

Substance misuse in East Sussex

Assessment of need 2022

Kevin Crowley and Mike Pattinson

July 2022



Contents

1 Introduction	3
2 Context	4
3 The state of play: drug treatment in East Sussex	8
4 The state of play: alcohol treatment in East Sussex	14
5 The at-risk groups of East Sussex	18
6 How is the system performing?	32
7 Conclusions and recommendations	37
Recommendations	38
References	41
Appendix 1: Interim feedback and next steps	42
Appendix 2: Sample business case for greater alcohol investment	43



1 Introduction

Drug and alcohol misuse in East Sussex has been linked to a range of negative impacts for individuals, families and communities, including early death, long-term health conditions, reduced quality of life and economic opportunities, and increased social issues, including homelessness, violence and exploitation. The human cost of this to individuals, their families and communities are incalculable, but the interventions from various public-sector services have been estimated at £30m for alcohol.

The 2022 National Drug Strategy From Harm to Hope ⁽¹⁾ represents a time of opportunity and change in substance misuse treatment and care. Alongside new healthcare commissioning structures, it presents providers with a chance to make a compelling business case to invest in high quality drug treatment and to properly fund alcohol prevention and care. In East Sussex, as elsewhere, this will only succeed with a genuine understanding of the complexity, needs and strengths of local communities and geographies. That is what this report seeks to provide.

About this report

This assessment of need provides a detailed, up-to-date overview of the causality, complexity and current strengths and gaps in the system around substance misuse. It draws on a wide range of local and national sources, as well as original comprehensive data analysis. It supports the partnership in East Sussex by highlighting:

- the drivers of substance misuse and health inequalities
- the complexity of substance use including its links with poverty, deprivation, adverse childhood experiences and trauma
- strengths and gaps in the system across East Sussex, including how effectively services are engaging with local communities
- potential solutions within specific communities.

It forms part of the Joint Strategic Needs Assessment for East Sussex and the Safer Communities Partnership. It is essential reading for anyone involved in commissioning, planning and delivering services, including integrated care board commissioners, and will be useful for anyone affected by these issues or interested in finding solutions.

The report is the first step towards an accountability framework – both for central government, to account for the money spent in East Sussex, and to local communities, for the services provided on their behalf.

The findings draw on national data sources (where they exist), OHID data ⁽²⁾ as it relates to East Sussex and numerous local sources, including service evaluations

and annual reports. It also includes the voices of members of the public, service users and provider agency staff who contributed via a series of public consultation events. We are very grateful for their input. Without it, none of this would have been possible.

2 Context

This section sets out the landscape in which this report is written – both in terms of current policy (nationally and locally) and the demographics and need within the communities of East Sussex.

Policy background

Substance misuse, and the treatment and care system around it, are of increasing importance for national and local government.

In 2022, the UK government launched the National Drug Strategy From Harm to Hope. Supported with a substantial increase in conditional funding, the strategy was framed around four themes:

- tackling the supply of drugs
- building a world class treatment system
- reducing demand
- increasing accountability through local partnerships.

The strategy proposed a radical reform of accountability, leadership, funding and commissioning in the sector, creating new standards and outcomes that provide structure and oversight, to drive high-quality services.

The strategy sets out three key actions to create change:

1. Focused investment, targeted at the places with the greatest need
2. Improving partnership working, with clear expectations on the roles of different agencies locally.
3. Developing a system of national and local outcomes, frameworks and accountability aiming for consistency and clarity and a way to collectively measure progress.

It stipulates that a strong multi-agency partnership must be developed, as well as a local Drugs Strategy and Action Plan.

For alcohol, there is still no national strategy. However, there is a local East Sussex Alcohol Harm Reduction Strategy. This is a wide approach, centred around four key priorities:

- encouraging a healthy relationship with alcohol
- protecting children, young people and families

- making effective treatment and recovery accessible for all who need it
- creating a safer environment in East Sussex.

This strategy promises ‘an action plan agreed by local stakeholders and ensuring links with other key strategies’ alongside ‘formalised inter-agency agreements identifying available baseline data’ that ‘will enable better collaboration to achieve improvement on local priorities.’ ⁽⁴⁾

This combination of national and local strategies provides a foundation for the partnership to focus on next steps.

The East Sussex context

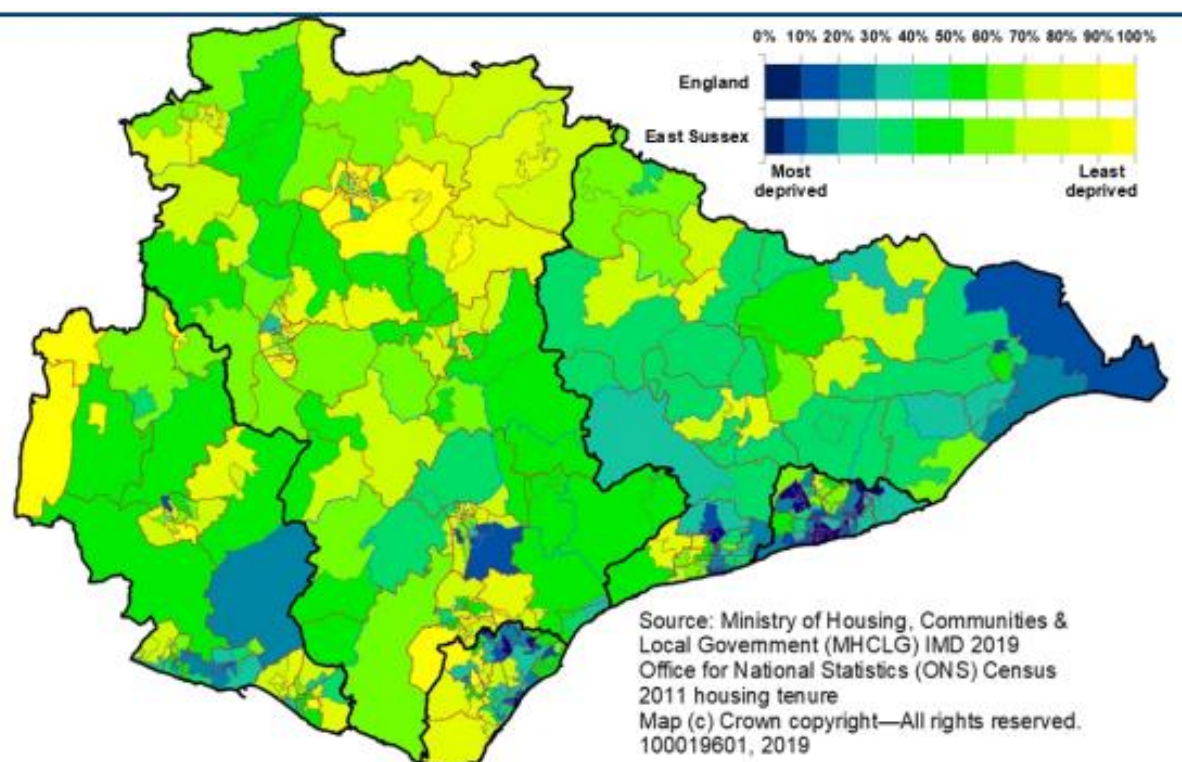
The population of East Sussex is estimated at 545,800 ⁽⁵⁾. East Sussex has an older age profile than England and the Southeast, with 26% of the county’s population aged 65 or over, compared to 19% across England and 20% regionally. The median age of the county is 48.4, compared to the national average of 40.2. Similar to the national picture, 52% of the county’s population was estimated to be female and 48% male.

The latest ethnicity data shows 91.7% of the East Sussex population identifying as White British, compared to the regional average of 85.2% and the national average of 80.5%. On religion, 60% of the population describe their religion as Christianity, 0.8% of the population as Islam, 0.4% Buddhism and 0.3% Hinduism, while 30% of the population said they had no religion. However, these figures are from the 2011 census. The 2021 census is expected to show a county-wide increase in ethnic and religious diversity. ⁽⁶⁾

Understanding the demographics of communities is important as residents from black and ethnic minority communities are known to face different barriers to services. ⁽⁷⁾ These demographics are also essential if we are to accurately assess deprivation in East Sussex.

There are strong links between poverty, deprivation, inequalities and substance misuse. Poverty and disadvantage increase the risk of substance misuse – which, in turn, can lead to increased disadvantage. These inequalities can also present barriers in accessing services and poorer health outcomes. ⁽⁸⁾

Each district and ward in East Sussex has some areas of higher deprivation, although these are more consistently focused in the urban areas of the coastal strip, as well as inland, in Hailsham.



Source: MHCLG (2019). ONS census 2011 housing tenure. London: MHCLG.

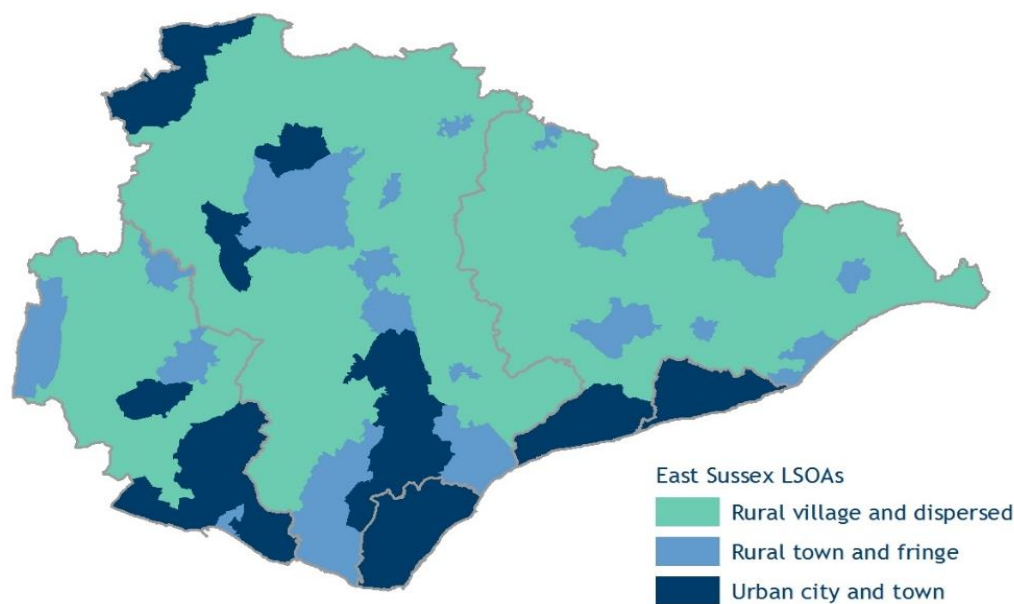
The Index of Multiple Deprivation (IMD) 2019 measures relative deprivation for people living in small areas in England called lower-layer super output areas (LSOAs). In East Sussex there are 329 LSOAs. Of these, 22 are in the most deprived 10% nationally, comprising 16 in Hastings, four in Eastbourne and two in the Bexhill area of Rother. If the scope is expanded to include the most deprived 20% LSOAs nationally, this includes areas of Hailsham, Newhaven and Lewes.

Deprived LSOAs are often characterised by poorer health, greater disability, lower skills, educational disadvantage, higher crime and – importantly, for the purpose of this report – substance misuse. However, deprived people may be found in all areas, and not all people in a deprived area will be living in deprivation. ⁽⁸⁾ For this range of social and structural determinants, a wide partnership from a range of organisations is needed to address the drivers of substance misuse.

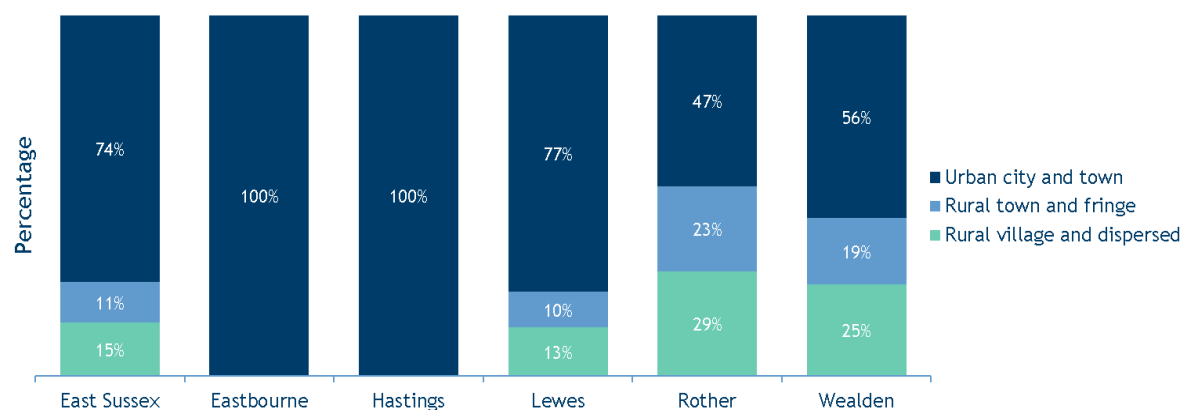
Urban-rural mix

East Sussex is a large county encompassing busy towns along the coastal strip and rural central areas. The urban–rural mix entails differences in geography and infrastructure such as transport. The importance of these factors to service provision is another lens through which to assess accessibility of services. The percentage of population living in rural areas is comparatively low, but their experience of service delivery may be excluding in multiple ways.

Urban-rural population distribution in East Sussex



Source: ONS (2020). Drug misuse in England and Wales. London: ONS



Source: ONS (2020). Drug misuse in England and Wales. London: ONS



Summing up

This section paints a detailed picture of the demographic make-up of East Sussex. It shows that while aggregately the county is wealthy and unusually 'White British', this is an oversimplification and there is in fact significant diversity, deprivation and complexity in different types of community across the county.

3 The state of play: drug treatment in East Sussex

The drug and alcohol treatment system in East Sussex covers all adults and all substances and is rooted in national guidance, standards and evidence. Unlike many local authorities, East Sussex County Council has largely protected the treatment budget from financial cuts and expects to see this reflected in better outcomes.

Harm reduction

General advice about alcohol harm is provided as part of wider lifestyle advice. One You East Sussex provides low-level alcohol harm-reduction support as part of its health coaching and its training for frontline practitioners. Alcohol identification and brief advice (IBA) can identify and influence patients who are increasing or higher-risk drinkers.

For other substances, harm-reduction interventions include:

- needle and syringe exchange
- blood-borne testing and vaccination
- advice and information on safer injecting
- naloxone provision.

Drug and alcohol treatment

Drug and alcohol treatment is divided into two types. The first is structured (formal) treatment. The second is mutual aid and peer support within the recovery community.

Structured treatment

Structured treatment for drug and alcohol problems is currently delivered by the national charity CGL, through two main hubs (in Hastings and Eastbourne) and satellite services across East Sussex. Prospective service users are referred to the service via a number of routes, including primary health care, the criminal justice system and self-referral.

In the CGL model, service-user experience is enhanced by peer mentors and volunteers. This also provides opportunities for former service users in recovery to receive training to develop the skills needed to deliver this part of the service. CGL's STAR service, based in Eastbourne, offers a number of services including:

- specialist care co-ordinators and recovery workers
- specialist prescribing services

- GP shared care
- community detox from drugs and alcohol
- access to inpatient detox from drugs and alcohol
- group-work programmes
- housing and benefits advice
- drug and alcohol counselling
- employment support.

When a client is referred into treatment, a needs assessment marks the beginning of their treatment episode. Typically, there is a wait of five-to-seven days from referral to personalised assessment. Each treatment episode can contain a number of modalities or treatment interventions. The client can complete these in either a planned or unplanned way.

Within each hub, there are also dedicated criminal justice intervention workers (CJITs) who work with the National Probation Service (NPS) and police, to ensure a dedicated service to criminal justice clients. Drug Intervention Programme (DIP) workers are based at the custody suites in Eastbourne and Hastings. They also work under Project Adder, in Hastings, where they facilitate the Test on Arrest scheme for Class A drug users, conduct required assessments, and offer enhanced interventions and a dedicated case-management service.

Inpatient detoxification and residential rehabilitation is provided out of area by a range of residential and clinical providers.

Mutual aid and peer support

Mutual aid and peer support within the recovery community is provided via several independent community groups led by community recovery champions. These provide a range of peer-led sessions and activities to help build relationships and develop constructive networks, supported by an ESCC community development officer.

Various other sources of local support include independently delivered SMART groups and fellowship groups, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), which are substance specific and based in community settings across the county.

At a glance: What's happening in treatment?

- East Sussex is home to an estimated 2,296 people who use opiates and/or crack. Of these, approximately half were in treatment at some point in 2021/22, compared to a national proportion rate of 51%. This is not far off the national average, but it does indicate a possible further 1,148 people using

opiates or crack who are not accessing treatment. With East Sussex's decision to ringfence funding, better outcomes would be expected.

- In 2021/22, 1,630 people in East Sussex were in treatment for problematic drug use - a 6% increase on the previous year (1,504), compared to a 2% reduction nationally. Most clients (70% - that's 1,038 people) were in treatment with problematic use of opiates.
- During 2021/22, East Sussex saw 687 new clients access drug treatment - accounting for 38% of all clients. Of these, 40% (275 people) were for non-opiates and alcohol use, followed by 38% (262 people) for opiates. The final 22% (150 people) presented with non-opiates only (150). This is the first time in recent memory that opiates has not been the most prevalent drug group and indicates an important shift in the drug-use profile.
- On medication-assisted treatment, over half of prescribed clients were sub-optimally prescribed. A request for further detail from the provider on new prescribing starts showed that 19% were on an initiation dose and 36% above orange guidelines. However, 45% were below clinical (Orange Book) guidelines so sub-optimally prescribed. We need to better understand why this is the case in East Sussex.
- Beyond structured treatment, East Sussex services engaged with 271 drug users in an unstructured way, including 50 opiate users for needle exchange and harm-reduction interventions.
- Access to residential rehabilitation has improved slowly over the past three years, from 35 treatment starts in 2018/19 to 50 starts in 2020/21. Of these, 15 of these were for opiates. There is a long way to go to meet the target of 2% of the treatment population receiving residential care.
- Between 60 and 63% of all referrals into treatment were by self or family and friends. Health services and social care referrals accounted for 14%, with a further 10% through the criminal justice system. There has been a steady fall in the proportion of referrals via the criminal justice system since 2013/14 although 2021/22 saw a small uptick - which may be a result of the investment in Project Adder ⁽³⁰⁾.

Type of drugs used

In 2021/22, most people in drug treatment in East Sussex used opiates only (70%) – mostly heroin. The figures about new entrants show us that this is changing. At the same time, the remaining heroin users have an ageing and more complex profile. Services need to constantly evolve to meet this complexity.

The number of people describing amphetamines and novel psychoactive substances ('legal highs') as problematic has fallen slightly since 2020 while for new starts cannabis (145 to 225) club drugs (0 to 10) and benzodiazepines (10 to 15) it has increased significantly. The largest rise can be seen in users of cocaine as the

primary, secondary or tertiary substance, increasing from 26% to 30% – matching national trends.

People in drug treatment

In 2021/22, there were 1,604 clients in drug treatment across East Sussex. Of these, 70% were male (slightly lower than the national figure of 73%) and 30% female (slightly higher than the England average of 27%). As well as experiencing poor mental health, women entering treatment are sometimes victims of domestic violence and abuse, which may impede their recovery. They are also more likely to be carers of children.

In East Sussex, the largest age group in drug treatment was the 30-39 group (35%), followed by those aged 40-49 (28%). East Sussex also has higher proportions in the 50-59 group (15%), with fewer aged 30-49.

In East Sussex - as nationally - opiate clients tend to be older, while the youngest clients are non-opiate clients presenting without problematic alcohol use. Overall, numbers of under-25s accessing treatment in England has fallen by 23.7% since 2014/15. This partly reflects the reduction in drinking and drug use in this age group in recent years.

At a glance: Who is presenting for drug treatment?

- Only 3% of drug treatment starts were from black and ethnic minority communities, against an East Sussex average of 7%.
- There were no service users self-describing as Asian or Black who entered drug treatment (15 self-described as ‘mixed ethnicity’).
- Just over a quarter (26%) reported that they had at least one disability - mostly emotional and behavioural (12%) or mobility and gross motor (8%).
- More than one-third (38%) of clients were parents not living with their children, although 19% said they had children living with them - comprising a total of 238 children.
- East Sussex has a much higher percentage (78%) of new drug treatment service users with mental health treatment need than the national average of 68%.
- Just over half (52%) of all clients entering treatment were receiving mental health treatment for reasons other than substance misuse - higher than average. However, fewer than average received specialist help from the mental health trust (14.5% vs 19.2%), with most of those in need receiving help from GPs (63%).
- The number of clients with untreated mental health issues was significantly higher than national average 31.7% vs 26.8%: that is, 266 individuals without help.

- Almost a quarter (24%) reported regular employment, while 32% were unemployed. A further 29% were not working due to long-term ill health or disability .
- One in 20 (5% of clients) presented to treatment with No Fixed Abode (NFA) and were subsequently categorised as having an urgent housing problem. ⁽⁵⁾

Harm reduction and blood-borne viruses

In 2021/22, 63% of eligible clients in East Sussex were offered and accepted an HCV test, compared to the national average of 48%. The results showed that the tested cohort had higher HCV prevalence rates than the national average.

More than three-quarters (77%) people who PCR tested HCV positive were referred to HCV treatment, while 30% of eligible clients were offered an HCB test. These figures are similar to the national average.

Meanwhile, 65% of opiate service users were supplied with naloxone in 2021/22, compared with a national average of 52%. Services have provided local residents with needles, syringes and other equipment used to prepare and take drugs.

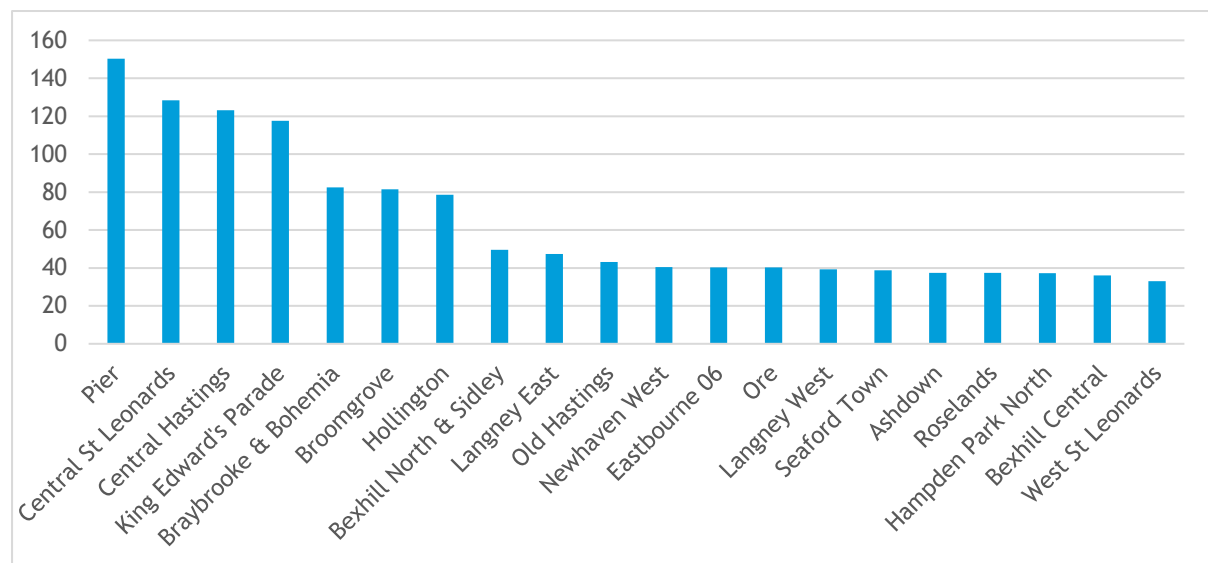
District of residence

As in previous years, in East Sussex there is a strong correlation between the home addresses of the in-treatment drug population and the areas of highest deprivation. In 2021/22, most people using drug services were living in the urban areas of Hastings (32%) and Eastbourne (27%).

Our analysis of the adult treatment caseload at MSOA (ward) level in drug treatment shows that 20 of East Sussex's MSOAs were significantly higher than the East Sussex rate of 32 per 10,000 population. All of these wards were in the districts of Hastings and Eastbourne, with the exception of two Bexhill wards, in Rother, and one Newhaven ward, in Lewes district.

As the table below shows, the ward with the highest rate per 10,000 population was Pier in Eastbourne (145 per 10,000), followed by St Leonards in Hastings (128), Central Hastings (122) and King Edward's Parade, Eastbourne (118).

East Sussex drug treatment caseload: top 20 wards (per 10,000 population)



Source www.ndtms.net/Monthly/Adults

These figures have changed significantly since they were last analysed in 2019, and overlaying these numbers with the indices of deprivation reveals some oddities. Several areas now stand out as potentially under-served, including some in Newhaven, Lewes, Peacehaven and especially Hailsham.



Summing up

Overall, the picture of drug treatment need across East Sussex is a complex and evolving one. There are strengths and clear gaps in the current system and a general need for treatment and care to keep pace with the changing population.

4 The state of play: alcohol treatment in East Sussex

East Sussex is home to an estimated 5,297 adult dependent drinkers (OHID 2019). This is equivalent to 1.21% of the total adult population – similar to the England-wide rate of 1.39%. There are more male than female dependent drinkers in all age bands but particularly in those aged 25–34. The number of untreated dependent drinkers in Sussex is 82% – comparable to the national rate. ⁽¹²⁾

Number in alcohol treatment

During 2021/22, 689 people in East Sussex were in structured treatment for alcohol only – a slight rise since the previous year's figure of 678. 2021/22 saw 409 new presentations to alcohol treatment, accounting for 58% of all clients. This is a 15% reduction from the previous year (462).

As well as structured treatment, East Sussex services engaged with 200 alcohol users through unstructured interventions.

In 2021/22, 66% of all clients in alcohol treatment self-referred (50%). A further 16% of referrals were from GPs (higher than the national average of 15%). There were fairly low numbers of referrals from sources such as hospitals (1%) – less than the national percentage of 6% – while social services referrals accounted for 6%: higher than the national average of 2%. ⁽¹⁰⁾

Profile of alcohol clients

Of the total clients in alcohol treatment in East Sussex in 2021/22, males accounted for 55% – lower than the national figure of 61%. Females made up 45% (higher than the national average of 39% and higher than the 2018 rate of 40%).

In East Sussex, 61% of the total number of clients in treatment for alcohol misuse were aged 40–59 (similar to the national figure of 59%), with the median age of 46.

In the 18–29 age group, there were fewer new alcohol-only clients than national average (9%, comprising just 45 people), although a further 17% (85 people) presented with a combination of alcohol and non-opiate drugs. This matches the national experience, where the number of under-25s accessing treatment has fallen by 20% in the past five years.

At a glance: Who is presenting for alcohol treatment?

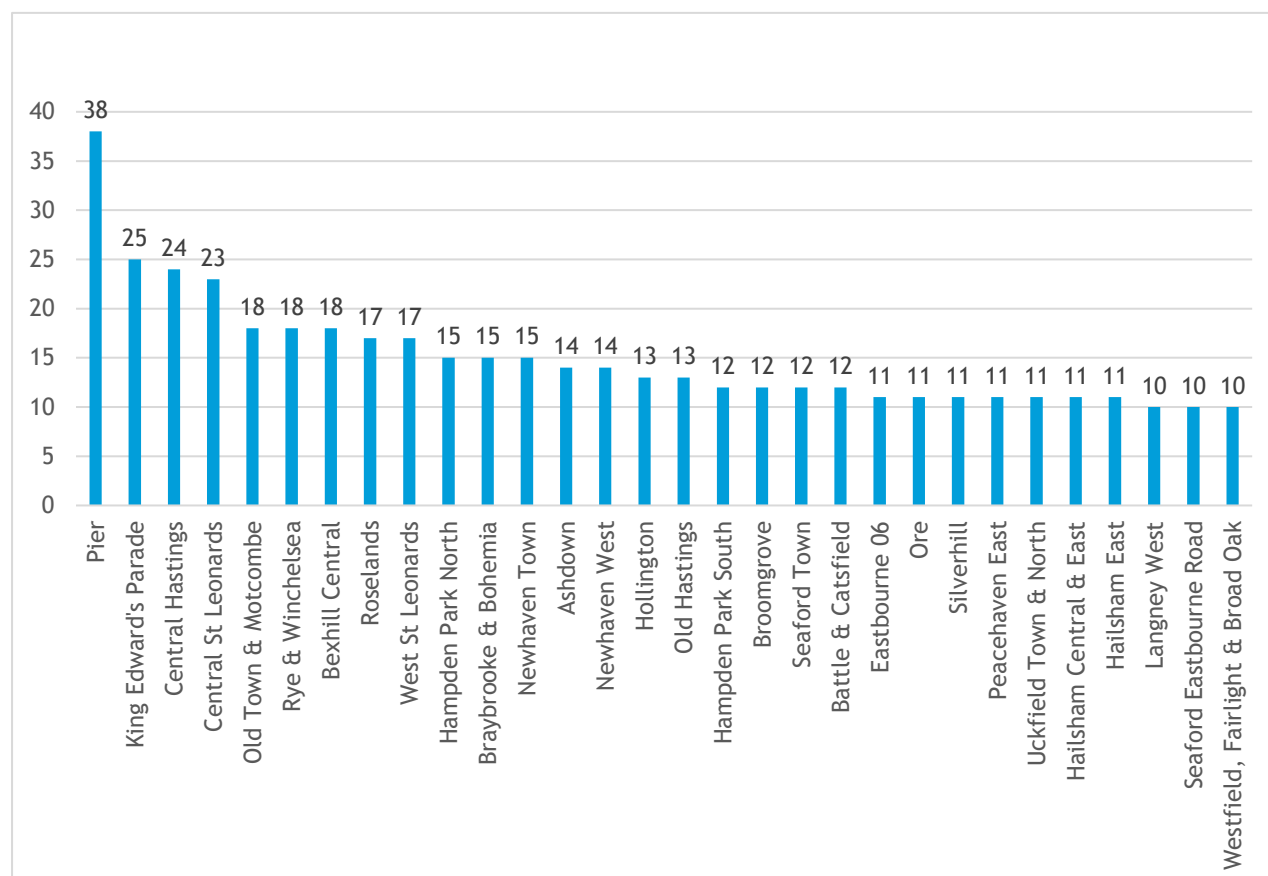
- No service users self-describing as Gypsy, Roma or Traveller started treatment - despite their comprising xx% of the population and a greater prevalence of drugs and alcohol misuse. (ref)
- More than one-quarter (27%) of people reported having at least one disability - mostly relating to emotional and behavioural (14%) or mobility and gross motor skills (10%).
- One-quarter (25%) said they had children living with them, comprising a total of 181 children, while 16% (70 people) were parents not living with their children. A small proportion (2%) were pregnant.
- A higher-than-average proportion of new entrants presented with mental health treatment needs (73%), compared to the national average of xx.
- Just over half (52%) of all clients entering alcohol treatment were receiving mental health treatment for reasons other than substance misuse which is higher than average. However, most of those in need were receiving help from GPs (63%) and 40% fewer than average received specialist help from the mental health trust (14.5% compared to 19.2%).
- Conversely, the number with untreated mental health issues was significantly higher than the national average (31.7% compared to 26.8%) - comprising 266 individuals without help.
- More than a third (38%, comprising 180 people) reported regular employment - a much higher figure than that for drug treatment. There were 215 (46%) individuals who were unemployed and a further 60 (9%) were on long-term sick leave or had a long-term condition.
- Almost one in 20 (4%) presented to treatment with No Fixed Abode (NFA) and were subsequently categorised as having an urgent housing problem.

District of residence

As with drugs, there is a correlation between the home addresses of the in-treatment population and East Sussex's areas of highest deprivation. Most people receiving alcohol services lived in the urban areas of Hastings (28%) and Eastbourne (24%).

Nevertheless, people receiving alcohol treatment were far more equally dispersed across the 68 MSOAs than those receiving drug treatment, with greater relative prevalence in rural and less-deprived wards. The table below presents the top 30. With only 18% of dependent drinkers in treatment (10) it could be argued that all areas are under-served. However, as with drug services, there appears to be a particular lack in Newhaven and Hailsham.

Alcohol prevalence and its impact in East Sussex



Source: www.ndtms.net/Monthly/AdultsAlcohol prevalence and its impact in East Sussex

The latest-available data on drinking behaviour shows that in East Sussex, 26.7% of adults aged 16 or over (that is, around 123,000 people) drink above low risk. This is slightly higher than the England-wide rate, at 25.7%. Only 9.8% of the adult population report abstaining from alcohol – less than the national rate of 15.5% and the regional average rate of 12.3%.

There are also 4,000–7,000 East Sussex residents in need of treatment for alcohol dependence (estimated at roughly 5,300).⁽⁹⁾ This cross-refers with the 8,600 hospital admissions for alcohol-related conditions and 2,735 admissions for alcohol-specific conditions.

Public Health England and Alcohol Concern estimate that there are as many as 15,000 harmful and hazardous drinkers across East Sussex, with a further 25,000 having some kind of treatable alcohol presentation. It is clear that the alcohol needs of East Sussex are considerably higher than drug-related needs and that the 685 people who received treatment in 2020/21⁽¹⁰⁾ are a small slice of the overall need.⁽¹¹⁾

Alcohol-related admissions

Hospital admission rates for alcohol-related conditions are better in East Sussex than across England as a whole. However, the picture changes from one area to the next. In Eastbourne, rates are similar to the England-wide rate. However, in Hastings they are significantly worse – and these trends have persisted for almost a decade.

Admissions for alcohol-specific conditions among under 18s are significantly higher in East Sussex than across England. This is also the case in Hastings and Lewes. For all other age groups, the East Sussex rates are similar to, or better than, the England average. East Sussex as a whole has a similar profile to the England-wide figures for a wide range of mortality indicators, but most are significantly worse in Hastings.

The true picture is even more complex, in that disadvantaged populations that apparently have a similar, or lower, level of alcohol consumption suffer greater alcohol-related harm than more affluent populations. ⁽¹²⁾



Summing up

The alcohol treatment and care needs of East Sussex are huge, complex and deep – and far higher than those for drug use. Further attention is given to the need to strengthen this area of investment and delivery, across the county, later in this report.

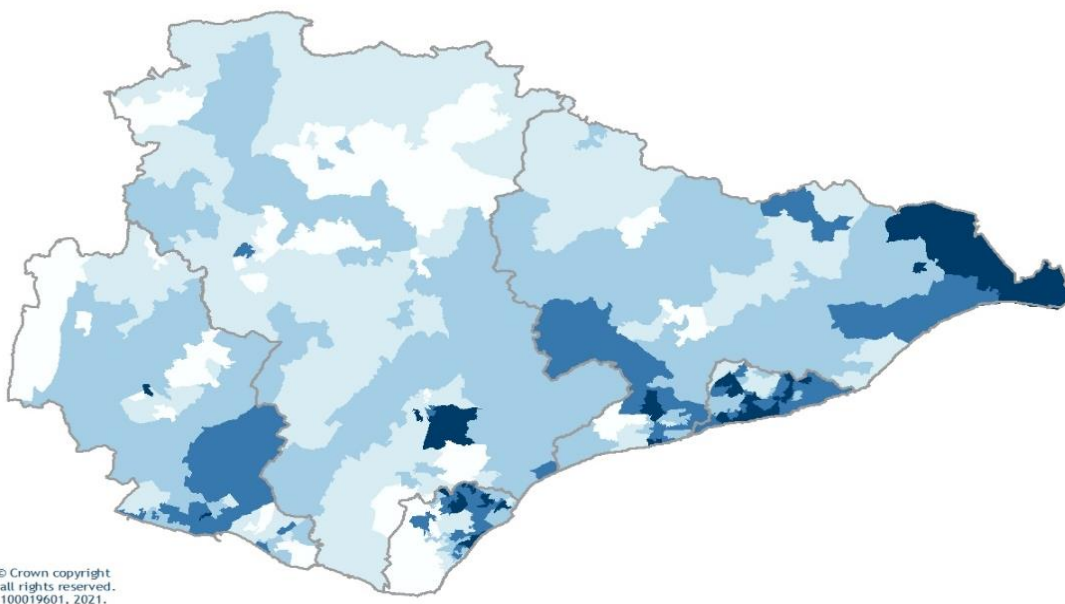
5 The at-risk groups of East Sussex

Previous sections of this report address substance misuse needs generally across East Sussex. However, there are several specific groups that are known to be at greater risk of substance misuse and that suffer disproportionately from its impact. For each, this section sets out the needs and considerations for commissioners and providers. They are described as individual cohorts but there is much intersectionality, some individuals will sit in multiple groups at the same time.

Poverty and deprivation

Income, adverse childhood experiences and the multifactorial pressures of poverty and multiple deprivation are well evidenced predictors of problematic substance misuse. They are also predictors of a wide range of precipitating factors that affect health, wellbeing and indeed access to healthcare services ⁽⁹⁾. When thinking about assessing need and planning for the future, we need to keep deprivation and communities under pressure at the front of our minds.

Deprivation in East Sussex



Source: East Sussex JSNA 2019

The current cohort in treatment are disproportionately ‘from’ communities in the lowest 20% of East Sussex’s IMD (shown in the map above in dark blue) and are 500% more likely to be in treatment for alcohol or drugs (see pp 9 and 12). However, this merely reflects the current system. If we look at external verifiable sources, such as alcohol-related hospital admissions, it appears likely that this coverage is itself an under-representation of actual need. When we match the LSOA deprivation scores against MSOA treatment figures, it becomes clear that

many deprived communities are not getting the access they need to drug and alcohol treatment.

Outside of - or, more accurately, also related to - deprivation, there are a number of particularly at-risk groups that need particular attention to ensure adequate provision:

- LGBTQ+ communities
- people experiencing homelessness
- veterans
- women
- people on probation
- families and substance misuse
- children and young people
- sex workers
- people involved with modern slavery and county lines
- people with dual diagnosis, complexity and co-morbidities
- smokers.

Each of these is examined in turn.

LGBTQ+ communities and substance misuse

UK and international studies have shown that LGBT adults are significantly more likely to drink to harmful levels or have taken drugs in the past year than heterosexual adults - particularly among younger people, with one in eight LGBT people (16) aged 18-24 (that is, 13%) taking drugs at least once a month. This pattern is found even when controlling for gender and age distribution. (17) The figure below highlights related figures for East Sussex.

However, it is important to note that LGBTQ+ people are not one homogeneous group and most studies fail to distinguish between various sub-groups. The East Sussex 2021 LGBTQI needs assessment (18) states that up to 30% leave East Sussex for more accessible health services. This illustrates that services need to be more accessible and meaningful for LGBTQ+ individuals. (18)

In terms of substance misuse treatment access, in 2021/12, of those in treatment with an sexual orientation recorded, 96% identified as heterosexual, 3% as gay or lesbian (equating to 54 people), 3% as bisexual (53 people), and 0.1% as another sexual orientation. (10)

A further 554 chose not to answer this question. This in itself is a source of concern, as 'not stated' is traditionally associated with poorer treatment outcomes. (10)

The type of drug these groups were receiving treatment for varied. Lesbian or gay people were more likely to be in treatment for alcohol dependency (35%) or for

alcohol with non-opiate drugs (24%). Bisexual people were also more likely to be treated for alcohol dependency (39%) or alcohol with non-opiate drugs (18%) but were also significantly more likely to be treated for heroin use. ⁽¹⁰⁾

In terms of treatment outcomes, bisexual people were the least likely group to complete treatment (31%) compared to heterosexual (37%) and gay or lesbian people (41%). However, because numbers are small, drawing conclusions about differences in types of drugs used and outcomes in treatment is difficult. ⁽¹⁰⁾

There needs to be improved monitoring and concerted efforts to reduce the number of people citing their sexuality as 'not stated', to ascertain whether there are any meaningful differences in substances people are seeking help for and their outcomes.

People experiencing homelessness

During 2021, official figures recorded under 3,000 homeless adults across the LTLAs of East Sussex. This figure only includes those who are statutorily homeless and does not include people who are temporarily or vulnerably housed or those who have not made their homelessness visible to their local authority. The most recent rough-sleeper count (by definition, an undercounted snapshot), in December 2021, reveals the figures shown below. ⁽¹⁹⁾

East Sussex rough sleeper count, December 2021

Location	Rought sleeper count
Hastings	23
Eastbourne	10
Rother	<5
Lewes	11
Wealden	<5
Total	46–52

The 2016 JSNA audit reports that among people experiencing homelessness there is a disproportionate prevalence of drug and alcohol use and dependency, mental and physical health issues, and huge underlying trauma and Adverse Childhood Experiences.

Despite the considerable resources spent on ending rough sleeping during and since the pandemic, East Sussex's data sources for unmet need in this group are patchy and disconnected.

Of people statutorily homeless in East Sussex, three-quarters of those with a current or previous drug problem were receiving support for this. However, one-third said they would like either some (10%), or more (23%), support. Over one-third (37%) said they used drugs and/or alcohol in an attempt to cope with their mental health.

Around a quarter (24%) of respondents reported having an alcohol problem (either a current problem or in recovery). Of these, around half (56% of 61 respondents) reported receiving support for their alcohol problem. Just over one-quarter (26%) would like some, or more, help with their alcohol problem. Over one-third said they had an alcohol problem but felt they did not need support.

In an East Sussex rough sleeping/homelessness audit in summer 2020, almost half (45%) were identified as having both mental health and substance misuse needs. (ref) Over a three-year period (2015–17), 66% of those who died from drug misuse or other drug poisonings in East Sussex were identified as having mental health needs (60% dying specifically from substance misuse). Among those who died, the most common mental health issues were depressive and anxiety-related conditions. (20)

On the structured treatment caseload, East Sussex has a better-than-average housing profile but 466 of the current caseload report a housing problem and 149 have no fixed address and an urgent housing need.

Veterans

Establishing the number of veterans in East Sussex is challenging. Based on broad population estimates, Age UK reports that there are 38,000 veterans aged over 50, in East Sussex. Meanwhile the Covenant Fund (21), drawing on .gov data, estimates that there are 5,916 veterans of working age (92% male and 8% female).

Estimated distribution of East Sussex veterans

East Sussex	5,916
• Eastbourne	1,186
• Hastings	1,082
• Lewes	1,075
• Rother	967
• Wealden	1,606

Source: Covenant Fund 2019 (21)

The picture is changing for veterans. Personnel are surviving more severe, and complex, injuries than previously. Younger veterans tend to have more complex injuries and are significantly more likely to report long-term health problems than the general population.

Depression and anxiety are the most common mental health conditions among veterans. Alcohol misuse is much more frequent among veterans than in the general population – particularly among those who have been to combat zones and in younger personnel. Young male veterans – particularly from lower ranks or who have left service early – are also at increased risk of mental health problems and suicide ⁽²¹⁾.

Among this group in East Sussex, financial hardship, mental ill health and post-traumatic stress, homelessness and substance misuse are likely to be highly prevalent. However, they remain under-represented or under-reported in treatment and care, with only 83 veterans currently supported by the system ⁽²²⁾.

Women

Women accessing mainstream drug and alcohol treatment face multiple additional challenges (see page 8). Specialist women-only provision is patchy in East Sussex and is limited to a discretely funded service in Hastings under Project Adder. Women are well represented in the general treatment population and their outcomes are comparatively good. However, their additional challenges may leave some needs under-treated. This can be seen by the high number of alcohol-related hospital admissions (ref).

Adults within the criminal justice system

East Sussex has mirrored the national reduction of criminal justice pathways and partnerships. Today the effectiveness of the criminal justice-to-treatment pathways is a particularly pressing issue, with only 25 front-end criminal justice referrals to treatment in 2022 and fewer than 50% of prison referrals making it to treatment. Probation community treatment requirements remain low and opportunities to build community-based approaches are being lost.

Hastings was selected as pilot site of the national Project Adder programme, due to ongoing concerns about drug-related crime and deaths in the town. There is emerging evidence of increased activity arising from this additional investment, albeit from a low baseline.

Criminal justice performance

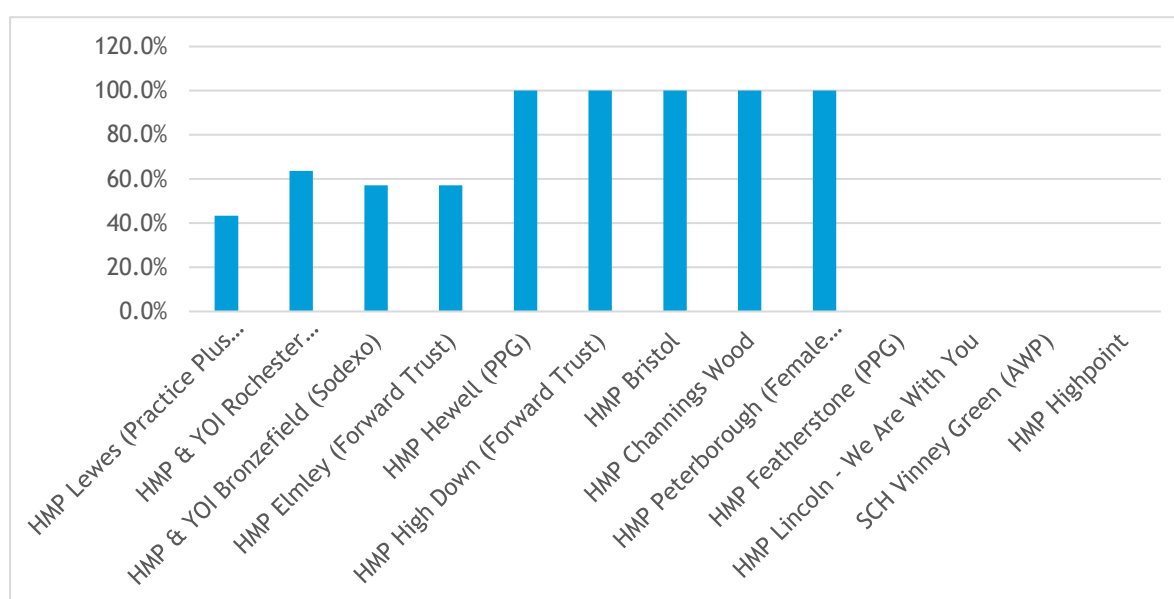
Despite the investment in Project Adder, the performance of the criminal justice-to-treatment system across East Sussex is not where we would expect it to be. Of the

1,340 opiate and crack users within the treatment system, as of 2022 only 200 had initially been referred by community criminal justice services. 2021/22 saw a total of 65 new criminal justice entrants.

The post-prison pick-up data in East Sussex is better than national and regional average, with 46% (36 out of 78) community referrals in 2021 verifiably picked up by substance misuse treatment and care. The figures for opiates are better again, at 51% (33 out of 64). However, for a system where over half of service users are released from a local prison (Lewes), we would expect much better pick-up rates. Alcohol treatment referrals are non-existent, with not one person making it to treatment from prison in 2021/22.

The table below shows that Lewes prison conversion rates are worse than the rest of the prison estate, with 43% of opiate prison referrals from Lewes in East Sussex picked up, compared to an average of 55% from establishments in other parts of the country. (23)

East Sussex Prison Opiate Community Pick Up Rates 2021/22



Source: PHOF C20 Companion Report – Quarter 4 2021/22

There are also concerns around the above-average levels of attrition once a criminal justice service user is in treatment. To better understand the data, we undertook a deep dive into attrition in 2021 and found that of the 'dropped out' cohort (of 39 people), over 55% (22 people) had mental health needs and over 50% (21 people) were of No Fixed Abode, with urgent housing needs.

Of those who had disengaged and identified with mental health needs, only 20% were receiving mental health treatment, versus an East Sussex in-treatment average of 66% and national average of 74%. The No Fixed Above figure of 54% was over three times the East Sussex average. It is clear that **homelessness and mental health needs are significant factors** in early drop out in the criminal justice system.

Attrition within the system

There is significant underperformance within the core Adder pathways, including

- On arrest, more than 50% of positive testees are 'lost' and little is known about why
- Once people enter the required assessment or follow-up assessment process, again 50% are lost. Again, the reason is still poorly understood.
- Of those making it through the front-end system, only 35% start treatment.
- Since the beginning of Adder, a total of 16 service users have started on this pathway.

Once criminal justice service users enter treatment, their retention is better than average. However, the outcome figures are poor, with only 13 opiate and crack service users across East Sussex completing treatment last year.

People on probation

Of Sussex Probation's caseload, over 30% (378 people) have substance misuse issues.

Among this cohort, the caseload is younger (with 55% under 35) and there are fewer opiate and crack users (25%) than in the rest of the treatment system. The other demography and geography of this cohort follows a similar route to the adult treatment system, with predominantly white, male service users distributed by areas of high deprivation (Hastings and Eastbourne) accounting for 65% of the caseload. An important variation here is that 78% of service users (218 out of 280) reported a concurrent mental health need.

It was not possible to cross-refer data with treatment provision but it was notable that only 8% (25 out of 280) had a drug treatment requirement imposed, while 64% (181 out of 280) had community sentences.

Families

Children living with an adult with alcohol or drug dependency are important to include in the analysis. First, their experiences of life are a primary concern for commissioners of services. Second, they are more likely to experience the sort of adverse childhood experiences that will result in multiple disadvantages – including substance misuse – later in life. Finally, parental responsibility can provide a positive motivation for individual recovery (ref).

Research shows that problem alcohol and drug use can reduce parenting capacity and is a major factor in cases of child maltreatment. In 2019/20, the Department for Education found that parents using drugs was a factor in around 17% of 'child in need' cases, with parental alcohol use a factor in 16%.

The Children's Commissioner [data team](#) (25) estimates there are 3,700 children in East Sussex living with an adult with alcohol or drug dependency (34.92 per 1,000). Treatment data reveals only 104 children known to live with an adult who entered alcohol treatment in 2019/20 and 133 with those who entered drug treatment. However, national evidence shows that roughly half of drug and alcohol service admissions are parents. In East Sussex, a better-than-average 14% of these service users are also known to children's services. This indicates both a positive relationship between the treatment system and Children's Social Care. However, there are still thought to be a significant number of unidentified children in need of further support and care. (26)

2.18 Proportion of new presentations to treatment who live with children under the age of 18 to Proportion of new presentations to treatment who live with children under the age of 18 identified from Parental Status and Child With fields

(n) = number of clients in treatment who live with children / new presentations to treatment
 Latest period: 01/04/2021 to 31/03/2022
 From Quarter 1 2019/20 reporting, this measure now incorporates client information review data

	Latest period		National average
	(%)	(n)	
Opiate	9.5%	25 / 262	10.3%
Non-opiate	30.0%	45 / 150	25.7%
Alcohol	25.4%	104 / 409	23.2%
Alcohol and non-opiate	22.9%	63 / 275	20.2%

Substance misuse and children's social care

In East Sussex, children's services safeguarding assessments and interventions related to substance misuse have increased significantly over the past three years. In 2021, a total of 1,918 social work family assessments (59.2% of the total) made reference to adult (1,535) or child (383) substance misuse – comprising, in total, 855 cases involving alcohol and 1,063 involving drugs. This represents a steady increase, both in number and in proportion of overall family assessments, over the past three years: from 1,640 to 1,698 to 1,938 and 47% to 53% to 59% respectively (see the table below).

Substance misuse in family assessments

Family Assessment Risk Factor	2019-20		2020-21		2021-22	
	Count	%	Count	%	Count	%
1A- Alcohol Misuse (Child)	109	3%	96	3%	137	4%
1B- Alcohol Misuse (Parent/Carer)	605	17%	647	20%	718	23%
2A- Drug Misuse (Child)	298	9%	235	7%	246	8%
2B- Drug Misuse (Parent/Carer)	628	18%	720	23%	817	26%
Total Family Assessments Authorised	3482	100%	3187	100%	3239	100%

For every family assessment undertaken by a social worker where a safeguarding concern exists, drug/alcohol is recorded where it is identified as a significant risk factor within that family.

Source: ESCC Adult Social Care unpublished data 2022

Meanwhile, adults with substance misuse issues whose children meet the MASH safeguarding threshold has risen by 90% in three years: from 290 to 342 to 569.

Children's social care safeguarding referrals for substance misuse

Initial Contact Reason	2019-20		2020-21		2021-22	
	Count	%	Count	%	Count	%
Adult - Alcohol	148	4%	145	5%	228	7%
Adult - Drug	142	4%	197	6%	341	11%
Child/YP - Substance Misuse	96	3%	86	3%	93	3%
Total MASH 3/4 & MASH 4 Outcomes	18086	100%	17562	100%	19502	100%

This information relates to all children's sector safeguarding referrals where drug and alcohol are indicated as the primary concern of the referring agency. The count is often much lower than assessed needs due to the 'hidden harms' and stigma attached to parental drug or alcohol use.

Source: ESCC Adult Social Care unpublished data 2022

Beneath these increases in the most at-risk category, there have also been dramatic post-pandemic increases in all social care activity related to substance misuse. This included contacts to single point of access, which in 2021/22 rose from 1,669 contacts to 2,295 – a year-on-year increase of 50% – and a rise in MASH referrals from 672 to 1,006 – again, a 50% increase).

It is difficult to determine if the increased referrals are due to improved referral processes and pathways but what is indisputable is that the known level of need has increased and is putting pressure on the social care and safeguarding systems.

Young people in need of treatment and care

Risk factors for young people engaging with substance misuse include:

- mental health issues – almost half (46%) of current under-19 service users have a mental health treatment need
- experience of domestic violence and sexual exploitation
- not being in education, employment or training
- exposure to parental substance misuse
- being in care or being a care leaver.

The social care statistics in this section of the report seem to show that the number of children at risk because of substance misuse has remained relatively stable, while data on SPOC MASH referrals has shown a small increase to 144, from 135. This tallies with national data, indicating there has not been a significant uptick in young people encountering problems with drug and alcohol issues ⁽²⁷⁾.

Set against this backdrop, it is a particular strength of the East Sussex system that the Young Persons Substance Misuse Service has bucked regional and national

trends by increasing their engagement and retention of young people in treatment in care: by 86% in 2021/22. This is a marked increase when compared with the 2% increase nationally.

This increase in treatment numbers has been achieved by creating:

- direct referral pathways for universal services working with young people misusing substances
- a strong community-based assertive outreach approach
- delivering evidenced-based, trauma-informed interventions.

The service has now been extended to an older age group and rebranded as the Under 25s Substance Misuse Service. This will enable young people in treatment in East Sussex to be retained in drug treatment when they turn 18 or 19, without the need to transition to adult services.

Sex workers

The health literature highlights a significant and complex relationship between substance use and sex work –particularly for cocaine, heroin and non-prescription methadone. Sex work is one of the main indicators that can ‘trap’ young people in problematic drug use.

The mixture of substances and sex work increases risk of other harms. For example, consumption of alcohol in strip clubs increases potential for assault, while for male sex workers ‘chemsex’ is a particular risk. Women involved in sex work are at high risk of mental health problems and poor physical health as well as violence and assault. They often have other existing vulnerabilities including previous sexual abuse, low educational attainment, increased relative poverty, leaving home at a young age and homelessness.

Additional risks include sexual health risks, such as sexually transmitted infections and HIV transmission. Women involved in street-based sex work and substance misuse often feel a ‘double stigma’, which can impact on their mental health and self-esteem⁽²⁵⁾.

Service provision in East Sussex for this at-risk group is patchy and, to some extent, postcode dependent. The OASIS project OWRS offers recovery support to women across East Sussex, but the proportion of sex workers engaged is low. The Brighton based OASIS sex working project (SWOT) also sees some East Sussex service users indicating unmet need. A specialist substance misuse sex-work outreach programme is currently available only in Hastings and Rother, and only for people using heroin or crack cocaine. Feedback from the staff team is that this is challenging, long-term work that requires the slow building of trust and confidence and dismantling of trauma and stigma. ⁽²⁶⁾

The OASIS project highlighted specific barriers facing their service users, including:

- accessing services in business-opening hours
- lack of childcare
- stigmatising attitudes
- age and gender
- lack of support relating to housing, employment and ongoing support.

They also highlighted a need for women-only provision. They reported that ideally services should be women specific or have separate groups or spaces for women, as many women they work with have experienced violence or assault and feel more comfortable in women-only settings.

Modern slavery and county lines

The term 'county lines' refers to a system where illegal drugs are transported from one area to another, often (although not exclusively) across police and local authority boundaries, usually by children or vulnerable people who are coerced into it by gangs. A common feature in county-lines drug supply is the exploitation of young and vulnerable people. Dealers will often target children and vulnerable adults (often with mental health or addiction problems) to act as drug runners or move cash, to enable them to stay under the radar of law enforcement.

In some cases, dealers will take over a local property belonging to a vulnerable person and use it as a base from which to operate their criminal activity.

People exploited in this way are often be exposed to physical, mental and sexual abuse, and some are trafficked to areas a long way from home as part of the network's drug-dealing business.

The map below highlights the range of county lines activity in 2019 from London, reaching into East Sussex but also as far as Cornwall.



Source: Responding to County Lines and 'Cuckooing' 2019

The picture in East Sussex is as follows: ⁽²⁷⁾

- There are ten active and emerging drug lines equally split between Eastbourne and Hastings, and 26 others. All are primarily involved in supplying crack cocaine and heroin.
- The county lines operating in East Sussex originate predominantly from the London area but lines from Liverpool and Wolverhampton have targeted Eastbourne and Hastings respectively.
- Across Sussex, child exploitation remains closely linked to drug-related harm. All children dealt with for criminal exploitation are linked to drug supply.
- Victims are groomed by older youths and peers, including family members. Social media is a key enabler.
- Boys and children from black and minority ethnic communities are over-represented, as are children with learning disabilities, those with care plans and Looked After Children.

Dual diagnosis: substance misuse and mental health

Across the East Sussex system there remains a deep-rooted problem with dual diagnosis. People with co-occurring substance misuse and mental health problems – at all levels of severity – face additional barriers in the access, take-up and outcome of treatment and support services. This is a complex issue but this review of the at-risk groups highlighted in this section reveals huge overlap and unmet need with respect to mental ill health.

The adult drug treatment system, where good comparative data exists, illustrates the issue. Mental health treatment need, across all drug and alcohol groups, is 15% more prevalent than the national average (see the figure below). However, access to mental health treatment is 20% worse.

On closer inspection, it becomes clear that the primary care system picks up most of the treatment need (62%), with specialist mental health services providing only 15% of help (40% less than the national average). It is a strength of the system that mental health issues are being detected. However, it is source of concern that specialist mental health services are not picking up service-user need. There are 266 people on the structured treatment caseload who are simply not receiving the mental health service they need. Suicidality in East Sussex is worse than national average and a suspected 25 service users took their own lives in 2019/22 so the need is great.

2.22 Clients entering treatment identified as having a mental health treatment need

(n) = clients starting treatment with a mental health treatment need recorded on NDTMS / clients starting treatment in the year to date (01/04/2021 to 31/03/2022)

From Quarter 1 2019/20 reporting, this measure now incorporates client information review data

	Year to Date		National
	(%)	(n)	
Opiate	75.2%	197 / 262	63.5%
Non-opiate	79.3%	119 / 150	68.5%
Alcohol	73.3%	300 / 409	68.3%
Alcohol and non-opiate	80.7%	222 / 275	74.3%

Treatment need identified but no treatment being received/Declined to commence treatment for their mental health need/Missing

31.7%	266 / 838
-------	-----------

26.8%

Source: DOMES 2021/22 (5)

The lack of data from mental health services is deeply frustrating for the authors. It is a source of concern that the only statutory partner who did not comply with the data request for this report was the local mental health foundation trust. The evidence base tells us that there are significant untreated substance misuse issues within community and hospital mental health services. This data must be made available if we are to properly assess levels of need.

There is consensus in the literature and NICE guidelines on the importance of integration and closer multi-disciplinary working to tackle dual diagnosis, as well as an acknowledged difference in reporting and case management systems, that services should communicate and plan effectively.

There is broad consensus that there should be an integrated response to dual diagnosis. However, **this needs to be explicitly and clearly articulated by the partnership** – for example, by drawing up agreements at top level to use common assessment tools, risk management, shared record systems, co-location of staff and agreed referral systems.

There is clear evidence at the national level (NICE NG58) that people with co-existing conditions are at higher risk of not using, or losing contact with, services. The number of people in this situation in East Sussex is not known. Effort must be made to establish how we investigate and respond to this. As well as closing the gap, this piece of work will aid an understanding of how co-existing conditions vary between, and across, groups in East Sussex and how vulnerabilities can be addressed.

Smoking

Service users across all drug groups starting treatment in East Sussex are significantly more likely to smoke than the regional and national average leading to a range of health complications. Access to smoking cessation appears to be extremely poor with a total of 0 interventions received in 2021/22.

(n) = client indicated smoking in at least 1 of the 28 days prior to starting treatment / clients who provide valid tobacco data from the TOP (i.e. 0-28 days) at both the start of treatment and the six month review (01/04/2021 to 31/03/2022)

	Latest Period		National
	(%)	(n)	(%)
Opiate	88.5%	146 / 165	66.6%
Non-opiate	85.0%	34 / 40	59.2%
Alcohol	62.2%	112 / 180	44.9%
Alcohol and non-opiate	85.2%	98 / 115	65.0%

2.25 Smoking cessation interventions provided to clients who smoke tobacco

(n) = smoking cessation interventions received by clients identified as smokers prior to starting treatment / client indicated smoking in at least 1 of the 28 days prior to starting treatment
Latest period: 01/04/2021 to 31/03/2022

	Latest Period		National
	(%)	(n)	(%)
Opiate	0.0%	0 / 146	0.0%
Non-opiate	0.0%	0 / 34	0.0%
Alcohol	0.0%	0 / 112	0.0%
Alcohol and non-opiate	0.0%	0 / 98	0.0%

Source: Domes 2021



Summing up

This data draws on a detailed analysis of substance misuse issues within a range of at-risk groups in East Sussex. The findings show clearly that there are both significant unmet need and significant gaps in the treatment system's knowledge of this need.

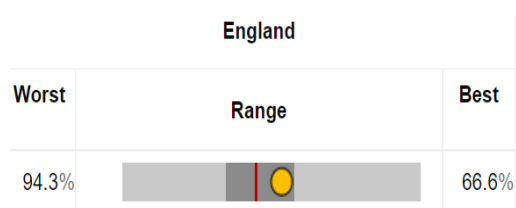
6 How is the system performing?

This report has looked at the drug and alcohol treatment system in East Sussex compared to other parts of the country and compared to previous years. It now moves on to look at the system itself, asking how it is performing in its duty to meet the needs of the communities of East Sussex.

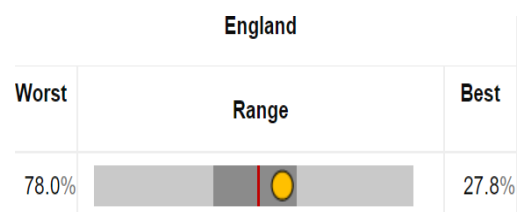
Accessibility and availability

This first section asks how accessible and available the current treatment and care system is. Set against dependency prevalence estimates of 2,500 for drugs and 7,000 for alcohol, is it clear that the sector is not very accessible or available. It is currently reaching 52% of predicted drug users and 18% of predicted dependent alcohol users. This is middle ranking compared to other similar (CIPFA) areas, as seen in the table below.

Alcohol dependency - untreated %



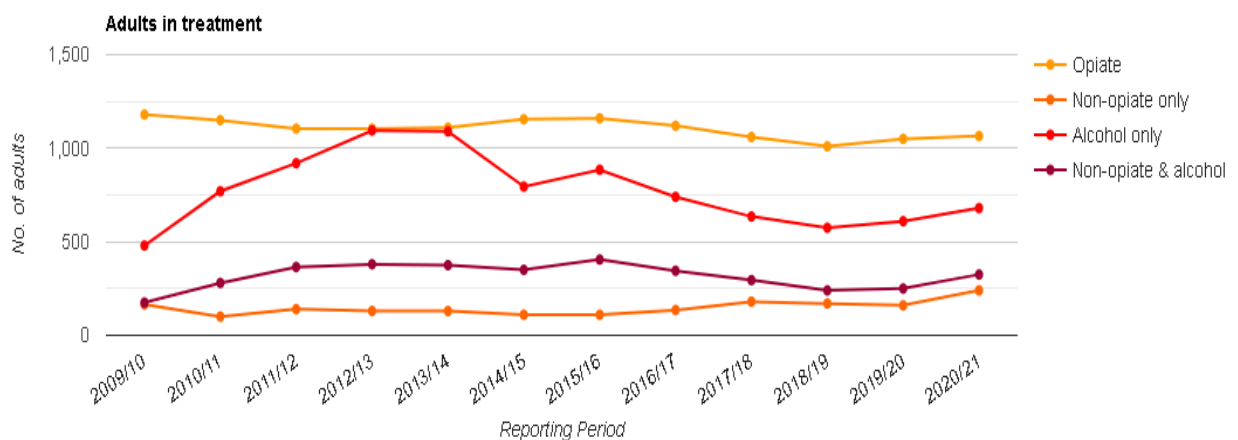
Drug Dependency - untreated %



Source: [Public Health Dashboard – OHID \(phe.org.uk\)](https://publichealthdashboard.org/)

Drug and alcohol treatment figures over time reveal a steady state, with caseloads for opiates and a slow uptick in other drug and alcohol groups, as the figure below shows.

East Sussex Adults in treatment, by drug 2010 - 2021



Source: NDTMS

Opiate service use in East Sussex has remained relatively stable, treating around 1,150 residents each year. However, numbers of non-opiate service users have increased, from roughly 550 to 650 residents each year, while alcohol treatment has seen a 15% increase in the past three years, which plateaued at 664 in 2021/22.

The number of new entrants to the whole treatment system in 2021/22 was 1,115. Of these, 465 were alcohol only, 265 alcohol and non-opiates, and 245 opiate service users. The year-on-year reduction in opiate service users – both numerically and as a proportion of new entrants – is important.

However, this report has shown that there is an estimated 1,000 drug users and 4,000 dependent alcohol users potentially in need of treatment and care. To meet this need, the new treatment system will need to increase capacity and accessibility.

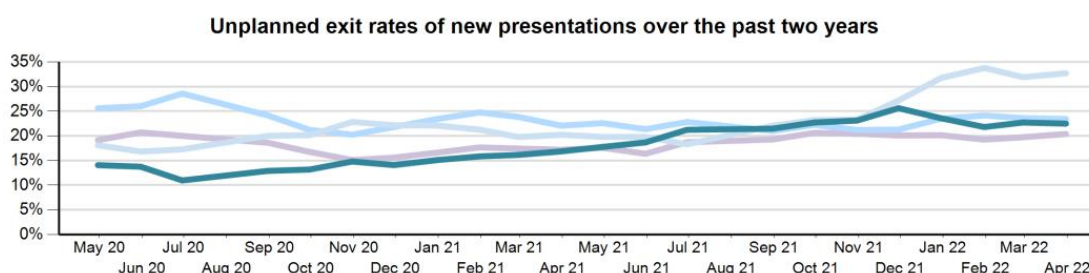
Retention

The past three years have seen a steady decline in successful engagement and retention rates and the East Sussex System is now markedly worse across all drug groups than the England average, as shown in the table below.

2.4 Proportion of new presentations who had an unplanned exit or transferred and not continuing a journey before being retained for 12 weeks

(n) = number of clients in treatment who had an unplanned exit or were transferred and not picked up to continue a treatment journey before being retained for 12 weeks / new presentations to treatment
Latest period: 01/01/2021 to 31/12/2021

	Latest period		National average
	(%)	(n)	
Opiate	22.5%	58 / 258	16.4%
Non-opiate	32.7%	50 / 153	18.1%
Alcohol	20.4%	87 / 427	13.2%
Alcohol and non-opiate	23.4%	59 / 252	17.2%

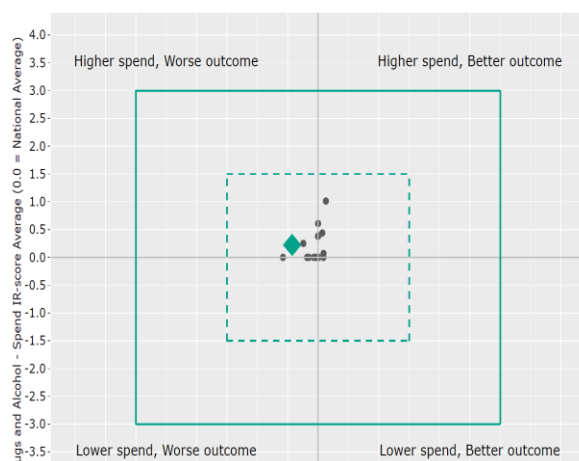


Source: DOMES 2021/22 (5)

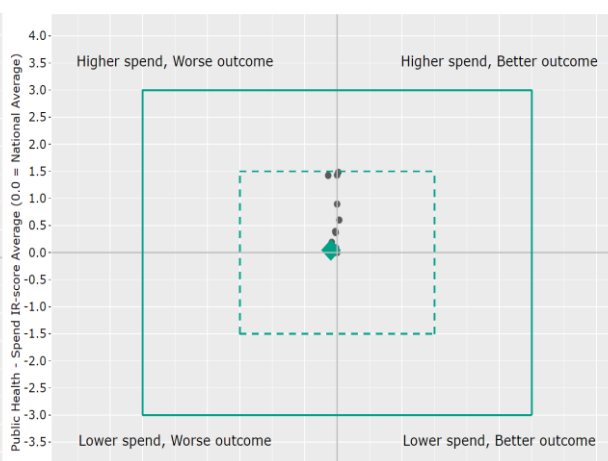
Outcomes

This section assesses the outcomes of the current provision. The OHID costs vs outcomes tool does not offer detailed analysis, but it is accurate. It tells us that the East Sussex system is relatively expensive and relatively ineffective compared to systems in other parts of the country. The figures that follow show outcomes across treatment completion and a range of harm indicators.

Substance misuse



All PH outcomes



Source: PHE SPOT tool

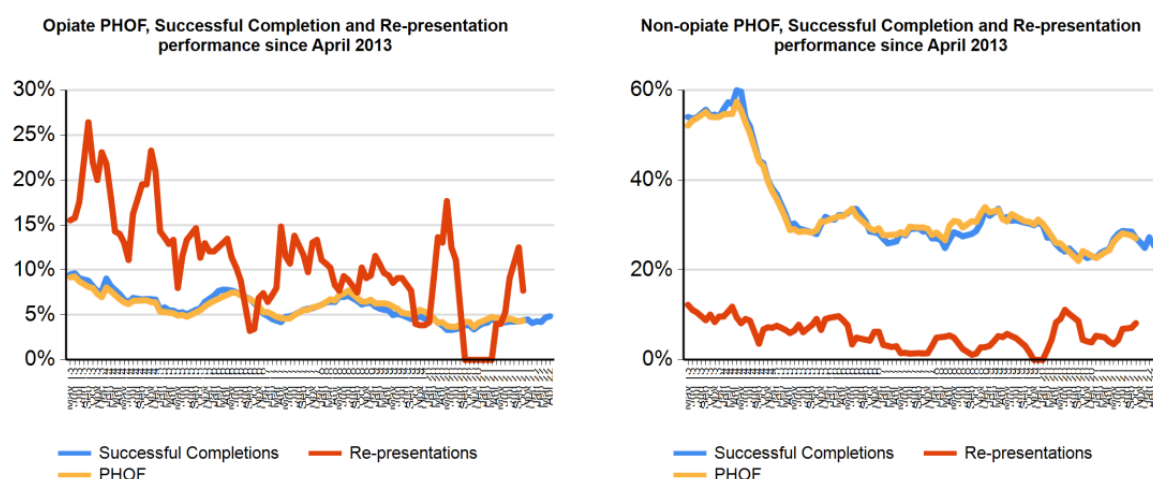
The figure on the left shows that substance misuse outcomes versus spend are worse than all the other public health indicators and interventions (shown on the figure on the right), which cumulatively are average.

Beneath this, it is useful to look at the in-treatment population system to see if it is delivering outcomes for them. The number of new entrants to the system in 2021 was strong, at 1,115, but - as described above - early drop-out is significantly above the national average.

Longer-term outcomes are poor but improving. Specifically, the recovery rate across all drug groups is significantly worse than England and comparator area average. There may well be good reasons for retaining more people in treatment (for example, better recovery support) but the 'unsuccessful completions' rates are also above average - indicating that this may equally be a systems performance issue. The number and percentage of successful completions has, however, improved in 2021/22

	Baseline period		D.O.T	Latest period		Top Quartile range for Comparator LAs	Range to achieve Top Quartile
	(%)	(n)		(%)	(n)		
Local opiate clients	4.2%	45 / 1069	▲	4.4%	48 / 1095	6.67% - 10.59%	73 to 115
National opiate clients	4.9%			5.0%			
Local non-opiate clients	24.2%	109 / 451	▲	27.0%	162 / 600	37.14% - 53.36%	223 to 320
National non-opiate clients	32.5%			34.5%			
Local alcohol clients	24.3%	149 / 614	▲	27.9%	205 / 735		
National alcohol clients	35.3%			36.6%			

Source: NDTMS DOMES 2021/22



Source: *NDTMS DOMES 2021/22*

Outcomes for service users in treatment

NDTMS submissions include a useful self-reported outcome measure. On this, East Sussex fares well on the core issue of substance misuse with greater-than-expected abstinence at six months for opiates and expected outcomes for all other drug groups, as the table below shows.

1.4 Abstinence and reliably improved rates at 6 months review in the last 12 months

Opiate abstinence and reliably improved rates
Crack abstinence and reliably improved rates
Cocaine abstinence and reliably improved rates
Alcohol abstinence and reliably improved rates

Abstinence rates*		Expected range for your clients	Reliably improved
(%)	(n)		(%)
55.2%	69 / 125	36.0% - 53.5%	21.6%
43.9%	43 / 98	27.5% - 46.7%	17.3%
34.5%	19 / 55	33.8% - 60.2%	12.7%
13.6%	42 / 308	13.5% - 22.0%	14.9%

1.5 No longer injecting: 6 month review in last 12 months

52.8%	19 / 36	46.3% - 78.0%	11.1%
-------	---------	---------------	-------

Source: *DOMES 2021/22*

On discharge, 97% of opiate users and 63-91% of all others recorded abstinence or drastically reduced use. 100% of opiate users had stopped injecting by the time they completed treatment which is an important measure of success.

An important national trend is the ageing opiate and crack-using population. This group is becoming increasingly frail and presenting with a range of underlying health conditions. This, again, presents a new challenge to the treatment and care system. That said, the treatment system is good at engaging with long-term heroin users, in particular, and in 2021/22 over 60% of people starting treatment starts begun using before 2000. This shows us that change, and hope, is always present.

Related hospital admissions and deaths

Another way to measure the effectiveness of a system is to look at the major health harms that it is trying to improve. Public Health England shows the rate of drug-specific hospital admissions in East Sussex to be 48.7 per 100,000 people. This is similar to the national rate of 52.3 per 100,000. (Still awaiting new data.)

Due to the rise in drug-related deaths over the past few years, death from drug misuse is a recent addition to the Public Health Outcomes Framework. The rate of male deaths due to drug misuse is considerably higher than that for females. Hastings has the highest rate of male drug misuse deaths of all the local authorities in the South East, at 17.4 per 100,000 males.

In-treatment death rates are a source of considerable concern, too. Deaths on the drug caseload have remained high - at 2.4%, 2.1% and 2.4% in successive years - while alcohol spiked severely during lockdown, at 1%, 2.4% and 1.7%). In 2021/22 deaths in treatment were higher compared to England (2.4% for opiates and 1.7% for alcohol in East Sussex compared to 1.7% and 1.2% respectively)

The Covid-19 response and new ways of working

The nationwide lockdown in March to July 2020, and the subsequent lockdowns and infection control guidance, had a major effect on drug and alcohol treatment and care. Social distancing policies led to significant challenges in service provision and wider support services. The main programme activities (medication-assisted treatment, the alcohol offer, and harm reduction activities) remained in place. However, face-to-face meetings were severely restricted and have only slowly returned to anything resembling normal.

Many positives emerged from the pandemic, including greater trust and confidence in service users and local management, less restrictive prescribing practice and a hopefully irreversible move away from supervised consumption by default. (As at April 2022, only 19% of prescribed service users in East Sussex were on supervised consumption compared with 50% pre pandemic indicating increased trust and self-efficacy for those in treatment.)

However, the substance misuse sector has not kept pace with other sectors in opening up normal provision. While various claims were made about the 'digital offer' during Covid, what providers often meant was 'telephone contact'. This is a significant issue. It is clear from the qualitative and quantitative data that services have still not returned to normal and that many service users are not content with the status quo. Around 30% of structured appointments remain by telephone, and little progress has been made with digital interventions. This is a source of concern and needs to change urgently.



Summing up

This section shows a mixed picture in terms of performance. A key finding of this report is that there is a need to better understand the underlying factors and physical health needs of the treatment population and then to provide wider access to healthcare, in order to have a meaningful impact on deaths.

7 Conclusions and recommendations

This report highlights the many strengths of the current treatment system. The system in East Sussex is good at retaining people in effective treatment and protecting them against blood-borne viruses and other health harms. It has a particularly strong offer for young people, children and families.

It also shows some opportunities to improve the current partnership governance arrangements which needs a much better sharing and understanding of performance data, closing some of the gaps in information provision for mental health, primary care and homelessness, in particular. The new Harm to Hope Board must be central to a renewed vigour in performance management across the system. Central tasks include improving access routes, resolving early drop-outs and helping more people to recover.

The report also highlights important areas of improvement and how to better target resources. The treatment system in East Sussex is well established and commissioned along previous national guidelines. However, it has not moved on sufficiently to respond to new patterns of drug use and the evolving communities of Sussex. There are significant gaps in understanding the health of its service users and in integrating with primary and mental health services, combined with a huge resource and general capacity gap in alcohol provision. More starkly, the system overall has left some of the county's most deprived communities virtually unserved by treatment services.

The investment from the new National Drug Strategy into local services, alongside changes in the health commissioning structures, represent the most transformative opportunity seen for the past decade. East Sussex can – and must – grasp the chance to build on local strengths in order to deliver a modern, effective treatment system with a re-energised workforce, while targeting real investment into some of our most deprived neighbourhoods and under-served communities.

Recommendations

The recommendations of this report are as follows:

- 1 There needs to be a fundamental shift to focus on partnership, accountability and leadership.** The Black review identified that there has been a muddled response nationally. This is mirrored in East Sussex - to the core issue of accountability for drug and alcohol prevention and treatment. Despite considerable work to respond to this across the partnership, what is needed now is a clear, coherent and integrated response.

This report identifies fragmentation and silos in information, referrals and care pathways across the system (including criminal justice, adult and children's social care, mental health, housing and homelessness, primary care and employability). The views of communities, service users and the voluntary, community and social enterprise (VCSE) sector must be included in this partnership. The governance structure should incorporate senior sponsorship and operational delivery. Pooled budgets, joint commissioning and integration points with the new ICB structures should form a part of this.

- 2 Substance misuse requires a wide partnership and community response.** This is because substance misuse is not just an individual choice: it is strongly influenced by wider social determinants. At a population level and within local communities, prevention requires further work to properly understand the drivers of substance misuse and the strengths of our communities. One part of this is about integrating data sources (including population-level health, Sussex linked dataset, ICB and wider data sources). Another is about properly mapping the need and resources of our most deprived communities.

To illustrate this point, there is no obvious explanation for the fact that areas such as Newhaven and Hailsham have high alcohol consumption, drug and alcohol health harms and death but low engagement with services. Similarly, our research could not account for the almost total lack of people from black and ethnic minority communities in the system, nor the undertreatment of mental health issues. In short, engagement, treatment and care resources must be targeted at those communities and individuals with the highest levels of deprivation and need.

- East Sussex needs to better understand the underlying factors and physical health needs of its in-treatment population. Although it is clear what these people are dying of (in the main, physical health issues related to substance misuse and deprivation), there is scant information in the system about health and healthcare. To have a meaningful impact on deaths, it is essential first to

understand the issues and then to draw on those insights to provide wider access to healthcare.

- There is a need to strengthen working with the criminal justice system to ensure that those with substance misuse issues have the care they need, and to harness every opportunity to engage with treatment. There are quick wins here in increasing community treatment orders, reducing attrition, optimising treatment, improving CJIT case management and, in particular, fixing care pathways from Lewes Prison. In the longer term, the postcode lottery of service provision between Hastings and the rest of the county can be resolved by extending the Project Adder offer to cover East Sussex.
- Close working is needed at a local level - notably, with criminal justice partners, mental health, children's social care, employability, and housing providers. This is essential if the system is to take a holistic approach to individual circumstances. This was demonstrated by the positive feedback concerning close working across partnership as part of the Covid homeless response. This work should include exploring links to the social prescribing workforce within primary care.
- There is a need to invest in specialist provision for women who face multiple barriers to access current systems. Women's access to the current treatment system is better than the national average but further work is needed to improve outcomes for them. There is a strong call for gender-specific services to be available across East Sussex.
- Improvements are needed in engagement service users and shared decision-making. An in-depth analysis of service-user involvement was out of scope for this report. However, all changes to the system around substance misuse must include service users. Our research captured comments from a number of partner organisations stressing the importance of incorporating lived experience insights at different levels: within provider organisations, independently, and within the commissioning structures.
- Work is needed to secure better access to mental health services and mental health data. People experiencing co-existing mental health and substance misuse conditions are at significantly increased risk. Within the substance misuse system, too many are not getting a mental health service and the extent of substance misuse within mental health is simply not known. It is unacceptable that this data is not available. Developing the solutions is a complex task that will involve devising a new way of working between partners and be arrived at through partnership. But a start must be made.
- Investment must be targeted at evidence-based harm-reduction interventions. East Sussex does comparatively well on most harm-reduction indicators but

there is room for greater engagement. It must continue to support people not ready to engage with treatment, reduce the health harms caused by drug misuse, and protect the progress made towards reducing blood-borne virus infections and eliminating Hepatitis C, focusing on the changing needs of an evolving population, and in particular at specific at-risk groups.

- The refreshed partnership governance structure needs to relentlessly focus on treatment performance. The system has been in decline for some time, with the basics of access, engagement, retention and outcomes all under-performing - particularly given the level of investment. The resource must be targeted specifically at optimising treatment services.
- A county and system-wide workforce development strategy must be developed. In the current employees' market, there is a danger that much of the new resource will be wasted on interim staffing solutions and wage inflation. If there is to be a step change in performance locally, it will be essential to reinvest both in leadership and in a highly skilled multi-disciplinary workforce.
- All drug treatment provision must be remodelled and reprofiled to recognise the shifting nature of the drug-using populations and the changing demographics of East Sussex. This must be done through service-user engagement, service re-development and, potentially, through re-commissioning whole systems.
- A substance misuse digital strategy is needed. East Sussex needs to take advantage of true digital interventions and adaptations for service users, such as joining the Sussex Care Record initiative to join up data and care planning.
- A key task is to remodel the specialist alcohol service and ramp up capacity. The treatment penetration rate for problematic alcohol users is only 18% and numbers have plateaued. There are some encouraging signs, including the increased referral to residential rehabilitation for alcohol users. However, this rate of unmet need needs to be resolved. Work should start with a specialist and in-depth review of alcohol needs - creating a detailed business case for mainstream health investment in alcohol treatment and care. (Some early thoughts on a business case are provided in the Appendix.)

References

- (1) [Guidance for local delivery partners \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- (2) [Drug misuse in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)
- (3) [Shooting Up: infections and other injecting-related harms \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- (4) [East Sussex alcohol harm reduction strategy 2021-2026 | East Sussex County Council](#)
- (5) [Census 2021](#)
- (6) [This one State of the County 2021 Focus on East Sussex.pdf](#)
- (7) [Policy report - Drugs and diversity_ ethnic minority groups \(policy briefing\).pdf \(ukdpc.org.uk\)](#)
- (8) [Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](#)
- (9) [JSNA - Home \(eastsussexjsna.org.uk\)](https://eastsussexjsna.org.uk)
- (10) <https://www.ndtms.net/Monthly/Adults>
- (11) [NDTMS - ViewIt - Adult](#)
- (12) [Local Alcohol Profiles for England - OHID \(phe.org.uk\)](#)
- (13) [FinalReport_0122.pdf](#)
- (14) **Error! Hyperlink reference not valid.**
- (15) [Alcohol needs Assessment 2021 \(kpho.org.uk\)](https://kpho.org.uk)
- (16) [Policy report - Drugs and diversity_ LGBT groups \(policy briefing\).pdf \(ukdpc.org.uk\)](#)
- (17) [lgbt_in_britain_health.pdf \(stonewall.org.uk\)](https://stonewall.org.uk)
- (18) [East-Sussex-Lesbian-Gay-Bisexual-Trans-Queer-Plus-Needs-Assessment-Dec-2021.pdf \(eastsussexjsna.org.uk\)](#)
- (19) [rs_statistics2021.xlsx \(live.com\)](#)
- (20) [DetailedLA_2020-21_Revised_dropdowns_fixed.ods \(live.com\)](#)
- (21) [Regional_Report_2019_South-East.pdf \(covenantfund.org.uk\)](#)
- (22) [ESVH Data](#)
- (23) [PHOF C20 Companion Report - Quarter 4 2021-22](#)
- (24) **Error! Hyperlink reference not valid.**
- (25) [CHLDRN - Local and national data on childhood vulnerability | Children's Commissioner for England \(childrenscommissioner.gov.uk\)](https://childrenscommissioner.gov.uk)
- (26) [DrugScope and AVA, The Challenge of Change: Improving services for women involved in prostitution and substance use.](#)
- (27) [Centre for Gender and Violence Research, University of Bristol, The nature and prevalence of prostitution and sex work in England and Wales today \(2019\)](#)
- (28) [Help with addiction to crack cocaine or opiates | East Sussex County Council](#)

Appendix 1: Interim feedback and next steps

The findings of this needs assessment was shared with the Harm to Hope subgroup in July 2022. Their feedback will be incorporated into this final report.

Areas to focus on in the future included:

- co-existing mental health issues
- refocusing on the criminal justice system – especially prison leavers
- a need to better employ local data to enable workstreams and partnerships supporting people holistically, to take account of individual complexities
- a better understanding of how the local communities interact with vulnerable groups.

Known gaps in knowledge or ability to improve services included how best to support those with coexisting mental health conditions, as well as those in the other at risk groups we covered.

Community consultation highlighted the following recommendations:

- Support from someone with lived experience is important for recovery.
- Communication is key. Tell service users what to expect and when changes happen to support.
- Make it easier to find out what support is available.
- Educate partner services around drug and alcohol misuse.
- Provide in-person support as this is still preferred to online provision.
- Provide support combining mental health needs and substance misuse.
- Deliver services consistently across the county.
- Educate employers to enable safe conversations to take place and support those affected to stay employed.
- Ensure there is support for families and loved ones.

Appendix 2: Sample business case for greater alcohol investment

A study by the National Social Marketing Centre estimates the total social cost of alcohol to England as £55.1bn - that is, £68bn at 2022 prices. This study is widely recognised as the best attempt to date to assess the impact of alcohol on society, because it includes data for both private and external costs (Lister et al, 2008) ⁽¹³⁾. These costs include those to the NHS of the four major disease conditions associated with alcohol harms - heart disease, stroke, liver disease and cancer.

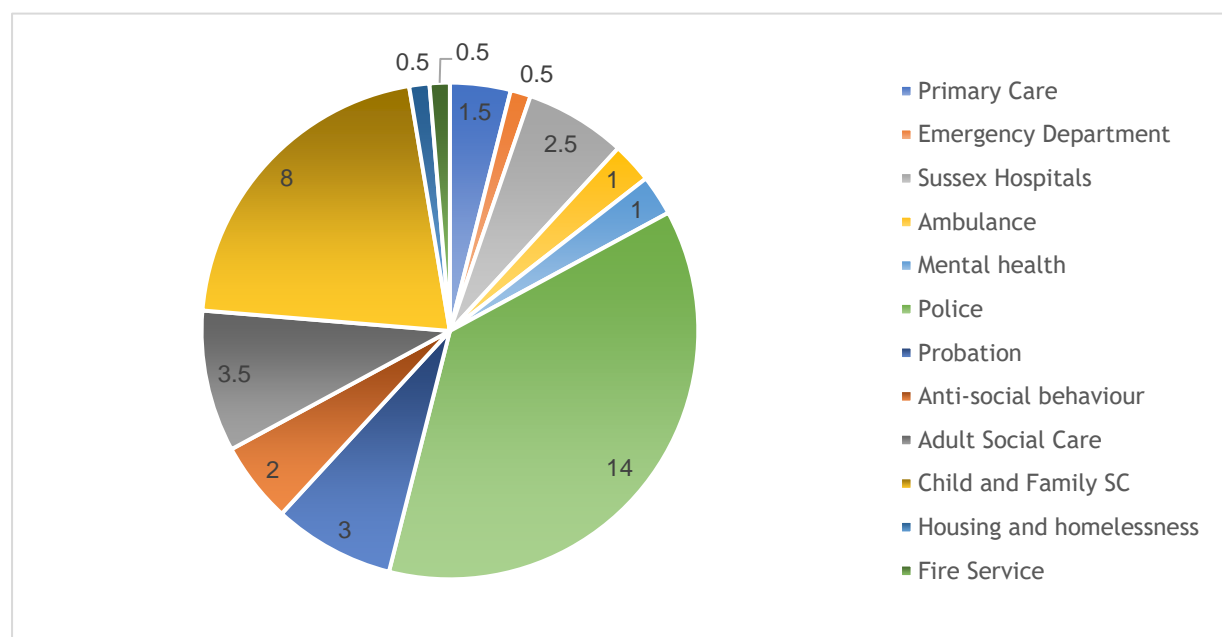
Impact of delay to alcohol treatment

At present there is an alcohol treatment gap of 82% across East Sussex. This means that although there are services in place, they are accessed by only 18% of the population of dependent drinkers.

This issue is not unique to East Sussex. However, it shows that there is a sizeable population unable to access care and support, which will ultimately incur a high social and economic cost to the county. Drawing on the PHE Alcohol Commissioning Pack ⁽¹⁴⁾ and the Kent ANE Methodology ⁽¹⁵⁾, we estimate that the total public-sector cost savings for meeting all the treatment need could be £30m, compared to the county's annual cost of drug and alcohol treatment combined, of £5m.

This appendix forms a rough sketch of alcohol cost savings to the system that could be developed into a business case for the wider healthcare commissioning system.

Potential cost savings by service (£m)



Probation source data submission (data suppression applied)

Local Authority	% PoPs Substance With Substance Misuse Need
Eastbourne	31%
Hastings	36%
Lewes	25%
Rother	25%
Wealden	19%

Total No. of SM Need					
Age	18-24	25-35	36-49	50 or Over	Grand Total
Hastings	15	45	33	14	107
Eastbourne	10	28	29	11	78
Rother	*	16	9	*	36
Lewes	*	13	*	*	32
Wealden	10	7	*	*	27
Grand Total	46	109	86	39	280

Area	Total No. of Substance Misuse Need	Male Users	Female Users	Disability	Mental Health Issues
Eastbourne	78	68	10	*	64
Hastings	107	95	12	*	81
Lewes	32	30	*	*	25
Rother	36	31	*	*	30
Wealden	27	24	*	*	18
Grand Total	280	248	32	7	218

Row Labels	Total No. of Substance Misuse Need	Custody Pre-Release	Licence Post Release	Community Sentence	Drug Tmt Reqt Imposed
Hastings	107	6	32	69	8
Eastbourne	78	*	21	52	10
Rother	36	*	10	26	*
Lewes	32	*	12	18	*
Wealden	27	*	7	18	*
Grand Total	280	15	82	183	25

