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# Drug Demand Profile – Mid Sussex

November 2024

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 Mid Sussex 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 Mid Sussex local context we need to focus on:

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

### Population and geography

Mid Sussex is on the southeast region of England and is a local government district in West Sussex. It is bordering with Tandridge to the North, Lewes and Wealden to the East, Brighton and Hove to the South and Horsham and Crawley to the West. It is well connected to London and other neighbouring areas by road and rail lines. London is 45 minutes away by direct rail line.

Mid Sussex has an area of 334 Km<sup>2</sup> with 152,566 people and a population density of 457 per Km<sup>2</sup>; Mid Sussex is the 28<sup>th</sup> least densely populated of the South East's 64 local authority areas.

Most part of Mid Sussex are classified as rural with three clusters classified as urban in Burgess Hill, Haywards Heath and East Grinstead.

In Mid Sussex, 38% of households have access to a hospital within 30 minutes by public transport or walking and 77% would reach to a hospital within 30 minutes by car. To access the GP, 97% of households can access within 30 minutes using public transport or walking<sup>1</sup>.

At the time of the 2021 Census, 882,676 people<sup>2</sup> lived in West Sussex of which 152,600 lived in Mid Sussex. Between 2011 and 2021, the population in Mid Sussex increased by 9.1% this was higher than the South East growth (7.5%). The median age was 43 years, an increase by 1 year compared to 2011 census; the biggest

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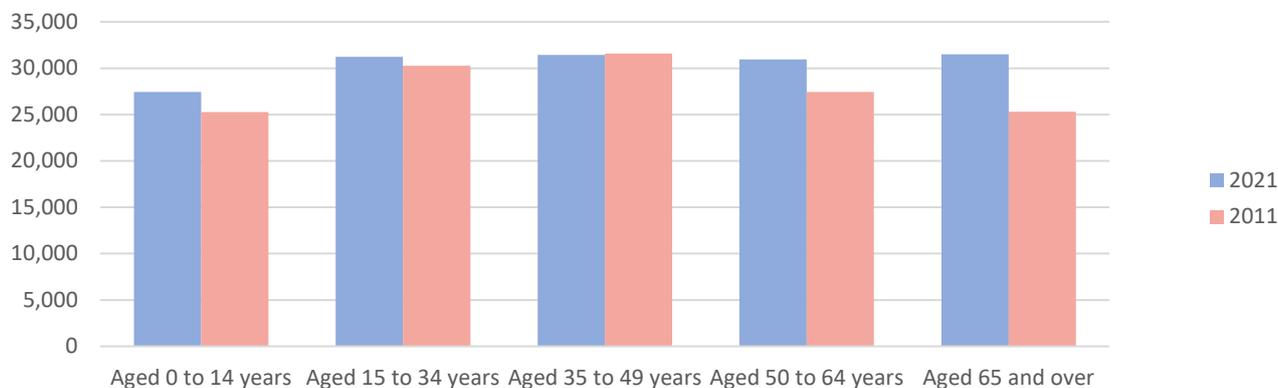
<sup>1</sup> Source: [SHAPE - Shape \(shapeatlas.net\)](https://shapeatlas.net)

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

increase in population has been for the groups of age 50 and over (Figure 1), while the groups of aged 0 to 34 had small growth and the group aged 35 to 49 had similar value.

The life expectancy at birth for males is 81.7 years and in females is 84.8, above to West Sussex figures (80.6 and 84.1 respectively)<sup>3</sup>.

Figure 1: Mid Sussex - 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 152,566 people in Mid Sussex, an increased by 9.1% 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 Mid Sussex with nearby areas outside West Sussex, Brighton and Hove and Lewes had growth less with 1.4% and 2.5% respectively. Tandridge had the same growth than Mid Sussex with 9.1%.

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

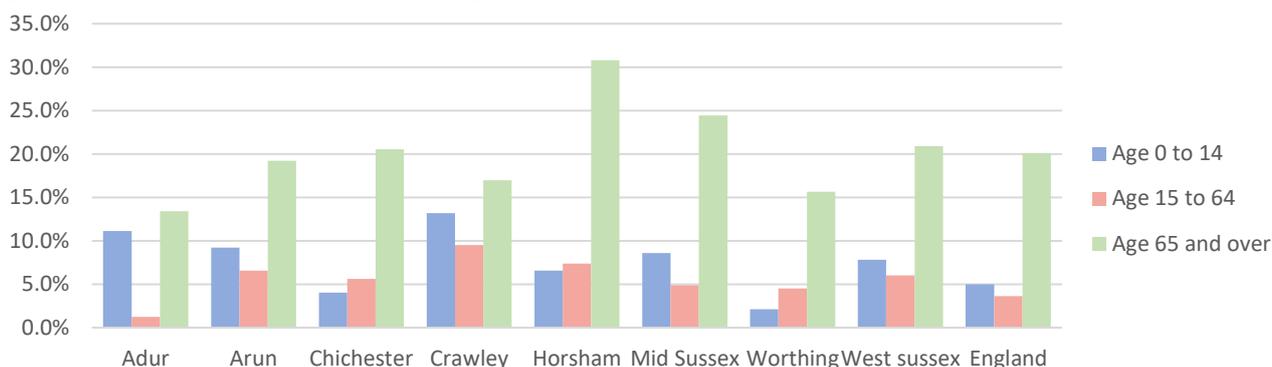
## Age distribution

When we analyse the percentage change by age, we can see that in Mid Sussex, the increase in population for the group of age 65 and over has experienced the highest increase (24%).

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 Mid Sussex at 8.6%.

The group with lowest increase was the aged 15 to 64 with 5%. See figure 2.

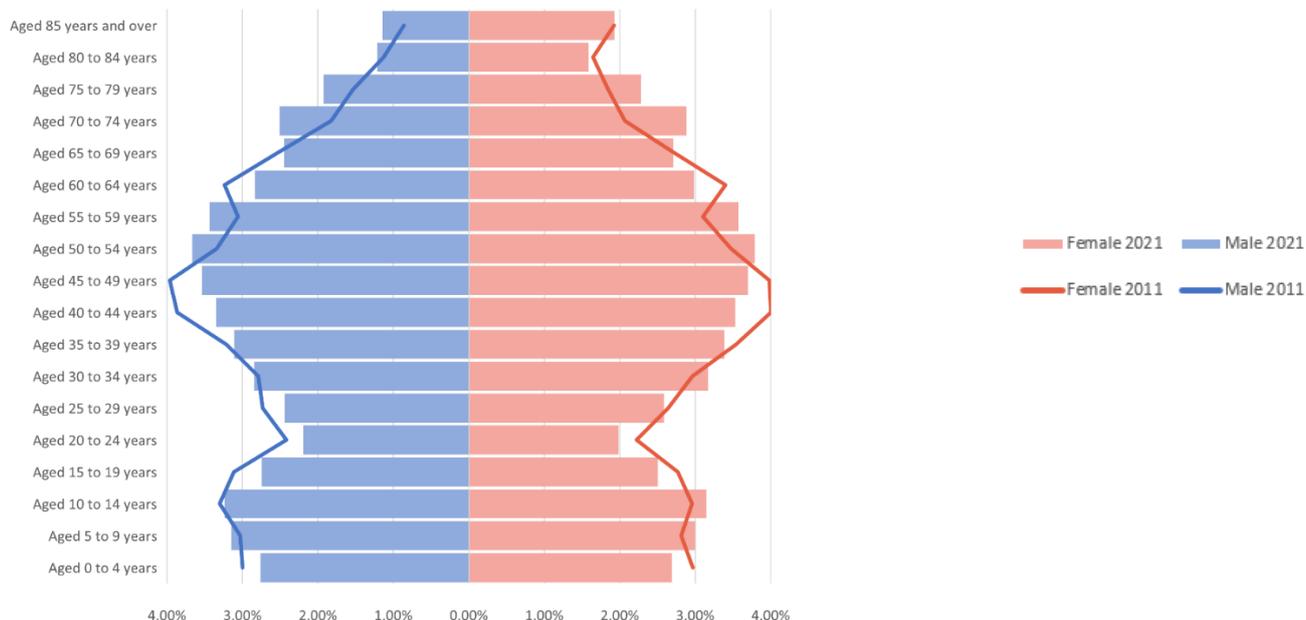
Figure 2: 2011-2021 Population Percentage Change by Age Group West Sussex



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 we can see how the population is aging, the group of aged 40 to 49 has reduced the proportion of their population while the age groups over 70 have increased.

Figure 3: 2011-2021 Population Percentage Change by Age Mid Sussex



Source: ONS, UK Census 2011, 2021

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



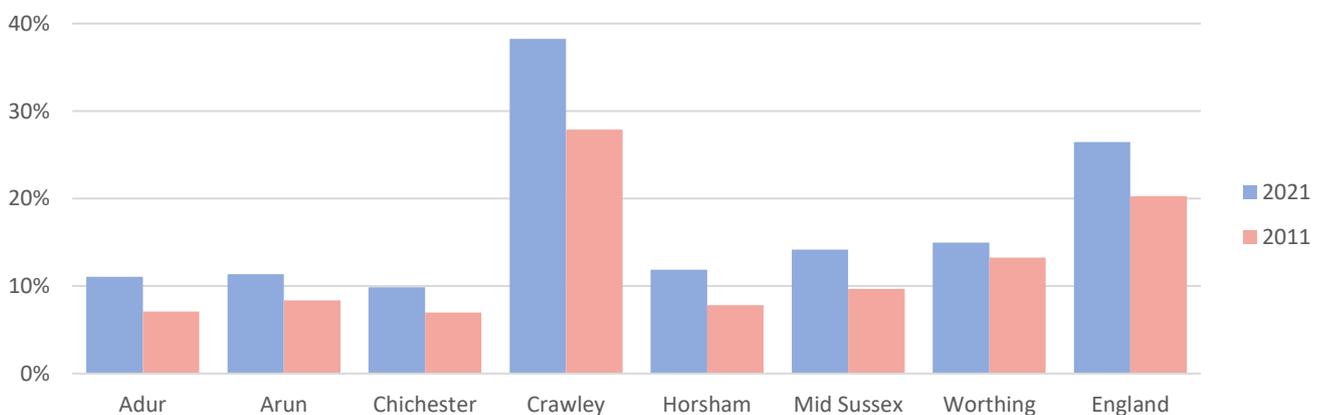
Source: ONS, UK Census 2011, 2021

If we compare the population pyramids between Mid Sussex and England (Figures 3 and 4), we can see that Mid Sussex has bigger proportion of population with older age. Youngers groups in England have a bigger representation in its population than Mid Sussex, especially between the age 15 to 34, contrary, the group between 40 to 59 have higher representation in Mid Sussex.

## 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 Mid Sussex, minority groups have increased from 9.7% of the population in 2011 to 14% in 2021. The minority group with the highest increase in representation has been 'Other White non UK ethnic' from 4.8% in 2022 to 6.4% in 2021.

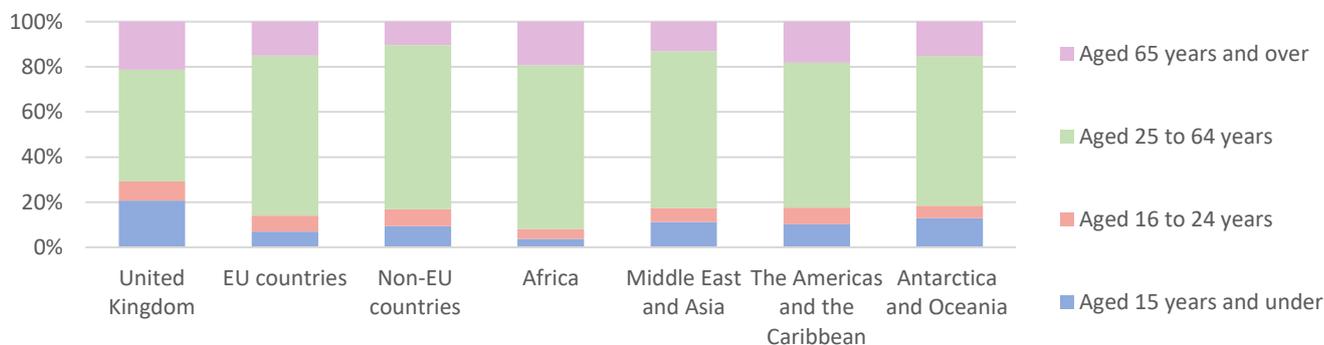
Figure 5: West Sussex - BAME composition 2011 - 2021 (Includes 'White Irish', 'Gypsy/Traveller', 'Roma' and 'Other white').



Source: ONS, UK Census 2011, 2021

If we analyse the population by country of birth, 12% 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).

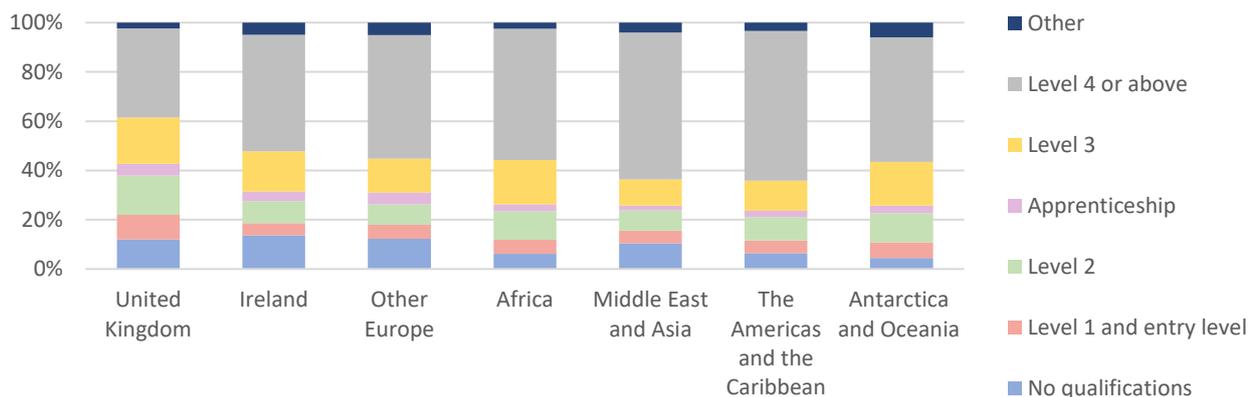
Figure 6: Mid Sussex - Age population by country of birth



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 Middle East and Asia and the Americas and the Caribbean.

Figure 7: Mid Sussex – Highest level of qualification by country of birth

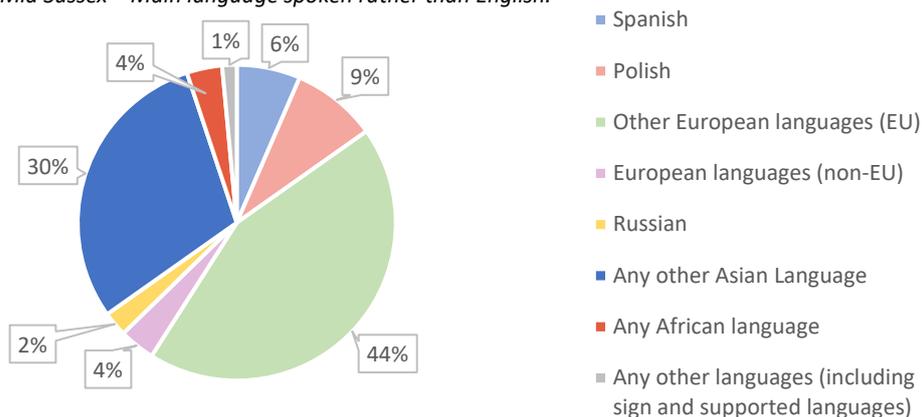


Source: ONS, UK Census 2011, 2021

## First language

In Mid Sussex there are a variety of main languages spoken and 4% of the population do not have English as the main language. Polish is the second main language, also we can see there is a big portion of the population from Asia with 1.3% overall population speaking any kind of Asian language. Figure 8.

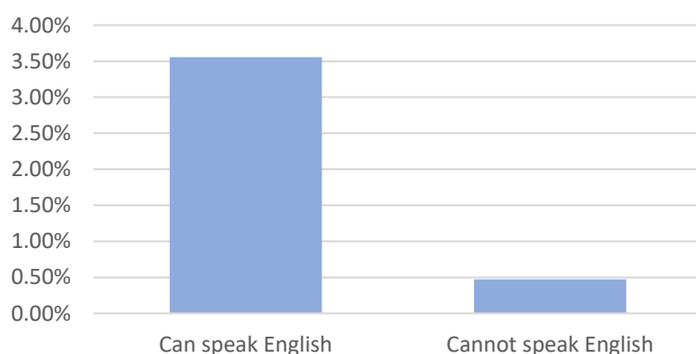
Figure 8: Mid Sussex – Main language spoken rather than English.



Source: ONS, UK Census 2011, 2021

In the figure below we can see the proficiency in English in Mid Sussex. English is the main language for 96% of the population and 0.47% of the population in Mid Sussex cannot speak English.

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



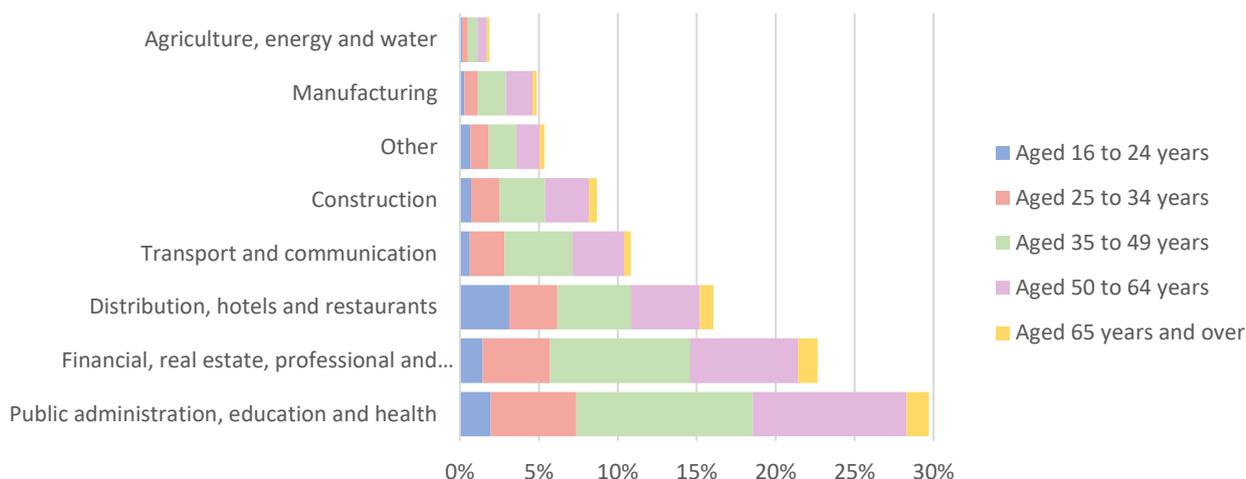
Source: ONS, UK Census 2011, 2021

## Economy in the area

The distribution of Mid Sussex economic activity is similar to other Districts and Borough of West Sussex. In Mid Sussex the main economic activities are those relevant to public administration, education and health and represents 30% of the economy. The second industry most important for Mid Sussex is Financial, Real estates and administrative services while for West Sussex is Distribution and hospitality (Figure 10).

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

Figure 10: Mid Sussex – Economic Industry by Age



Source: ONS, UK Census 2011, 2021

## 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>

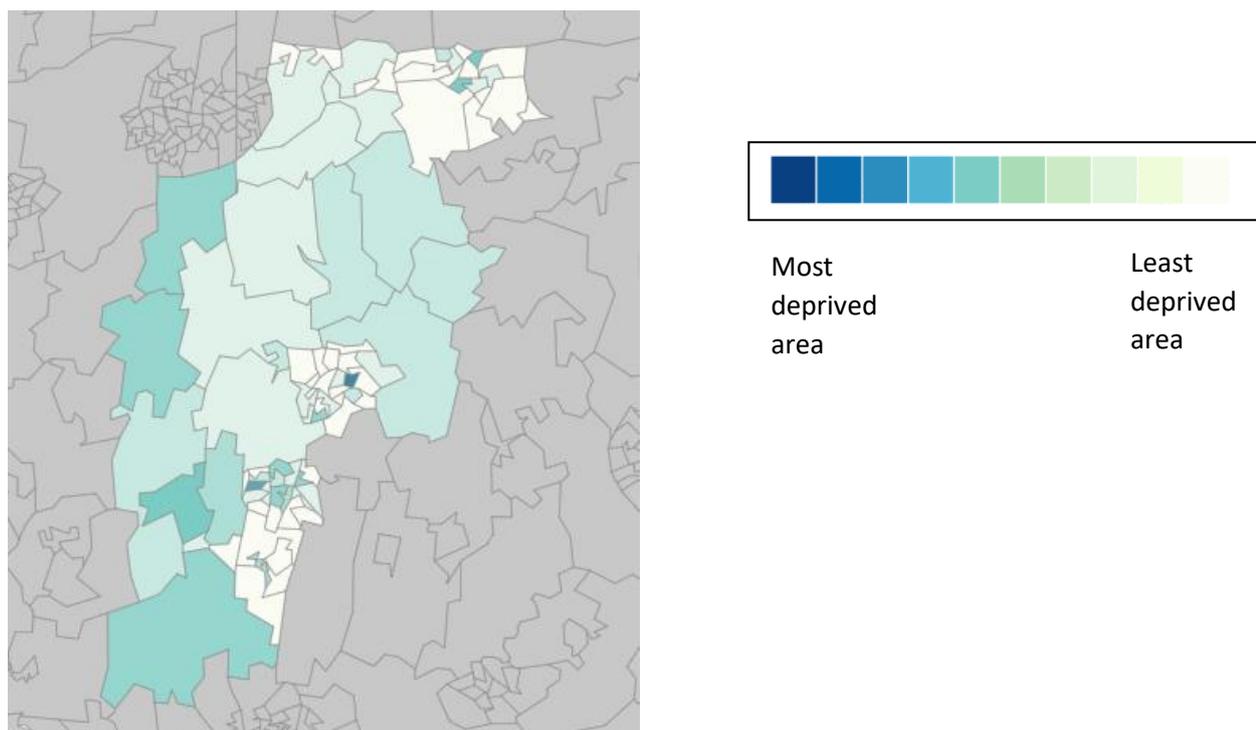
The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England. It is based in 39 separate indicators, organised across 7 domains of deprivation which are combined and weighted to calculate the Index of Multiple Deprivation. The result is an overall measure of multiple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

Mid Sussex has 86 LSOAs, and the most deprived area in Mid Sussex ranked nationally as the 8380<sup>th</sup> most deprived area in England.

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

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



61 LSOAs in Mid Sussex are scoring 9 and 10 on the decile rank (20% - 10% least deprived area), and there are five LSOAs scoring five and below.

When analysing the most deprived area across the seven domains, the area has scored poorly in relation to Education (1 on the decile rank). Employment, Income and Health Deprivation and Disability have scored 3.

Looking across all the various domains of deprivation, it is clear that deprived areas in Mid Sussex 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 Mid Sussex.

### Criminal activity and Drug offences

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

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

During the period analysed, there were 899 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.

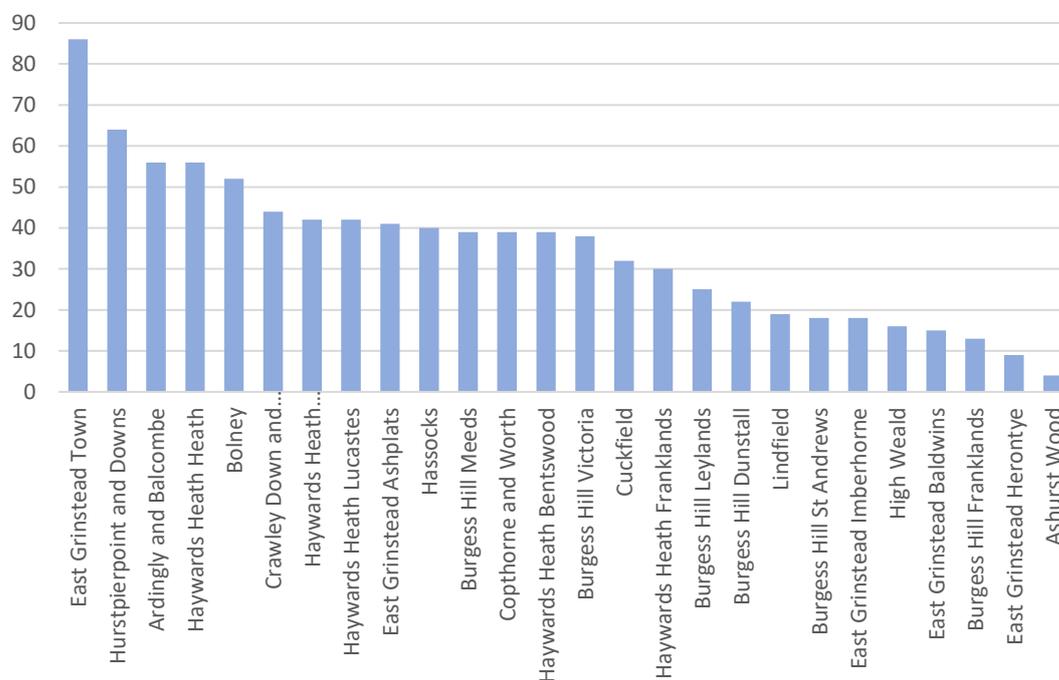
Figure 12: Offences recorded as “drug crime” by Sussex Police 2020-2023



Source: data.police.uk/data/

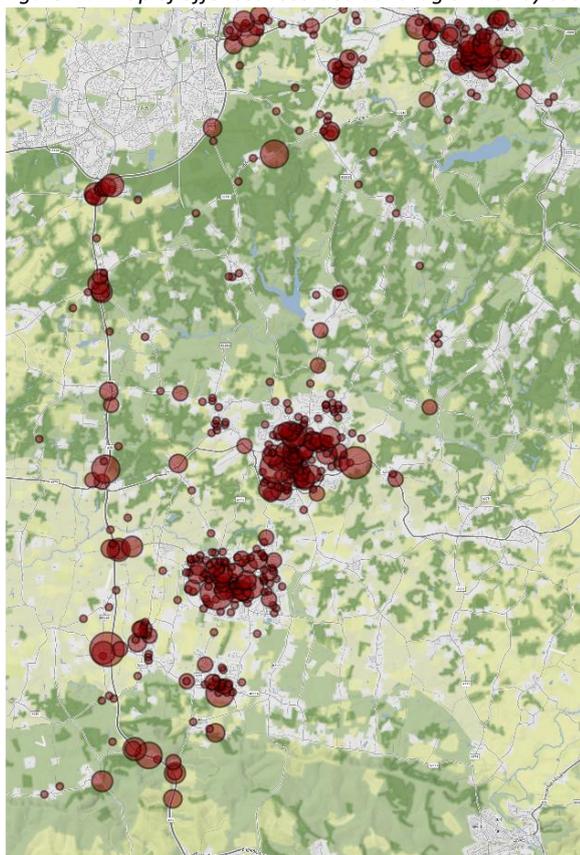
The ward with the highest number of offences recorded as “drug crime” was East Grinstead Town.

Figure 13: Offences recorded as “drug crime” by Wards 2020-2023



Source: data.police.uk/data/

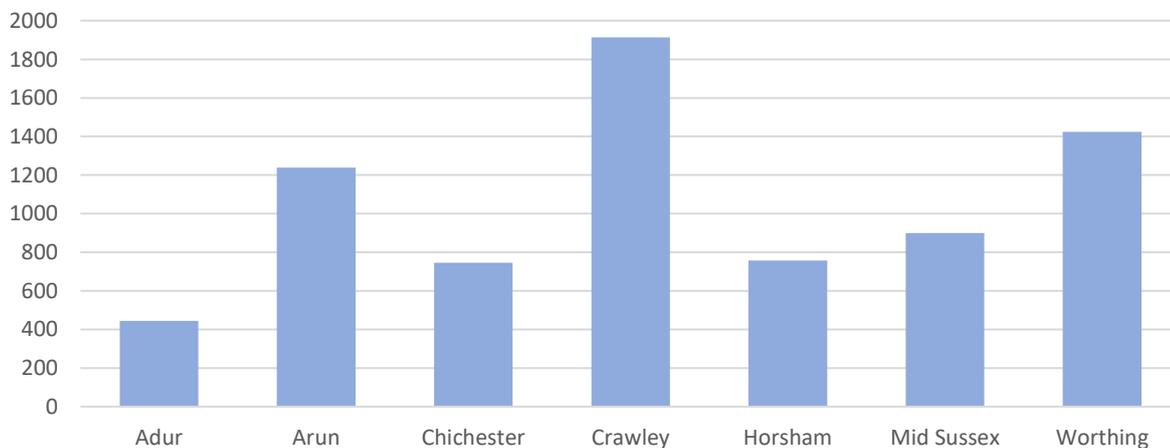
Figure 14: Map of offences recorded as “drug crime” by Sussex Police 2020-2023



Source: [data.police.uk/data/](https://data.police.uk/data/)

If we compared the drug offences from Mid Sussex with the rest of West Sussex, Mid Sussex had higher number of offences than Chichester or Horsham. 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 15: Drug offences – West Sussex 2020-2023



Source: [data.police.uk/data/](https://data.police.uk/data/)

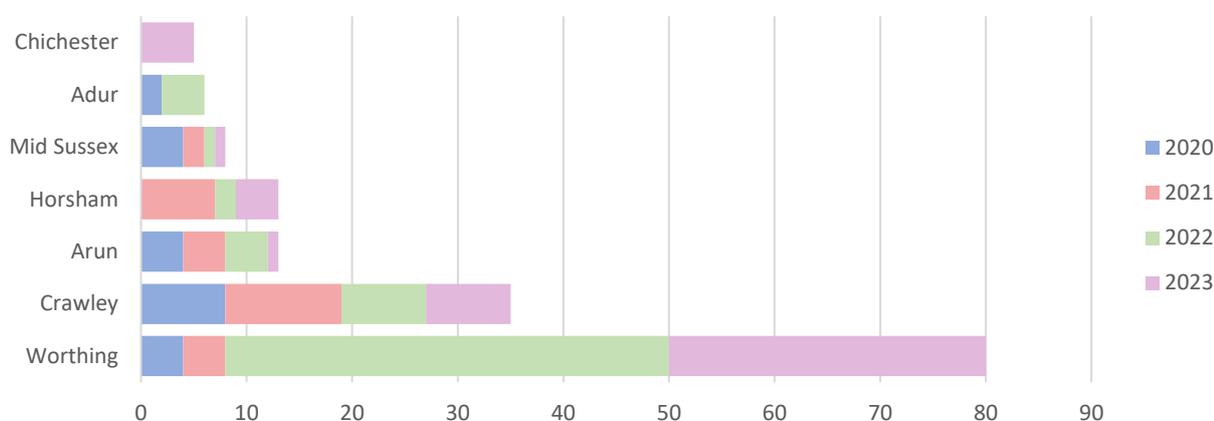
## BRITISH TRANSPORT POLICE – Drug related incidents

In addition to the information from 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, Mid Sussex had eight offences of which four were in 2020.

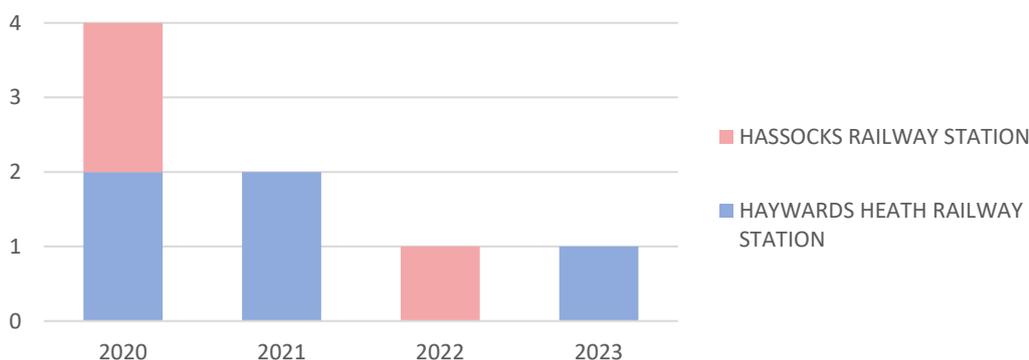
Figure 16: BTP – Drug related incidents West Sussex 2020 - 2023



Source: BTP

From the incidents recorded in Mid Sussex, there are two main train stations identified, Haywards Heath Railway Station with two incidents reported in 2020 and 2021 and one in 2023 and Hassocks Railway Station with two incidents reported in 2020 and one in 2022.

Figure 17: BTP – Drug related incidents Mid Sussex 2020 - 2023



Source: BTP

Cannabis (in the form of sativa) was recorded in six incidents, the other incidents BTP referred as “Suspected Class B” and unknown, similar to West Sussex where cannabis (and derivatives) represents 71% of incidents.

### Offences – by Demographic Background

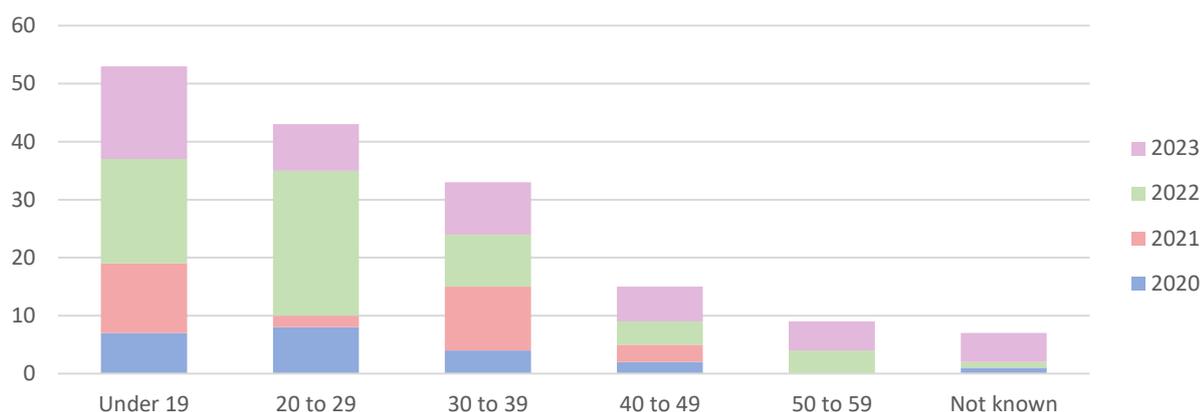
Note : Due to small numbers for reasons of confidentiality, we have received the data for West Sussex overall and not by district and borough.

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).

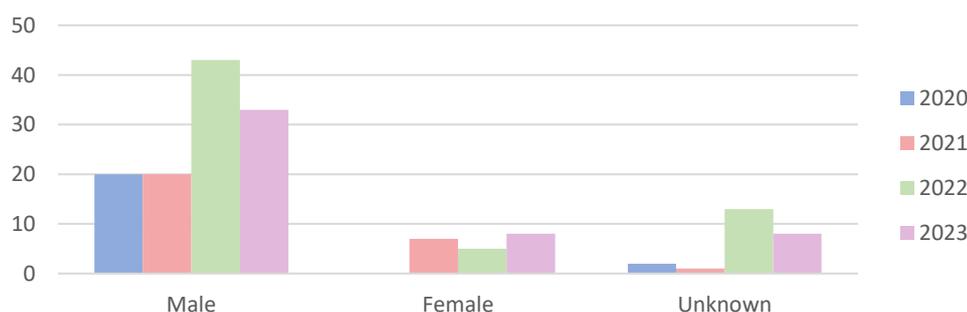
Figure 18: BTP – Drug related incidents by age West Sussex 2020 - 2023



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



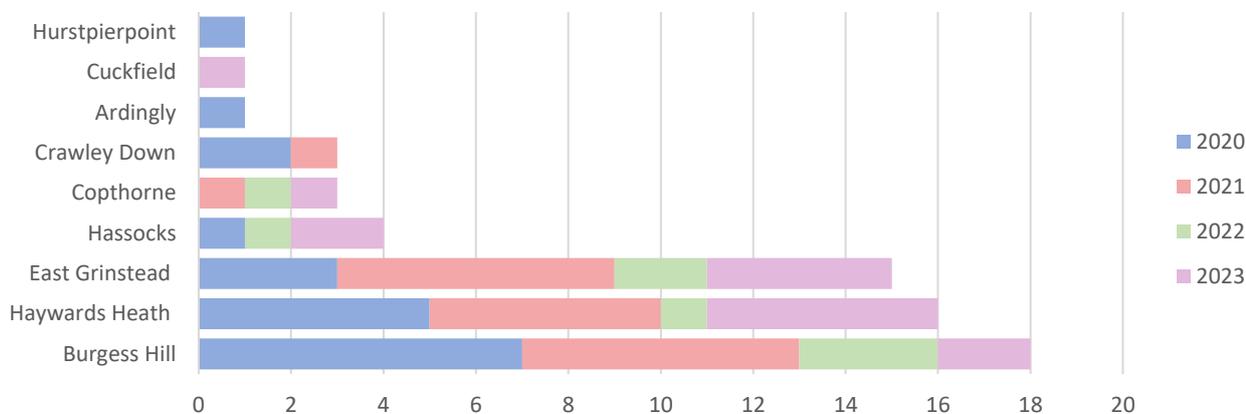
Source: BTP

## Anti-social behaviour (ASB)

Mid Sussex District Council anti-social behaviour team records anti-social behaviour complaints and some of them are drug related. From 2020 to 2023 Mid Sussex has recorded 63 drug related anti-social behaviour complaints. 2020 was the year with the highest number of drug related records (20) while 2022 was the year with the lowest number (8 records).

By ward/village, Burgess Hill, East Grinstead and Haywards Heath are the villages with the highest numbers of records while Hurstpierpoint, Ardingly and Cuckfield the villages with the lowest number of complaints.

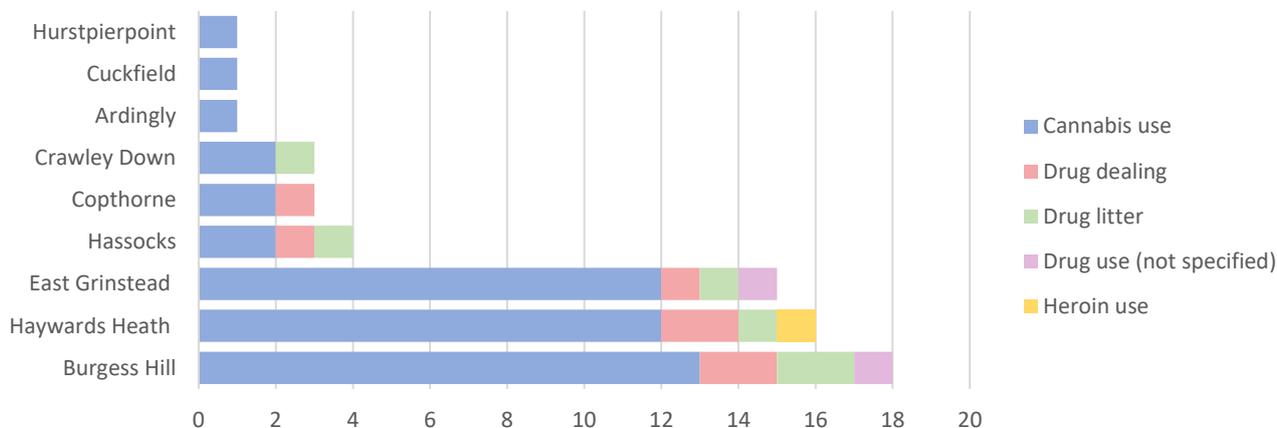
Figure 20: ASB – Drug related records Mid Sussex 2020 - 2023



Source: Mid Sussex District Council

Most complaints recorded (74%) are due to cannabis use and 5% are related to other consumption of drugs including heroin use that was recorded in one instance. Burgess Hill, East Grinstead and Haywards Heath are very similar in the distribution of ASB records.

Figure 21: ASB – Drug related records Mid Sussex 2020 – 2023 by wards/villages



Source: Mid Sussex District Council

Prevalence - Key points:

- From January 2020 to December 2023 there were 899 offences recorded as drug crime by Sussex Police in Mid Sussex. The ward with the highest number of offences recorded as “drug crime” was East Grinstead Town.
- British Transport Police recorded eight drug related incidents in Mid Sussex between 2020 to 2023, Haywards Heath Railway Station and Hassocks Railway Station are the two main stations reported. *(Although note small numbers)*
- Cannabis (and derivatives) were recorded in six incidents.
- Using data at a West Sussex level, we know that young males account for most incidents.
- From 2020 to 2023 Mid Sussex anti-social behaviour team has recorded 63 drug related anti-social behaviour complaints. 2020 was the year with the highest number of drug related records (20) while 2022 was the year with the lowest number (8 records).
- Most ASB complaints recorded (74%) are due to cannabis use and 5% are related to other consumption of drugs including heroin. Burgess Hill, East Grinstead and Haywards Heath are the main areas reported.

# 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 2: Clients with housing issues and substance misuse

		West Sussex			Mid Sussex		
		Substance Misuse	%	Total Clients	Substance Misuse	%	Total Clients
2021	April - June	295	56.19%	525	49	44.14%	111
	July - Sep	331	59.00%	561	51	43.22%	118
2022	Jan - Mar	410	70.93%	578	30	49.18%	61
	April - June	386	59.57%	648	25	40.98%	61
	July - Sep	385	61.60%	625	26	44.07%	59
	Oct - Dec	191	61.02%	313	20	39.22%	51
2023	Jan - Mar	361	57.21%	631	22	36.07%	61
	April - June	370	58.92%	628	18	31.58%	57
	July - Sep	406	55.54%	731	19	33.93%	56
	Oct - Dec	461	54.56%	845	22	33.33%	66
<b>Grand Total</b>		<b>3596</b>	<b>59.10%</b>	<b>6085</b>	<b>282</b>	<b>40.23%</b>	<b>701</b>

Source: Changing Futures

For the period analysed, the multiple disadvantage audit shows that Mid Sussex had a smaller percentage of returns which noted a substance misuse problem. From the beginning of the period, the number of returns have decreased, and at similar rate, the amount of returns with substance misuse.

From all returns received by the programme without substance misuse, 82% are from males and 18% from females and with substance misuse, 90% are from males and 10% from females.

If we focus just on the clients with a 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 Mid Sussex, clients were less likely to be known to service treatment and to engage with them. Also, returns from people with opiate substitution prescription was lower.

Table 3: Clients with substance misuse received by changing futures known or engaged to treatment services

		West Sussex				Mid Sussex			
		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%	49	53.06%	22.45%	8.16%
	July - Sep	331	0.00%	39.88%	22.36%	51	47.06%	23.53%	13.73%
2022	Jan - Mar	410	60.24%	36.34%	21.46%	30	43.33%	20.00%	13.33%
	April - June	386	63.21%	30.05%	22.02%	25	48.00%	28.00%	12.00%
	July - Sep	385	54.29%	34.29%	24.68%	26	34.62%	23.08%	15.38%
2023	Oct - Dec	191	57.07%	35.08%	24.08%	20	30.00%	20.00%	5.00%
	Jan - Mar	361	50.42%	34.90%	22.44%	22	45.45%	27.27%	9.09%
	April - June	370	51.35%	35.95%	21.35%	18	33.33%	33.33%	16.67%
	July - Sep	406	68.23%	33.50%	20.94%	19	42.11%	26.32%	15.79%
	Oct - Dec	461	63.77%	31.02%	19.31%	22	50.00%	31.82%	18.18%
<b>Grand Total</b>		<b>3596</b>	<b>58.99%</b>	<b>34.48%</b>	<b>21.72%</b>	<b>282</b>	<b>44.33%</b>	<b>24.85%</b>	<b>12.41%</b>

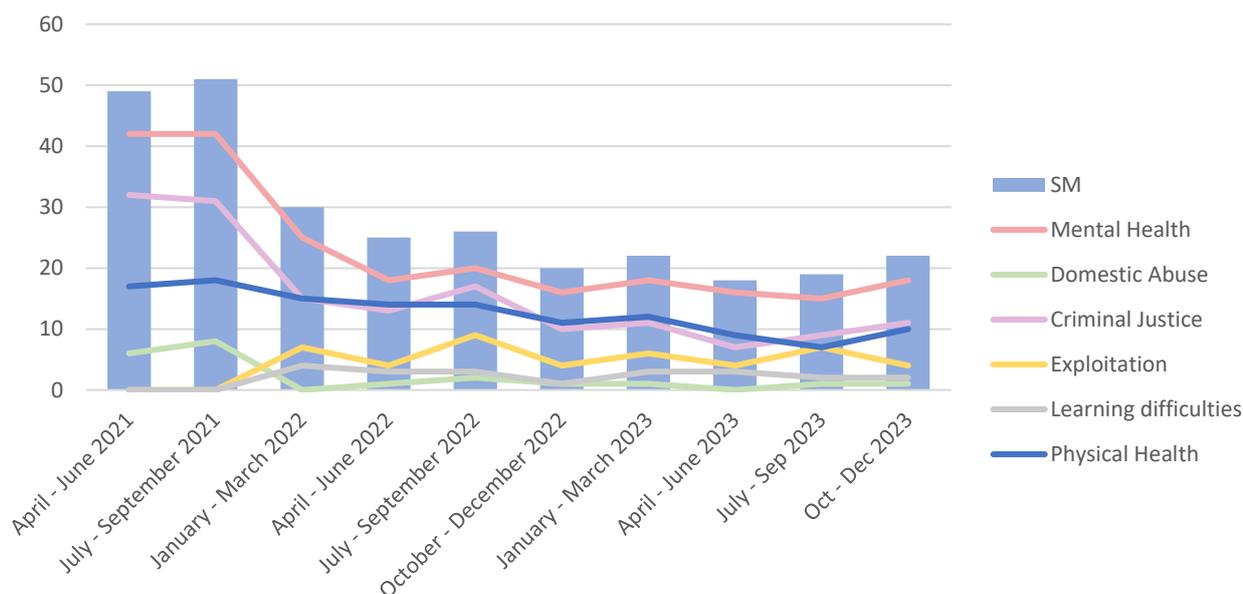
Source: Changing Futures

48% of returns from females with substance misuse in Mid Sussex are known to treatment services, and for males is 44%, lower values than West Sussex (females 74.1% and males 61.8%). Of those known to treatment services, 64% females engage on treatment and 54% of 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 82% of returns of people with substance misuse, higher than West Sussex (76.8%). The second biggest issue identified was having a history of offending (55% of returns). Physical health is affected on 45% of returns for Mid Sussex.

Figure 22: Mid Sussex returns with multiple needs



Source: Changing Futures

There were 230 returns from clients with substance misuse and mental health problem, of those, just 14% of returns were having treatment for both issues at the same time, and 35% of returns are not getting any treatment for mental health or substance misuse.

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

Table 4: Mid Sussex - returns with substance misuse and mental health - treatment

Age	Mental health issues and Substance misuse	Just in Substance Misuse treatment	Just in Mental Health treatment	Both	Neither	Unknown MH or SM treatment
18-24	35	0	10	4	12	9
25-40	88	1	22	14	30	21
41-60	100	17	5	14	38	26
61-79	7	0	7	0	0	0
<b>Grand Total</b>	<b>230</b>	<b>18 (8%)</b>	<b>44 (19.13%)</b>	<b>32 (13.91%)</b>	<b>80 (34.78%)</b>	<b>56 (24.34%)</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 5: 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 duties 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 Mid Sussex there were 1,247 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, 635 were recorded as having support needs (51%). Drug dependency needs were recorded in 7% of these households over the whole period.

Table 6: 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	431	420	396
Total households with support need(s) owed a duty	217	198	220
Percentage of assessed households having support needs	50%	43%	56%
(Total number of support needs for those owed a duty)	370	286	347
Drug dependency needs (%)	20 (9%)	8 (4%)	16 (7%)

Source: Department for Levelling Up, Housing & Communities

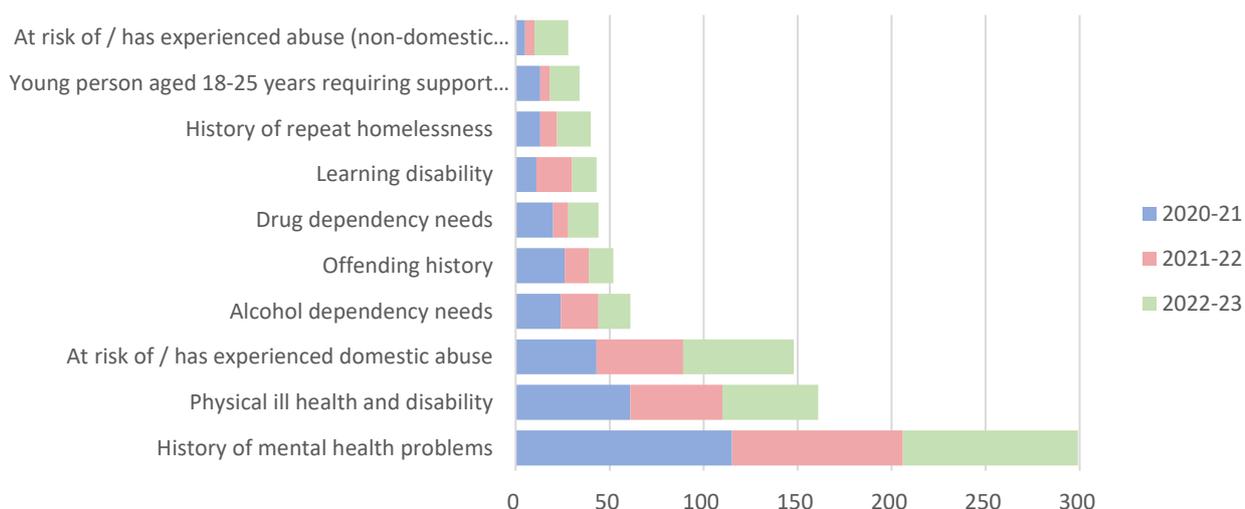
In the figure below we can see how drug dependency needs are the sixth highest need recorded over the period, for households owed a duty. 2020/21 was the year with the highest number of drug dependency needs recorded in 9% of households.

Other needs recorded over the period were:

- history of mental health problems (47%),
- physical ill health disability (25%),
- at risk or history of domestic abuse (23%),
- history of offending (8%),
- alcohol dependency need (10%).

Overall, 417 households had one recorded need (66%), 130 households had two needs (20%), and 88 households had three or more needs (14%).

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 7: 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, Mid Sussex had a total of 130 Job seeker's allowance claimants, of which 5% were of the duration of 5 years and over.

Table 8: 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
Horsham	59	30	13	5	5	12	115
<b>Mid Sussex</b>	<b>73</b>	<b>18</b>	<b>14</b>	<b>8</b>	<b>12</b>	<b>6</b>	<b>130</b>
Worthing	48	16	7	6	5	30	111
West Sussex	439	146	85	31	62	200	951

Source: JCP Performance data

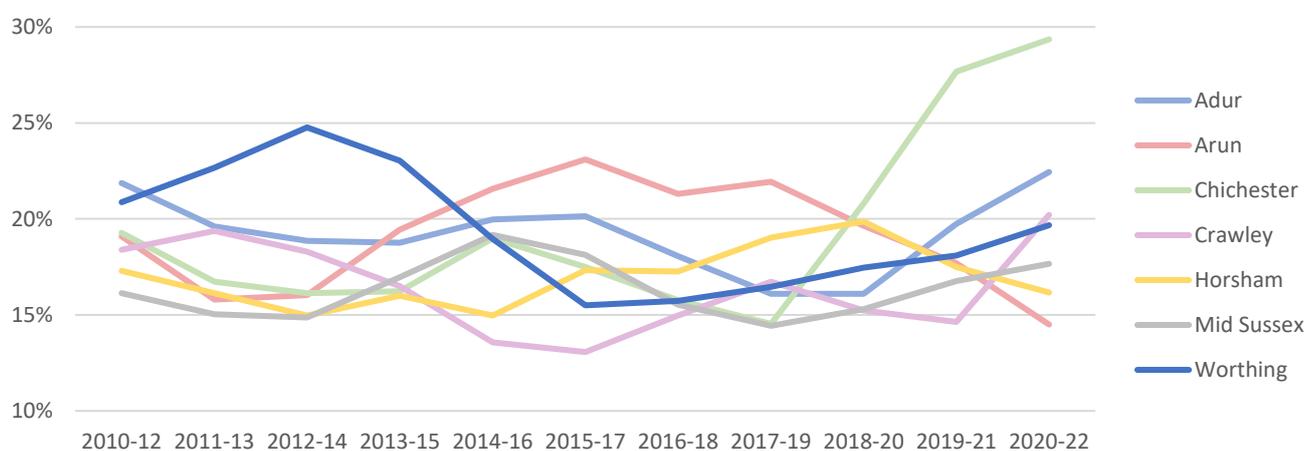
The Office for National Statistics estimate **local unemployment rates**, by examining the proportion of economically active people aged 16 years and over without a job, who have been actively seeking work within the last four weeks and are available to start work within the next two weeks.

Locally, unemployment has been running steady at two percent over the past several years, slightly better than 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%. The Mid Sussex inactivity rate has increased in recent years and in the last three year average 2020/22 was 18%.

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 supported a total of 8,894 families (initial assessments could have been done years before 2020) of those, 1,285 families were affected by substance misuse (drug or alcohol) by parents, children or both.

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

Table 9: Families receiving Early Help support by year

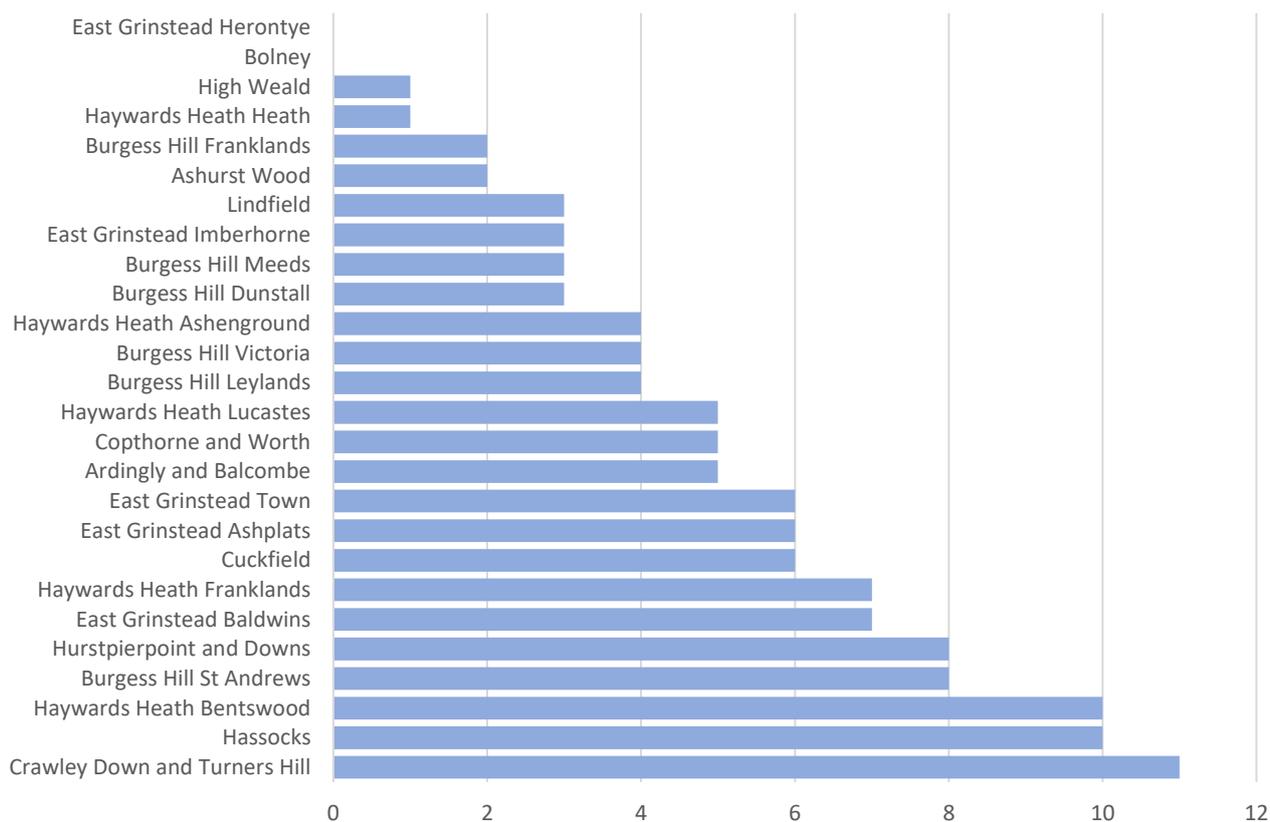
		Adult substance misuse mentioned		Child substance misuse mentioned		Adult AND Child substance misuse mentioned		All Early Help Assessments
2020	Mid Sussex	53	11.83%	21	4.69%	4	0.89%	448
	West Sussex	402	10.73%	180	4.81%	27	0.72%	3,743
2021	Mid Sussex	54	12.16%	20	4.5%	5	1.13%	444
	West Sussex	360	11.41%	151	4.79%	26	0.82%	3,155
2022	Mid Sussex	40	11.53%	12	3.46%	4	1.15%	347
	West Sussex	331	11.49%	159	5.52%	27	0.94%	2,882
2023	Mid Sussex	35	9.49%	15	4.07%	3	0.81%	369
	West Sussex	321	11.64%	162	5.87%	20	0.73%	2,758

Source: Early Help

Overall, in Mid Sussex both adult and children substance misuse mentioned as part of an assessment has been decreasing over the period, both in terms of incidence and percentage of all assessments completed.

By ward, Crawley Down and Turners Hill, Hassocks and Haywards Heath Bentswood has the highest number of support plans which mentioned adult substance misuse.

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

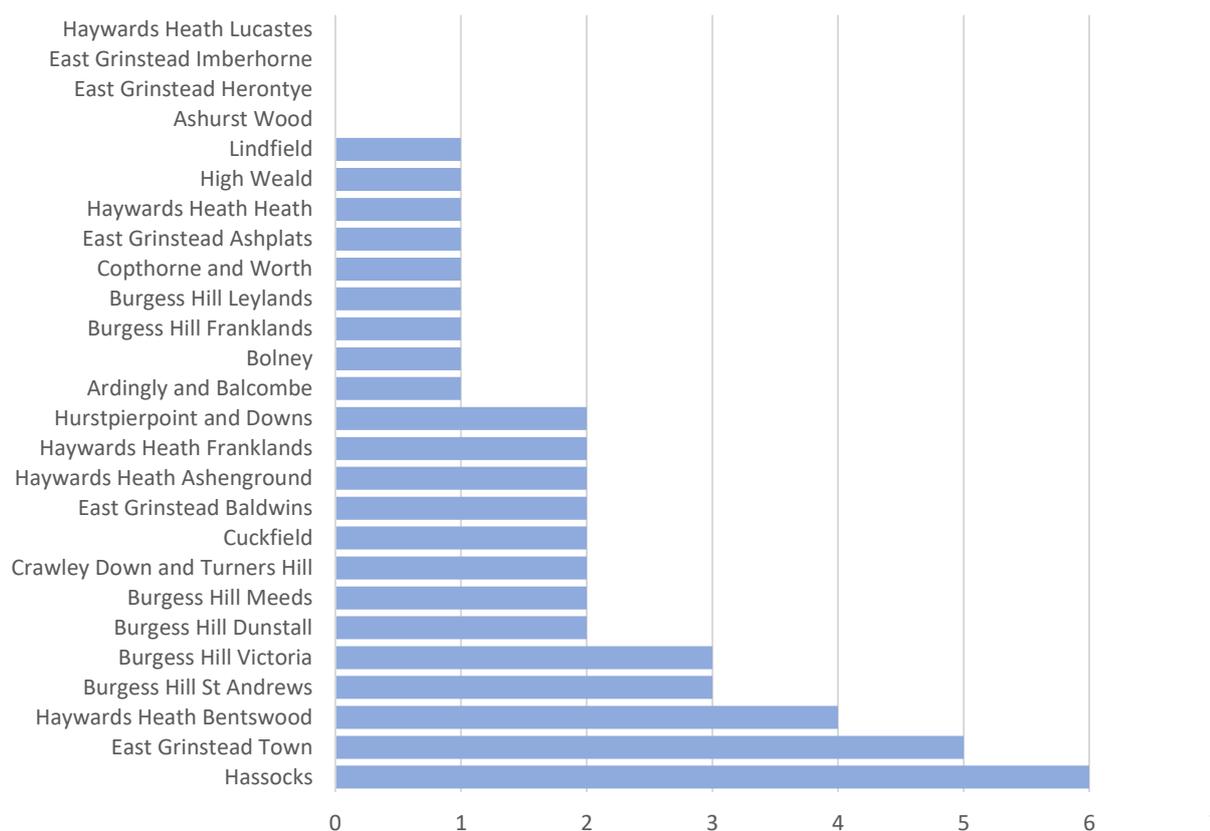


Source: Early Help

The wards with the highest number of support plans which mention child substance misuse are Hassocks and East Grinstead Town.

It is worth to highlight that in East Grinstead Town, four of the families receiving early help support did it in 2023. East Grinstead Town was the area with bigger incidence in 2023.

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

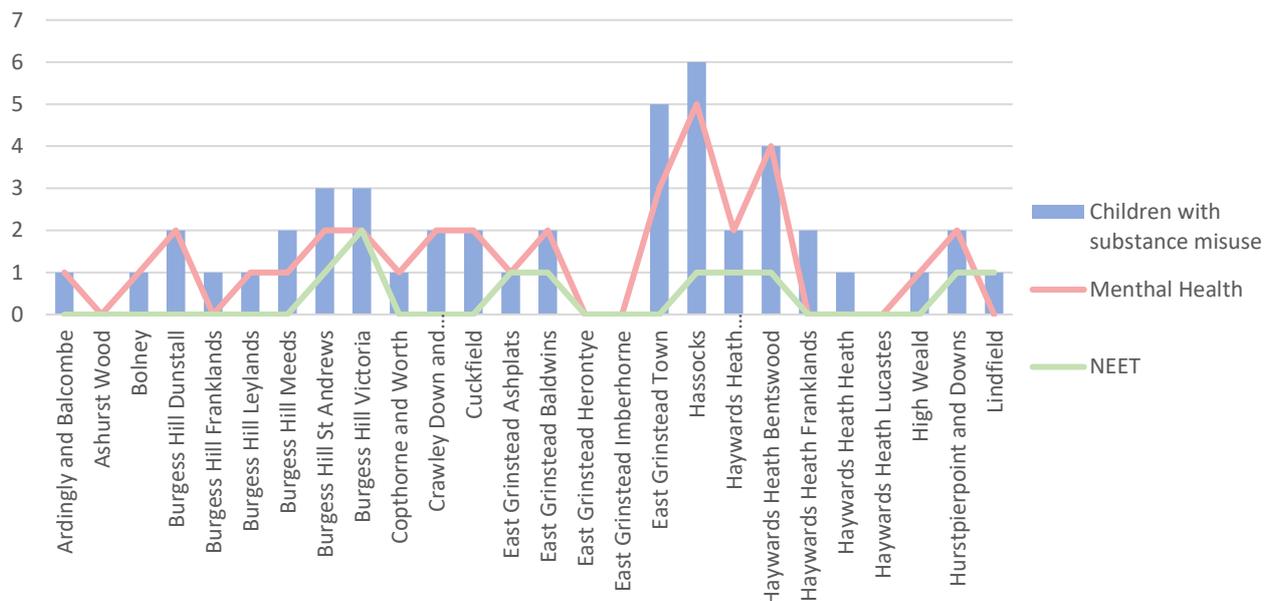


Source: Early Help

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 with substance misuse, also identify children with mental health problems.

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



Source: Early Help

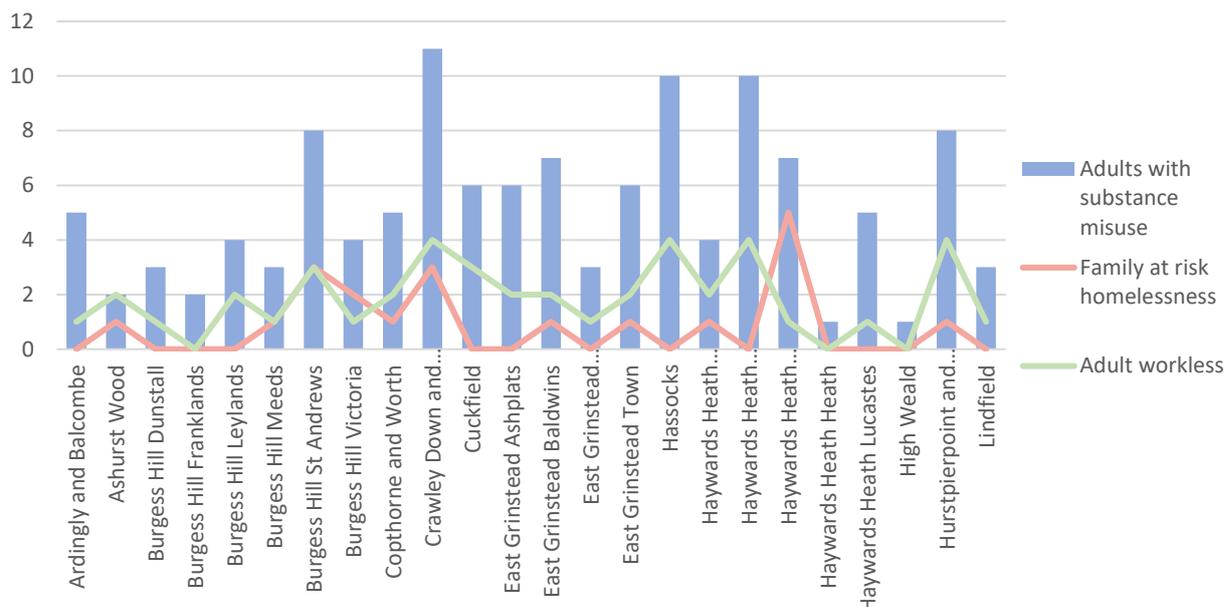
From the early help assessments:

- 76% of children identified as having a substance misuse problem also suffer from Mental health problems, dropping to 68% when children don't have substance misuse identified.
- 21.7% of children with substance misuse are also NEET,
- while just 7.3% of children who don't have substance misuse identified are also NEET.

In the figure below, the risk of homelessness was higher in households where substance misuse by adults was identified compared with households where no adult substance misuse was noted. 16% of households where adult substance misuse was noted were also at risk of being homeless, compared with 5% of households where substance misuse was not identified.

There was also a greater difference observed in relation to worklessness. A higher percentage of workless families also had adult substance misuse (35.5%) compared with 15.6% of families where no adult substance misuse was recorded.

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, 64.7% 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 49.7%.

## 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, Mid Sussex has a total of 90 cases of parents with drug use and 49 cases of children using drugs. In total, they were 139 instances with parents and/or child drug use mentioned, 10 of those, with both parent and child with drug use. Over the period analysed, the incidents have increased specially by child drug use, from 2.20% in 2022 to 2.98% in 2023.

Table 10: Drug use mentioned on CSC assessments.

		Parent drug use mentioned		Child drug use mentioned		All CSC assessments
2022	Mid Sussex	68	5.6%	18	1.5%	
	West Sussex	600	6.0%	176	1.7%	10,067
2023	Mid Sussex	58	4.8%	36	3.0%	1,207
	West Sussex	613	6.6%	222	2.4%	9,254

Source: Children social care performance data

Table 11: Drug use mentioned on CSC assessments.

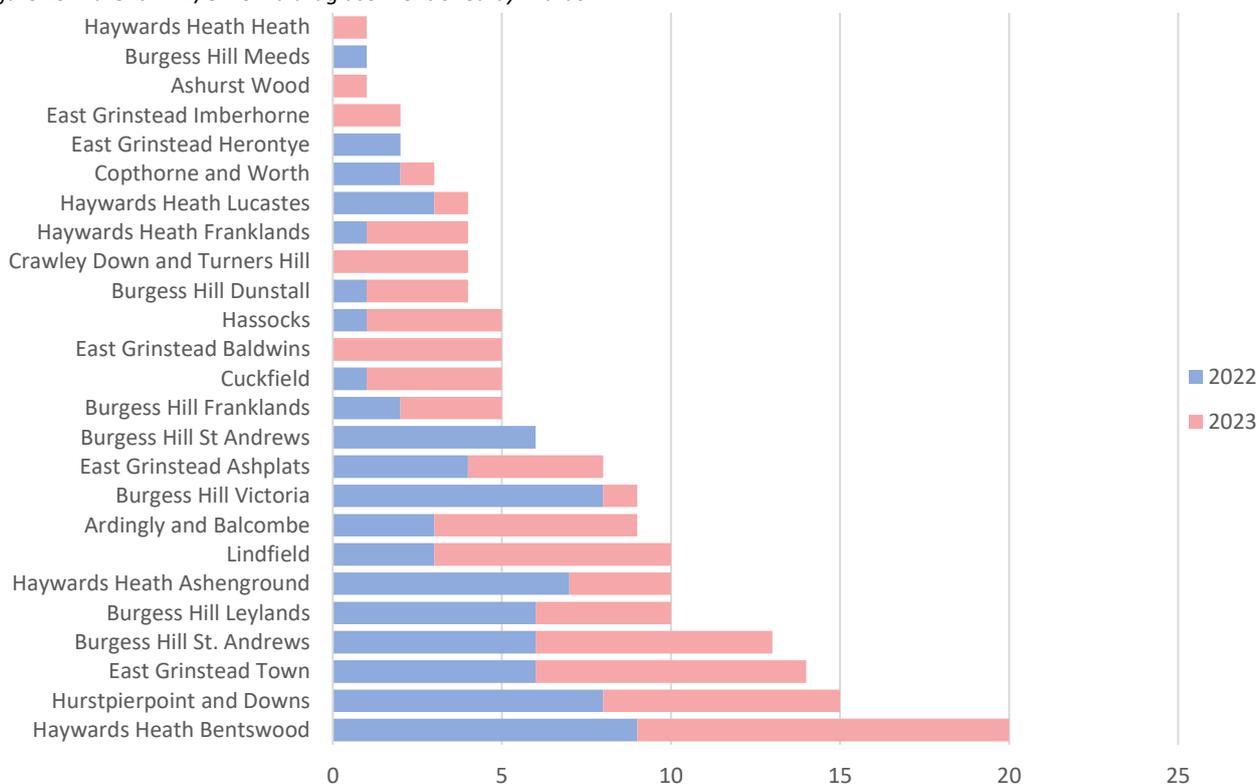
		Parent AND/OR Child drug use mentioned		Parent AND Child drug use mentioned		All CSC assessments
2022	Mid Sussex	80	6.5%	6	0.5%	1,222
	West Sussex	743	7.4%	33	0.3%	10,067
2023	Mid Sussex	90	7.5%	4	0.3%	1,207
	West Sussex	785	8.5%	50	0.5%	9,254

Source: Children social care performance data

7% of 2,429 assessment for Mid Sussex were identified with drug use, either by the parent, child or both. 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, Haywards Heath Bentswood is the area with the highest number of assessments.

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



Source: Children social care performance data

The area with higher percentage of CSC assessments with drug use identified by parent and/or child is Hurstpierpoint and Downs.

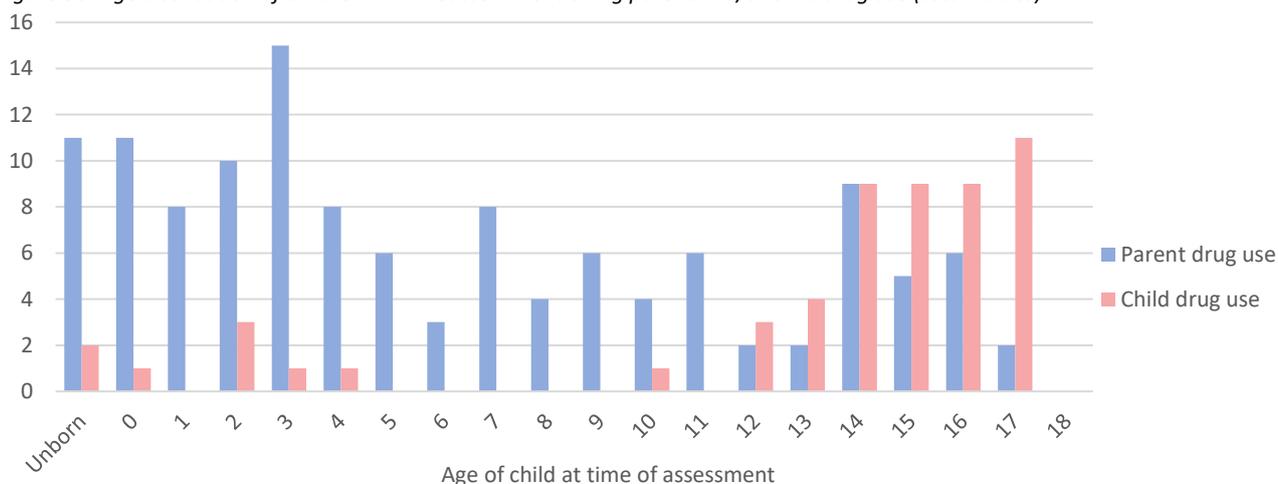
Table 12: Parent AND/OR Child drug use mentioned by Wards

Wards	Count of parent and/or child mentioned	% of all assessments	CSC Total assessments
Ardingly and Balcombe	9	7.50%	120
Ashurst Wood	1	2.86%	35
Bolney	0	0.00%	15
Burgess Hill Dunstall	4	5.97%	67
Burgess Hill Franklands	5	10.20%	49
Burgess Hill Leylands	10	10.42%	96
Burgess Hill Meeds	1	1.43%	70
Burgess Hill St. Andrews	19	10.05%	189
Burgess Hill Victoria	9	6.82%	132
Copthorne and Worth	3	4.69%	64
Crawley Down and Turners Hill	4	3.81%	105
Cuckfield	5	4.59%	109
East Grinstead Ashplats	8	5.71%	140
East Grinstead Baldwins	5	4.76%	105
East Grinstead Herontye	2	3.28%	61
East Grinstead Imberhorne	2	6.67%	30
East Grinstead Town	14	13.21%	106
Hassocks	5	5.43%	92
Haywards Heath Ashenground	10	9.90%	101
Haywards Heath Bentswood	20	9.66%	207
Haywards Heath Franklands	4	3.92%	102
Haywards Heath Heath	1	1.43%	70
Haywards Heath Lucastes	4	3.23%	124
High Weald	0	0.00%	22
Hurstpierpoint and Downs	15	14.85%	101
Lindfield	10	8.55%	117

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 13 the CSC assessments start to record an increase of incidents with child drug use.

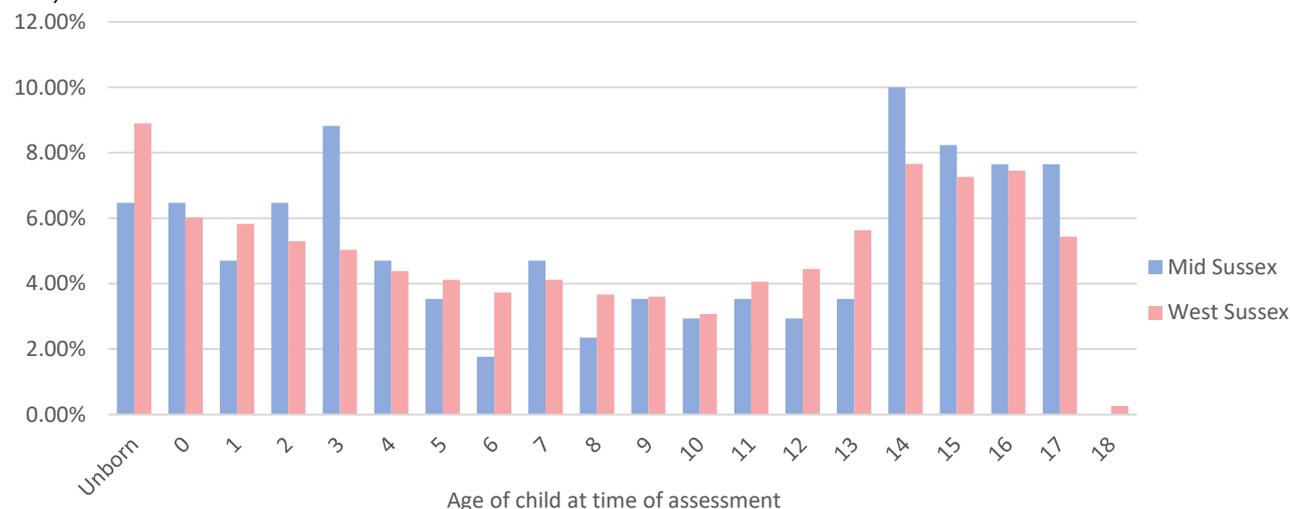
Figure 30: Age distribution of children in Mid Sussex mentioning parent and/or child drug use (total values)



Source: Children’s social care performance data

Mid Sussex has similar age distribution to West Sussex, although differs in parents of unborn child, less affected in Mid Sussex but more affected when the child is three. Also, Mid Sussex has a higher proportion of children aged 17 with CSC assessments with child drug use.

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



Source: Children’s social care performance data

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, Mid Sussex had not identified children with substance misuse.

Table 13: 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.

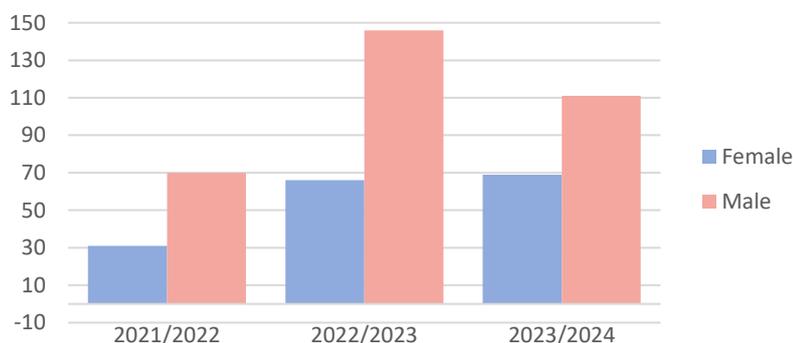
Figure 32: Drug and alcohol related school suspensions in West Sussex



Source: Children's Services Data and Performance

Over the period analysed, Mid Sussex had 231 episodes of drug and alcohol related suspensions with a loss of 369 school days and a total of four exclusions. By gender, males represent 61% of schools' suspensions (similar to 65% of West Sussex) and all of the school exclusions.

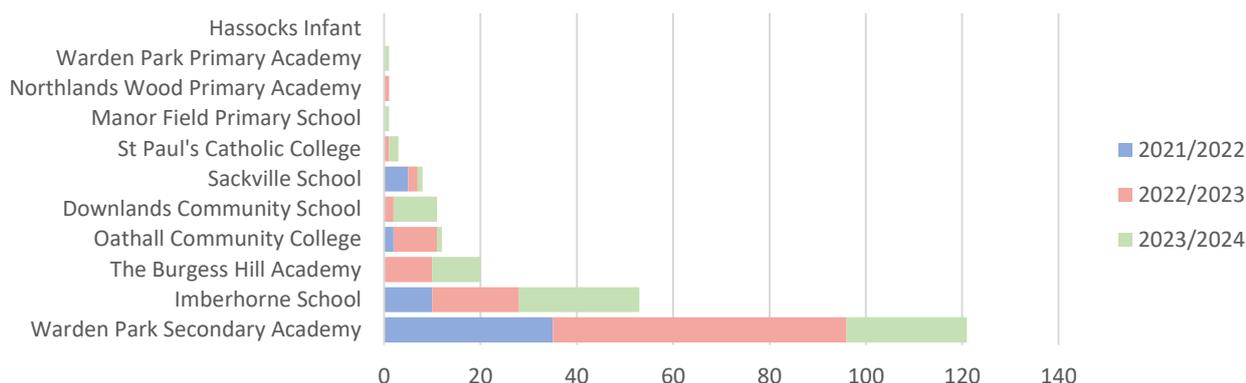
Figure 33 : Drug and alcohol related school suspensions by gender and academic year- Mid Sussex



Source: Children's Services Data and Performance

Warden Park Secondary Academy had the highest number of suspensions, especially for 2022/23.

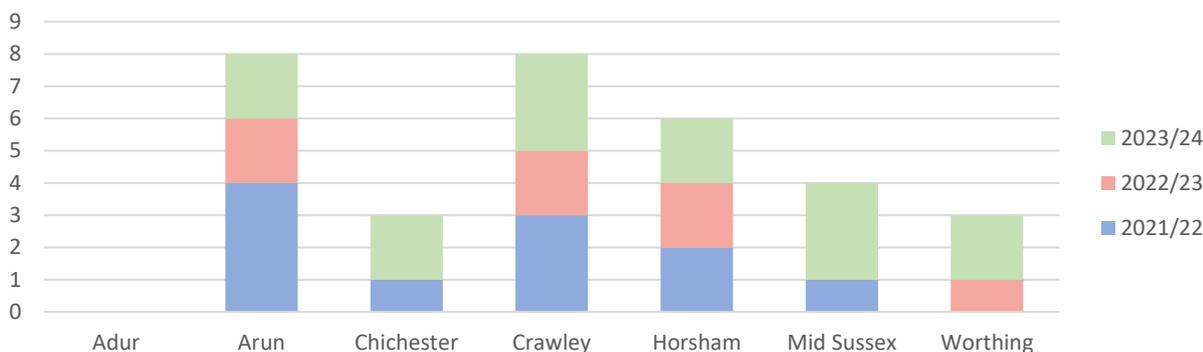
Figure 34: Drug and alcohol related school suspensions in Mid Sussex



Source: Children’s Services Data and Performance

If we have a look at the exclusions, Mid Sussex had one exclusion in 2021/22 academic year and none in 2022/23, however in 2023/24 Mid Sussex had three exclusions and has been one of the areas with higher number of exclusions.

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



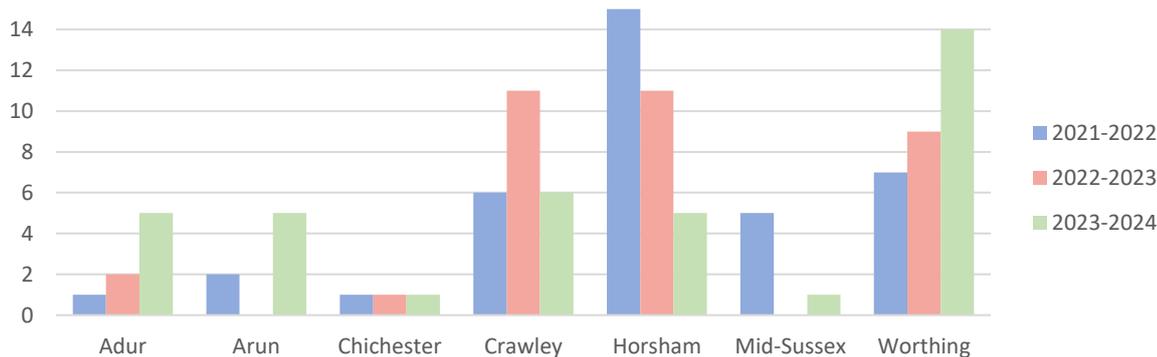
Source: Children’s Services Data and Performance

## 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



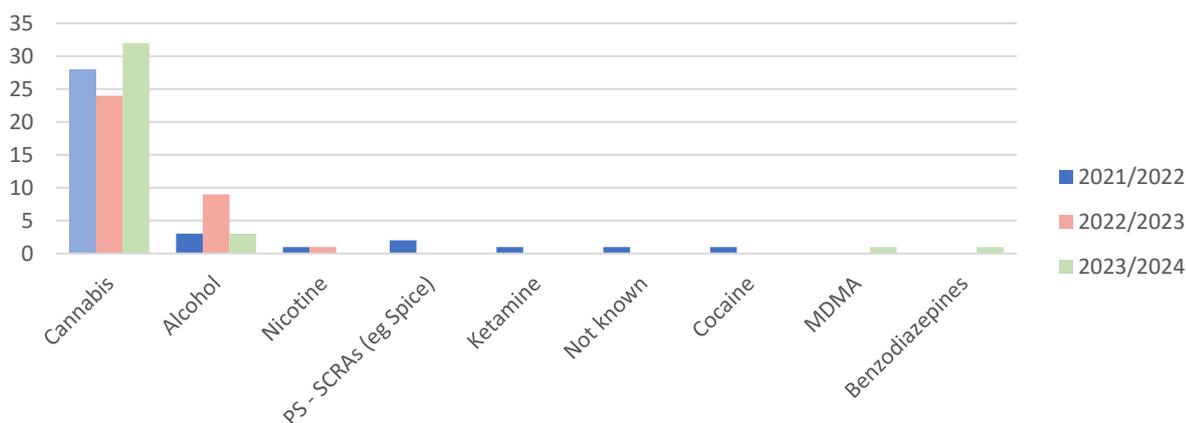
Source: CGL performance data

Mid Sussex, has low education referrals compared to other areas in West Sussex

During this period, the substances most mentioned in referrals have been cannabis and alcohol.

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

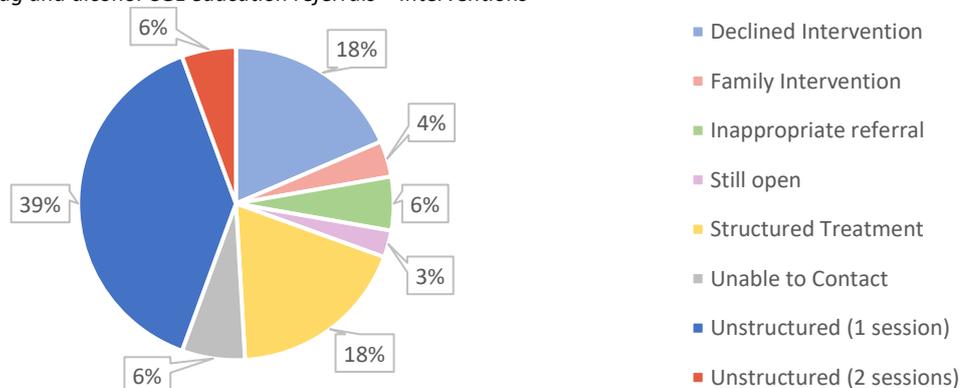
Figure 37: Drug and alcohol CGL education referrals – main substance



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 28 interventions in Mid Sussex, 21% were from individuals with substance misuse records, 4% with substance misuse recorded prior to start the intervention and 17% recorded at some point during the intervention.

Table 14: 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 15: 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'.

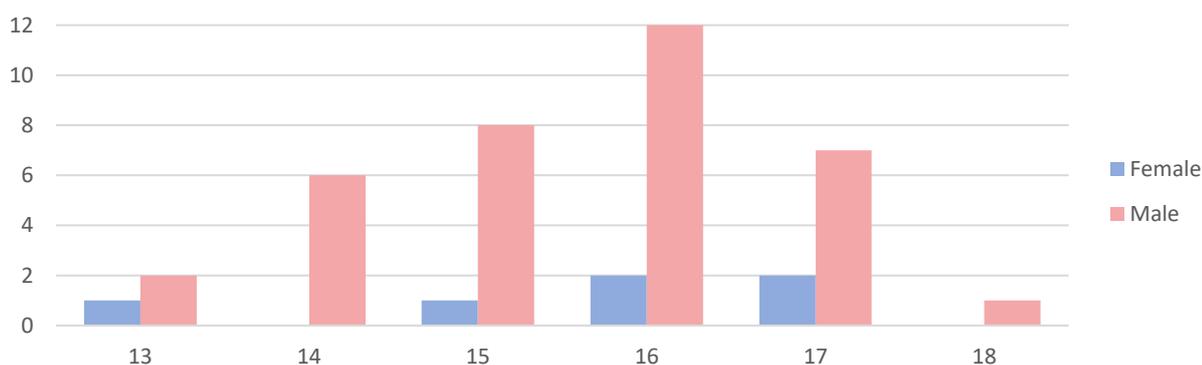
Table 16: Numbers of individuals in programme, by sex and main substance need (2023/24)

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.

Table 17: 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 18: 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 19: 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 20: 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

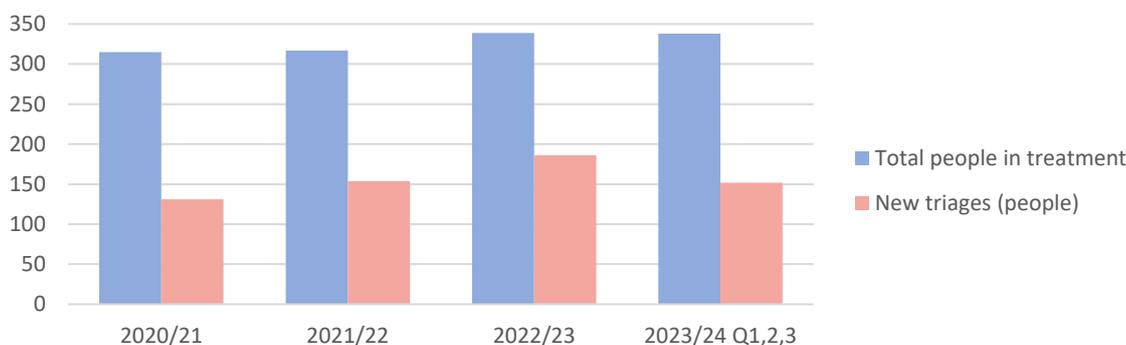
In West Sussex people who need treatment for their substance misuse can be referred, or can self-refer to CGL (Change, Grow, Live), the locally commissioned treatment provider.

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 Mid Sussex, from 2020/2021 up to 2023/24 Q3 729 people received treatment from CGL. This includes 186 people who began treatment at some point during 2016/2017 to 2019/2020. Over the period analysed there were a total of 819 episodes.

- The number of people in treatment is increasing year on year and so is the number of new triages.
- 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. Over the period the gap between alcohol and the other substance categories has maintain and all the substance referrals have increased. Alcohol aside, “Non- opiate and alcohol” is the substance category that has increased the most.

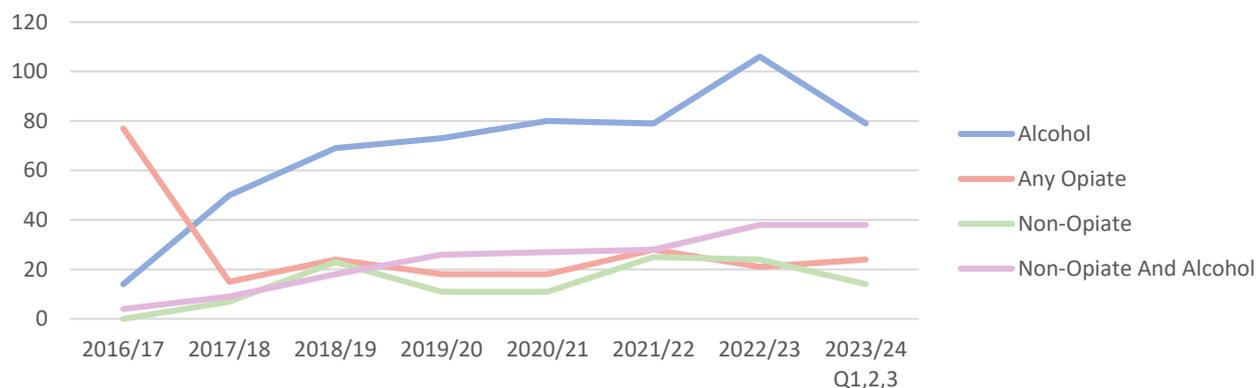
<sup>6</sup> Any mention of opiate use would result in the person being categorised as **opiate**.

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 provided with 18% of total referrals.

Table 21: Referral source by year

Referral Source	2020/21	2021/22	2022/23	2023/24 Q 1,2,3	Grand Total
Self	77	100	120	94	391
Health Care Provider	29	30	32	22	113
Other treatment provider	7	6	10	18	41
Criminal Justice	3	5	15	8	31
Social Services	4	8	5	7	24
Other	8	4	2	1	15
Housing/homelessness service	1	3	2	2	8
Relative/peer/ concerned other	1	2	3	2	8
Domestic abuse service				1	1
Outreach	1				1
<b>Grand Total</b>	<b>131</b>	<b>158</b>	<b>189</b>	<b>155</b>	<b>633</b>

Source: CGL performance data

The number of discharges dropped in 2022/23 but in 2023/24 seem to be increasing again. The proportion of successful completions has decrease in 2023/24 (Q1, Q2, Q3) 33% while the proportion of people disengage has gone up 55%.

Table 22: Discharges by year

Discharge reason	2020/21	2021/22	2022/23	2023/24 Q1,2,3	Grand Total
Client Died	5	3	2	3	13
Dropped out - disengaged	63	73	69	85	290
Retained in prison	1	2		1	4
Successful completion	67	66	68	51	252
Transferred to another service	5	9			14
Transferred to prison	1	1		2	4
Treatment declined	1	17	20	11	49
<b>Grand Total</b>	<b>143</b>	<b>171</b>	<b>159</b>	<b>153</b>	<b>626</b>

Source: CGL performance data

From 2020/21 until 2023/24 (Q3), females represent 39% 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 50% of males).

The second category females and males need treatment for is “non-opiate and alcohol” (17% females and 23% males).

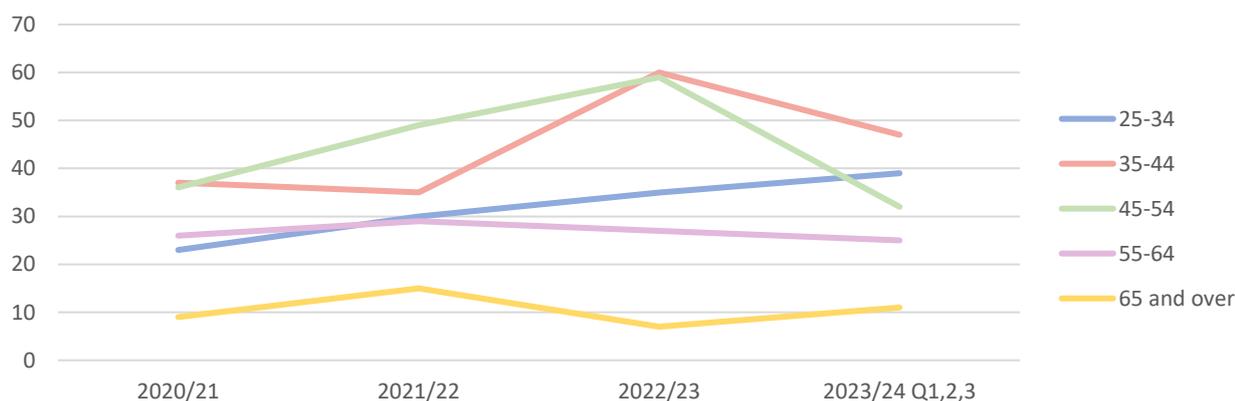
Table 23: New referrals - Main substance by gender

Gender	Alcohol	Any Opiate	Non – Opiate	Non – Opiate and Alcohol
Female	148	25	33	42
Male	192	63	41	87
Grand total	340	88	74	129

Source: CGL performance data

By age, the group 35-44 and 45-54 years old are the age bands that have increased the most over the period. The group 55-64 and over 65 years old were the most stable over the period.

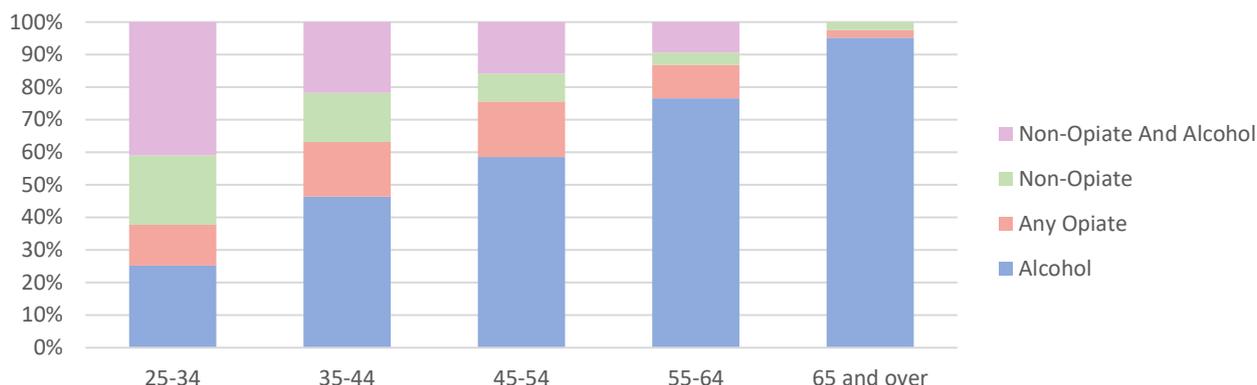
Figure 43: CGL referrals by age group



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 54.

Figure 44: CGL referrals – main substance treatment



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 more affected by housing need is 25-34 years old, 15% would not have settled accommodation.
- 73% of people referred to CGL over the period analysed, were recorded as having mental health issues. Of those, 83% were engaging with some support to address their mental health issues, leaving 17% with mental health needs but not treatment, 4% of them declined treatment. The age group 25-34 years old with 78% have the highest proportion of people referred to CGL with mental health problems.
- 33% of new referrals over the period analysed were from people unemployed, of those, 68% were not looking for employment. The age group 25-34 years old have more proportion unemployed (38%) and not looking for employment (73%).

## 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 24: 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	1331
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>1838</b>	<b>4154</b>

Source: CGL performance data

From 2019-20, service users in Mid Sussex have received 208 Naloxone kits and the distribution in the last year 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 Mid Sussex experiencing housing problems with substance misuse was lower than West Sussex.
- In Mid Sussex, the percentage of housing support clients known to treatment services is lower than West Sussex and so is the percentage of clients engaging with treatment.
- 48% of returns from females of housing support clients with substance misuse in Mid Sussex are known to treatment services, and for males is 44%, lower values than West Sussex (females 74.1% and males 61.8%).
- In Mid Sussex, 82% 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 27% of them will be in treatment for both conditions and 35% of returns are not getting any treatment for mental health or substance misuse.
- In Mid Sussex there were 1,247 households owed a homelessness duty between 2020/21 to 2022/23. Of these, 635 were recorded as having support needs (51%). Drug dependency needs were recorded in 7% of these households over the period. Drug dependency needs are the sixth most common needs recorded.

- In Mid Sussex 5% of JSA claims are of the duration of 5 years and over, and the level on unemployment has been steady for the last few years at 2%.
- The rate of economically inactive population has increased in the last few years and in 2020/22 was 18%. However, it is not currently possible to assess numbers of individuals with substance misuse.
- Each year, around 15% of families receiving Early Help support are affected by substance misuse by parents, children or both. The percentage of both adult and children substance misuse has been decreasing over the period (2020/23)
- Crawley Down and Turners Hill, Hassocks and Haywards Heath Bentswood has the highest number of support plans which mentioned adult substance misuse. The wards with the highest number of support plans which mention child substance misuse are Hassocks and East Grinstead Town. East Grinstead Town was the area with bigger incidence in 2023.
- 76% of children receiving Early help support with substance misuse as an identified problem also suffer from mental health problems.
- 22% 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 7% when substance misuse was not identified.
- 36% of families where substance misuse was identified as a problem in adults, were also impacted by worklessness, compared to 16% when substance misuse is not mentioned.
- 16% of families where substance misuse was identified as a problem in adults, were at risk of homelessness and the risk when adult substance misuse was not mentioned was 5%.
- In 2023, 65% of assessments where substance misuse was identified as a problem in adults, also identify adult mental health needs, when adult substance misuse is not identified, mental health needs was 50%.
- 7% of CSC assessments in Mid Sussex were identified with drug use, Haywards Heath Bentswood and Hurstpierpoint and Downs are the areas with higher number of incidents.
- Is at the age of 14 when the CSC assessments start to record an increase of incidents with child drug use.
- In the last three academic years, Mid Sussex had 231 drug and alcohol related suspensions and four exclusions and the secondary school with the highest number of suspensions is Warden park Secondary Academy.
- From financial year 2021/22 to 2023/24 Mid Sussex has one of the lowest rates of CGL education referrals (under 18) compared to other areas in West Sussex. Cannabis has been the main reason to get referred to CGL in 78% of cases for West Sussex.

- Mid Sussex received 28 interventions from Youth Justice Therapeutic and Family intervention (cases closed 2023/24) of which 33% were from individuals with substance misuse records, 14% with substance misuse recorded prior to start the intervention and 14% 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 have been slowly increasing year on year since 2020/21, alcohol is the main reason to get a referral, “non-opiate and alcohol” was the second substance driving referrals. Self-referral is the main method to contact CGL, 62% of all cases are self-referrals.
- Females are proportionally more affected by alcohol than males (60% of females affected by just alcohol and 50% 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 35-54.
- 73% of new referrals made to CGL, were for people who had mental health issues. 12% have a housing problem and 33% for people with an unemployment situation.
- From 2019-20, Mid Sussex has received 208 Naloxone kits and the distribution in the last year has increase significantly.

## Impacts on health

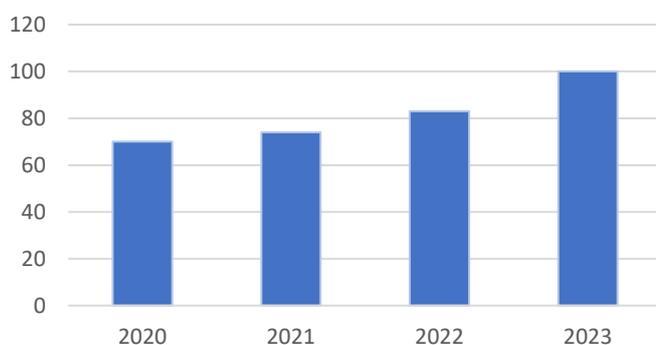
### Accident and Emergency attendances

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

Due to Mid Sussex location, it was necessary to request data from University Hospital Sussex NHSFT (UHS) and Surrey and Sussex Healthcare NHS Trust (SSH). Unfortunately, some of the analysis will be limited due to the data shared by Surrey and Sussex Healthcare NHS Trust where data is aggregated with Horsham and Crawley.

For the four-year period, there were 327 A&E attendances where drug use was recorded from people living in Mid Sussex. 70% of records were coming from SSH and 30% from UHS. Year-on-year the A&E attendances with illicit substances recorded have been increasing, specially from 2022 to 2023 with an increase on 20%.

Figure 45: A&E Attendances from people living in Mid Sussex UHS and SSH



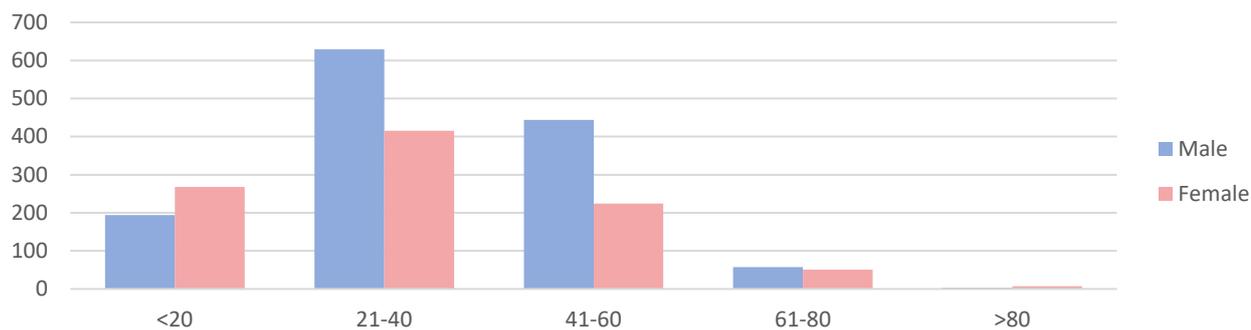
Source: University Hospital Sussex NHSFT and Surrey and Sussex Healthcare NHS Trust

A&E attendances by males were higher than females from the data received by UHS (65%) and SSH (58%) where data was aggregated with Crawley and Horsham.

The age group with the highest attendance for both organisations was 21-40 (42 - 46%), the second age group with more attendances was under 20 (35%) from the data received by UHS and 41-60 (29%) from the data received by SSH.

From SSH data, males have higher proportion on the age bracket 21-40 and 41-60 while females have higher proportion than males on the under 20 age group.

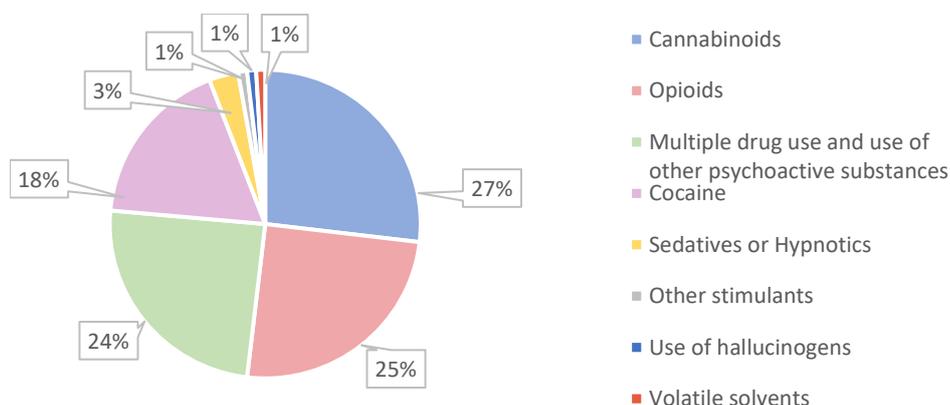
Figure 46: A&E Attendances by gender SSH (Including Crawley, Mid Sussex and Horsham)



Source: Surrey and Sussex Healthcare NHS Trust

From the records received by SSH; the type of drug was unknown for over 80% of attendances, the most known type of drug was cannabinoids (27%) followed by opioids (25%) and multiple drug use and other psychoactive substances (24%).

Figure 47: A&E attendances substances recorded SSH (Including Crawley, Mid Sussex and Horsham)

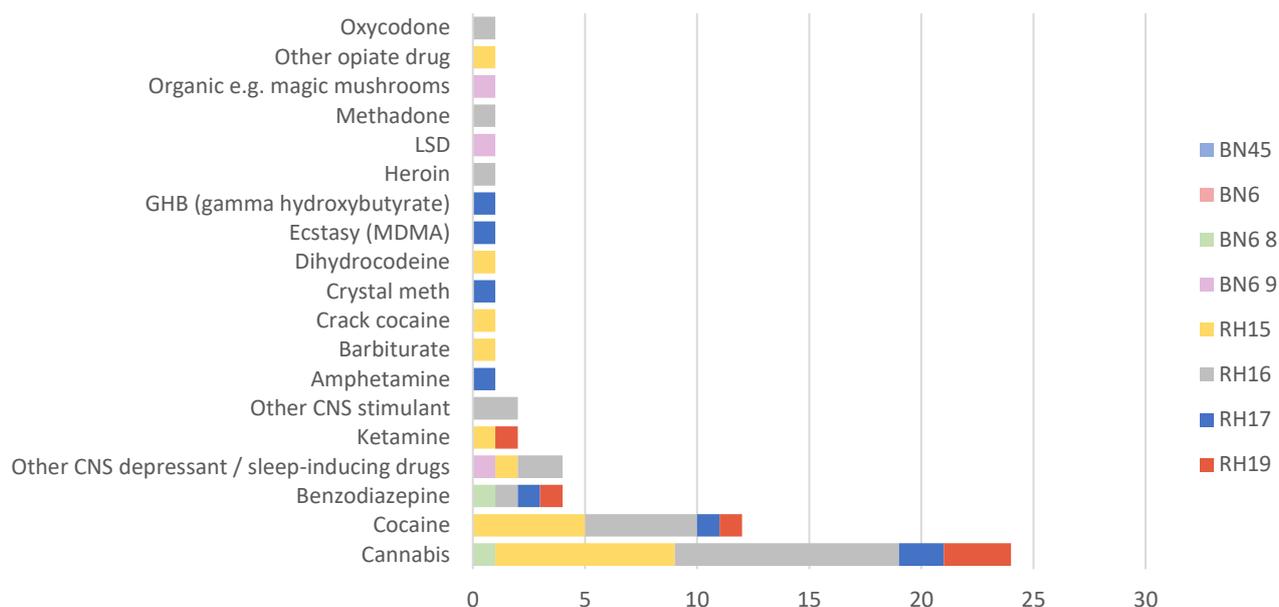


Source: Surrey and Sussex Healthcare NHS Trust

From the information received by UHS, it was possible to analyse the type of drugs recorded by post code and age. Overall, in UHS records, the type of drug was recorded as unknown over 37% of attendances and in total were 19 substances mentioned in A&E reports; the most known drugs with 24 and 12 attendances were Cannabis (25%) and Cocaine (12.4%).

37% of A&E attendances in these hospitals are from the post code RH16 and the second post code with higher attendances is RH15 (28%). In both post codes, the main substance was cannabis.

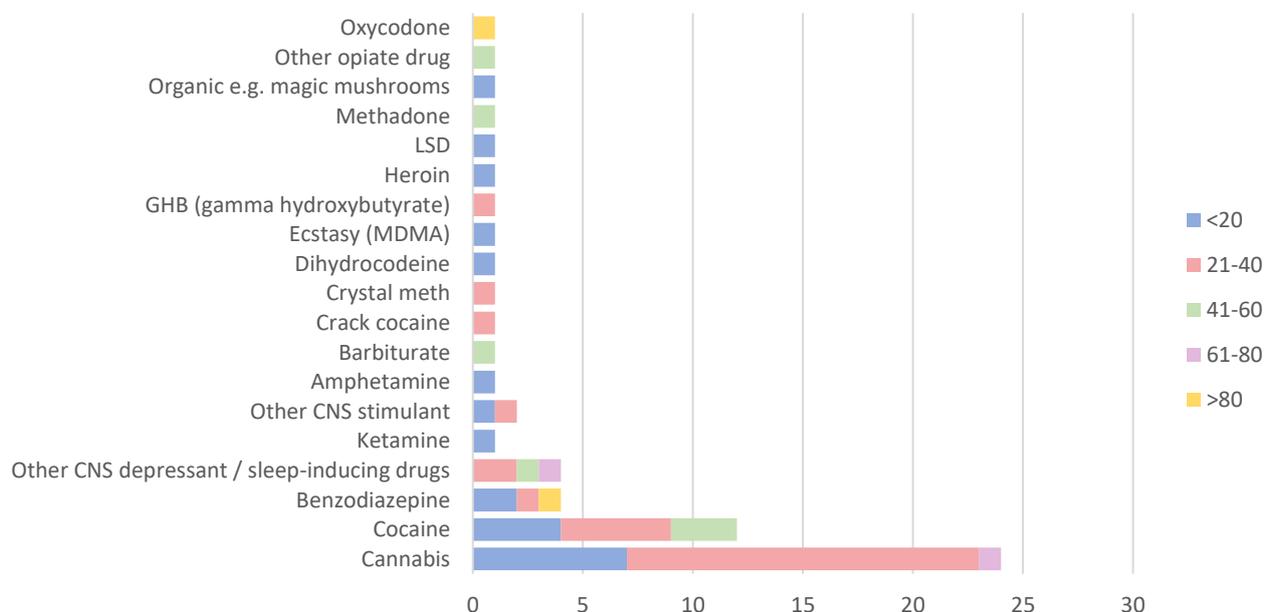
Figure 48: A&E attendances in UHS by drug and post code



Source: University Hospitals Sussex

46% of A&E attendances (UHS) were from patients in the age bracket 21-40, most of A&E attendances in this group with known substance Cannabis (35%) and Cocaine (11%). Under 20 was the age bracket with more variety of substances recorded (11) and the second age bracket with most attendances (35%) and the substance most recorded in this group is cannabis followed by cocaine.

Figure 49: A&E attendances by type of drug and age UHS (\*attendances under 12 have not been consider for our analysis)

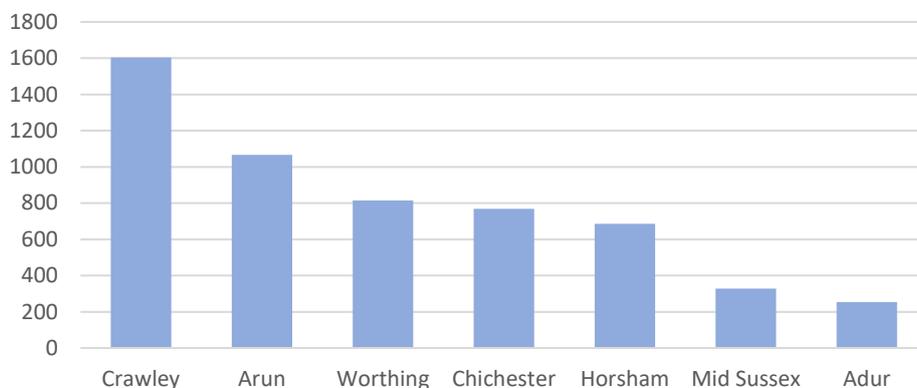


Source: University Hospitals Sussex

42.5% of A&E attendances end up in hospitals admissions for SSH while in UHS was 11%.

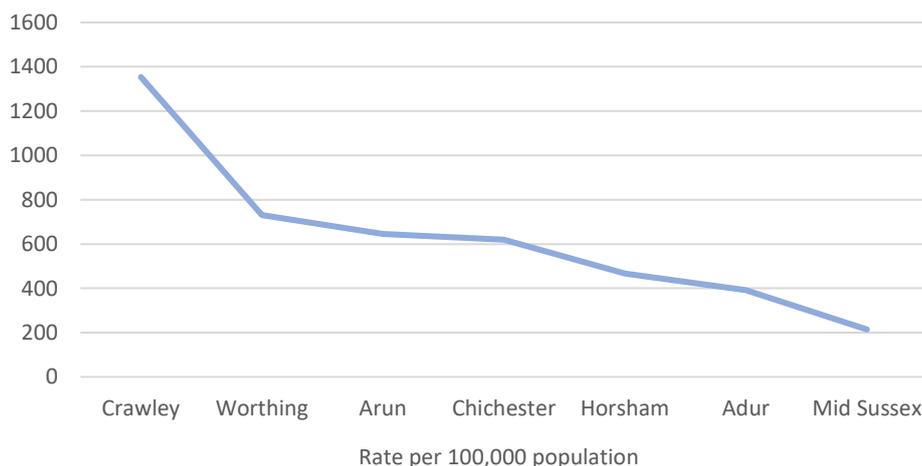
If we compared the A&E attendances from Mid Sussex with the rest of West Sussex over the period analysed, Mid Sussex is the second locality with less number of attendances but when we look at the rate per 100,000 population, Mid Sussex is the locality with lower rate (214 A&E attendances per 100,00 population).

Figure 50: 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 51: 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

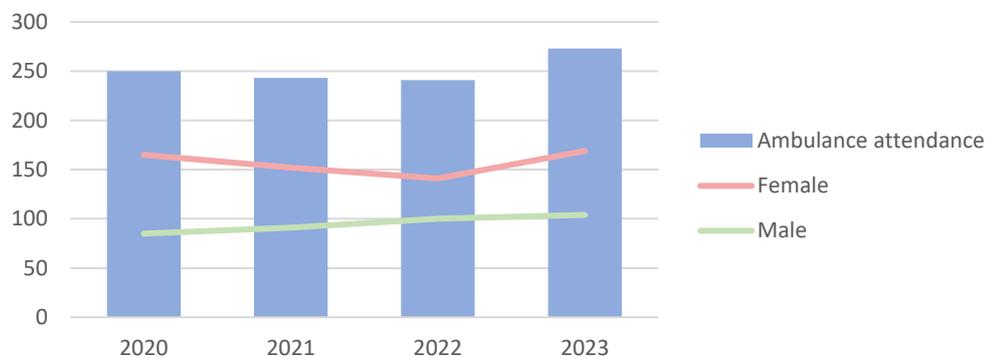
As part of our analysis and to understand the health impacts of drug use we have asked SECAMB (South East Coast Ambulance Service) for the ambulance attendances due to drug use in the area from January 2020 to December 2023.

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), Mid Sussex had a total of 1,077 ambulance attendances. Female attendances have been consistently higher than males (62%).

Since 2020, ambulance incidents have been relatively stable until 2022 due to females' attendances reduction while males' attendances were increasing, reducing the gap between both genders. In 2023 ambulance incidents have increased around 13%; females increase had been steeper at 20% while males had been 4%.

Figure 52: Ambulance attendances due to drug use 2020-2023 by gender



Source: SECAMB

By age, from 2020 to 2022 the 25-44 age band had the highest number of ambulance attendance (34% - 38%) but in 2023 the age band 45-64 had higher number of ambulance attendances (33%).

The age band 16-24 was the second age band with the highest attendances in 2020-22 but the third in 2023.

From 2021, the 65 and over age group has been increasing in both number of attendances and in proportion (9% in 2021 and 15% in 2023).

Figure 53: 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 Mid Sussex, they were not able to provide how many times they have used it.

If we compare Mid Sussex with the rest of West Sussex, Mid Sussex had similar values to Chichester and Horsham. In Mid Sussex, like the rest of West Sussex, females attendances were higher than males.

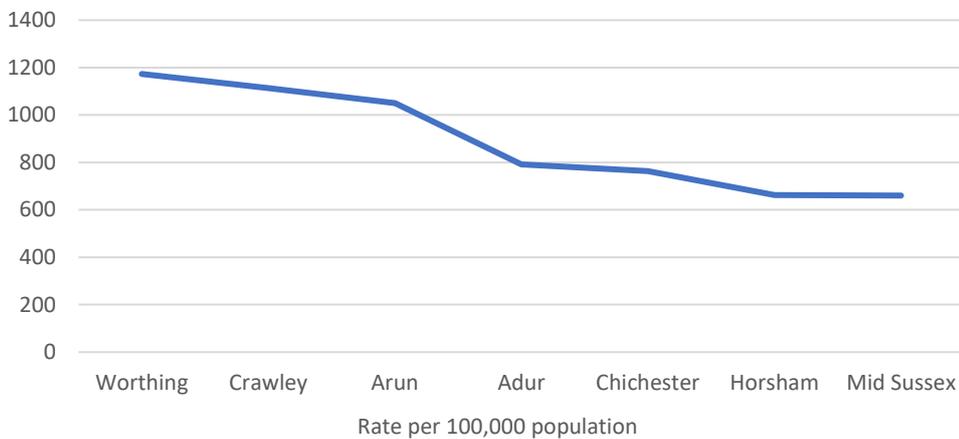
Figure 54: Ambulance attendances due to drug use 2020-2023 in West Sussex



Source: SECAMB

When looking at rates per 100,000 population, Mid Sussex is the locality in West Sussex with the lowest rate.

Figure 55: 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 Mid Sussex.

Table 25: 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.

### Impacts on health – Key points:

- Between January 2020 and December 2023, there were 327 A&E attendances where illicit drugs were recorded by people living in Mid Sussex. In recent years, female attendances have been higher than males, 60% of all attendances. The age band with the most attendances were 16-24 and 25-34.
- A&E attendances by males are higher than females over the period (58% from SSH and 65% from UHS data). Males had higher proportion on the age band 21-40 and 41-60 while females had higher proportion than males on the under 20 age band.
- From the data received by SSH, the type of drug was unknown for over 80% of attendances, the most known drug category was cannabinoids (27%) followed by opioids (25%) and multiple drug use and other psychoactive substances (24%).
- From 2020 to 2023 SECAMB had 1,077 drug related attendances in Mid Sussex. Attendance to females were higher than males.
- From 2020 to 2022 the 25-44 age band had the highest number of ambulance attendance (34% - 38%) but in 2023 was the age band 45-64 (33%). The age band 16-24 was the second age band with the highest number of attendances in 2020 but the third in 2023. From 2021, the 65 and over age band has been increasing in both number of attendances and in proportion (from 9% in 2021 to 15% in 2023).
- If we compare Mid Sussex with the rest of West Sussex, Mid Sussex had similar drug related incidents to Chichester and Horsham but due to its large population, Mid Sussex is the locality with the lowest ratio on ambulance incidents by 100,000 residents.
- From 2020 to 2022 there were 10 substance misuse related deaths, similar to other local authorities in West Sussex but due to its large population, Mid Sussex is the locality with the lowest ratio by 100,000 residents.

## 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.

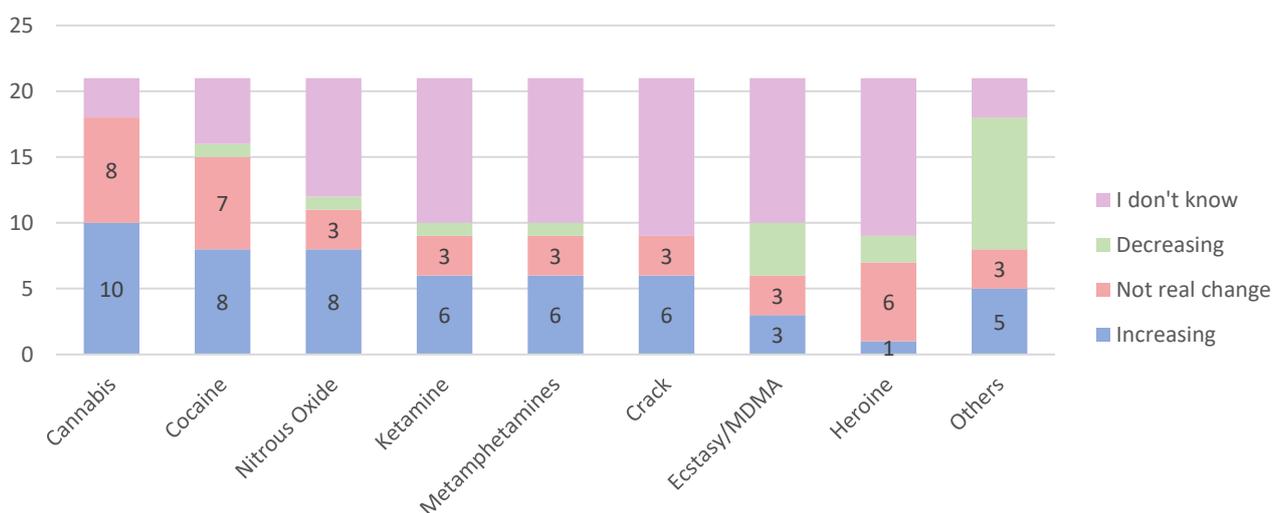
All surveys were available through a link provided for each target audience. The residents’ survey link was shared in West Sussex County Council social media platforms and Social Media channels used by Mid Sussex District Council. The professionals survey link was shared directly with targeted professionals identified by the working group and 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 25 responses from residents living in Mid Sussex, 77 responses from professionals in West Sussex (21 were working in Mid Sussex) and 46 responses in West Sussex from CGL service users (in West Sussex). All the responses from the surveys were analysed and summarised in the following sections.

## Professionals’ Survey

21 professionals working in Mid Sussex 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 56: Professionals’ perception of drug use in the community



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

For cannabis, cocaine 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”.

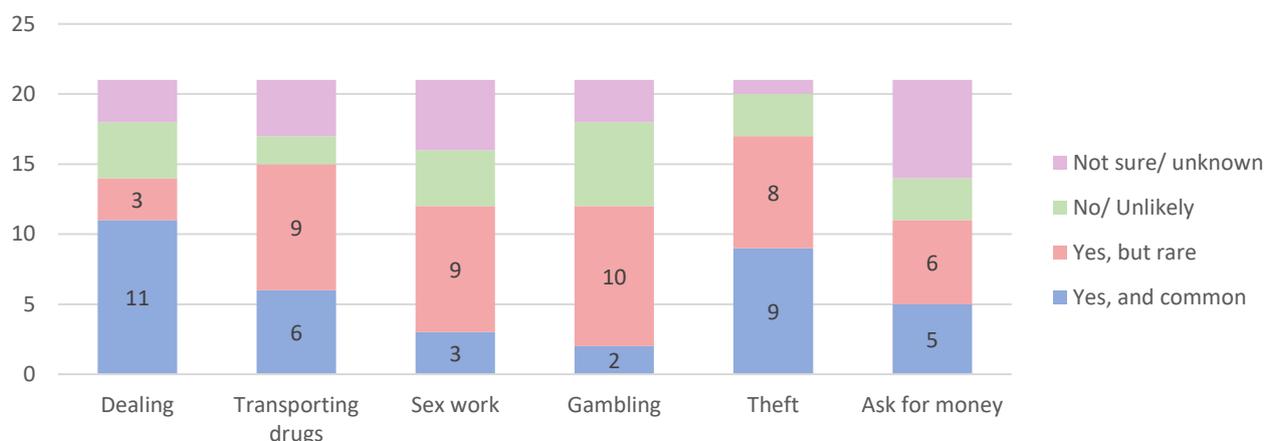
- 14 respondents believed that dealing was a way to fund drug use with 11 professionals believing it was common.
- The second activity considered common to fund drug use was theft, with 17 positive responses, 9 professionals thinking this was common.
- Transporting drugs was also seen as methods used to fund drug use, more often seen by professionals working with young people.

- Sex work and gambling were considered by the professionals surveyed as the least common ways to fund drug use.
- Asking for money and gambling were seen as the least popular choice among young people.

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 57: 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

- Cannabis, cocaine and nitrous oxide were seen as staying the same or increasing by the majority of professionals.
- In relation to how drug use was funded, professionals said that dealing was the most common way to fund drug use followed by theft. Transporting drugs was also seen as an option used to fund drug use seen more often by professionals working with young people. Gambling is the least common way to fund drug use. 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 (stabbings, 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.

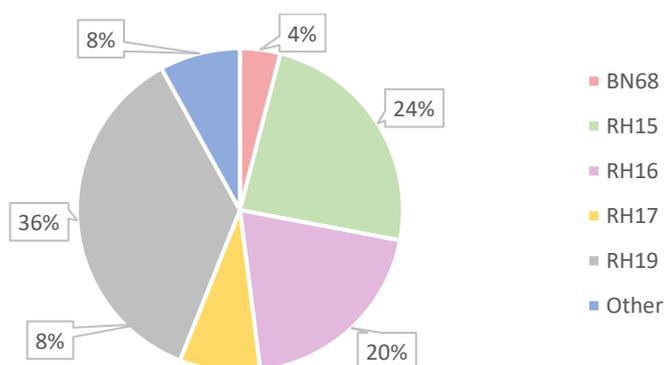
**Twenty-five people living in Mid Sussex responded the survey.**

The majority of respondents were females (80%) and by age most people (56%) were between 45 and 64 years old.

Most people were homeowners and either employed/self-employed (48%) or retired (20%).

The post codes that received more responses were RH19 (East Grinstead), RH15 (Burgess Hill) and RH16 (Haywards Heath).

Figure 58: Residents' post codes

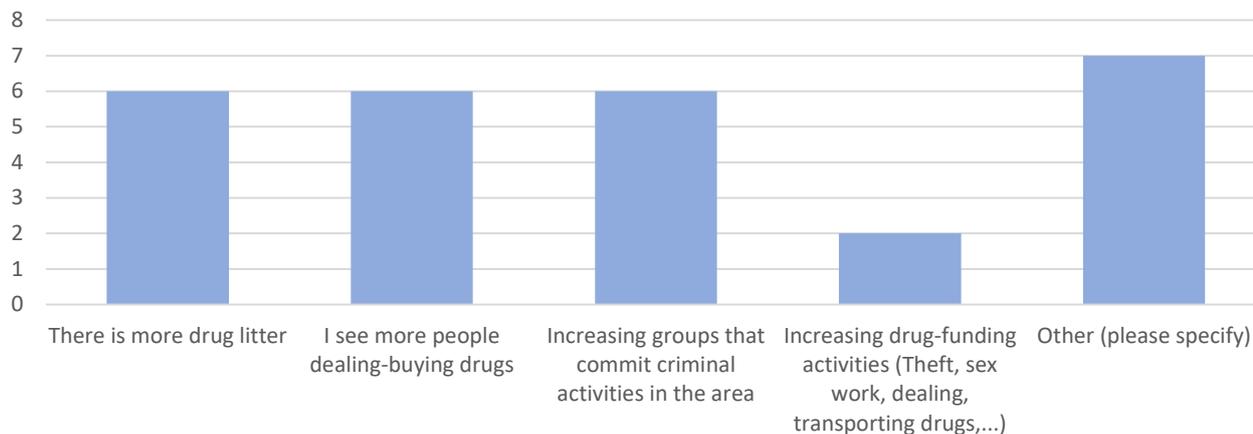


Source: Understanding drug use and harm in West Sussex, Residents' Survey

## Drug use in the community

64% of respondents considered that drug use is increasing in the community and the reasons that make them believe drug use is increasing varies between “I see more people dealing and buying drugs”, due to “increasing groups that commit criminal activity” and “increasing drug-funding activities”.

Figure 59: 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.

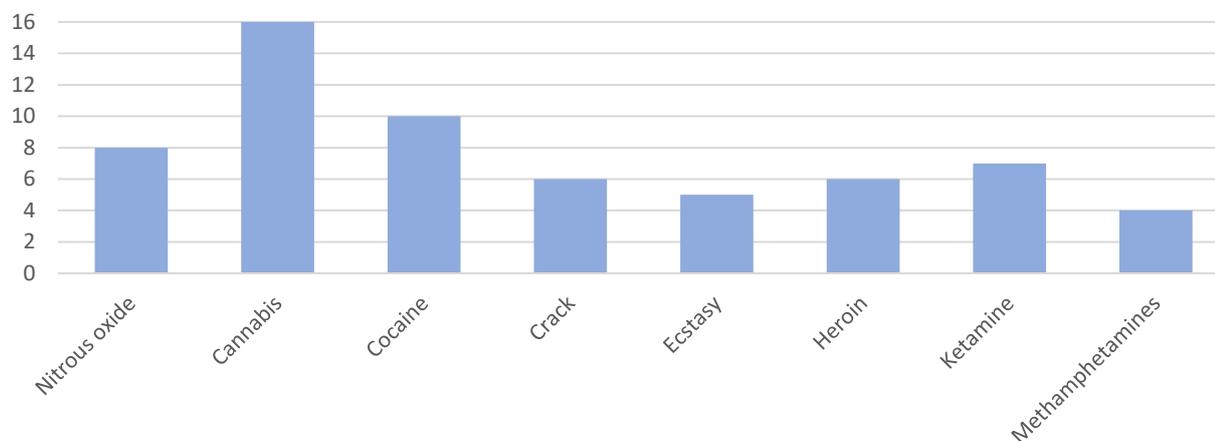
Across all West Sussex, people complained of “cannabis smell” especially in town centres and “seeing more people doing drugs”, people’s perception is that drug users do not hide anymore and are happy to do it in front of others.

Regarding what drug use concerned them the most in the local community, cannabis received more mentions, followed by cocaine.

The drug that causes the least concern to residents was methamphetamines.

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

Figure 60: Residents – drugs that causes more concern in the local community

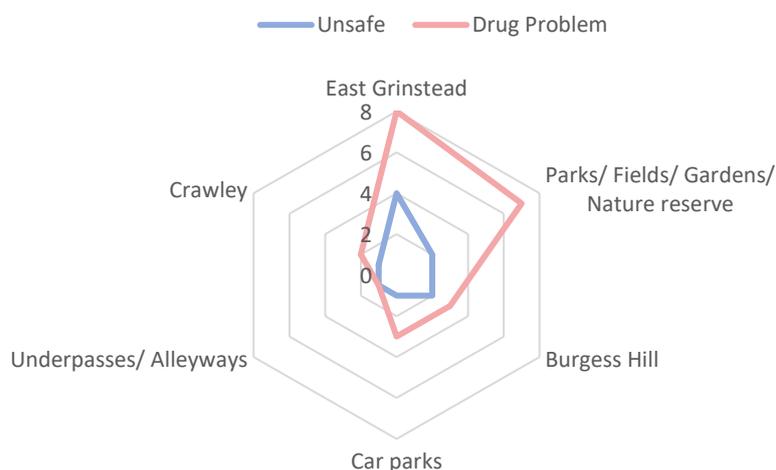


Source: Understanding drug use and harm in West Sussex, Residents’ Survey

We asked residents what areas have higher drug use in the community and in the answers the main areas mentioned were East Grinstead followed by parks, fields, gardens and nature reserves across Mid Sussex.

In relation where they feel unsafe, the same areas were identified by the residents. The areas where people feel safer were Haywards Heath and East Grinstead.

Figure 61: Residents' perception of areas more affected by drug use and unsafe areas



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 (84%) said that it causes harm to both individual and community level.

At an individual harms, the residents identified mental health risks and also risk to physical health and the risk to become addicted.

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

Table 62: Residents' – harms of recreational drug use

Harms on the community	Mentions
Crime	11
ASB	10
Normalised	5
Drug driving	4
Smell	3
Drug litter	2
Exploitation	2
Impact on Community services	1

Harms on the individual	Mentions
Mental Health	8
Health risk	4
Addiction	4
Family	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.

56% of residents responded that they knew where to get help for addiction and 60% if pressured to commit crime.

In the case of where to get help if pressured to commit crime, just one person (of six) between 25 and 44 knew where to get help.

These percentages slightly improved when respondents were parents of children of age between 11 and 25, 66% of parents knew where to get help for addiction or if being pressured to commit crime.

### Personal drug use

One resident responded that have taken drugs recently.

It's a male between 25 and 44 years old. He buys the drugs directly from the dealer and never has been concerned for his safety due to his involvement with drugs. He has seen drugs advertised in Social Media and knows where to get support for addiction or if been pressured to commit crime. He is also a parent of a child between 11 and 25 who has been offered drugs and sometimes takes drugs.

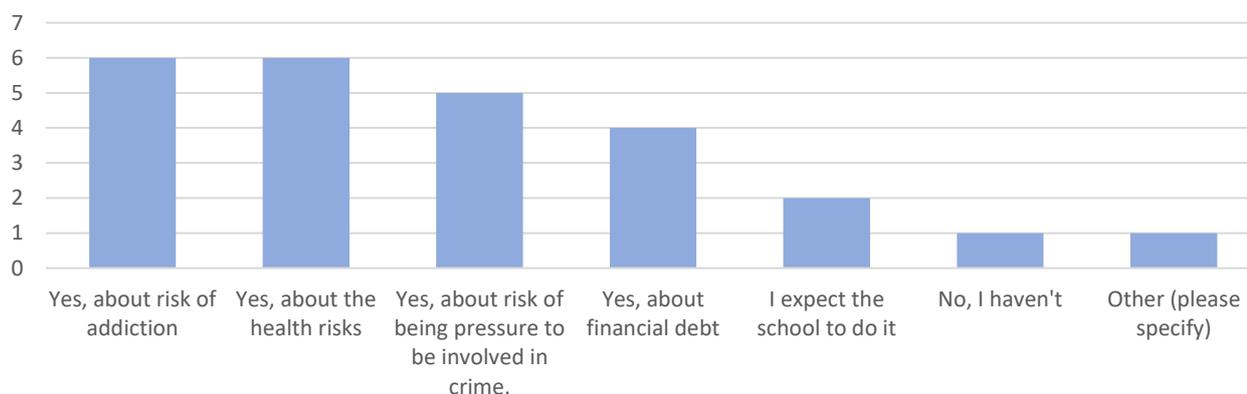
### Parents

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

Most parents have talked to their children about the risks of addiction or the health risk caused by drug use.

55% of parents (five) will have talked to their children about risk of being pressure to commit crime and less (4 parents) would have talked about financial debt due to drug use. Two parents expect the school to do it.

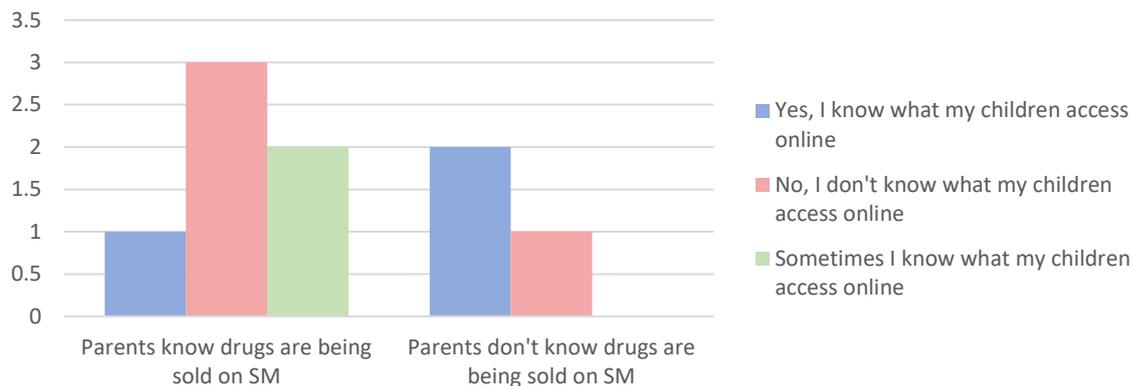
Figure 63: Residents – Parents: talking about drug risks to their children



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

66% of parents are aware that drugs are being sold on social medial, of those who are aware, 16% would know what their children access online on a regular basis, and 33% sometimes.

Figure 64: Residents – Parents Social media knowledge



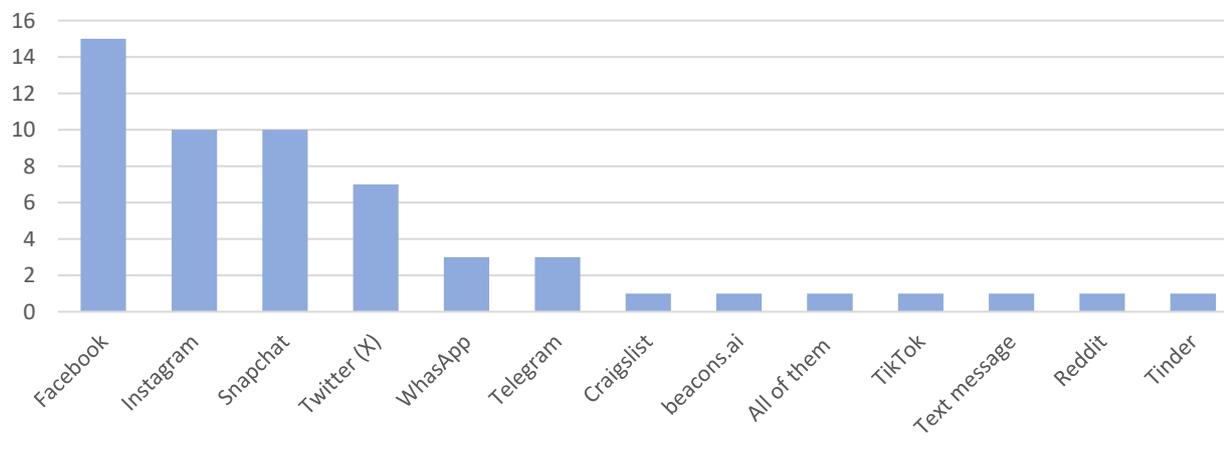
Source: Understanding drug use and harm in West Sussex, Residents' Survey

Three parents (33%) know that their children have been offered drugs and two of them are certain that their children have taken drugs. One does regularly and parents have not asked for help from professional and have not talked about drugs and its risks. The other one consumes drugs rarely, parents haven't asked for help from professionals but they have talked to their children about risks of drug use.

### Social Media

In West Sussex there have been 50 respondents (2 in Mid Sussex) 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

- 64% of respondents considered that drug use is increasing in the community and the reasons that make them believe drug use is increasing varies between “I see more people dealing and buying drugs”, due to “increasing groups that commit criminal activity” and “increasing drug-funding activities”.
- Regarding what drug use concerned them the most in the local community, cannabis received more mentions, followed by cocaine. The drug that causes the least concern to residents was methamphetamines.
- When residents answer about the areas with higher drug use, the main areas mentioned were East Grinstead followed by parks, fields, gardens and nature reserves across Mid Sussex.
- 84% of respondents said that recreational drug use causes harm to both the community and on individual level. As individual harms, residents identified mental health risks and also risk to physical health and the risk to become addicted. The community harms identified more often were crime, ASB and normalising drugs socially.
- 56% of residents responded that they knew where to get help for addiction and 60% if pressured to commit crime. In the case of where to get help if pressured to commit crime, just one person (of six) between 25 and 44 knew where to get help. If the respondents were parents, 66% knew where to get help for addiction or if pressured to commit crime.
- 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, the risks of addiction and the risk of being pressured to commit crime.
- 66% of parents are aware that drugs are being sold on social media, of those who are aware, 16% would know what their children access online on a regular basis, and 33% sometimes.
- Three parents know that their children have been offered drugs and two of them are certain that their children have taken drugs.
- 50 respondents in West Sussex (2 in Mid Sussex) 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.

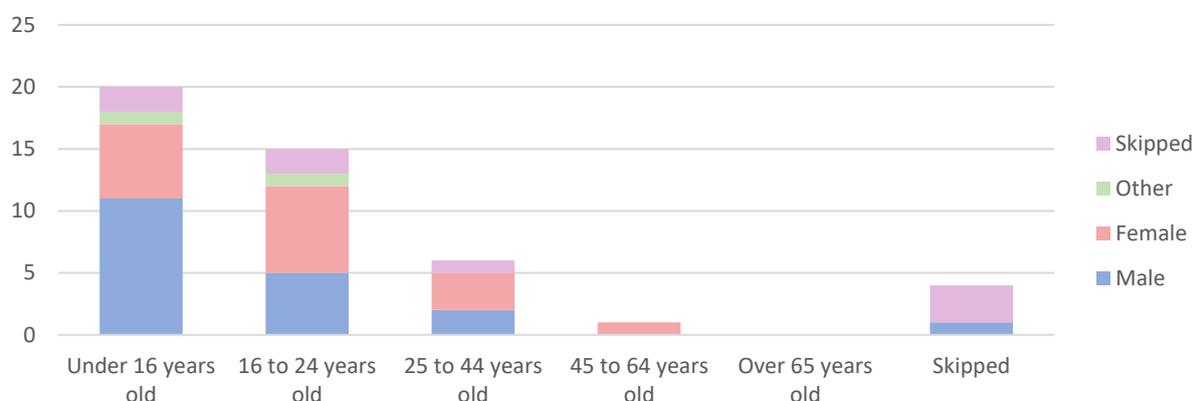
37% of respondents are living in social housing accommodation; 13% are living in private renting and 6% are homeowners, 6% are homeless or living in emergency accommodation.

### 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.

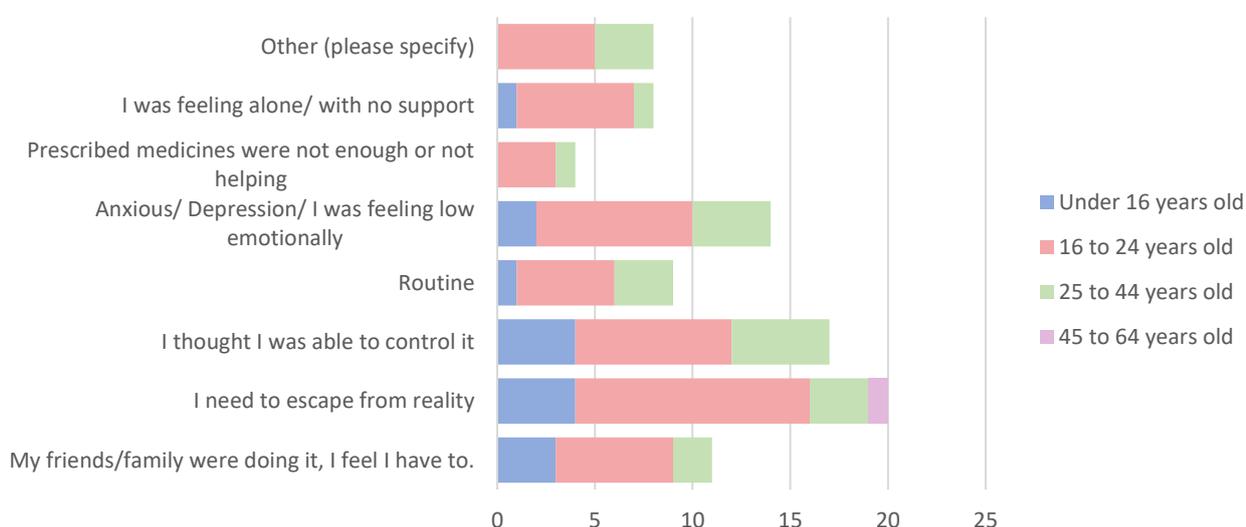
46% of respondents considered that when they tried drugs for first time they were healthy and 28% mentioned they had some kind of mental health problem, including anxiety and depression (two of those due to body weight concern).

### 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



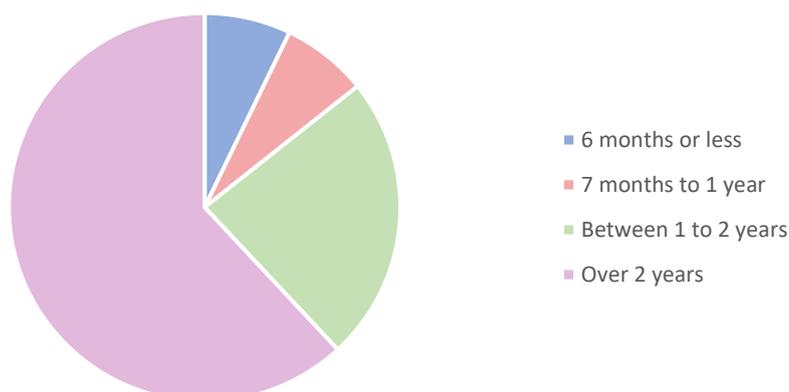
Source: Understanding drug use and harm in West Sussex, Residents’ Survey

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.

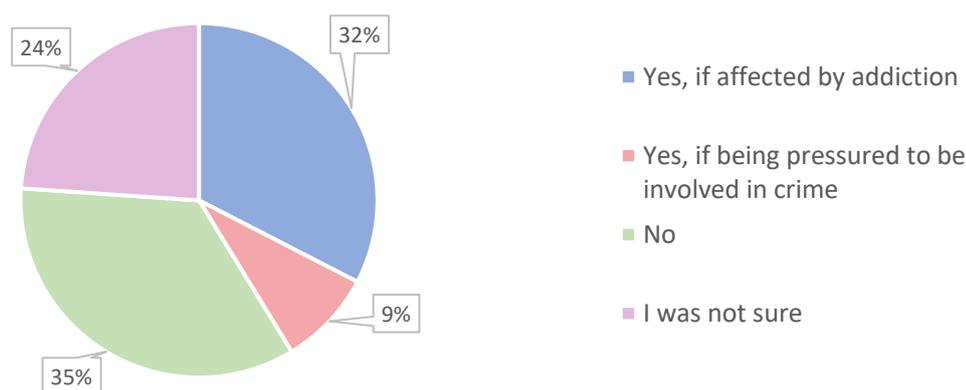
Figure 68: When people realised they needed help/ support



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.**

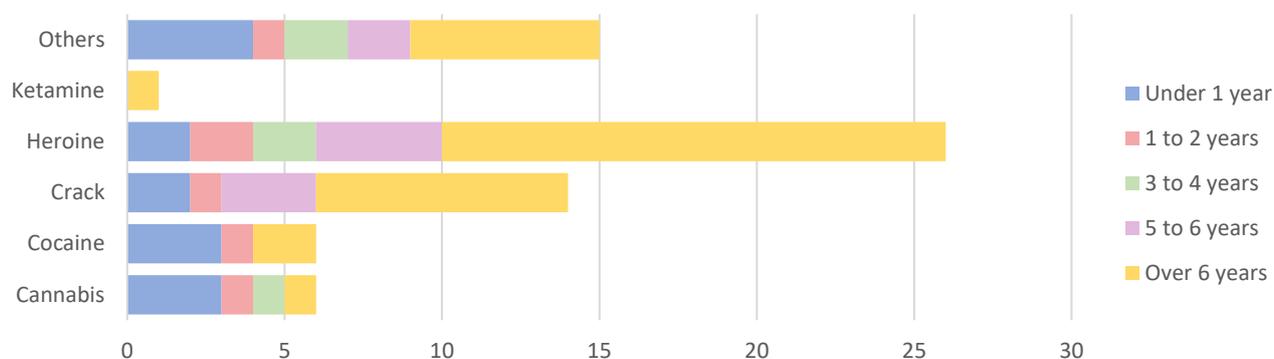
Drug use affects people in multiple ways, most people said that drug use has affected their mental and physical health (67-72% of respondents), negatively impacted social and family life (54-65%), loss of employment and accommodation (37-54%), negatively impacted economically (50%) and even involvement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

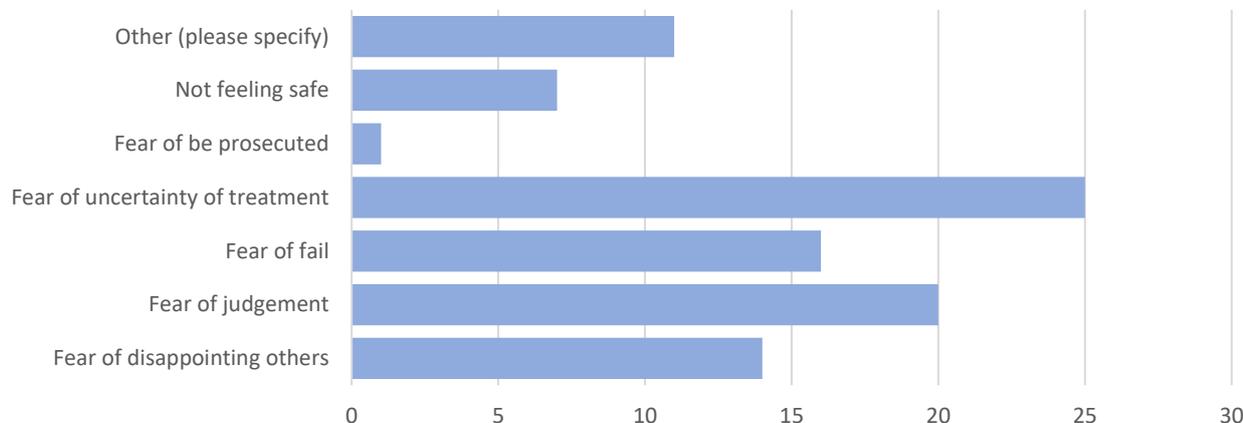


Source: Understanding drug use and harm in West Sussex, Residents' Survey

### 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.

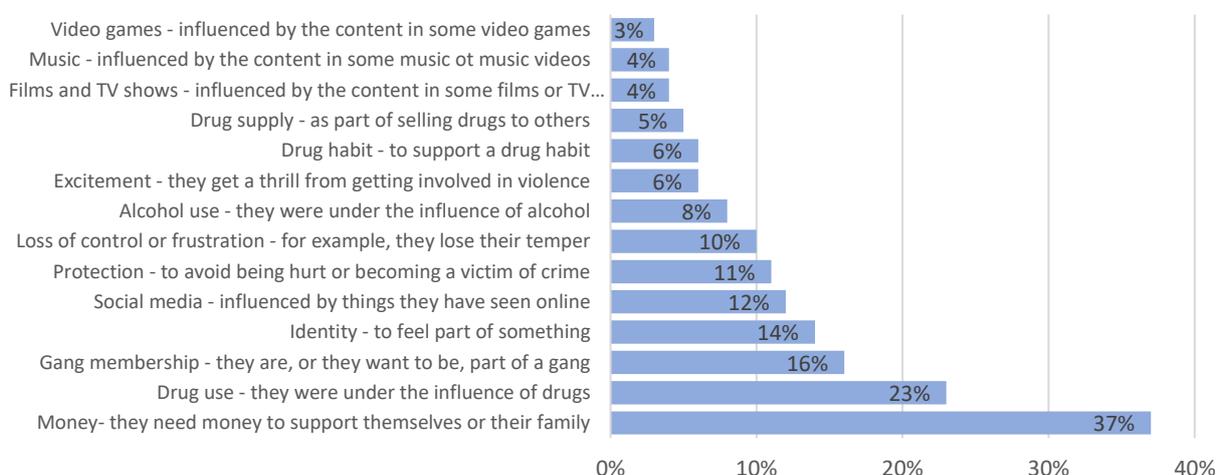
Within the survey, respondents also listed specific locations for each district and borough in West Sussex that they felt were unsafe with concerns raised about areas that were seen as secluded or frequented by dangerous individuals or groups. This included local alleyways, town centres and parks. From 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.

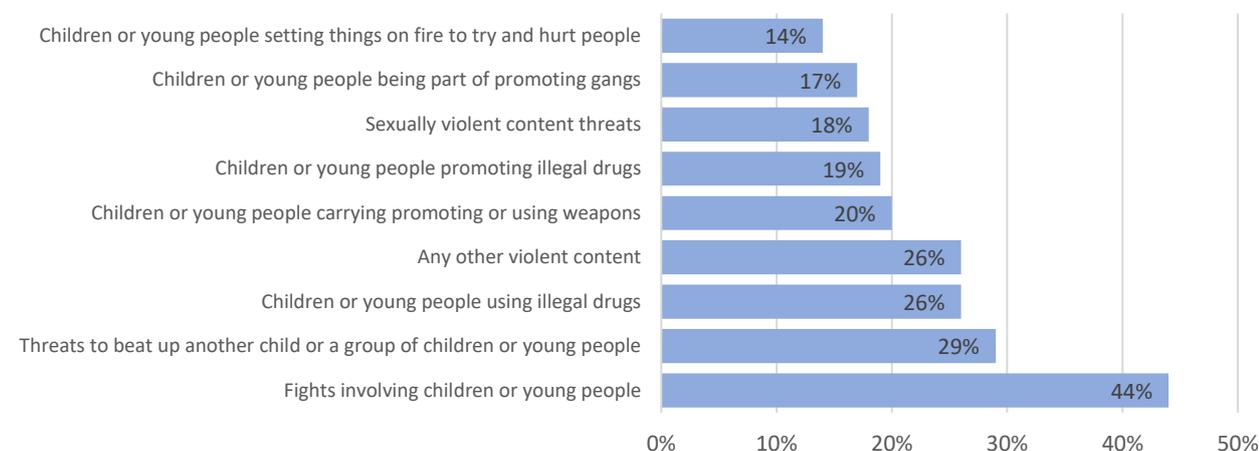
Other than cannabis/weed, children and young people surveyed mentioned cocaine/crack cocaine, LSD, PCP, heroin, nicotine, ketamine, cigarettes, and vapes as substances they have taken.

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.

## Mid Sussex – Hotspot analysis

326 children and young people said that they spent most of their time in Mid-Sussex.

Children and young people in Mid Sussex were more likely to miss school due to feeling unsafe. They were concerned over their safety in public parks, recreational areas, forests and other open spaces.

In East Grinstead North, some children mentioned they feel unsafe due to the presence of gangs taking drugs.

In East Grinstead South, children and young people mentioned school' surrounding areas where they feel unsafe.

In Haywards Heath and Burgess Hill respondents mentioned to feel unsafe around town centre, train stations and parks.

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

49% of respondents proposed measures like “more streetlights”; “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 Mid Sussex Drug Demand profile is signed off, the document will be shared with the working groups 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:

- **Mid Sussex District Councils Community Safety Partnership – on 5<sup>th</sup> December 2024**
- **Mid Sussex Peer Group Conference (includes local schools)**
- **Internal Mid Sussex District Council departments such as the Housing and Parks teams.**

Regarding publishing the results via Social Media, Mid Sussex 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.