

Substance Misuse in East Sussex - assessment of need

Updated January 2025

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 Hope¹ 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), Office for Health Improvement and Disparities (OHID) data² 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 previous 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 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.’³

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

The East Sussex context

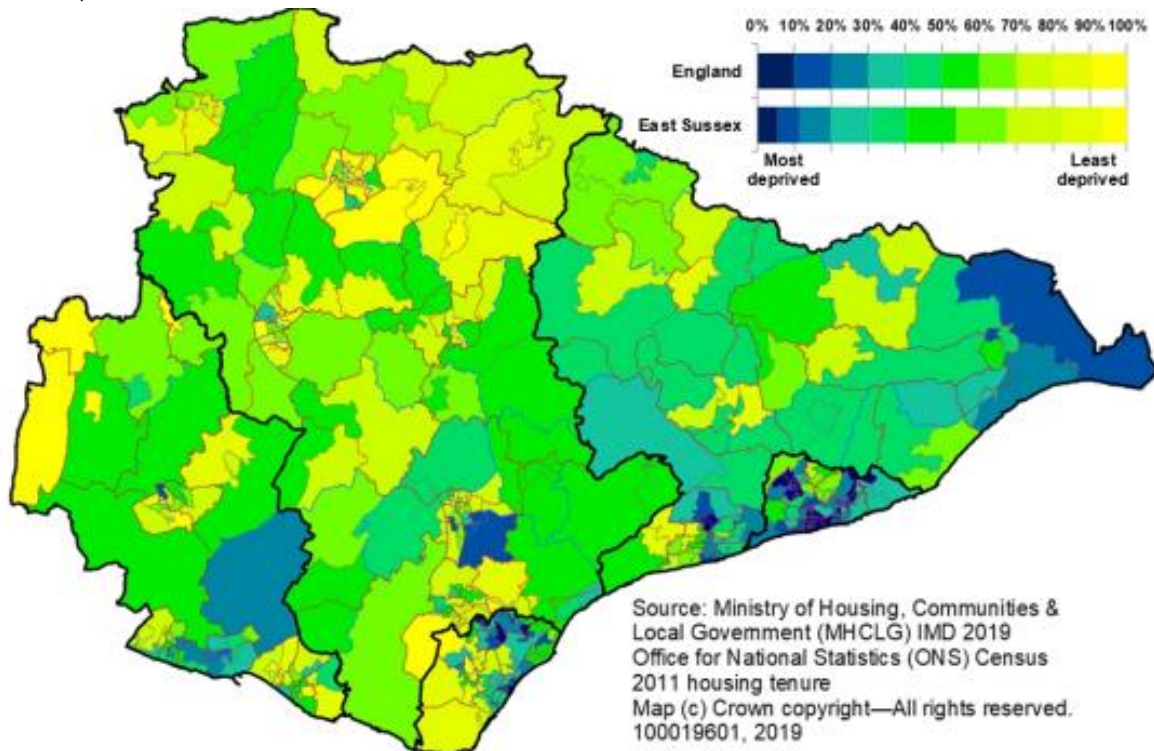
The population of East Sussex is estimated at 555,500⁴. East Sussex has an older age profile than England and the Southeast, with 26% of the county's population aged 65 or over, compared to 19% across England and 20% regionally. The median age of the county is 48.5, compared to the national average of 40.4. Similar to the national picture, 52% of the county's population was estimated to be female and 48% male.

The latest ethnicity data shows 88.3% of the East Sussex population identifying as White British or Northern Irish, compared to the regional average of 78.8% and the national average of 73.5%. On religion, 45.9% of the population describe their religion as Christianity, 1.1% of the population as Islam, 0.5% Buddhism and 0.3% Hinduism, while 44.7% of the population said they had no religion.⁵

Understanding the demographics of communities is important as residents from black and ethnic minority communities are known to face different barriers to services⁶. 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 outcomes⁷.

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.

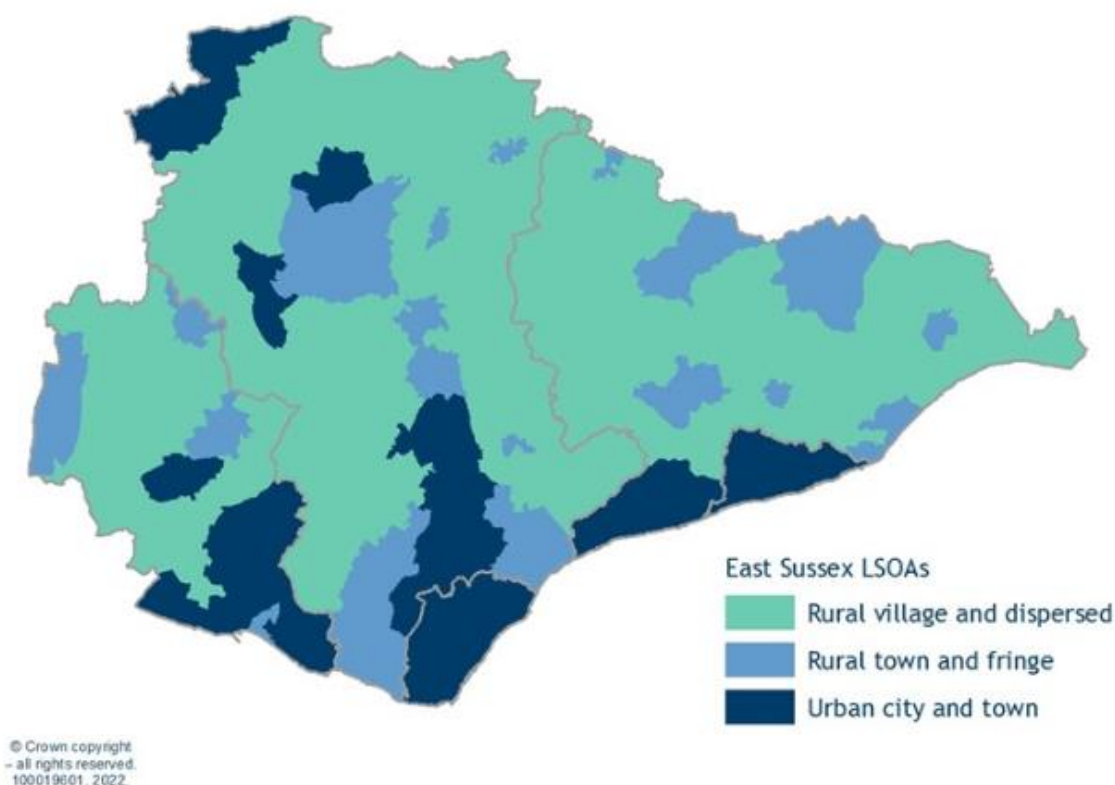
The Index of Multiple Deprivation (IMD) 2019 measures relative deprivation for people living in small areas in England called lower-layer super output areas (LSOAs). In East Sussex there are 329 LSOAs. Of these, 22 are in the most deprived 10% nationally, comprising 16 in Hastings, four in Eastbourne 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.

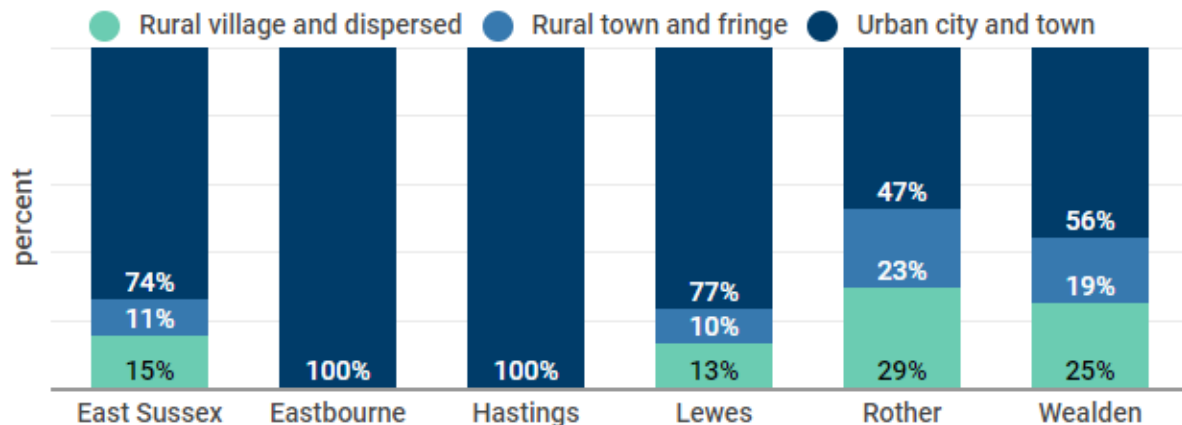
Deprived LSOAs are often characterised by poorer health, greater disability, lower skills, educational disadvantage, higher crime and - importantly, for the purpose of this report - substance misuse. However, deprived people may be found in all areas, and not all people in a deprived area will be living in deprivation. 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





[East Sussex Joint Strategic Needs Assessment |](#)

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 and Hastings, 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 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 are 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.

East Sussex is also home to a Lived Experience recovery Organisation (LERO) which is made up of, and led by, individuals with lived experience of drug and alcohol recovery. The LERO will have the ability to deliver a range of harm reduction initiatives, peer

support and recovery support services, and will help people experiencing problematic drug and/or alcohol use to access and engage in treatment and other recovery services.

At a glance: What's happening in treatment?

East Sussex is home to an estimated 2541 people who use opiates and/or crack. Of these, just over half (56%) were in treatment during 2023/24, compared to a national proportion rate of 57%. While the local and national figures are comparable, it does indicate a possible further 1,093 people in the county using opiates and/or crack who are not accessing treatment.

- In 2023/24, 1,835 people in East Sussex were in treatment for problematic drug use - a 2% increase on the previous year (1,800), compared to a 6% increase nationally. 59% of clients were in treatment with problematic use of opiates.
- During 2023/24, East Sussex saw 795 new clients access drug treatment. Of these, 47% (370 people) were for non-opiates and alcohol use, followed by 30% (235 people) for opiates. The final 24% (190 people) presented with non-opiates only.
- Access to residential rehabilitation has plateaued, with 45 treatment starts in the last three years. In 2023/24 15 of these were for opiates, an increase of 10 in both 2021/22 and 2022/23. This is still below the target of 2% of the treatment population receiving residential care.
- 60% of all referrals into treatment in 2023/24 were by self or family and friends. Health services and social care referrals accounted for 16%, with a further 13% through the criminal justice system.

Type of drugs used

The proportion of clients in treatment reporting problematic cocaine (not crack cocaine) use has increased from 13% in 2019/20 to 20% in 2023/24, which equates to an increase from 275 individuals in treatment to 550. While the proportion nationally is also on an upward trend, it stood at 15% in 2023/24.

The number reporting problematic cannabis use has dropped slightly from 580 in 2022/23 to 555 in 2023/24, this is still a fifth of everyone in treatment.

People in drug treatment

In 2023/24, there were 1835 clients in drug treatment across East Sussex. Of these, 68% were male (slightly lower than the national figure of 72%) and 32% female (slightly higher than the England average of 28%). 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 30-49 group (57%), followed by those aged 50+ (27%). The East Sussex 50+ cohort is slightly higher than the nation figure of 23%

In East Sussex - as nationally - opiate clients tend to be older, making up 45% of the 50+ cohort although this is closely followed by alcohol only clients who comprise 43% of this age group.

43% of the 18-29 age group are in treatment for non-opiate and alcohol use. The number of under 18s accessing treatment in East Sussex has fallen from 270 in 2022/23 to 230 in 2023/24. 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?

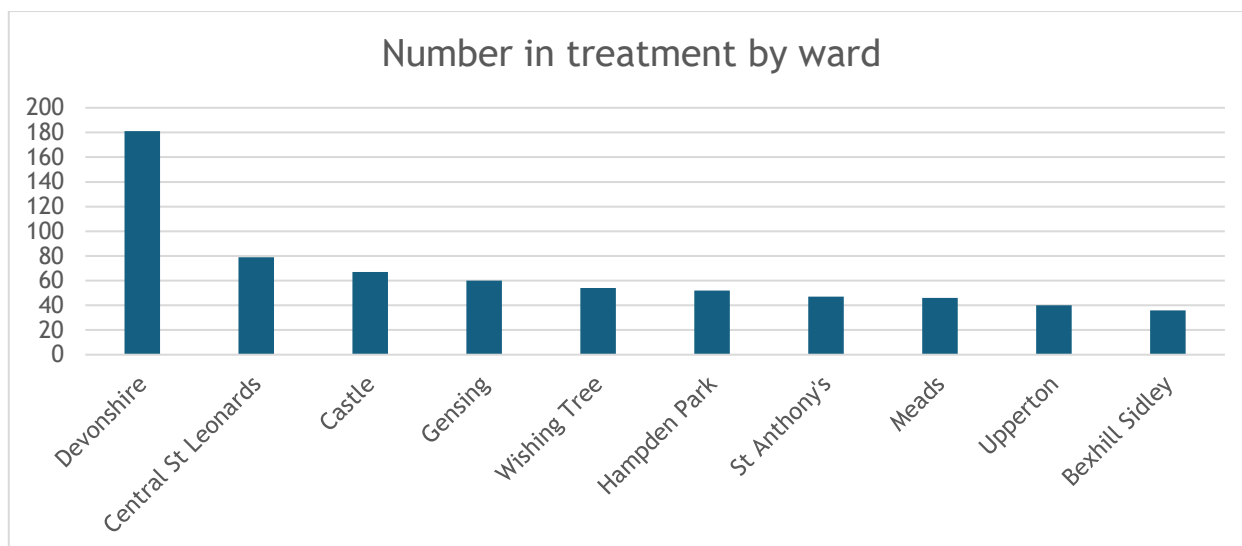
- 5% of drug treatment starts were from black and ethnic minority communities.
- 41% reported that they had at least one disability - mostly emotional and behavioural (26%).
- 17% (135 individuals) of new presentations during 2023/24 were parents not living with their children, which is broadly comparable with the England figure (15%). However, the number of parents living with children is somewhat higher than the national figure of 15%, at 21% (170 individuals)
- 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.

Harm reduction and blood-borne viruses

In 2023/2024, 61% of eligible clients in East Sussex were offered and accepted a Hep C test. 74% of those who PCR tested positive were referred to treatment. While 39% of those eligible a Hep B vaccination were offered and accepted. 77% of opiate service users were supplied with naloxone in 2023/2024.

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 2023/24, most people using drug services were living in Hastings (32%) and Eastbourne (30%). In line with this the wards with the highest treatment populations mostly fell into these areas, excluding Bexhill Sidley, as displayed in the chart below:



4 The state of play: alcohol treatment in East Sussex

East Sussex is home to an estimated 5,277 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 East Sussex is 75% - slightly lower than the national rate of 78%.

Number in alcohol treatment

During 2023/24, 805 people in East Sussex were in structured treatment for alcohol only - a slight decrease on the previous year's figure of 810. There were 545 new presentations to alcohol treatment. This is a slight increase on the previous year (535) and a notable increase on 2021/22 (415).

In 2022/23 69% of all clients in alcohol treatment either self-referred or were referred by family and friends, this is notably higher than the national figure of 59%. 17% were referred by health services and social care, compared to England where 265 of referrals were through this route.

Profile of alcohol clients

Of the total clients in alcohol treatment in East Sussex in 2023/24, males accounted for 57% - comparable to the national figure of 60%. Females made up 43% (higher than the national rate of 40%).

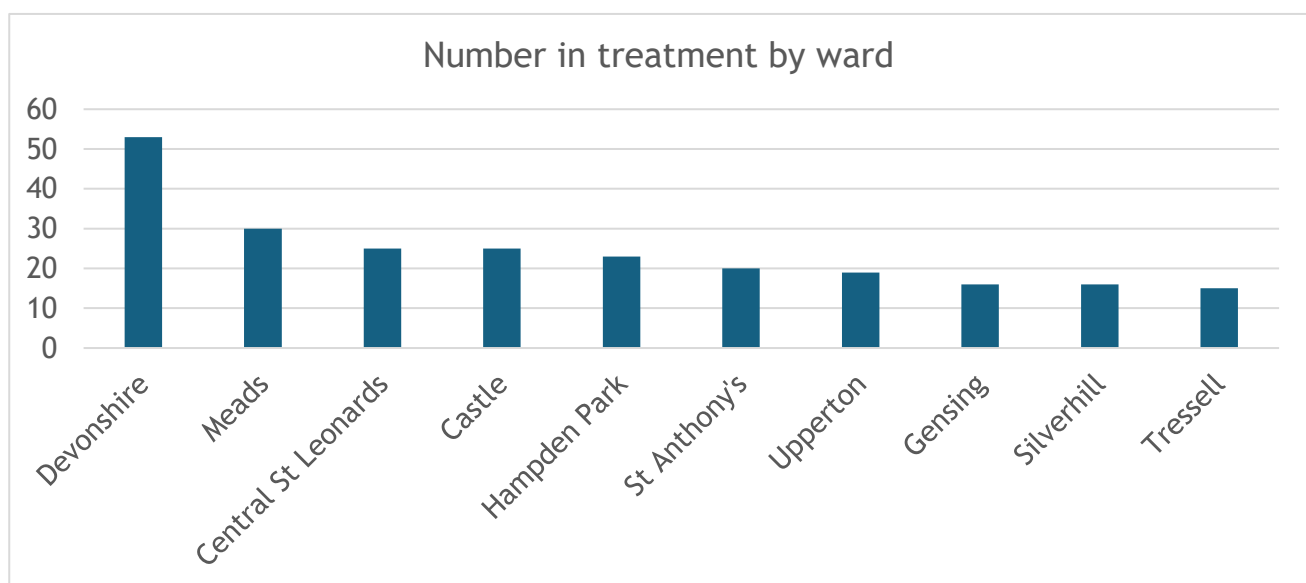
In 2023/24 the proportion of those 50+ in treatment slightly overtook the 30-49 group (47% vs 45%). The proportion of 18-29 in treatment is on a downward trend, in 2023/24 represent 7% of those in treatment for alcohol only. This reflects the national trend.

At a glance: Who is presenting for alcohol treatment?

- 3% of people starting alcohol treatment were members of black or ethnic minority communities.
- No service users self-describing as Gypsy, Roma or Traveller started treatment - despite their comprising 0.2% of the population and a greater prevalence of drugs and alcohol misuse.
- More than two thirds (38%) of people reported having at least one disability - mostly relating to emotional and behavioural (13%) or mobility and gross motor skills (10%).
- 22% (120) of new presentations said they had children living with them, while 9% (50 people) were parents not living with their children.
- Just over a third (34%, comprising 175 people) reported regular employment - a higher figure than that for drug treatment (28%). There were 248 (48%) individuals were unemployed or economically inactive and a further 85 (16%) were on long-term sick leave or had a long-term condition. This is an increase on 12% in 2021/22.
- Just over one in 20 (6%) presented to treatment 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 and Eastbourne, with clients of each area making up 23% of the overall treatment population in the county.



Up-to-date alcohol consumption data for East Sussex isn't available. According to the Health Survey for England 2022, an estimated 32% of males and 15% of females in

England drink more than 14 units a week. This is similar to the percentages in the South East region putting them at an increasing or higher risk of alcohol-related harm⁸.

East Sussex NHS Health Checks data for 2023/24 showed that 1% of those who took up the offer that year were higher risk or possible dependent drinkers, with this being higher for males. Note that only residents aged 40-74 years who do not have pre-existing health conditions are eligible for an NHS Health Check.

It is clear that the alcohol needs of East Sussex are considerably higher than drug-related needs and that the 805 people who received treatment in 2023/24 are a small slice of the overall need.

Alcohol-related admissions

East Sussex is generally similar to or better than England across a range of alcohol-related admission indicators, with the exception of admissions for under 18s and under 40s where the rate is significantly higher. However, the picture changes from one area to the next. Hastings has significantly higher alcohol-related admissions compared to nationally and Lewes and Wealden have significantly lower rates. Eastbourne is similar to or significantly worse than nationally, and in Rother the picture is more mixed across different indicators.

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 populations⁹.

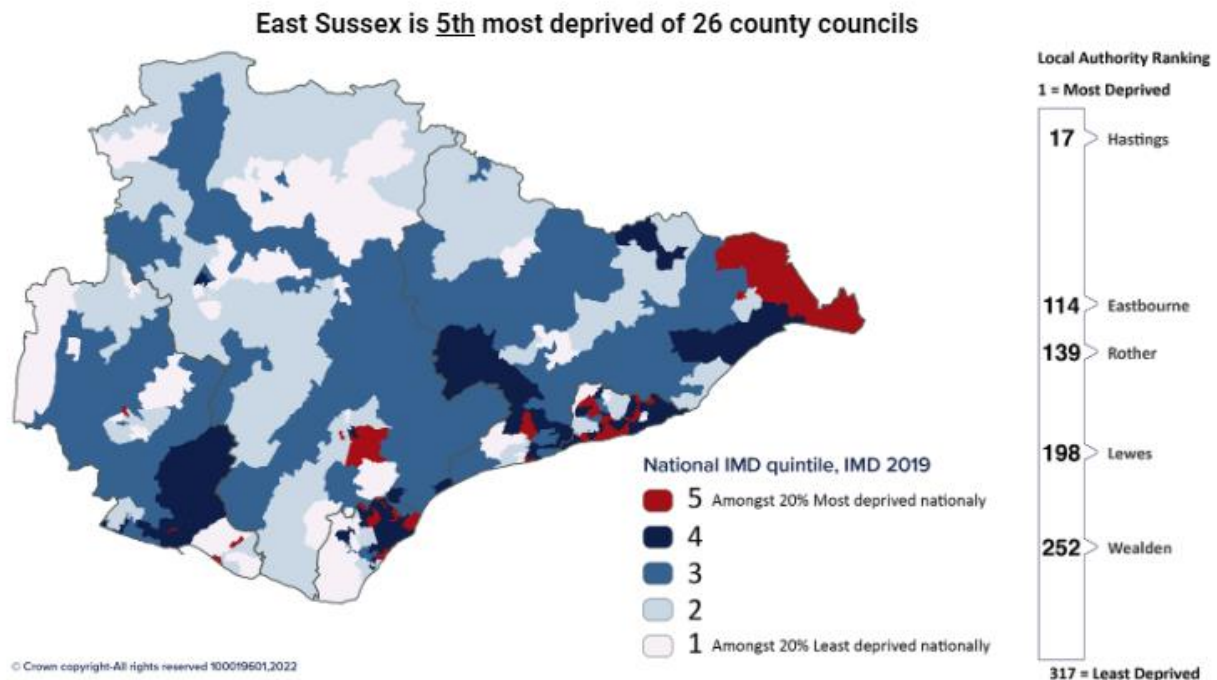
5 The at-risk groups of East Sussex

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. 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 Joint Strategic Needs Assessment](#) |

The current cohort in treatment are disproportionately ‘from’ communities in the lowest 20% of East Sussex’s IMD (shown in the map above in red). 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](#)¹⁰ aged 18-24 (that is, 13%) taking drugs at least once a month.

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 assessment¹¹ 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.

In terms of substance misuse treatment access, in 2023/24, of those presenting to treatment with a sexual orientation recorded, 94% identified as heterosexual, 4% as gay or lesbian (equating to 40 people), 2% as bisexual (25 people), and 0.5% as another sexual orientation (5 people). A further 90 (7% of all new presentations) did not have a sexual orientation recorded. This in itself is a source of concern, as 'not stated' is traditionally associated with poorer treatment outcomes¹².

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

People experiencing homelessness

The most recent rough-sleeper count (by definition, an undercounted snapshot), in Autumn 2023, reveals the figures shown below¹³.

East Sussex rough sleeper count, Autumn 2023

Hastings	31
Eastbourne	37
Rother	5
Lewes	6
Wealden	6
Total	85

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.

Veterans

The 2021 Census in England and Wales was the first to ask people if they had previously served in the UK armed forces. People aged 16 years and over were asked whether they had previously served in the regular or reserve UK armed forces, or both. People currently serving in the UK armed forces and those who had never served were both advised to tick "no". There were 21,172 people who had previously served in the UK armed forces (4.6% of the population aged 16+).

East Sussex veterans, Census 2021

Local Authority	16-64 years	65+ years	Total 16+
Eastbourne	1,339	2,647	3,986
Hastings	1,227	1,686	2,913
Lewes	1,255	2,560	3,815
Rother	1,281	2,944	4,225
Wealden	2,161	4,072	6,233
Total	7,263	13,909	21,172

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 suicide¹⁴.

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.

Women

Women accessing mainstream drug and alcohol treatment face multiple additional challenges. 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.

Adults within the criminal justice system

In 2023/24 10% (140) of referrals into community treatment came from the criminal justice system, compared to 15% nationally.

In East Sussex the Criminal Justice Intervention Team (CJIT) co-located at both the Hastings and Eastbourne Probation offices, and work closely with Hastings Magistrates Court, Lewes Crown Court, and both Brighton Magistrates and Crown Courts.

CGL attend the Hate & Anti-Social Behaviour Risk Assessment Conference (HASBRAC), Cuckooing meetings, and Integrated Offender Management (IOM) meetings. They also carry out monthly visits with Sussex police in the 'cuckooing car'.

People on probation

Of the 5157 individuals on Sussex Probation's caseload in February 2025, 1185 (23%) have a substance misuse treatment need. There are also 1868 (36%) individuals where Sussex probation don't hold this information.

The majority (59%) of the caseload who are known to have substance misuse issues are aged between 30 and 49. 31% are aged 18 to 29, and the remaining 11% are 50 or older. 88% are male and 80% are White British English/Welsh/Scottish/Northern Irish.

A fifth of the cohort disclosed using crack cocaine on at least an occasional basis, 13% disclosed using powder cocaine and 11% heroin use.

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.

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 team¹⁵ estimates there are 3,700 children in East Sussex living with an adult with alcohol or drug dependency (34.92 per 1,000). In 2023/24, 39% (1040) of those in treatment for drug or alcohol use were parents. Of those 555 were living with children.

Family Drug and Alcohol Court (FDAC)

The Family Drug and Alcohol Court is a unique service designed to support families through care proceedings. Unlike standard care proceedings, FDAC takes a collaborative approach to working with families to reduce harm and improve outcomes for Children and their parents.

The FDAC approach requires parents to consent and sign up to a process where they are supported through assessment to agree an intervention and treatment plan.

Traditionally, FDAC nationally has worked with parents where drugs and alcohol are the primary concern, however, in East Sussex a broader approach has been taken to support with families with multiple challenges including domestic abuse and mental health concerns.

The FDAC team is multi-disciplinary and is able to work holistically with families to best support them to overcome their difficulties. The team also work closely with community treatment services including Adult social care, adult mental health and drug treatment services, housing and health practitioners. The FDAC approach is timely and reviewed frequently. It follows the Public Law Outline (PLO) guidance of 26-week hearings but builds in Case Management Hearings following time limited "trials for change" where parents' progress is considered. The PLO is guidance about Children's Care Proceedings.

A key component of the FDAC approach is the role of the Judge who forms part of the team and meets with the parents as part of the intervention in fortnightly Non-Lawyer Reviews. Parents have described feeling empowered by this and have spoken positively about finding the judges approachable and helpful.

Research nationally suggests that FDAC achieves good outcomes for the families that are involved. Evidence suggests that parents who are part of FDAC are more likely to achieve lasting abstinence, that children are more likely to be reunified with their parents or placed with family members than in traditional proceedings. Importantly, parents also report finding the FDAC process accessible, inclusive, and kind.

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.

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.

Dual diagnosis: substance misuse and mental health

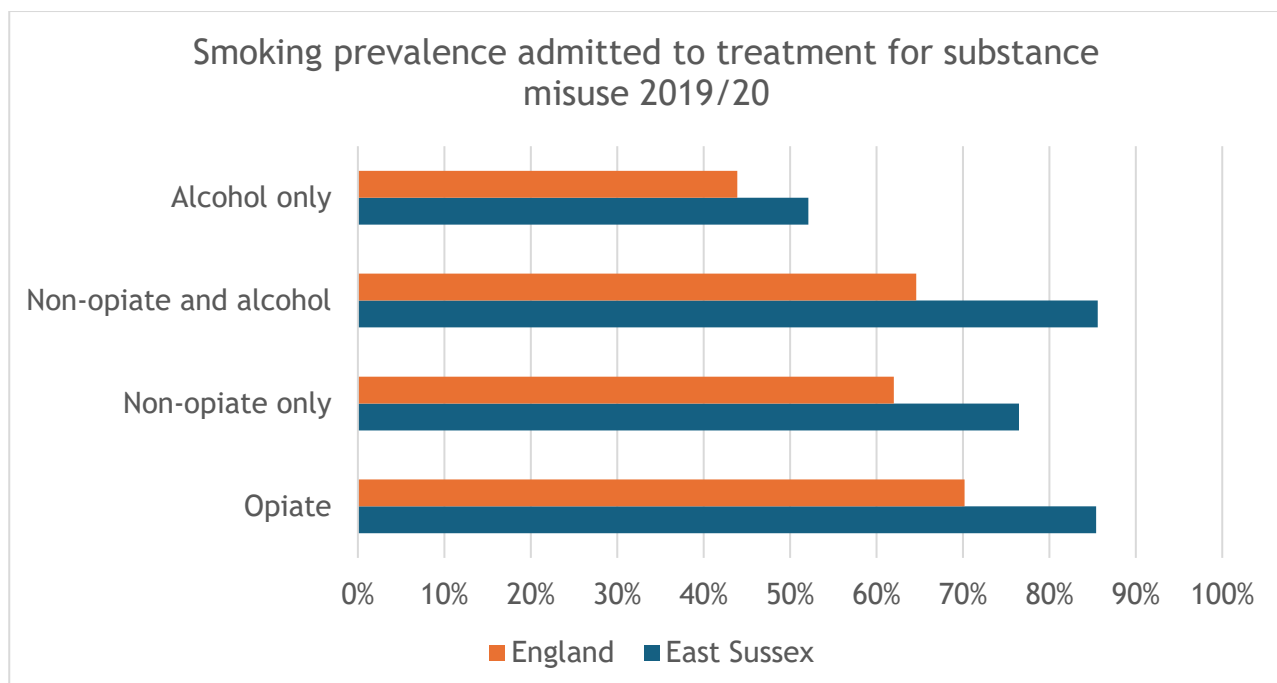
Across the East Sussex system there remains a deep-rooted problem with dual diagnosis. People with co-occurring substance misuse and mental health problems - at all levels of

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.

In 2023/24 there were 1,616 individuals in drug and alcohol treatment with a mental health treatment need. Of these 1,270 (79%) were receiving support with their mental health.

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.



[Fingertips | Department of Health and Social Care](#)

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.

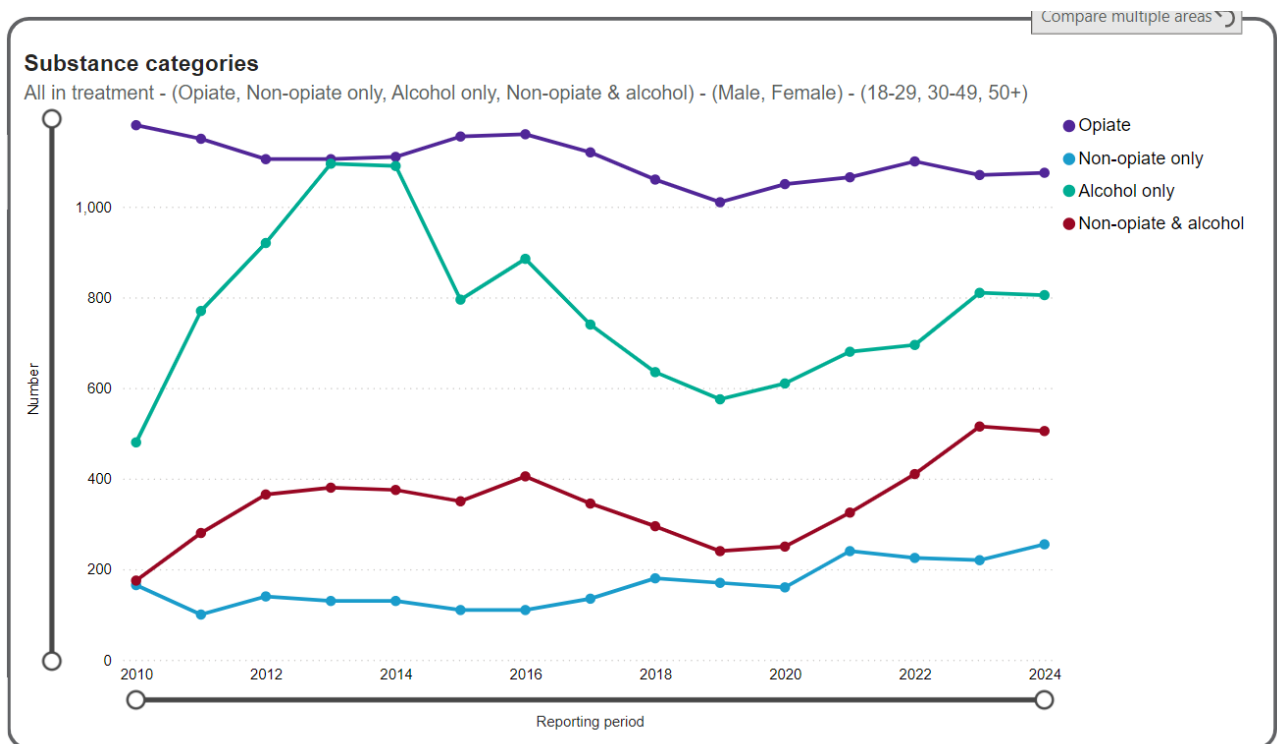
Accessibility and availability

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 5,300 for alcohol, is it clear that the sector is not very accessible or available. It is currently

reaching 44% of predicted drug users and 15% of predicted dependent alcohol users. This is comparable to England for drug users (43%) and slightly better for alcohol users (12%)

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

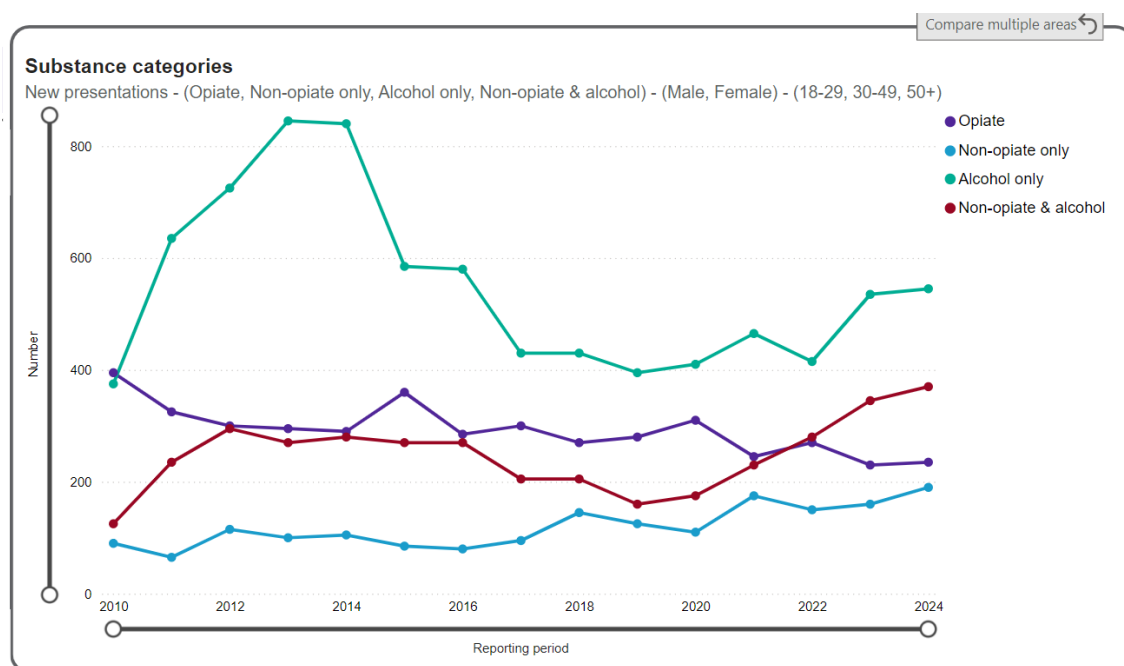
East Sussex Adults in treatment, by substance group 2010 - 2024



Source: [NDTMS - ViewIt - Adult](#)

Outside of non-opiate only, all other substance groups have seen a decrease in numbers in 2023/24.

The number of new presentations across all substance groups are increasing, other than the opiate group. The downward trend for new presentations to opiate treatment is being seen nationally.



Source: [NDTMS - ViewIt - Adult](#)

However, this report has shown that there is an estimated 1,400 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

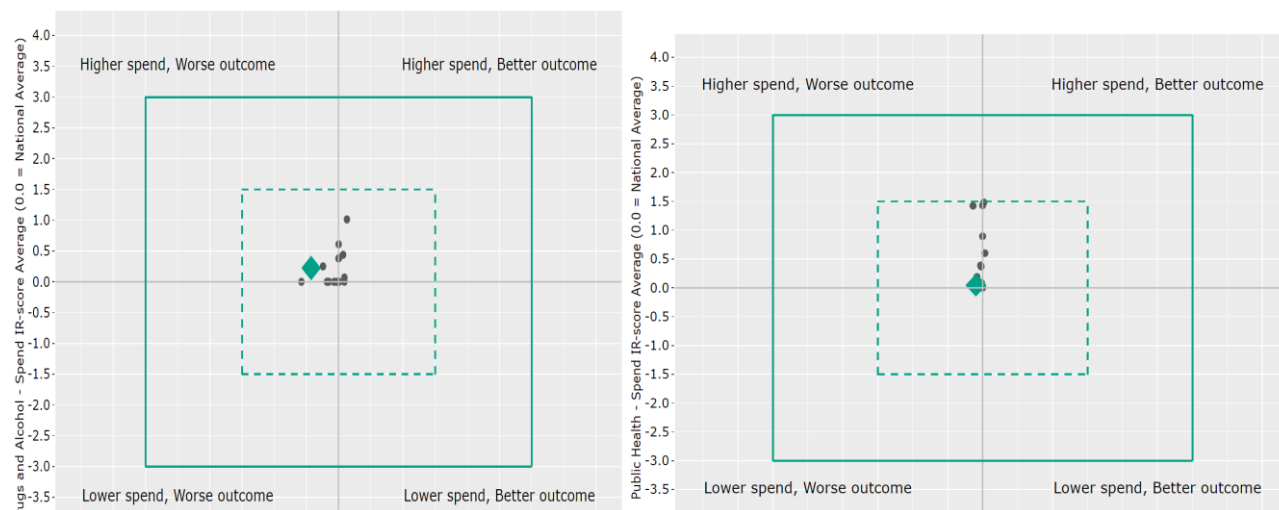
Between 2021/22 and 2023/24, East Sussex saw a marked improvement in the proportion of clients successfully completing treatment - from 39% to 56%, particularly when compared to the national figure which has remained fairly static at 49% in 2021/22 to 47% in 2023/24. East Sussex has also seen a reduction in the proportion of unplanned exits, from 42% in 2021/22 to 31% in 2023/24, a trend which is reflected in all substance groups.

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

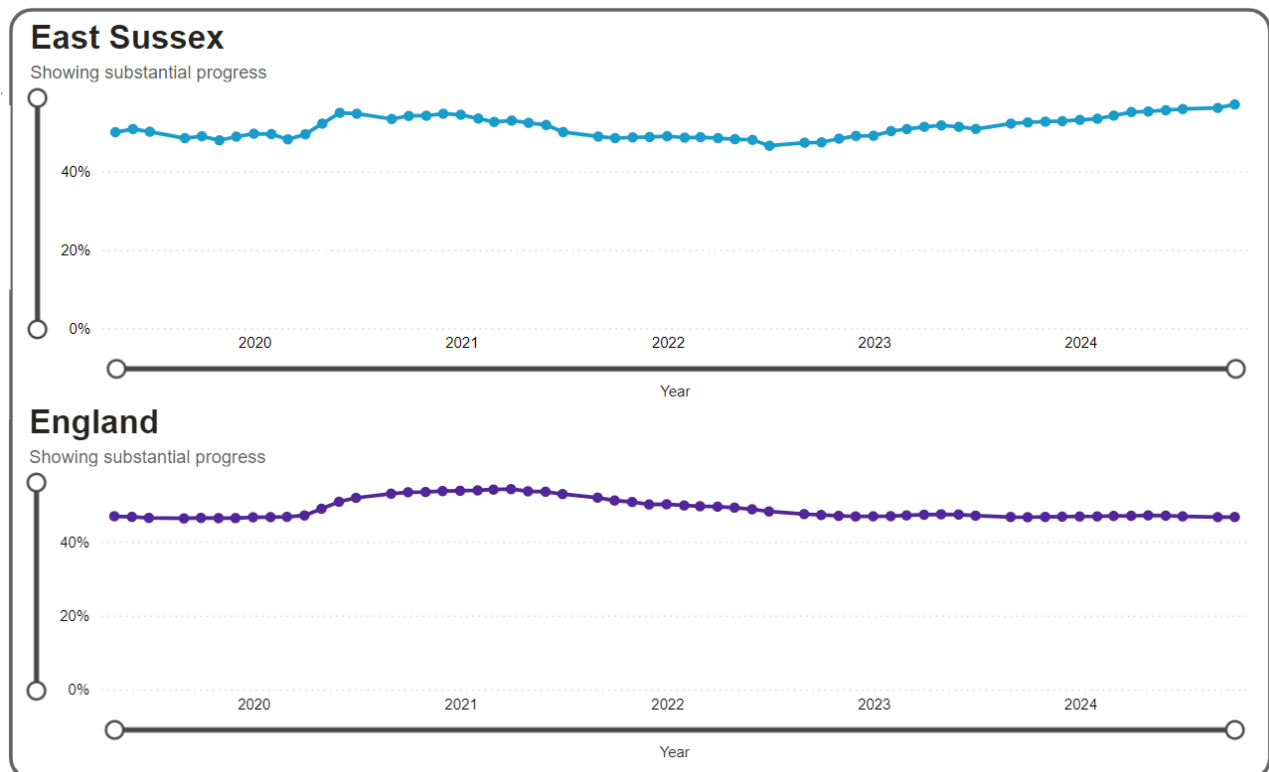
The figure on the left shows that substance misuse outcomes versus spend are worse than all the other public health indicators and interventions (shown on the figure on the right), which cumulatively are average.

In 2023 OHID introduced a new treatment measure which broadened the focus from successful completion of treatment to include treatment progress. Service users are classified as making substantial progress or not, as follows:

Category	Sub-category
Showing substantial progress	Successfully completed treatment
	Not using problem substances
	Substantially reduced use of problem substances
Not currently showing substantial progress	Unplanned exit
	Completed treatment but with an acute housing problem
	Not substantially reduced use of problem substances

Across all substance groups East Sussex has a greater proportion of clients showing substantial progress than England (56% vs 47%), and this is on an upward trend.

Achieving better performance locally when compared to nationally is reflected across all substance groups.



Source: [NDTMS - Treatment progress](#)

Related deaths

In 2023 there was a total of 103 drug misuse use deaths and alcohol specific mortalities in East Sussex. This is an increase of 34% on 2022 compared to a 9% increase nationally.

This figure comprises 25 drug misuse deaths and 78 alcohol specific mortalities. Alcohol is not covered by the Harm to Hope Strategy which drives the use of the additional grants East Sussex has received. The definition attached to the drug misuse death figures are broad - they include accidental medication overdose and one-off illicit drug use and not just deaths due to habitual drug use.

In each of the four years up to 2023/24 4% of exits from treatment in East Sussex were due to the death of the client; this is slightly higher than the national figure of 3%. In 2023/24 there were 45 exits reported with a reason of death - of these 30 were in treatment for opiate use, 10 for alcohol only, and five for non-opiate and alcohol.

7 Conclusions

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 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 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.

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- 1 [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](#)
 - 2 [Drug misuse in England and Wales - Office for National Statistics](#)
 - 3 [East Sussex alcohol harm reduction strategy 2021-2026 | East Sussex County Council](#)
 - 4 [Population estimates for the UK, England, Wales, Scotland and Northern Ireland - Office for National Statistics](#)
 - 5 [State of the County - Focus on East Sussex | East Sussex County Council](#)
 - 6 [Policy report - Drugs and diversity_ ethnic minority groups \(policy briefing\).pdf](#)
 - 7 [Health Equity in England: The Marmot Review 10 Years On | The Health Foundation](#)
 - 8 [Health Survey for England, 2022 Part 1 - GOV.UK](#)
 - 9 [Alcohol Profile | Fingertips | Department of Health and Social Care](#)
 - 10 [Policy report - Drugs and diversity_ LGBT groups \(policy briefing\).pdf](#)
 - 11 <https://www.eastsussexjsna.org.uk/media/5y1l2vwk/east-sussex-lgbtq-infographic-summary.pdf>
 - 12 [NDTMS - ViewIt - Adult](#)
 - 13 [Rough sleeping snapshot in England: autumn 2023 - GOV.UK](#)
 - 14 [Regional Report 2019 South-East.pdf](#)
 - 15 [CHLDRN - Local and national data on childhood vulnerability | Children's Commissioner for England](#)

This document was based on a previous version, created by Mike Pattinson Associates.

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