

Brighton & Hove drugs and alcohol needs assessment

2022



**Brighton & Hove
City Council**

Drugs and alcohol needs assessment

This needs assessment is underpinned by a substantial data pack¹

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¹ [Add in data source pack link](#)

1. Introduction

In 2016, around 2.7 million adults in England took an illicit drug in the previous year, and 10.4 million adults in England drank at levels that increased their risk of harm.

Children and young people are also subject to harms from drugs and alcohol, not just their own use but others' use of drugs and alcohol and are vulnerable to exploitation by organised crime gangs.

In 2021 the Government launched a 10-year strategy 'From Harm to Hope: A 10-year drugs plan to cut crime and save lives'². The strategy commits the Government to combatting illegal drug use by aiming to:

- break the drug supply chains;
- reduce the demand for drugs; and,
- deliver a world-class treatment and recovery service.

Our aim is to develop a collaborative partnership approach by local public services to enable the local delivery of the national strategy.

This Brighton & Hove Drugs and Alcohol Needs Assessment (D&ANA) helps us to better understand the picture of drugs and alcohol use in Brighton & Hove in order to review and further develop local plans. This will help to deliver a citywide approach to prevention, treatment, targeted interventions, and service commissioning with the intention of reducing harms from alcohol and drugs use across Brighton & Hove. We have used the national priorities of supply, demand, and treatment and recovery to structure the D&ANA, and the local strategy will be developed to align with this.

The D&ANA reflects the complexities of experience from drugs and alcohol harms. Many people in treatment for drugs and alcohol use have a range of vulnerabilities such as experiencing domestic abuse, sexual exploitation, homelessness, or are affected by others' use of drugs and alcohol or have co-occurring conditions such as poor mental health.

Section 2, the methodology of the needs assessment explains how it was carried out.

Section 3 provides information about the City, our population, and challenges.

Section 4 reflects need aligned with the national strategy priority 1: breaking the drug supply chain. It explores data relating to the supply of drugs and the impact on local communities, vulnerable people, and children and young people.

Section 5 looks at the treatment and recovery services in Brighton & Hove and describes both children's and adults' services, drug use, and challenges relating to co-occurring disadvantage.

Section 6 starts to explore the two main themes relating to achieving a generational shift in demand: 1) tackling the normalisation of drugs and alcohol use, and 2)

² [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)

addressing the factors that can lead to drug and alcohol use such as childhood or adult trauma.

The national strategy primarily refers to combatting drugs harms. This needs assessment takes a wider substance use approach and includes harms related to alcohol use as well as drugs. This is because of the co-occurring nature of harms and impact on population health and wellbeing from drug and alcohol use. The overarching objectives of the local Combatting Drugs Partnership, and more detailed activity under each pillar eg: community safety, treatment and recovery services, and achieving a generational shift in demand, includes and reflects an approach to managing both drugs and alcohol.

Data caveats

It should be noted that this Needs Assessment was written just prior to the publication of 2021 Census data. The Census 2021 data has subsequently led to the re-estimation of Office for National Statistics (ONS) demographic and population information data.

This means that while most of the data used in the needs assessment is unadjusted 2020 ONS mid-year estimates, some data reflect the updated Census 2021 figures.

We have been clear which demographic information we are using, but readers will note differences in population denominator data between ONS 2021, ONS 2020, and Census 2021 and the impact this has on modelling and trend data, and discrepancies with summing data.

The production of this needs assessment also spanned two treatment and recovery data periods. Most of the data reflected here is found in the main data source pack, however where we have been able to provide more recently updated data we have done so and referenced accordingly.

2. Methodology

The Drugs and Alcohol Needs Assessment was commissioned by Brighton & Hove Public Health team from Solutions for Public Health (SPH)³. SPH was tasked with collating existing data and information on current drugs and alcohol services reflecting the 3 strategic pillars.

At the time this needs assessment was produced, there was no specific drugs and alcohol strategy for Brighton and Hove. There are, however, multiple strategies and sources of evidence based guidance and advice to help commissioners, providers, and other front line health and care professionals from education, health, housing, and law enforcement manage the complexities and impacts of drugs and alcohol

³ [Home Page - SPH](#)

harms. SPH reviewed current relevant plans, strategies, and needs assessments from a range of services and teams to pull together the breadth of existing work. They held semi-structured interviews with eight stakeholders. The extent of interviews and qualitative research was limited by resources of time and funds, nonetheless the needs assessment is informed by a range of intelligence from multiple stakeholders and services, including:

- Adult drugs and alcohol treatment services
- Children and young people's drugs and alcohol treatment services
- Youth offending service
- Probation service
- Police
- Adult mental health service
- Children and adolescent mental health services (CAMHS)
- Local Authority Community Safety Team
- Housing and homeless service.

The full SPH data and intelligence pack is used as the source document to inform this more accessible needs assessment overview⁴.

Recommendations resulting from the needs assessment are aligned to the structure and the three national strategy pillars:

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

It should be noted that there is significant overlap across pillars and in some cases recommendations could easily sit in more than one pillar.

The needs assessment will inform a local Combatting Drugs Strategy to be published later in 2023/24 which will further develop the recommendations documented here, alongside an outcomes monitoring framework.

The governance and oversight of the local delivery of the national strategy will be via the Combatting Drugs Partnership (CDP), a multi-agency forum including people with lived experience of drug or alcohol harms. The CDP will be accountable for the oversight of outcomes and will address shared challenges relating to alcohol and drug related harm. A sub-group for each strategy pillar is established, with the aim of driving forward activity which will be measured via a national and local performance framework. The sub-groups will report to the CDP Board.

⁴ [Link to data source pack](#)

3. Brighton & Hove - the City

Multiple factors contribute to the use of and impact of drugs and alcohol including: unemployment, deprivation, housing status, poorer mental health, and criminal activity, alongside life experience such as being care experienced, neurodivergence, etc, and the potential intersectionality of these. In addition, Brighton & Hove is known to be a generally tolerant city to drug use and has a reputation as a 'party city' where usage is less framed around deprivation. Harms however extend throughout the supply chain. Brighton & Hove has all these risk factors alongside some protective elements such as access to blue and green spaces (the sea, Downs, and parkland).

The population estimates are affected by the 2021 Census and the estimates used for the city population vary.

- The 2021 census estimates the city population at 277,100
- The 2021 ONS mid-year estimates the city population at 276,300, and
- The 2020 ONS mid-year estimate is 291,700.

At the time of writing most of the indicators included used the 2020 mid-year estimates as their denominator and neither historic trend data nor projected populations are yet available based on the lower 2021 mid-year estimates.

Brighton & Hove has a younger population profile than both the South East and England with a significantly higher proportion of young adults aged 19 to 38 and a significantly lower proportion of adults aged 60 years old or older. However, the city's population is getting older with the median age increase from 35 years old to 38 years old between the 2011 census and 2021 census.

The 2021 Census showed that Brighton & Hove is a diverse city:

- More than quarter of residents are from a Black or Racially Minoritised group, including non-white UK/British residents, higher than the South East average of 21%
- There are higher rates of people with diverse gender identities, and
- Higher than average rates of people with lesbian, gay, bisexual, and queer sexual orientation.

There are also multiple challenges:



17%

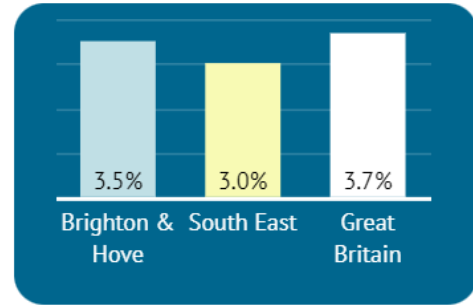
17% of the population lives in the 20% most deprived areas in England



15%

15% of children aged under 16 (6,900 children) live in income deprived households

In the year ending September 2022, the unemployment rate in Brighton and Hove was 3.5% compared to 3.7% across Great Britain and higher than the Southeast (3.0%).

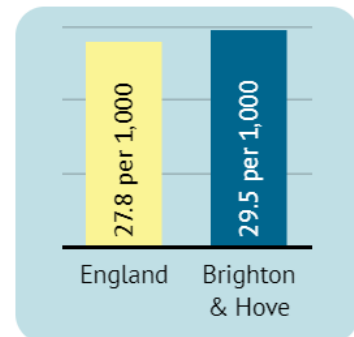


Median house prices in Brighton and Hove are 12 times higher than (median) income, compared to England where house prices are only nine times income.

Correspondingly, there is a high rate of homelessness, and the second highest rate of statutory homelessness (households in temporary accommodation) of all local authorities in England outside of London.



We have a comparable rate of violent crime offences per 1,000 population in Brighton and Hove to England (29.5 and 27.8 respectively) with 8,593 offences in 2020/21



4. Pillar 1 – Breaking the drug supply chain

This section explores data relating to the supply of drugs in the city and the impact on the local population.

Individuals, neighbourhoods, and wider populations are affected by the increasing drugs supply and the aim of pillar 1 is to break this supply chain, disrupt county lines, and reduce crime associated with drugs and alcohol.

The drug supply chain, the most serious of which is referred to as 'county lines', is co-ordinated drug dealing where organised crime groups move and supply drugs from cities to smaller towns. It is a major, cross-cutting concern involving drugs,

violence (including sexual violence), gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons.

Pillar 1 is a collaboration between multiple agencies: the police, the National Crime Agency, a wide range of Government departments, local government agencies, and voluntary and community sector organisations to target and tackle the supply of drugs in Brighton & Hove.

The review launched by Dame Carol Black in 2020-2021 revealed that up to 1,716 Organised Crime Gangs (OCG) are active in the UK, and county line drugs are responsible for increasing violence within the drugs market and the exploitation of young people and children.

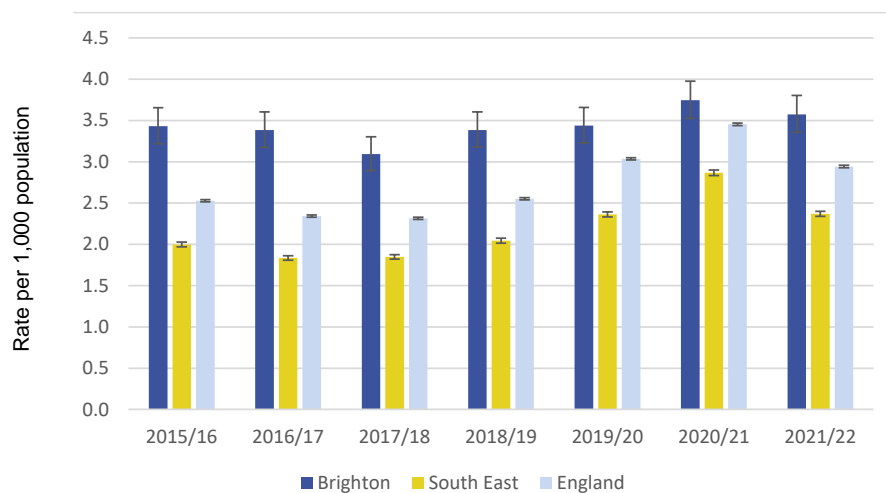
Over the 18-month period from April 2020 to September 2021, in Brighton & Hove, 41% of drugs trafficking offenders, where offender town was recorded, lived in Brighton and Hove, 35% were from areas outside of either Brighton and Hove or Sussex, and 8% were from other parts of Sussex. 16% had no fixed address.

The hotspot area for all drugs offences, including drug trafficking, possession, and other drug offences was located in the city centre, predominantly in Regency and St. Peter's & North Laine wards. It is bounded by North Road to the north, the seafront to the south, West Street and Churchill Square to the west and Dorset Gardens to the east. There are an elevated number of offences stretching north of this area and encompassing The Level, which is a particular repeat location for drugs offences.

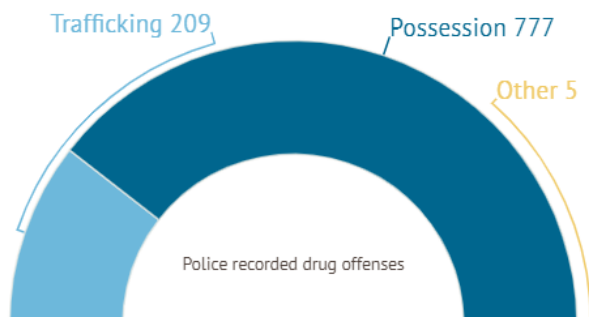
4.1 Police recorded drug offences

The rate of police recorded drug offences in Brighton and Hove between 2015/16 and 2021/22 is 3 – 3.7 per 1,000 population, as shown in fig 1, higher than in the South East and England.

Figure 1: Rates per 1,000 for drug offences, Brighton and Hove compared to the South East and England, 2015/16 to 2020/21



There were 991 police recorded drug offences in 2021/22, comprising 209 trafficking offences and 777 possession offences.



Recorded offences were higher in 2020/21, possibly due to drug offences becoming more visible, with fewer people on the street due to the pandemic restrictions. Recorded drug offences can also be affected by the timing of targeted police operations.

Drug trafficking offenders in Brighton and Hove between April 2020 and September 2021 were predominantly male (92%) and offending rates are highest in the 10-19 and 20-29 age groups. There was insufficient information recorded in relation to offender ethnicity to make any useful conclusions.

From 2015/16 to 2021/22:



Between 44% and 63% of all drug crime involved possession of cannabis



19% to 34% involved possession of other controlled drugs



Drug trafficking accounted for between 18% to 28% of crimes

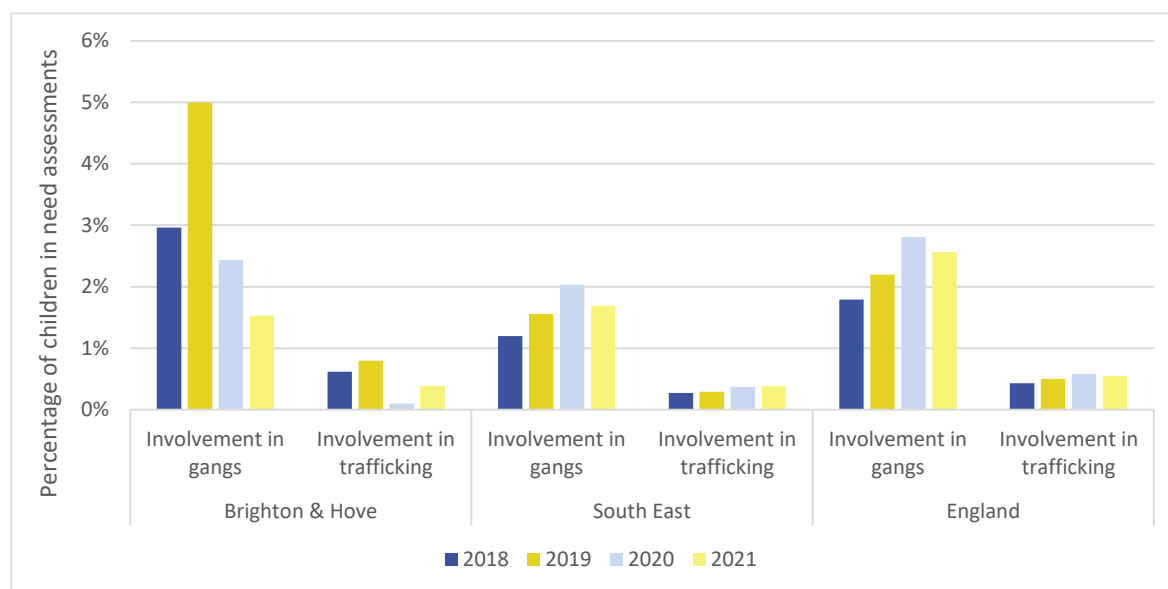
4.2 Criminal justice: children & young people

Children and young people are especially vulnerable to exploitation. The proportion of 'Children in Need' assessments which indicate human trafficking or drugs involvement are used to understand service provision requirements, and can also be used as a proxy measure to understand trends in gang related crime. Involvement in gangs is recorded where a child is part of a street or organised crime gang for whom crime and violence are a core part of their identity.

The proportion of assessments which indicate human trafficking or gang involvement have reduced in Brighton & Hove, which is not reflected in England and the South East.

Figure 2 shows that recorded involvement in gangs was lowest in 2021 at less than 1.5% of all assessments and highest at 5% in 2019.

Figure 2: Percentage of Children in Need assessments citing involvement in gangs or human trafficking as a factor, Brighton and Hove, the South East, and England, 2018 to 2021



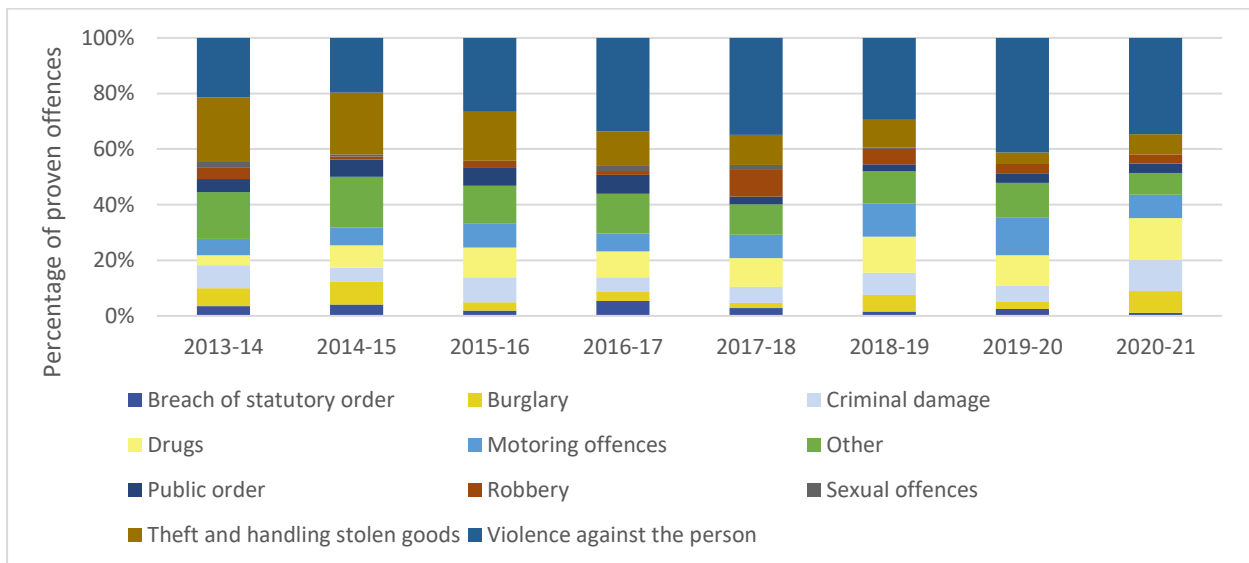
Youth justice by way of Youth Offending Teams are a source of referrals into drugs and alcohol treatment for young people although the proportion of referrals through this route is proportionately lower in Brighton & Hove than in England, in contrast, family, friends, and self referrals are much higher. This may indicate an opportunity to increase the liaison between youth justice and treatment services.

A criminal justice youth worker is co-located with the young people’s treatment service. CGL, the adult treatment service, has a youth transition worker whose role is to liaise with the Youth Offending Service. The aim of these roles are to liaise to ensure referrals are made for people who are turning 18, or moving between children’s services to adult services.

13% of first-time entrants to the youth justice system aged 10 to 17 years have committed offences relating to drugs. Drug and alcohol use is also a factor in other offences such as assault and burglary. It should be noted that county lines activities where children and young people are exploited by criminal gangs will be included in these figures.

While the number of young people committing an offence has dropped since 2013/14, drug related offences make up a greater proportion of all offences from 4% in 2013/14 to 15% in 20/21, as shown in figure 3.

Figure 3: Proportion of offences committed by young people under 18 in Brighton and Hove from 2013/14 to 2020/21



Source: Youth Justice Board, Proven Offences by Children Geographical Data Tool, England and Wales 2022

4.3 Cuckooing

Cuckooing is the behaviour where dealers exploit vulnerable people, often supplying them with drugs and alcohol while taking over their accommodation from which to deal drugs. A red, amber, green system is used by the police to indicate risk to the vulnerable individual and frequency of intervention by the police via Operation Cuckoo. Red addresses are visited daily and reflect the risk that the perpetrator is at the address, Amber addresses are visited weekly, and Green addresses at least once a month: these are considered to be low risk with the perpetrator unlikely to return.

In 2020/21, 42 new cuckooed properties were identified and in 2021/22 this had dropped to 28.

In 2021/22 there were 19 police recorded offences where cuckooing was mentioned as the method for criminal activity. Of these: 8 were drugs offences, 7 were violent crime offences and the remaining were a mixture of theft and handling offences, burglary, or other offences.

Between April and June 2022, there were six properties identified in the city where vulnerable residents were being cuckooed. Of the six properties, none were red, two were amber and four were green.

Two children were identified at a cuckooed property in 2019/20, six in 2020/21, and four in 2021/22.

4.4 Tackling drug harm in communities

Community safety work and community engagement are fundamental to understanding harms and fears experienced by communities relating to drugs and alcohol.

Local Action Teams (LATs) are voluntary community groups of residents, local businesses and agencies formed in neighbourhoods in Brighton and Hove. They provide a route through which community safety issues for local neighbourhoods can be considered. At a LAT forum in 2019, 16 of 19 LATs identified that drug taking and dealing, and alcohol licensing issues were 4th and 10th respectively, most frequently raised community issues.

Other community safety concerns relate to drugs and alcohol use in the street and homeless communities in Brighton and Hove, and cuckooing.

The LATs reported specific areas of concern as:

- St James Street (drug dealing)
- Whitehawk/Manor Farm (drug taking)
- Hanover, Elm Grove, Queens Park (drug dealing)
- Brighton Old Town (drugs and alcohol consumption)
- Goldsmid (drug use)
- Hangleton and Knoll (drugs and alcohol consumption / dealing).

A side effect of drug taking which causes significant community concern is drug litter. In 2021/22 there were approximately 1,500 reported drug litter incidents, subsequently disposed of by the council.

In the six months ending June 2022, there was an average of 36 drug litter finds per month in the ward of St. Peter's & North Laine making up 30% of all finds. Drug litter in Queen's Park ward accounted for 21% of all finds and 12% in Goldsmid ward.

In November 2021, the Brighton & Hove City Council (BHCC)'s Community Safety Team recruited a Drug Impact Reduction Coordinator. The central aim of the role is to reduce the harm caused by drugs to communities, with a particular focus on harm to children (through exploitation) and vulnerable adults (through cuckooing and other exploitation).

The role involves considerable community engagement work including a citywide Drug Summit, working with residents to explore and address drug harm in communities. Following the delivery of the city-wide drug summit, a new 'trust and confidence' action plan has been implemented to encourage reporting of drug harm to police and B&HCC, including associated antisocial behaviour. This is to ensure that communities can see the impact of reporting and that statutory services are aware of local issues. The work will align with that of the Violence and Exploitation Reduction Action Plan (VERAP), the aim of which is to reduce the harm caused to

individuals and communities in the city from serious violence, knife crime, organised crime, drugs and exploitation. The Exploitation and Violence Reduction Coordinator has responsibility for the violence and exploitation action plan (VERAP) and works closely with the Drug Impact Reduction Coordinator.

4.5 Recommendations - Pillar 1

Disrupt local drug supply chains and drug related crime

These high-level recommendations reflect the data and insight from the Drugs and Alcohol Needs Assessment, the Community Safety and Crime Reduction Strategy and align with the Combatting Drugs Partnership 12-month action planning process reflecting existing aims and objectives. It is intended that this Drugs and Alcohol Needs Assessment and the 12-month action plans inform the longer-term strategy and longer-term objectives and action planning.

1.1 Tackle and disrupt organised crime groups and county lines drug activity to disrupt the flow of drugs into the city.

1.2 Prevent children, young people and vulnerable adults from becoming involved with organised crime groups.

1.3 Safeguard children and young people and vulnerable adults who are being exploited.

1.4 Provide a safe and effective pathway to enable children, young people, and vulnerable adults to exit involvement with organised crime.

1.5 Strengthen community confidence and reduce the harm and fear to individuals in communities of violence, drugs, and exploitation an increase reporting.

1. 6 Work towards a thriving night-time economy free from drugs and alcohol related violence.

5 Pillar 2 – delivering a world class treatment and recovery service

This section explores data relating to the use and harms from drugs and the services for young people and adults in place to support their treatment and recovery.

National government and local key performance data typically categorise drugs and/or alcohol into four groups:

- Alcohol only
- Non-opiate and alcohol
- Opiate only
- Non-opiate only

Non-opiate drugs include cannabis, cocaine, crack cocaine, MDMA, ketamine, amphetamines, benzodiazepines, steroids and novel psychoactive substances such as 'spice'.

Opiate drugs include heroin, and a range of medications available on prescription such as codeine, fentanyl, and morphine. Published research data may group drugs and alcohol use in different combinations.

5.1 Children and young people's services

Ru-ok?

The young people's drugs and alcohol treatment and sexual health service in Brighton & Hove 'Ru-ok?', is delivered by the Council's Family, Children and Learning (FCL) directorate. The service is funded via a Memorandum of Understanding between the service and the Council's Public Health team.

Drugs, alcohol, and sexual health (DASH) brief interventions are delivered by DASH workers employed by the service, in addition to a range of preventative work delivered in schools and the community which will be detailed in the chapter on Pillar 3.

Ru-ok? delivers free confidential advice, guidance, support and information on drugs, alcohol, and sexual health for under 18s, their parents or carers, or concerned others. The service has workers co-located in the youth offending service and also with a family functional therapy team. The police will prefer to divert young people found in possession of very small amounts of drugs to ru-ok? rather than route them through the criminal justice pathway.

Oasis, and Young Oasis

Oasis Project is a voluntary sector provider of specialist drug and alcohol treatment to women, alongside dedicated support for children and young people affected by substance use in the family.

Children and young people affected by drug and alcohol use in the family are noted to have worse health and wellbeing and educational outcomes than other children, yet there are few dedicated services for this cohort.

Oasis offers a broad portfolio of services which reflect the diversity of the women and families coming to the service, considering their specific needs and routes into accessing support.

Oasis Project's services for young people (Young Oasis) are funded primarily by Truss and grants, alongside some commissioned contracts via Brighton & Hove City Council. Its services for children and young people include:

- A dedicated therapy service for children/ young people (5 to 18 years) affected by a parent or family member's substance use
- A free therapeutic creche for babies and children of parents with a treatment need
- Specialist services for young adults under 25 years including Hope drug and alcohol treatment for 18-25 year olds and therapeutic services for 16-25 year olds.

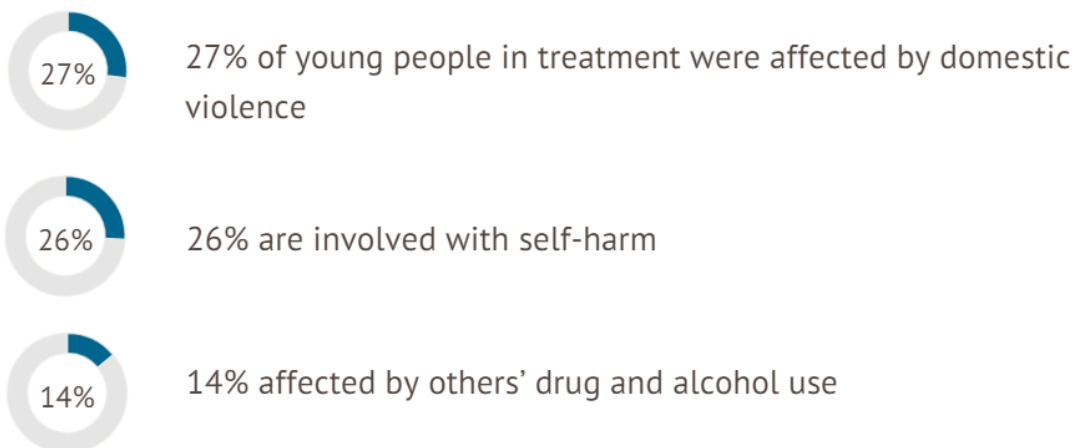
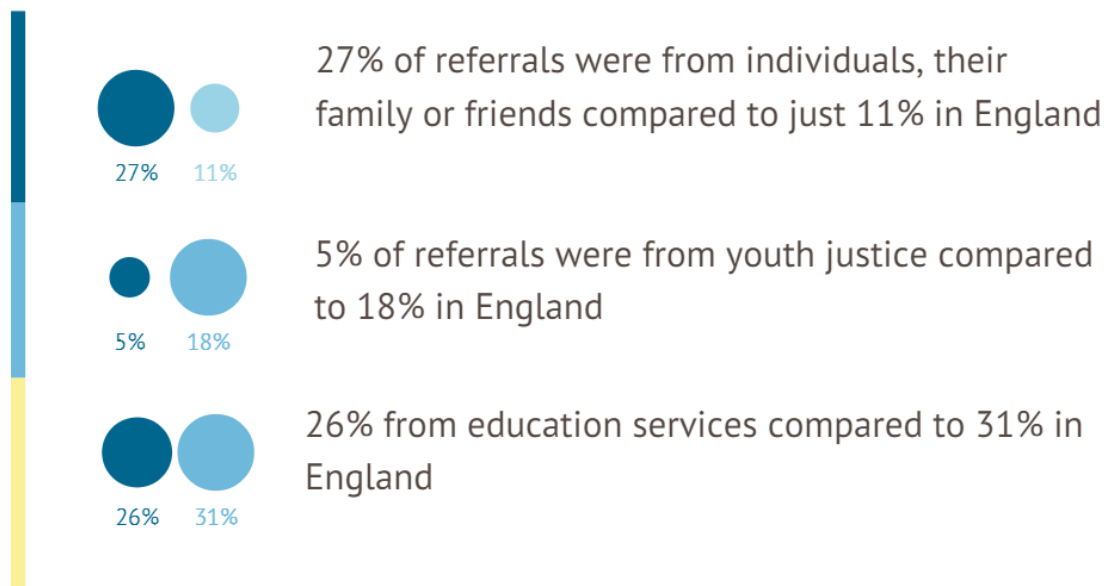
Both CGL and ru-ok? have staff to oversee the transition from children's to adult's services, working in conjunction with the 'Hope' service run by the Oasis project for people aged 17 ¾ to 25 years.

The Hope service works closely with CAMHS, the wider children's social work teams, School Nurses, the Royal Alexandra Children's Hospital, education providers, and the Oasis and Young Oasis teams.

Young people who need to detox or have opiate substitute prescriptions will be managed by the adult service prescribers.

In the period 2021-2022 in Brighton & Hove there were 88 under 18 year olds receiving specialist drugs and alcohol treatment. Most, 80%, live with their parents and 82% were in mainstream or alternative education.

For young people in treatment in 2021/22:

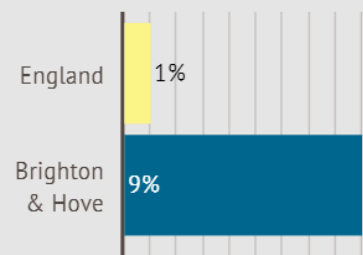


As we can see in the infographic below, in 2021-22 most young people were receiving treatment for cannabis use, but 9% cited Benzodiazepines as their primary treatment need, down from 11% in 2020-21⁵.

⁵ Source: Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report Q1 2022/23

When exploring what children and young people were receiving treatment and support for, we can see that the greatest need is for harmful cannabis use, with 66% in treatment for this, but it is of note that 9% cited benzodiazepines as their primary substance, 9 times higher than the England average.

% in treatment for benzodiazepine use



The Alcohol specific hospital admission rate for Children and Young People is higher than the England average at 53 per 100,000 compared to England at 29 per 100,000 over a three-year period of 2018/19 to 2020/21

5.2 Co-occurring needs

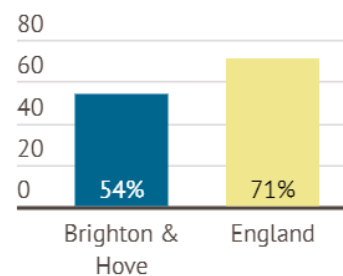
Young people also have co-occurring needs and the infographic below shows the percentage of young people in treatment for drugs and alcohol use with a mental health issue in 2021/22:

% of young people in treatment with a mental health problem



61% of young people in drugs and alcohol treatment had a mental health problem.

Of those with an identified mental health problem, 54% were already engaged with mental health support from primary, secondary or community services compared to 71% in England.



Feedback from the stakeholder interviews on children's services identified that they provide a wide range of support, however there is an increasing complexity of need in clients which raised the following issues:

- The whole family approach to treatment and support used by Ru-ok? and Oasis may not dovetail with the approaches used by other services such as children's mental health services
- Young people are self-medicating as a way of dealing with anxiety or depression, which indicates a potential unmet mental health need.
- There are reports of increasing numbers of young women with problematic alcohol use at very high levels
- There is a sense that prevention work undertaken with schools and families could be strengthened.
- Schools might benefit from an increased focus on a trauma-informed approach.

5.3 Adults' Services

The most recent estimates showed:

- Brighton & Hove had an estimated 3,030 opiate and/or crack cocaine users (OCUs) in 2019/20: equivalent to a significantly higher rate than the South East and England⁶ This breaks down as follows:
 - 1,564 – opiates only
 - 477 – crack only
 - 989 - Opiates and crack
- Significantly higher age-standardised rates of drug-related deaths at 10.9 per 100,000 people, than both the South East region and England (4.0 and 5.0 per 100,000 respectively) in the period 2018-2020
- Similar proportion of alcohol dependant drinking to England: Brighton & Hove 1.7%, England 1.4% in 2018-19), but
- Significantly higher rates of alcohol-specific mortality in Brighton & Hove at 19.4 per 100,000 people than both the South East region and England (11.6 and 13.9 per 100,000 people respectively) in 2021.

Data also show that:

- Hospital inpatient episode rates of intentional self-poisoning⁷ are significantly higher for women in Brighton & Hove (62.8 per 100,000) compared to England (38.6 per 100,000)
- Hospital inpatient episode rates for alcohol related cardiovascular disease, alcoholic liver disease, mental health and behavioural disorders for men and women are significantly lower for Brighton & Hove than England (2021/22).

⁶ [Opiate and crack cocaine use: prevalence estimates - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

⁷ admissions to hospital where the secondary diagnoses are an alcohol-attributable intentional self-poisoning by and exposure to alcohol

Adult treatment and recovery services

Community treatment services are delivered by a range of providers including Change Grow Live (CGL), the Oasis Project, GPs, Brighton & Hove City Council, the Brighton Housing Trust (BHT), and other Community and Voluntary Services.

These include:

- Assessment and personalised care planning, medically assisted treatment, maintenance, and detoxification.
- Psychosocial therapies for example: Cognitive Behavioural Therapy and Mindfulness Based Cognitive Therapy, peer mentoring and peer led group work. The psychology service comprises both psychologists and counsellors to accommodate varying levels of complex need.
- Physical and mental health and wellbeing interventions and life skills support.
- Recovery planning
- Complex case management
- Targeted engagement and outreach for groups with greater need including homeless, Black and racially minoritized groups, and Lesbian, Gay, Bisexual, Transgender, Queer plus groups (LGBTQ+)
- Effective engagement with health and social care services
- Shared care arrangement for stable opiate clients with 11 of 34 GP surgeries, where the GP provides prescriptions and service users are supported by CGL drugs and alcohol specialist nurses in the primary care setting
- Tailored residential rehabilitation according to need, for example: for women, families, adults aged 18 to 25 years, or people in insecure accommodation. It can be in-city or out-of-area
- Inpatient detoxification for those clients for whom this cannot be achieved in the community.

Women in treatment

Women can find it harder to access drugs and alcohol treatment due to stigma, shame, fear of losing children and vulnerabilities in accessing male dominated environments due to disproportionate experiences of Domestic Abuse and Sexual Violence.

Oasis Project delivers specific programmes for parents, alongside the offer of a free creche to parents seeking support around their substance use, as childcare remains a significant barrier to accessing treatment.

Oasis's adult treatment service is sub-commissioned via CGL, with additional funding from voluntary and statutory grants and contracts. The offer for adults includes:

- Drug/alcohol treatment for adult women (part of the Brighton & Hove drugs and alcohol treatment partnership alongside CGL)

- POCAR (Parenting our Children, Accessing Recovery); a structured treatment programme for parents whose children are open to social services
- Peer support
- A sex workers' outreach project: SWOP
- A service for women who have had children removed from their care: Looking Forward

The wider community treatment service includes a recovery community element which is a sub-contract of the treatment service and operates alongside and independently of the service provided by Cascade Creative Recovery. The recovery community is a peer led community providing a range of asset-based opportunities to support clients on their recovery journey including individual coaching, group work, acupuncture, yoga, writing, musical and mindfulness activities.

Accident and Emergency services (A&E) provide crisis care and are supported by a High Intensity User Service at Royal Sussex County Hospital, available to help service users avoid getting to the point of crisis and the need for further A&E attendance. CGL also has a hospital liaison nurse who can advise around inpatient care, referrals and discharge planning.

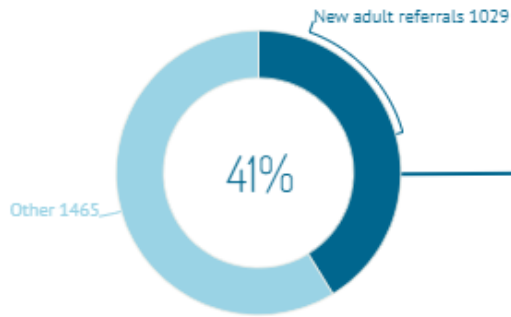
5.4 Drug and alcohol treatment outcomes

The drug and alcohol treatment provider, Change Grow Live, is a relatively new provider for Brighton & Hove and the first year of the contract coincided with the pandemic which affected some of their usual methods for supporting service users such as individual and group face to face sessions. In 2021/22:

- 94.5% of service users were in effective drug treatment
- 54% of people leaving treatment had a successful completion
- 32% dropped out.

In comparison, in the previous five years successful completions were between 44% to 60% and dropout rates 25% to 40%. In 2021/22 of all of those receiving treatment 1.8% (n=45) died: higher than previous years of between 1% -1.9% (n=25 to 50), but lower than in 2020/21.

The infographic over the page shows referral rates for adults and headline data relating to people in treatment.



Of the new referrals,

- 38% were for alcohol misuse
- 21% were for opiate misuse

Most of these referrals (64%) came from the individual, their family or friends, with 20% from social care (2021/22).

In 2021/22 2,494 people were in treatment for harmful drug or alcohol use, of which 1029 were new adult referrals.

Headline data suggests that:



63%

63% of all service users in 2021/22 were male, and males treated for opiate use accounted for 31% of all service users



11%

The proportion of BME service users in treatment in 2021/22 was 11%

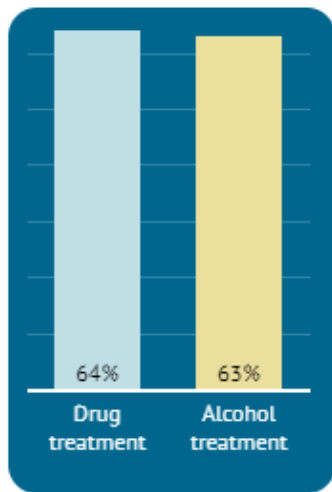


18%

The proportion of LGBT service users is around 18% in 2021/22 close to meeting the target service of 19%

Most people who experience harms from drug and alcohol use also have other health needs or experiences that compound the effect of their drug use.

5.5 Complex or co-occurring needs



Complex or co-occurring needs

In 2021/22, 64% of people in drug treatment and 63% of people in alcohol treatment were assessed on referral as having co-occurring mental health needs. Of those, 35% had either received no treatment or declined support, higher than the national average (27%)

- People who have co-occurring poor mental health and harmful drugs and alcohol use are at higher risk of taking their own lives – further work will help understand who is able to access treatment if offered, who has declined treatment, and who has not been offered treatment or support.
- The age standardised three year rolling averages for suicide rates in Brighton & Hove have been consistently higher than the England average, or the South East for the years 2011 to 2021.

In recognition of co-occurring need, an audit of drug related and suicide deaths is planned to help develop our understanding of themes and risk factors to inform future work.

The 'Changing Futures' programme in Brighton & Hove aims to improve outcomes for adults experiencing multiple disadvantage – including combinations of homelessness, substance use, mental health issues, domestic abuse and contact with the criminal justice system. Changing Futures is working alongside the core treatment and recovery services, and mental health services.

5.6 Needs of people in treatment

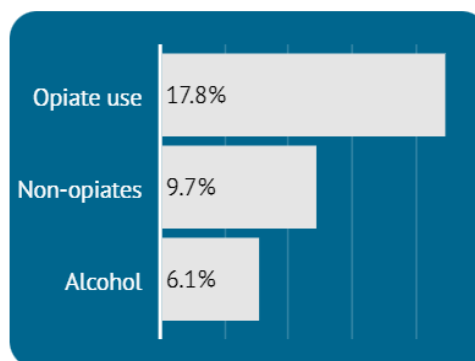
Housing issues

In 2021/22 26% of people in drug treatment and 8% in alcohol treatment had housing difficulties/problems



Contact with the criminal justice system

In 2021/22, 17.8% of those in treatment for opiate use, 9.7% of those in treatment for non-opiates, and 6.1% of those in treatment for alcohol were in contact with the criminal justice system.



5.7 Challenges in service delivery

The interviews undertaken show that adult services are well thought of in Brighton & Hove, but experience challenges to service delivery:

- Over the 10 years to 2022 funding has been cut for drug and alcohol services: the recent Supplementary Substance Misuse Treatment and Recovery Grant will help to start to restore staffing levels
- There have been difficulties in recruiting to the varied posts and the skill mix required has led to vacancies and inadequate staffing to meet the increasingly complex needs of service users
- Limitations in the size of the physical premises in central Brighton affects the number of interventions that can be held each week
- The need to work closely with, particularly, mental health and housing teams can be hampered by service configuration, referral criteria, capacity, and separate commissioning and governance arrangements in primary, secondary care.
- There is limited funding for prevention services to provide information which might help reduce the demand for drugs and alcohol in the first place.

5.8 Recommendations - Pillar 2

Improve the quality, capacity and outcomes of our drug & alcohol treatment and recovery services

These high-level recommendations reflect the data and insight from the Drugs and Alcohol Needs Assessment and align with the Combatting Drugs Partnership 12-month action planning process reflecting existing aims and objectives. It is intended that this Drugs and Alcohol Needs Assessment and the 12-month action plans inform the longer-term strategy and longer-term objectives and action planning.

2.1 Increase the treatment capacity of the drugs and alcohol treatment and recovery service in Brighton & Hove.

2.2 Expand the workforce capacity in number and skills to address the increasing number and complexity of presentations, including a focus on benzodiazepine use and the management of this.

2.3 Improve access, treatment capacity and awareness for adults and children including under-served cohorts.

2.4 Enhance the harm reduction provision in the service.

2.5 Develop a better, more inclusive and integrated response for people with co-occurring substance use, mental health and housing need, which will require exploring shared commissioning opportunities and information exchange.

2.6 Improve integration with crime and justice pathways, including promoting community sentence treatment orders as an alternative to a prison sentence.

2.7 Improve and increase the mental health and trauma informed knowledge, skills and confidence of the workforce to enable a practiced trauma informed approach.

6 Pillar 3 - Achieve a generational shift in demand for recreational drugs

This section considers the data and services associated with pillar 3 – achieving a generational shift in the demand for drugs and alcohol. There are two specific elements to this section:

- 1 Tackling the normalisation of drugs and alcohol use, and
- 2 Addressing the factors that can lead to drug and alcohol use, for example childhood trauma leading to poorer mental health and self-medication.

6.1 Tackling tolerance to drugs and alcohol in the city

All stakeholders interviewed reflected that Brighton and Hove has a particular reputation for tolerance to drugs and alcohol use, which attracts certain people to the city. There is also a perception that drugs and alcohol use, especially cannabis consumption, is normalised in the resident population.

The tolerant culture in Brighton & Hove makes both population and targeted prevention initiatives challenging, leading to a heavy reliance on treatment services. It was also suggested by those interviewed that the balance between public health initiatives and law enforcement requires review to ensure that there is an appropriate and working balance between enforcement working alongside a wide range of evidence-based prevention approaches.

The 2021 Safe and Well at School Survey (SAWSS) suggests:

- 74% of 11–14-year-olds and 35% of 14–16-year-olds had never consumed alcohol
- 3% of 11–14-year-olds have tried cannabis and 2% have tried other drugs
- 21% of 14–16-year-olds have tried cannabis and 9% have tried other drugs

Improving access to evidence based universal and targeted prevention interventions, focussed on families and schools, will be an important consideration in reducing the normalisation of drug use and help to reduce the progression to treatment need or deeper involvement in criminal activity.

6.2 Children in Need

Evidence suggests that care-experienced children and young people face great challenges in gaining employment and are more vulnerable to being exploited and experiencing addiction.

There were 1,776 Children in Need assessments carried out in 2021/22, nearly 206 more than in 2020/21 when numbers were affected by Covid, but also higher than in the two years before that. In March 2022, in Brighton & Hove there were 2,378 Children in Need (473 children per 10,000). This is higher than in the South East (329 per 10,000) and England (334 per 10,000). There had been a downward trend

between 2015 and 2020 when there were 1,815 Children in Need, but numbers have risen by 31% over the last two years.

6.3 Recommendations - Pillar 3

Achieve a generational shift in demand for recreational drugs

These high-level recommendations reflect the data and insight from the Drugs and Alcohol Needs Assessment they align with the 12-month action planning process reflecting existing aims and objectives. However, this pillar requires a longer term focus to embed changes in generational activity and is dependent on integrating programmes with addressing wider social determinants of health, reducing inequalities, and improving communication and prevention programmes planning.

3.1 Challenge the normalisation of substance use and excessive alcohol consumption: raise awareness of the detrimental impact of use.

3.2 Promote healthy lifestyles and resilience, including in schools and other education settings.

3.3 Develop the wider workforce to improve the mental health and trauma-informed offer, integrated with drugs and alcohol treatment and recovery services.

7. Additional recommendations

In addition to the recommendations reflecting the 3 pillars, there were some overarching recommendations that cut across all three areas:

1. To ensure that Brighton & Hove's Alcohol and Drugs Action Plan and Strategy adopts a 'whole systems approach' and reflect national and local policies and best practice.
2. To work collaboratively with people with lived experience, and people who need our services.
3. To work collaboratively across all agencies to improve the use, robustness and timeliness of data collection and sharing of data and intelligence.
4. To strengthen communications between CDP partners to support a preventative approach to drugs and alcohol use in the City.

This will be further explored as we develop the longer term strategy.

8. Conclusion

The Drugs and Alcohol Needs Assessment provides an insight into the drugs and alcohol landscape in Brighton & Hove. There has been some reduction in funding

and service provision in recent years, but there are opportunities with the supplementary funding that can start to address this.

The funding, resources, and national commitment documented with the launch of the national strategy 'From Harm to Hope: A 10-year drugs plan to cut crime and save lives' provide support and a useful structure and framework to shape and drive forward next steps, overseen by the Combatting Drugs Partnership.

There is a clear aspiration and commitment to providing integrated and robust pathways for both adults and children and young people to receive treatment, support and advice as and when appropriate.

There is need to ensure services are strengthened in response to increasing need and complex demands, with a joined-up and system wide approach.