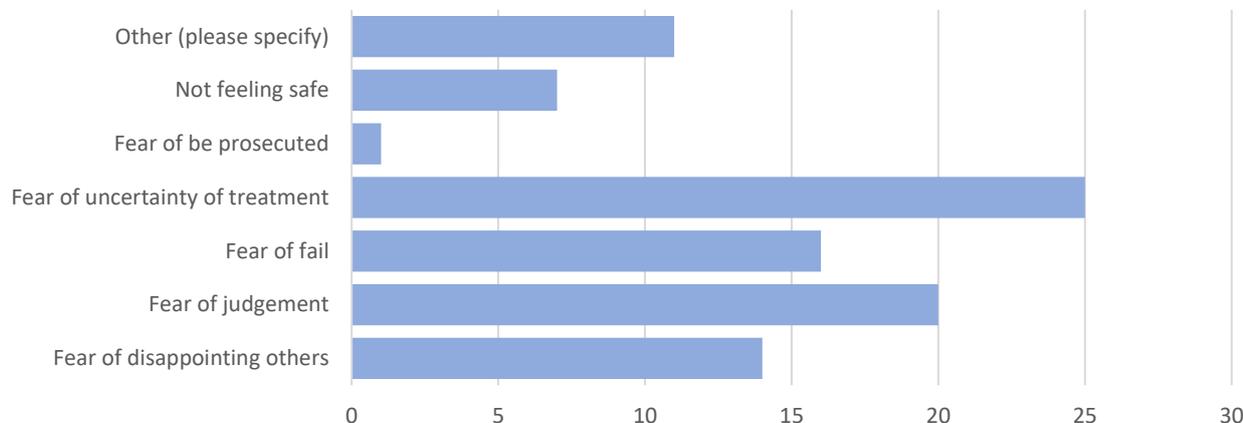


Source: Understanding drug use and harm in West Sussex, Residents' Survey

### We have asked respondents what reasons make them seek support to control their drug use.

Most people said "to control my life again" (83%). Other reasons were "to improve my mental health" (61%) and to improve physical health (50%).

Figure 71: Fear to start treatment



Source: Understanding drug use and harm in West Sussex, Residents' Survey

Many people said they have experienced fear to start treatment especially people getting heroin and crack treatment. The main reason mentioned by respondents were fear of uncertainty of treatment and fear of judgements by others followed by fear to fail and fear of disappointing others.

Among the reasons to seek help, the main reason from all the different drugs users have been "to control my life again" (83%) followed by "to improve my mental health" (61%) and "to improve my physical health" (50%). Family and friends persuasion is as important as "to control my life again" when people are getting cocaine treatment.

74% of people in treatment said they have been able to stop or reduce their substance misuse.

7 respondents (15%) have not been able to reduce or stop their drug use and 3 of them have been in treatment for over 6 years.

The important factors people mentioned that helped them improve were- access to treatment and having mental health support. The third most important factor mentioned depended on age, physical help support being more important for respondents between 45 and 64 years old, while secure accommodation for respondents aged between 25 and 44 years.

## CGL Service Users' Survey – Key points

- 43% of people said they tried drugs for first time when they were under 16 and 33% between 16 and 24 years old. Males said they started at a younger age than females. 26% tried drugs due to curiosity, especially when they were under 16 years old, the second reason was “My friends/family were doing it, I feel I have to”. The only respondent who tried drugs for the first time at the age of over 45 said they did so as an alternative to prescribed medicines.
- 74% of people mentioned that cannabis was one of the first drugs used. Nitrous oxide was only mentioned by people who tried drugs when they were under 16. The respondent who tried drugs for first time at the age between 45 and 64 years old used heroin.
- 28% said they had a mental health problem, including anxiety and depression.
- Most people (54%) started regular drug use between 16 and 24 years, among the main factors given were “to escape from reality” (48%), due to some mental health issue like anxiety, depression or feeling low emotionally (32%) or thinking they were able to control it (32%).
- 22% of people said they became regular drug users between 25 and 44 years old. Main reasons given were thinking they were able to control it (50%) or due to anxiety, depression or feeling low emotionally (40%).
- Cannabis and heroin were the drugs consumed the most regularly. 62% of people were living with regular drug use for over 2 years before they decided they needed help or support, but just 33% of respondents knew where to get help for addiction.
- 37% have been asked to transport drugs, of those, 85% accepted to do so. Of those who agreed to transport drugs, 59% said they were concerned for their safety due to their involvement with drugs but just 10% knew where to get help if they felt they had been pressured to commit crime.
- Among the reasons to seek support, most people have answered “to control my life again” (83%). Other reasons were “to improve my mental health” (61%) and to improve physical health (50%).
- Many people said they were fearful to start treatment; fear of uncertainty of treatment and fear of judgements by others followed by fear to fail and fear of disappointing others.
- 74% of people in treatment said they were able to stop or reduce their substance misuse. The important factors people mentioned that helped them were access to treatment and having mental health support. The third most important factor depended on age, physical help support is more important for respondents between 45 and 64 years old while secure accommodation for respondents aged between 25 and 44 years old.

## ‘Serious Violence in West Sussex’ School Survey

As part of our engagement exercise, we wanted to survey children and young children, to know what they have already experienced and their thoughts about drug use. An existing survey was already planned as part of work for the West Sussex Violence Reduction Partnership.

The “Serious Violence in West Sussex” survey was designed by Crest Advisory and West Sussex County Council. Fortunately, due to the theme of the survey and the drug market being a crime driver and the drug links to violence and exploitation, it was possible to add some questions regarding child drug use.

The survey was disseminated to children and young people via schools. In total, the survey was completed by 5,242 young people and after excluding some responses for quality purposes 5,091 responses were analysed.

Adur, Crawley Horsham, Mid Sussex and Worthing had good engagement, Arun and Chichester had a limited number of responses.

In this report, we have included some results from the survey relevant to our analysis. These results are for West Sussex overall. As with all voluntary surveys there is selection bias, responses reflect the views and experiences of those who responded.

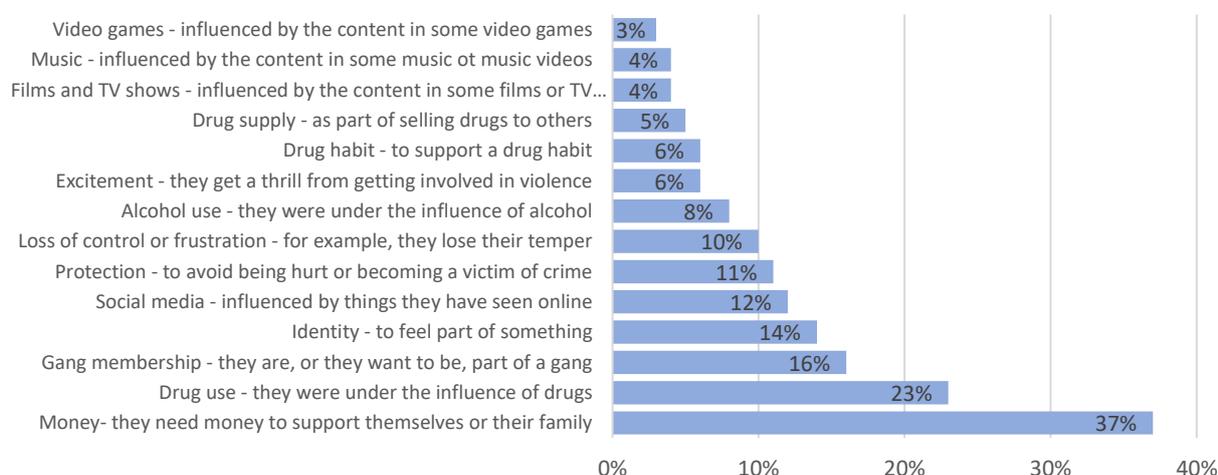
Within the survey, respondents also listed specific locations for each district and borough in West Sussex that they felt were unsafe with concerns raised about areas that were seen as secluded or frequented by dangerous individuals or groups. This included local alleyways, town centres and parks. From the open-text responses it’s clear that there is an awareness among young people about violent incidents that have taken place in their area, and concerns about the presence of gangs and drugs.

### Drugs and violence

Most respondents said they thought violent crime had increased over the last year. Children between 14 and 18 years old were more likely to think that violent crime was increasing in their local area than younger pupils.

To be under the influence of drugs, supporting drug habit or selling drugs were mentioned by 34% of young people as the main reasons why some young people commit crime.

Figure 72: Main factor why some young people commit acts of violence



Source: Serious Violence in West Sussex

Also, young people were 7 times more likely to have joined a gang when they had been the victim of a crime and 11 times more likely to have carried a weapon.

### Drug use

The majority of young people said they had not taken illegal substances in the last twelve months.

Illegal drugs were used by 2% (100 children) in the last year, of those, 2 in 5 (40 children) would have used drugs at least once a month and 1 in 5 (20 children) have done it every day or almost every day.

Most children, who said they used drugs, said they had started using drugs between the age of 12 and 14.

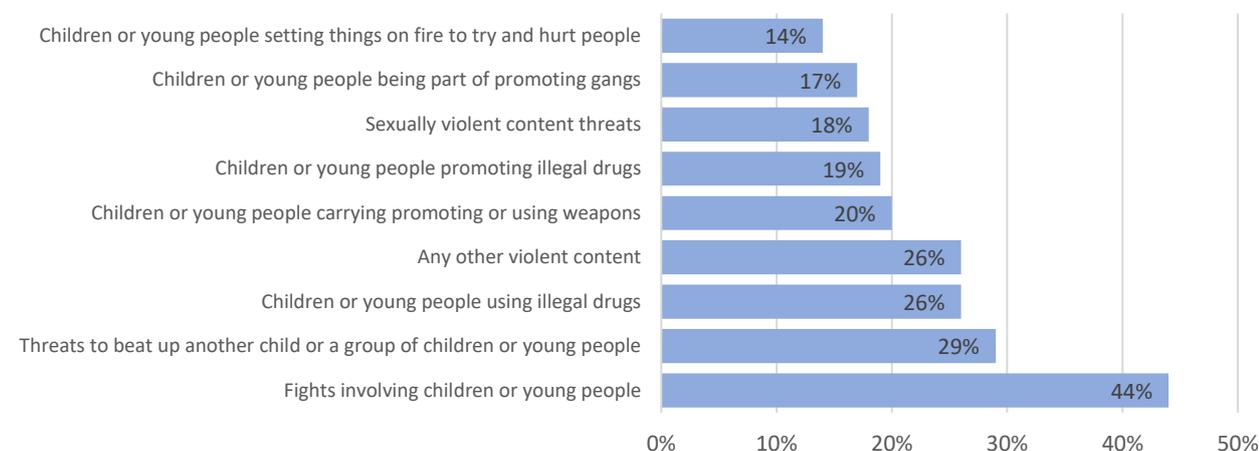
Other than cannabis/weed, children and young people surveyed mentioned cocaine/crack cocaine, LSD, PCP, heroin, nicotine, ketamine, cigarettes, and vapes as substances they have taken.

Young people who said they suffered from crime victimisation were 3 times more likely to consume alcohol, 14 times more likely to use cannabis and 7 times more likely to use any other illegal substance than children who had not experienced victimisation. They were also at higher risk of using drugs daily or almost every day (28%); 3 times more likely than those who had not experience victimisation.

### Drugs and social media

60% of children said they had seen violent content on social media in the last year. Some demographic groups (including girls and Black children) were more likely than others to have seen violent content on social media.

Figure 73: Type of violent content children and young people reported seeing on social media



Source: Serious Violence in West Sussex

In the figure above we can see how “Children or young people using illegal drugs” was cited as the third type of violent content children reported seeing on social media (seen by 26% of respondents), “Children or young people promoting illegal drugs” (19%) and “Children or young people being part of promoting gangs” (17%).

### Safety concerns

School, at home, in entertainment venues (cinema/restaurants), and the homes of family and friends were locations mentioned by young people as being where they felt safe.

The locations where most young people said they felt unsafe were: secluded alleys, paths, underpasses and town centres. When asked for specific locations, they mentioned local parks, woods and other recreational spaces.

### Horsham – Hotspot analysis

763 children and young people said that they spent most of their time in Horsham.

In Horsham, children and young people in Horsham were more concerned about gangs and ASB than in the rest of West Sussex.

Respondents mentioned local alleyways and underpasses as areas where they feel unsafe, more common for girls and young people aged 11 – 14.

In the north of Horsham, young people identified the train station and surrounding areas and around primary schools due to the presence of gangs and anti-social behaviour.

In the South West of Horsham town, children and young people were more concerned for knife crime and anti-social behaviour, pointing out alleys, and parks.

In the South East of Horsham Town, children and young people feel unsafe around schools and train stations.

### How safety can be improved (suggestions made by children and young people)

49% of respondents proposed measures like “more street lights”; “more security cameras”; and “less alleyways” in order to improve community safety. Other themes mentioned were: increasing and improving policing, stopping gangs, stopping possession and use of weapons, strengthening accountability for perpetrators of crime, and online safety.

“More youth clubs” and “more safe places for [young] people to socialise” were mentioned as a way that would help to address challenges they face as well as “more activities and things to do”.

Also some respondents said there should be increased support from charities, mental health professionals and schools, with suggestions on education to prevent judgement, change attitudes and stop bullying and anti-social behaviour. Some young people also mentioned they could benefit from financial support and reduced costs to be able to overcome challenges.

30% of young people raised issues regarding drug use, alcohol, vaping and smoking, and for 23% of respondents it was a priority addressing the use and access to drugs and alcohol.

Young People stated they had concerns about social media, but were unsure about how this could be tackled.

### Serious Violence in West Sussex’s Survey – Key points

- Most young people surveyed said that they thought violent crime has increased over the last year, and 34% think that the main reason some young people committed violence was due to; be under the influence of drugs, supporting a drug habit or selling drugs.
- Young people surveyed who said they had been a victim of a crime in the last 12 months were 7 times more likely to have joined a gang and were 11 times more likely to have carried a weapon, compared to those who had not been a victim.
- 2% of respondents said they had used an illegal drug in the last 12 months. Consumption of drugs (and alcohol) was strongly linked to other vulnerabilities, especially crime victimisation,
- A high proportion of children said they had seen violent content on social media, 26% have seen “Children or young people using illegal drugs”, 19% “Children or young people promoting illegal drugs” and 17% “Children or young people being part of promoting gangs”.
- Regarding ways to improve their safety, 6% of children and young people mentioned stopping gangs. 16% identified a need for more support from charities, mental health professionals, and schools.
- Addressing the use of and access to drugs and alcohol was a priority for 23% of respondents.

## Dissemination Plan

Once the Horsham Drug Demand profile is signed off, the document will be shared with the working group who helped to create the document, to discuss the results. It will also be shared as follows, after guidance from Public Health and West Sussex Drugs and Alcohol partnership as to how widely the information can be disseminated:

- **Horsham District Community Safety Partnership**
- **Local Community Network** (a health and wellbeing partnership that includes GPs and PCNs among others)
- **Horsham Peer Group Conference** (includes local schools)
- Internal Horsham District Council departments such as the Housing and Parks teams.

Regarding publishing the results via Social Media, Horsham District Council does not intend to proactively share it with the wider public but are happy to repost/share messages from their social media platforms if WSCC and/or the Drug and Alcohol Partnership decided to do so.