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Drug Demand Profile - Crawley

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Public Health and Social Research Unit

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# Local Context

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

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

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

**To understand Crawley local context we need to focus on:**

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

## **Population and geography**

Crawley is on the southeast region of England and is a local government borough council in West Sussex. It is bordering with Mole Valley to the North, Reigate and Banstead and Tandridge districts, with Mid Sussex to the East and Horsham to the Southwest. It is well connected to London and other neighbouring areas by road and rail lines with 45Km from South London and 29Km from Brighton and Hove. Crawley also benefits from an international Airport (London Gatwick Airport) with multiple connections with the rest of England and other countries.

Crawley has an area of 45 Km² with 118,493 people and a population density of 2635 per Km²; Crawley is the 10th most densely populated of the South East's 64 local authority areas. All areas in Crawley are considered as Urban. 100% of households in Crawley have access to a GP within 30 minutes by public transport or walking[[1]](#footnote-1).

At the time of the 2021 Census 882,676 people[[2]](#footnote-2) living in West Sussex of which 118,493 lived in Crawley. Between 2011 and 2021, the population in Crawley increased by 11.2% a higher rate than the overall population of the South East (7.5%). Crawley has a very young population compared with the rest of West Sussex with a median age of 37 years, an increase by 2 years compared to 2011 census; the biggest increase in population has been for the groups of age 50 to 64 (Figure 1). The group aged 15 to 34 had minimal variation.

The life expectancy at birth for males is 79.9 years and in females is 83.8, slightly below West Sussex figures (80.6 and 84.1 respectively)[[3]](#footnote-3).

Figure 1: Crawley - Population in 2021 and 2011Source: ONS, UK Census 2011, 2021

## **Population demographics**

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

There are approximately 118,493 people in Crawley, an increased by 11.2% compared with 2011 UK census, higher than the average growth for the Southeast (7.5%) and West Sussex (9.4%).

Table 1: West Sussex 2021 population by districts and boroughs

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

Source: ONS, UK Census 2021

If we compare Crawley with nearby areas like [Horsham](https://www.ons.gov.uk/visualisations/censuspopulationchange/E07000227) and [Mid](https://www.ons.gov.uk/visualisations/censuspopulationchange/E07000224) Sussex, Horsham has seen its population increase in bigger proportion (by 11.8%) while Mid Sussex has increase less (by 9.1%).

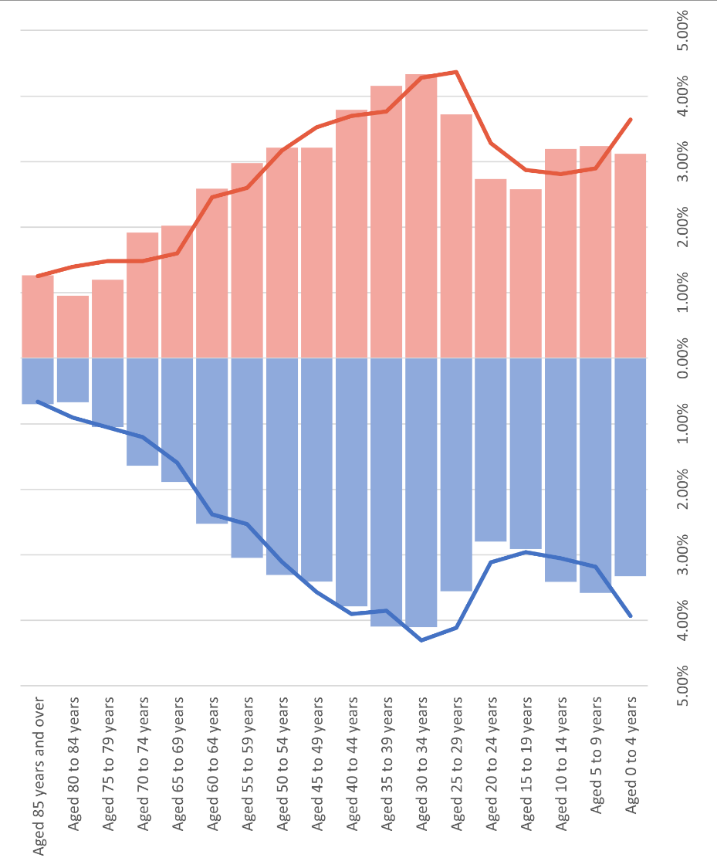
### **Age distribution**

In West Sussex context, Adur, Arun, Crawley, Horsham and Mid Sussex districts have all seen increases in those aged under 15 years, above the England average of 5.0%, with Crawley at 13.2%.

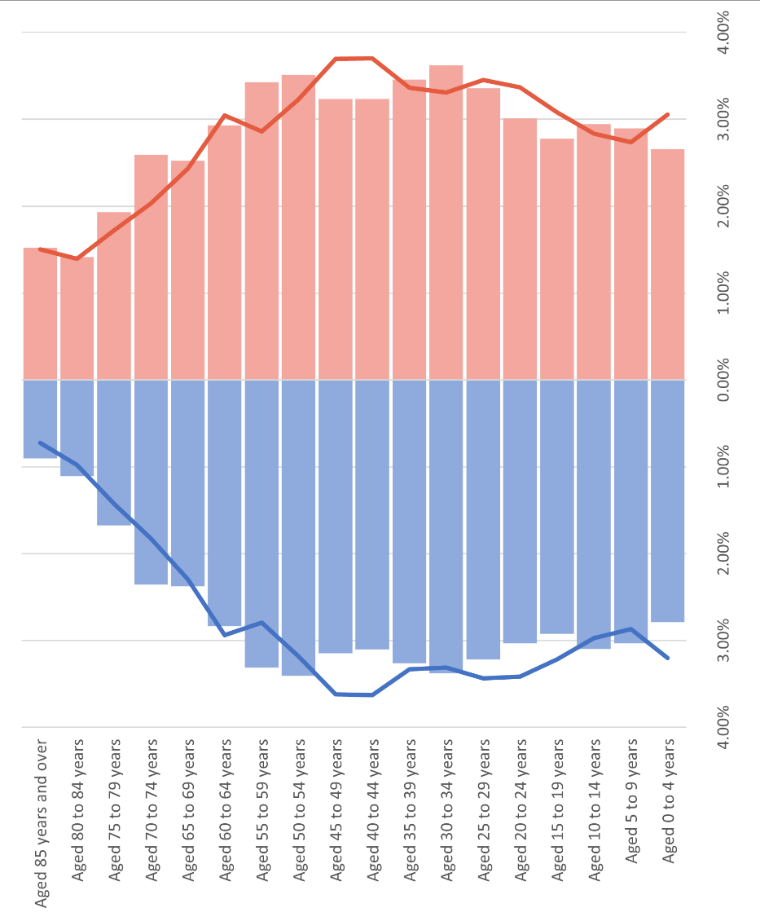
It is also important to mention that in Crawley the group of Age below 14 has experienced a higher growth than any other district in West Sussex, and the group aged 65 and over has increased less than West Sussex average. See Figure 2.

Figure 2: 2011-2021 Population Percentage Change by Age Group West Sussex Source: ONS, UK Census 2011, 2021

If we compare the data from 2011 Census 2011 with 2021 Census (Figure 3), we can see how the population has changed. In recent years the population in Crawley is aging as there have been a reduction in number of births, but the younger groups below 40 still represent the majority of the population (55%).

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

Source: ONS, UK Census 2011, 2021

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

Source: ONS, UK Census 2011, 2021

If we compare the population pyramids between Crawley and England (Figure 3 and 4), we can see that England has an older population. In Crawley the proportion of population over 55 is smaller than England, 24.43% and 30.91% respectively, while younger groups have a bigger representation in Crawley.

### **Ethnicity and nationality distribution**

Minority ethnic communities in West Sussex are increasing across all seven districts and boroughs, but it is worth mentioning Crawley, the percentage of the population from an ethnic minority has increased by over 10% in the last 10 years (Figure 5). In the rest of West Sussex the increase has been more moderated. The minority group with highest increase is ‘Other White non UK ethnic’ which represent 11.61% of Crawley population (in 2011 was 7.78% of Crawley population).

Figure 5: West Sussex - BAME composition 2011-2021 (Includes ‘White Irish’, ‘Gypsy/Traveller’, ‘Roma’ and ‘Other white’.Source: ONS, UK Census 2011, 2021

If we analyse the population by country of birth, 26.8% of the population was born outside the UK, the majority from EU countries. From the people born outside the UK, the vast majority are aged between 25 and 64 years (Figure 6).

Figure 6: Crawley - Age population by country of birthSource: ONS, UK Census 2011, 2021

Analysing the level of education of those born outside the UK (Figure 7), we can see that people coming from Ireland or Antarctica and Oceania have higher percentage of population with no qualification while people coming from Middle East and Asia and The Americas and the Caribbean have higher proportion of population with qualifications of Level 4 (e.g., university education) or above than the population born in UK.

Figure 7: Crawley – Highest level of qualification by country of birthSource: ONS, UK Census 2011, 2021

**First language**

In Crawley there are a variety of main languages spoken and 17% of the population do not have English as main language. Polish is the main language of 11% of Crawley’s population. Also we can see there is a big proportion of the population from Asia with more than 5.7% overall population speaking any kind of Asian language.

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

Source: ONS, UK Census 2011, 2021

In the figure below we can see the proficiency in English in Crawley. English is the main language for 84% of the population and 2.57% of the population in Crawley cannot speak English.

Figure 9 Crawley – Percentage of population with English as a second main language

Source: ONS, UK Census 2011, 2021

**Economy in the area**

The distribution of Crawley economic activity is different to the rest of Districts and Borough of West Sussex. Crawley’s main economic activities are those relevant to public administration, education and health but represents 24% of the economy, compared to 29% as average for the rest of West Sussex. The bigger difference in Crawley is regarding Transport and Communication which represents the 17% of the activity compared to 10% for West Sussex. This is due to Gatwick Airport located in Crawley. Also, Distribution, hotels and restaurant has more weight in the economy than the average of West Sussex. See figure 10.

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

Figure 10: Crawley – Economic Industry by AgeSource: ONS, UK Census 2011, 2021

## **Multiple Deprivation and local inequalities**

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

### **Index of Multiple Deprivation (IMD2019)**[[4]](#footnote-4)

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

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

Crawley has 66 LSOAs and the most deprived area in Crawley ranked nationally as the 3234th most deprived area in England and is amongst the 10% most deprived neighbourhoods in England.

Figure 11: Crawley – by IMD areas[[5]](#footnote-5).



Least deprived area

Most deprived area

In total Crawley has nine LSOAs within the 30% most deprived neighbourhoods in England and three LSOAs within the 10% less deprived neighbourhoods in England.

When analysing the most deprived area across the seven domains of deprivation, the area has scored poorly in relation to Education and Income ranked on the decile 1 and Employment and Crime ranked on the decile 2.

Looking across all the various domains of deprivation, it is clean that deprived areas in Crawley ranked poorly on barriers to housing and services and education. The areas ranked better on issues such as employment and income.

# Prevalence

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

## **Drug Litter**

Crawley Borough cleansing team keeps the streets safe cleaning drug litter. When drug litter is found, the team keeps a log of the drug litter where specifies where the drug litter was found, the type of drug litter and the quantity. Thanks to that we can have a better understanding of the level of drug activity in Crawley. We have to remember that this data will not provide a complete picture of the level of drug use in the community, not even all public drug use or drug litter findings.

For our analysis, we could have access to drug litter records from 1st January 2020 to 30th September 2023, during that time 414 records of drug litter were logged by the cleansing team, 2023 is the year with higher number of records (despite analysing until 30th September), 2022 has the fewer records which could be due to no records between October and December).

The number of drug litter records varied by month each year, interesting to know that most records in 2023 are from June as in the first five months the level of records was lower than previous years.

Figure 12: Drug litter records Crawley 2020 - 2023Source: Crawley Borough Council

The records also make reference of the type of drug litter found; Crawley cleansing team logs the drug litter using a 15 categories code and also, they record the quantity they find.

Table 2: Drug litter records by type of drug litter 2020 – 2023

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2020** | | **2021** | | **2022** | | **2023** | |
| **Type of drug litter** | **Records** | **Quantity** | **Records** | **Quantity** | **Records** | **Quantity** | **Records** | **Quantity** |
| 1 - Drinks cans or foil containers, may be discoloured by heat | 1 | 1 | 1 | 1 | 3 | 10 |  |  |
| 2 - Spoons - burnt or discoloured by heat | 4 | 111 | 18 | 18 | 3 | 9 | 2 | 4 |
| 3 - Pipes, all shapes, sizes and materials | 2 | 2 |  |  | 1 | 1 |  |  |
| 4 - Cigarette papers or ripped packs |  |  | 1 | 5 |  |  |  |  |
| 5 - Foil with burn mark down the middle | 3 | 32 | 2 | 13 | 1 | 1 | 1 | 11 |
| 6 - Shredded cigarettes | 4 | 14 |  |  | 7 | 10 | 1 | 2 |
| 7 - Squares of papers (folded to form a small envelope) | 2 | 11 |  |  | 2 | 18 |  |  |
| 8 - Syringes, barrels and needles | 94 | 693 | 61 | 542 | 41 | 422 | 29 | 134 |
| 9 - Plastics bags, corners of plastic bags, small "Ziplock" bags | 6 | 18 | 13 | 34 | 2 | 39 | 5 | 10 |
| 10 - Aerosol cans, butane gas containers | 5 | 129 | 3 | 27 | 1 | 2 | 87 | 426 |
| 11 - Small phials and bottles |  |  | 5 | 9 | 3 | 4 |  |  |
| 12 - Small colourfully "branded" packets used to hold NPS |  |  |  |  |  |  |  |  |
| 13 - Small (harm reduction) foil water dishes used in preparing injections |  |  |  |  |  |  |  |  |
| 14 - Blister packs of over counter cold/flu - antihistamine capsules |  |  |  |  |  |  |  |  |
| **Grand Total** | **121** | **1011** | **104** | **649** | **64** | **516** | **125** | **587** |

Source: Crawley Borough Council

The table above shows the number of times the cleaning team has found every type of drug and also the number of pieces of drug litter found.

The main type of drugs litter found was 8 (Syringes, barrels and needles) overall period analysed but especially from 2020 to 2022 with a range between 58% – 76% of the total drug litter findings. In 2023 the percentage type of drug litter 8 dropped to 23% and the main drug litter found was type 10 (Aerosol cans, butane gas containers).

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

If we pay attention to the quantity recorded for each type of drug litter, foil with burn mark down the middle (drug type 5) and Syringes, barrels and needles (drug type 8) were the type of drug litter with the biggest quantities recorded, 8 pieces of drug litter as average. Drug type 10 (Aerosol cans, butane gas containers) was found, as average, 6 pieces each time was recorded.

The majority of findings were recorded Three Bridges and Northgate and West Green, especially in areas close to town centre.

Figure 13: Drug litter records by wards 2020 – Sep 2023Source: Crawley Borough Council

*Figure 14: Drug litter records in Crawley 2020 – 2023 (Quantity)*

**

Source: Crawley Borough Council

## **Criminal activity and Drug offences**

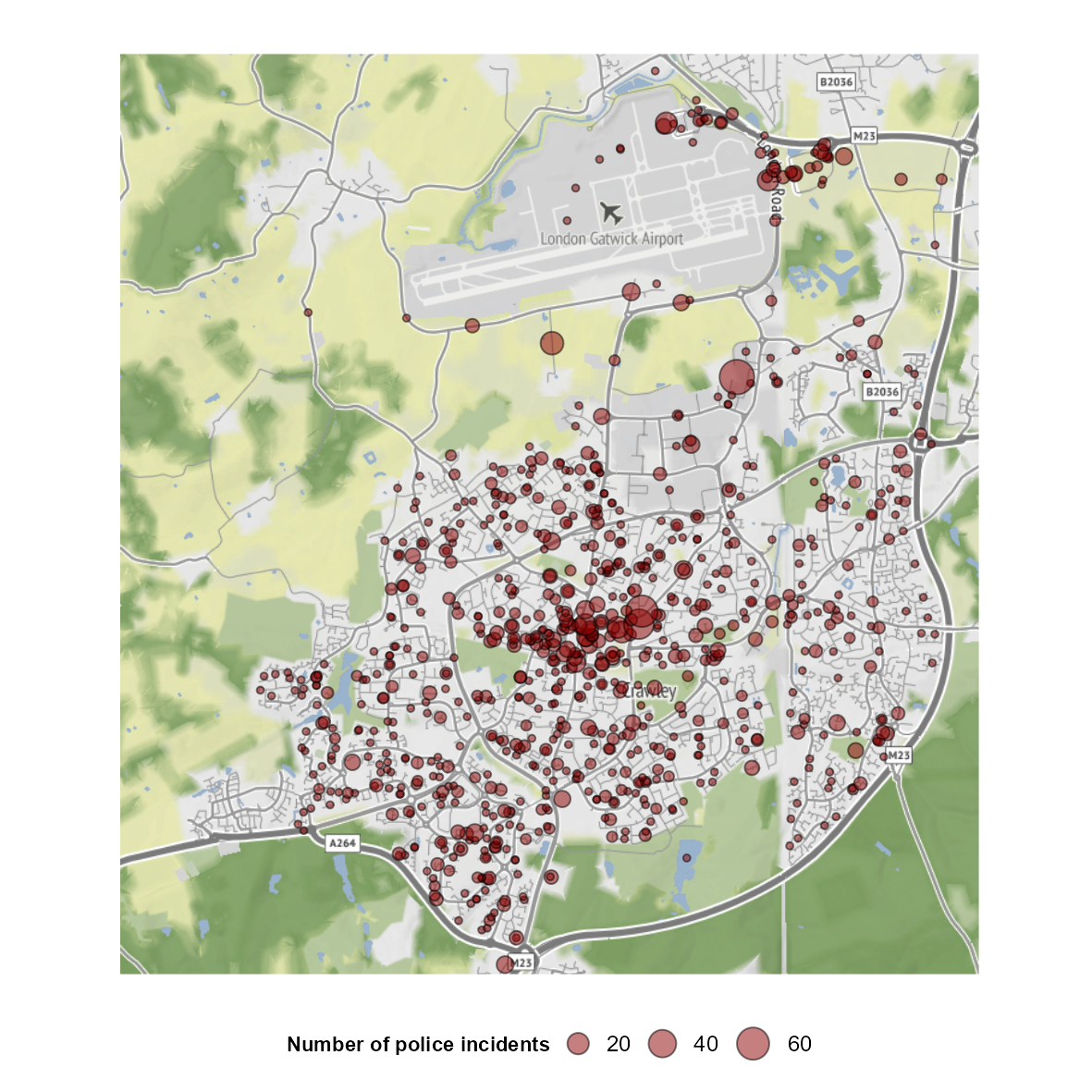
Below we can find the drug related crime recorded by Sussex Police from January 2020 to December 2023 in Crawley. Crawley has been compared with other areas in West Sussex.

During the period analysed, there were 1,913 offences recorded as drug crime by Sussex Police. 2020 was the most active year while 2022 was the least active. The number of offences varies by month, as seen in the figure below.

*Figure 15: Offences recorded as “drug crime” by Sussex Police 2020-2023* Source: data.police.uk/data/

The ward with the highest number of offences recorded as “drug crime” was Northgate & West Green with nearly a third of all drug offences recorded.

*Figure 16: Offences recorded as “drug crime” by Wards 2020-2023* Source: data.police.uk/data/

*Map 1: Map of offences recorded as “drug crime” by Sussex Police 2020-2023*

Source: data.police.uk/data/

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

*Figure 18: Drug offences – West Sussex 2020-2023*

Source: data.police.uk/data/

## **BRITISH TRANSPORT POLICE – Drug related incidents**

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

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

Over the period analysed, BTP has 160 drug related incidents in West Sussex. 2022 was the year with more incidents, twice as many cases than 2021. From 2022 to 2023 drug incidents reduced by 20%. In this period, Crawley had 35 offences and is the second area in West Sussex with highest number of drug related incidences.

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

From the incidents recorded in Crawley, there are two main train stations identified, Gatwick Airport Railway station and Crawley Railway station. 65% of incidents were recorded in Gatwick Airport train station. 2021 was the year with highest number of incidences.

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

Source: BTP

Cannabis (in the form of resin, plant or sativa and derivatives) was recorded in 27 incidents (77%), the other incidents BTP referred as “Suspected Class A” “Suspected Class B”, “Amphetamines – Non injection” and Cocaine (crack) or is unknown; similar to West Sussex where cannabis (and derivatives) represents 71% of incidents.

Offences – by Demographic Background

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

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

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

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

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

Source: BTP

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

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

Source: BTP

Prevalence - Key points:

* From January 2020 to September 2023, Crawley cleansing team has recorded drug litter 414 times with over 2,700 pieces of drug litter.
* Between 2020 to 2022, the main type of drug litter found was “Syringes, barrels and needles”. In 2023 the main type of drug litter found was “Aerosol cans, butane gas containers”.
* Some types of drug litter were found in bigger quantity could indicate that this type of litter could be consumed in big groups of people or there is a hotspot area of drug use. “Foil with burn mark down the middle” and “syringes, barrels and needles” were the type of drug litter found in biggest quantities, eight pieces of drug litter as average. “Aerosol cans, butane gas containers” were found as average six pieces each time is recorded.
* The majority of findings were recorded Three Bridges and Northgate and West Green, especially in areas close to town centre.
* From January 2020 to December 2023 there were 1,013 offences recorded as drug crime by Sussex Police in Crawley. The ward with the highest number of offences recorded as “drug crime” was Northgate & West Green with nearly a third of all drug offences.
* British Transport Police recorded 35 drug related incidents in between 2020 to 2023, of which 65% were recorded in Gatwick Airport Railway Station.
* Cannabis (and derivatives) were recorded in 27 incidents.
* Using data at a West Sussex level, we know that young males account for most incidents.

# Impacts in the community

## **Multiple disadvantage Audit**

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

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

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

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **West Sussex** | | | **Crawley** | | |
|  |  | **Substance Misuse** | **%** | **Total Clients** | **Substance Misuse** | **%** | **Total Clients** |
| **2021** | **April - June** | 295 | 56.19% | 525 | 87 | 53.70% | 162 |
| **July - Sep** | 331 | 59.00% | 561 | 85 | 51.83% | 164 |
| **2022** | **Jan - Mar** | 410 | 70.93% | 578 | 16 | 8.60% | 186 |
| **April - June** | 386 | 59.57% | 648 | 2 | 66.67% | 3 |
| **July - Sep** | 385 | 61.60% | 625 | 8 | 88.89% | 9 |
| **Oct - Dec** | 191 | 61.02% | 313 | 16 | 8.74% | 183 |
| **2023** | **Jan - Mar** | 361 | 57.21% | 631 | 8 | 88.89% | 9 |
| **April - June** | 370 | 58.92% | 628 | 13 | 72.22% | 18 |
| **July - Sep** | 406 | 55.54% | 731 | 12 | 57.14% | 21 |
| **Oct - Dec** | 461 | 54.56% | 845 | 16 | 64.00% | 25 |
| **Grand Total** | | **3596** | **59.10%** | **6085** | **263** | **33.72%** | **780** |

Source: Changing Futures

Overall, 33.7% of Crawley’s returns are from people with substance misuse, this percentage is lower than West Sussex.

From all returns received by the programme without substance misuse, 82.5% are from males and 17% from females, with substance misuse, 81% are from males and 19% from females.

If we focus just on the clients with a substance misuse need identified we can see that over the period, for West Sussex, the percentage of clients known to treatment services has been relatively stable and neither has improved the percentage of clients engaging with treatment. In Crawley, the percentage of people known to treatment services is higher than West Sussex, and so is the percentage of clients engaging with treatment services.

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **West Sussex** | | | | **Crawley** | | | |
|  |  | **Substance Misuse** | **% Known to services** | **% Engaging with treatment** | **% Opiate substitution prescription** | **Substance Misuse** | **% Known to services** | **% Engaging with treatment** | **% Opiate substitution prescription** |
| **2021** | **April - June** | 295 | n/a | 35.93% | 20.00% | 87 | 94.25% | 33.33% | 47.13% |
| **July - Sep** | 331 | n/a | 39.88% | 22.36% | 85 | 98.82% | 30.59% | 44.71% |
| **2022** | **Jan - Mar** | 410 | 60.24% | 36.34% | 21.46% | 16 | 81.25% | 56.25% | 37.50% |
| **April - June** | 386 | 63.21% | 30.05% | 22.02% | 2 | 100.00% | 100.00% | 0.00% |
| **July - Sep** | 385 | 54.29% | 34.29% | 24.68% | 8 | 62.50% | 37.50% | 25.00% |
| **Oct - Dec** | 191 | 57.07% | 35.08% | 24.08% | 16 | 81.25% | 68.75% | 37.50% |
| **2023** | **Jan - Mar** | 361 | 50.42% | 34.90% | 22.44% | 8 | 87.50% | 37.50% | 37.50% |
| **April - June** | 370 | 51.35% | 35.95% | 21.35% | 13 | 84.62% | 61.54% | 23.08% |
| **July - Sep** | 406 | 68.23% | 33.50% | 20.94% | 12 | 50.00% | 33.33% | 25.00% |
| **Oct - Dec** | 461 | 63.77% | 31.02% | 19.31% | 16 | 68.75% | 37.50% | 18.75% |
| **Grand Total** | | 3596 | 58.99% | 34.48% | 21.72% | 263 | 88.97% | 38.4% | 39.92% |

Source: Changing Futures

84% of returns from females with substance misuse in Crawley are known to treatment services, and for males is 90%, higher values than West Sussex (females 74.1% and males 61.8%). Of those known to treatment services, 52% females engage with treatment and 41% of males.

**Multiple disadvantages**

In the figure below, we can see what other disadvantages people with housing problems and substance misuse are facing. Mental health issues were identified in 73% of returns of people with substance misuse, similar to West Sussex (76.8%). The second biggest issue identified was having a history of offending (55% of returns). Exploitation is affected on 6% of returns for Crawley, lower than West Sussex, where exploitation is affected on 16.7% of returns (with substance misuse). Domestic abuse is higher in Crawley with a rate of 30% of returns with substance misuse while for West Sussex the rate is 6%.

*Figure 22: Crawley returns with multiple needs*

Source: Changing Futures

There were 192 returns from clients with substance misuse and mental health problems, of those, just 14% of returns were having treatment for both issues at the same time, and 23% of returns are not getting any treatment for mental health or substance misuse.

50% of returns are from people who are in treatment for just one issue.

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Age** | **Mental health issues and Substance misuse** | **Just in Substance Misuse treatment** | **Just in Mental Health treatment** | **Both** | **Neither** | **Unknown MH or SM treatment** |
| **18-24** | 13 | 2 | 3 | 0 | 8 | 0 |
| **25-40** | 91 | 20 | 24 | 16 | 28 | 3 |
| **41-60** | 80 | 30 | 14 | 9 | 26 | 1 |
| **61-79** | 5 | 0 | 0 | 2 | 3 | 0 |
| **Not recorded** | 3 | 3 | 0 | 0 | 0 | 0 |
| **Grand Total** | **192** | **55 (28.6%)** | **41 (21.35%)** | **27 (14.06%)** | **65 (22.9%)** | **4 (2.08%)** |

Source: Changing Futures

**Changing Futures**

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

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

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

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

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

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

Source: Changing Futures

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

## **Housing duties and support needs**

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

In Crawley there were 2,065 households owed a duty between 2020/21 to 2022/23. *Some households owed a duty in one year could have represented in a subsequent year.*

Overall, 1,157 were recorded as having support needs (56%). Drug dependency needs were recorded in 9% of these households over the period.

*Table 7: Number of households owed a homelessness duty*

|  |  |  |  |
| --- | --- | --- | --- |
| **Total number of households assessed** | **2020-21** | **2021-22** | **2022-23** |
| Total households assessed as owed a duty | 724 | 669 | 672 |
| Total households with support need(s) owed a duty | 387 | 375 | 395 |
| Percentage of assessed households having support needs | 53% | 56% | 59% |
| (Total number of support needs for those owed a duty) | 703 | 634 | 705 |
| Drug dependency needs (%) | 43 (11%) | 22 (6%) | 34 (9%) |

Source: Department for Levelling Up, Housing & Communities

In the figure below we can see how drug dependency needs are the sixth highest need recorded over the period, for households owed a duty. 2020-2021 was the year with highest number of drug dependency needs recorded in 11% of households.

Other needs recorded over the period were:

* history of mental health problems (48%),
* physical ill health disability (29%),
* at risk or history of domestic abuse (19%),
* history of offending (11%),
* alcohol dependency need (7%).

Overall, 678 households had one recorded need (59%), 261 households had two needs (23%), and 218 households had three or more needs (19%).

*Figure 23: Number of households owed a homelessness duty with support needs (10th most recorded needs)*

Source: Department for Levelling Up, Housing & Communities

## **Housing and homelessness support providers**

Crawley Open House is a housing support provider operating in Crawley. From January 2023 to March 2024 they supported a total of 51 people with substance misuse needs, and overall 49.5% of all their service users have or had a substance misuse.

During the period analysed just four were females compared to 47 males. 57% of people they support with substance misuse are between the age of 25 to 40. Cannabis and Cocaine are the two substances consumed more often by service users, 59% of service users have consumed at least cannabis and 45% at least cocaine.

*Figure 24: Substances consumed by people supported by Crawley Open House January 2023 – March 2024*

Source: Crawley Open House

In the initial assessments, service users with substance misuse could be referred to treatment services like CGL and of 51 service users with substance misuse needs, just 23 were referred.

In these assessments, was also recorded if the service users had mental health needs and if they would like to access mental health support; 33 people were recorded as having mental health needs and of those, just 12 were referred to mental health support.

Between January 2020 and December 2023 Crawley Borough Council received a total of 7,295 housing applications, of those, 195 were by households affected by drug dependency needs. Over the period analysed, 2022 with 3.6% was the year with highest percentage of applications affected by drug dependency, in 2023 those applications were 1.9%.

*Figure 25: Percentage of housing applications affected by drug dependency needs 2020-2023*

Source: Crawley Borough Council

By gender, females represent 24% of all applications affected by drug dependency needs. From 2020 to 2022, female applications affected by drug dependency have reduced and stabilise in 2023. If we compare male applications in 2021 with 2022, 2022 had an increase of 58% in the number of males applications affected by drug dependency needs. In 2023, the number of male applications dropped to similar values to 2020 and 2021.

*Figure 26: Number of housing applications affected by drug dependency needs 2020-2023 by gender*

Source: Crawley Borough Council

By age, the age band 21 to 40 years old have more housing applications affected by drug dependency needs and represented the 64% of the total applications affected by drug dependency needs over the period analysed. The second age band with high number of applications affected by drug dependency is 41 to 60. The group of age under 20 years old is the only group that has increased the number of housing applications affected by drug dependency in 2023 with 5 applications when previously had just one application in 2020 and none in 2021 and 2022.

*Figure 27: Number of housing applications affected by drug dependency needs 2020-2023 by age*

Source: Crawley Borough Council

If we analysed the applicants’ last known accommodation, 62% are coming from Crawley, 12% are not available and 26% are coming from other areas, mostly from any other area in West Sussex or London (not represented in the figure below). From Crawley, applicants living in Southgate and Three Bridges have more housing applications affected by drug dependency needs and the wards with less housing applications affected by drug dependency needs were Maidenbower and Gossops Green & North East Broadfield. Southgate was the only ward with more applications affected by drug dependency in 2023 than any previous year.

*Figure 28: Where applicants are coming from 2020-2023*

Source: Crawley Borough Council

In the applications, was also recorded if the applicant had an offending history or suffer mental health needs. Over the period analysed, 50% of applicants with drug dependency needs also has a history of offending and 68% had mental health problems. 35% of applicants with drug dependency needs also had a history of offending and had mental health needs.

## **Employment and economic inactivity**

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

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

As August 2023, Crawley had a total of 186 Job seeker’s allowance claimants, of which 29% were of the duration of 5 years and over.

*Table 8: Job seeker’s allowance claimants and duration of current claim (Aug 2023)*

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

Source: JCP Performance data

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

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

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

Over the county, this typically ranged from between 15% to 25%. The Crawley inactivity rate has increased in recent years and in the last three year average 2020/22 was 20%.

*Figure 29: Economic inactivity rate (3 year rolling averages)*

Source: ONS data

## **Early Help**

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

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

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

Table 9: Families receiving Early Help support by year

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Adult substance misuse mentioned** | | **Child substance misuse mentioned** | | **Adult AND Child substance misuse mentioned** | | **All Early Help assessments** |
| **2020** | **Crawley** | 54 | 8.22% | 22 | 3.35% | 2 | 0.30% | 657 |
| **West Sussex** | 402 | 10.73% | 180 | 4.81% | 27 | 0.72% | 3743 |
| **2021** | **Crawley** | 49 | 9.80% | 13 | 2.60% | 3 | 0.6% | 500 |
| **West Sussex** | 360 | 11.41% | 151 | 4.79% | 26 | 0.82% | 3155 |
| **2022** | **Crawley** | 52 | 12.68% | 18 | 4.39% | 2 | 0.49% | 410 |
| **West Sussex** | 331 | 11.49% | 159 | 5.52% | 27 | 0.94% | 2882 |
| **2023** | **Crawley** | 50 | 13.09% | 25 | 6.54% | 2 | 0.52% | 382 |
| **West Sussex** | 321 | 11.64% | 162 | 5.87% | 20 | 0.73% | 2758 |

Source: Early Help

Overall, in Crawley adult substance misuse mentioned has been stable over the period in terms of incidence but due to the decrease in the number of cases, the percentage has increased. Children with substance misuse mentioned are more volatile and has also increase in percentage due to reduction in Early Help assessments.

By ward, Bewbush & North Broadfield has the highest number of families on support plan which mentioned adult with substance misuse. The wards with the highest number of families on support plan which mention child substance misuse was also Bewbush & North Broadfield .

Figure 30: Families receiving Early Help support with Adult substance misuseSource: Early Help

Figure 31: Families receiving Early Help support with Children substance misuse

Source: Early Help

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

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

Figure 32: Early Help assessments with children with substance misuse and mental health problems and NEETSource: Early Help

From the early help assessments:

* 78.6% of children identified as having a substance misuse problem also suffer from mental health problems, dropping to 58.4% when children are not using drugs.
* 19.6% of children with drug use are also NEET,
* while just 7.4% of children who don’t have substance misuse are also NEET.

In the figure below, the risk of homelessness was similar in households where substance misuse by adults was identified compared with households where no adult substance misuse was noted. 12% of households where adult substance misuse was noted were also at risk of being homeless, compared with 9% of households where substance misuse was not identified.

There was a greater difference observed in relation to worklessness. A higher percentage of workless families also had adult substance misuse, 30%, compared with 19% of families where no adult substance misuse was recorded.

Figure 33: Early Help assessments with adult substance misuse and Family at risk of homeless and adult workless

Source: Early Help

Regarding adults’ mental health needs, if we consider only the new assessments from 2023, 80.7% of assessments with adult substance misuse mentioned also identified adult mental health needs, in the case of adults with no substance misuse, mental health needs drop to 60%.

## **Children’s Social Care**

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

For the period analysed, Crawley has a total of 298 cases of children affected by parents with drug use and 64 cases where child drug use is mentioned. In total, there were 345 children’s assessments with parents and/or child drug use mentioned, 17 of those, with both parent and child with drug use. In 2023, the number of cases affected by parent drug use have increased from 6.2% in 2022 to 7.6% in 2023.

Table 10: Drug use mentioned on CSC assessments.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Parent drug use mentioned** | | **Child drug use mentioned** | | **All CSC assessments** |
| **2022** | **Crawley** | 138 | 6.33% | 30 | 1.4% | 2,178 |
| **West Sussex** | 600 | 6.00% | 176 | 1.7% | 10,067 |
| **2023** | **Crawley** | 160 | 7.63% | 34 | 1.62% | 2,096 |
| **West Sussex** | 613 | 6.62% | 222 | 2.40% | 9,254 |

Source: Children social care performance data

Table 11: Drug use mentioned on CSC assessments.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Parent AND/OR Child drug use mentioned** | | **Parent AND Child drug use mentioned** | | **All CSC assessments** |
| **2022** | **Crawley** | 165 | 7.57% | 3 | 0.14% | 2,178 |
| **West Sussex** | 743 | 7.38% | 33 | 0.33% | 10,067 |
| **2023** | **Crawley** | 180 | 8.59% | 14 | 0.67% | 2,096 |
| **West Sussex** | 785 | 8.48% | 50 | 0.54% | 9,254 |

Source: Children social care performance data

8.1% of 4,274 assessment for Crawley were identified with drug use, either by the parent, child or both, similar to 7.9% of 19,321 assessments for West Sussex.

By wards, if we analyse the data by number of assessments with parent and/or child drug use mentioned, Bewbush & North Broadfield and Southgate are the areas with highest number of incidents, especially in 2023.

Figure 34: Parent AND/OR Child drug use mentioned by WardsSource: Children social care performance data

It is worth mentioning, that Northgate & West Green, despite been the third area with highest number of incidents, just 7.4% of CSC assessments are mentioning drug use due to the high number of CSC assessments received.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Wards** | **Count of parent and/or child mentioned** | **% of all assessments** | **CSC Total assessments** |
| Bewbush & North Broadfield | 71 | 11.97% | 593 |
| Southgate | 56 | 13.46% | 416 |
| Northgate & West Green | 35 | 7.43% | 471 |
| Tilgate | 25 | 10.78% | 232 |
| Ifield | 30 | 7.83% | 383 |
| Pound Hill North & Forge Wood | 29 | 10.25% | 283 |
| Broadfield | 25 | 4.41% | 567 |
| Langley Green & Tushmore | 20 | 4.95% | 404 |
| Three Bridges | 15 | 5.42% | 277 |
| Gossops Green & North East Broadfield | 9 | 4.35% | 207 |
| Furnace Green | 8 | 5.71% | 140 |
| Pound Hill South & Worth | 14 | 8.38% | 167 |
| Maidenbower | 8 | 5.97% | 134 |

Source: Children social care performance data

The next figure shows the age of children when the parent or child had drug uses mentioned in their CSC assessment we can see how at the age of 14 the CSC assessments start to record an increase of incidents with child drug use.

*Figure 35: Age distribution of children in Crawley mentioning parent and/or child drug use (total values)*

Source: Children social care performance data

Crawley has very similar age distribution to West Sussex.

*Figure 36: Age distribution of children in Crawley mentioning parent and/or child drug use compared to West Sussex (% within each area)*

Source: Children social care performance data

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

Table 13: Children We Care For (CWCF) for 12 months or more, as of 31st March 2023.

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

Source: Children’s social care performance data

## **School exclusions and suspensions**

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

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

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

Figure 37: Drug and alcohol related school suspensions in West SussexSource: Children’s Services Data and Performance

Over the period analysed, Crawley had 213 drug and alcohol related suspensions with a total loss of 487 school days and a total of 8 exclusions. Year 2023/2024 Crawley have seen the highest reduction in West Sussex with a reduction of nearly 60% compared to the previous year. By gender, females and males rates in Crawley are similar and in 2023/2024 they both represent 50% of the total suspensions, different to West Sussex where the proportion of females is 35%.

Figure 38: Drug and alcohol related school suspensions by gender and academic year - Crawley

Source: Children’s Services Data and Performance

The Hazelwick School had the highest number of suspensions, especially for 2021/22.

Figure 39: Drug and alcohol related school suspensions in Crawley

Source: Children’s Services Data and Performance

If we have a look at the exclusions, Crawley has a total of 8 drug and alcohol related school exclusions, and is one of the areas with more exclusions.

Figure 40: Drug and alcohol related school exclusions in West Sussex

Source: Children’s Services Data and Performance

## **CGL - Referrals from Education for Under 18s**

Young people can get referred to CGL services via education setting. From financial year 2021/2022 to 2023/2024 CGL has received 108 education referrals (including alcohol) for under 18 for West Sussex.

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

Figure 41: Drug and alcohol CGL education referrals – Under 18’s Source: CGL performance data

Crawley has one of the highest rates of education referrals compared to other areas in West Sussex.

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

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

Figure 42: Drug and alcohol CGL education referrals – main substance Source: CGL performance data

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

Figure 43: Drug and alcohol CGL education referrals – Interventions

Source: CGL performance data

## **Exploitation**

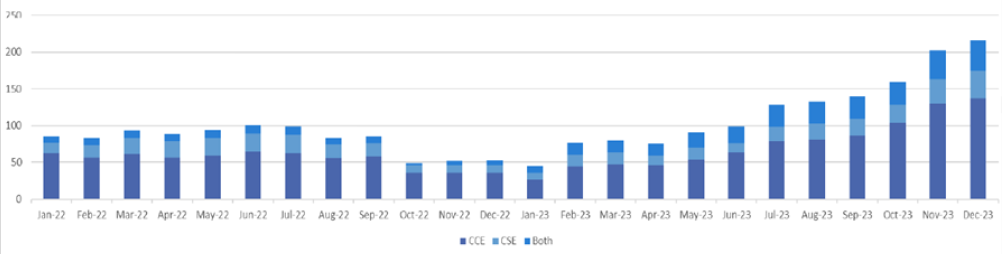
In July 2023 Multi Agency Child Exploitation (MACE) was introduced, prior that, only children open to CSC were included in the data set. Between July and December 2023, 145 children were triaged at local Multi Agency Child Exploitation (MACE) reviews.

Where the risk type was known:

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

In 32% of cases the risk was unknown.

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

*Figure 44: Child exploitation in West Sussex by exploitation type (CCE, CSE or Both)*

Source: West Sussex County Council Child Exploitation Team

## **Anti-social behaviour (ABS)**

Crawley Borough Council anti-social behaviour team records drug related incidents in their neighbourhoods. From January 2020 to December 2023, Crawley anti-social behaviour team has recorded 142 incidents related to substance misuse. Year on year the number of incidents has varied, 2020 has been the year with more records.

*Figure 45: ASB due to substance misuse recorded by Crawley Borough Council ASB team*

Source: Crawley Borough Council

Each year, the main reason of ASB is due to people smoking cannabis, especially high in 2020. While smoking cannabis had similar numbers on the last three years analysed, “Using drugs” without specifying which drug has increased in 2023.

*Figure 46: ASB related to substance misuse recorded by Crawley Borough Council ASB team* Source: Crawley Borough Council

By neighbourhoods, Broadfield has the most drug related ASB complaints, most of them due to smoking cannabis (70%). Northgate is the neighbourhood with more complaints due to dealing drugs. Three bridges is the neighbourhood with less records of ASB.

*Figure 47: ASB related to substance misuse recorded by neighbourhood*Source: Crawley Borough Council

## **Youth Justice Therapeutic and Family Interventions**

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

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

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

In West Sussex there were a total of 321 interventions cases closed in 2023/24 from 258 children (some children had more than one intervention). Of these, 40 individuals were recorded as having a substance misuse problem at the start of their intervention and 66 recording substance misuse at some point during their intervention. These were typically aged between 14 and 18 years by intervention end, though some were as young as 12 years. Roughly one third of these were female.

From the 55 interventions in Crawley, 33% were from individuals with substance misuse recorded, 14% with substance misuse recorded prior to start the intervention and 18% recorded at some point during the intervention.

*Table 14: Therapeutic & Family Intervention Team cases closed in 2023/24, by local geography*

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

Source: Children Services Data & Performance Team

*Table 15: Therapeutic & Family Intervention Team cases closed in 2023/24, by age and substance need*

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

Source: Children Services Data & Performance Team

The majority of interventions lasted between 4-6 months, with 5% lasting up to a year or beyond.

Those young people who recorded substance misuse prior to, or during intervention tended to have longer intervention lengths than those without substance misuse reported, with nearly twice as many receiving their intervention for seven months or longer.

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

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

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

Source: Youth Justice Intensive Interventions teams

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

*Figure 48: Numbers of individuals in programme, by sex and age (2023/24)*

Source: Youth Justice Intensive Interventions teams

Arun district and Worthing borough amounted for half of the children and young people assessed by the programme. Crawley had 6 young people assessed by the programme of which 5 were males.

*Table 17: Numbers of individuals in programme, by sex and district/borough (2023/24)*

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

Source: Youth Justice Intensive Interventions teams

## **Probation Services**

The Probation Service is a statutory criminal justice service that supervises offenders serving community sentences or released into the community from prison. Their responsibilities are also to provide advice to courts on sentencing, deliver community payback and behavioural programmes, and provide information to victims of serious offences. They are responsible for sentence management in both England and Wales, along with Accredited Programmes, Unpaid Work, and Structured Interventions.

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

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

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

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

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

*Table 18: West Sussex – Probation Community/Licence Caseload with OASys Needs. (Note people may have multiple needs recorded).*

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

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

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

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

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

*Table 19: West Sussex ATR/DRR/MHTR Sentences.*

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

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

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

*Table 20: West Sussex Commissioned Rehabilitative Service (CRS) Referrals (2021-24)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CRS Contract Type | Referral Year | Crawley | Littlehampton | Worthing | PQIP | UPW Standalone | Total CRS Referrals |
| Accommodation Service | Jun-Dec 2021 | 69 | 52 | 35 | 1 | 2 | 159 |
| Jan-Dec 2022 | 138 | 101 | 68 | 4 | 2 | 313 |
| Jan-Dec 2023 | 189 | 95 | 110 | 29 | - | 423 |
| Jan- 3rd Feb 2024 | 12 | 9 | 14 | 7 | - | 42 |
| ACC Total | | 408 | 257 | 227 | 41 | 4 | 937 |
| **Dependency and Recovery Service** | **Jan-Dec 2022** | **29** | **25** | **7** | **2** | **-** | **63** |
| **Jan-Dec 2023** | **147** | **67** | **53** | **10** | **-** | **277** |
| **Jan- 3rd Feb 2024** | **16** | **8** | **5** | **3** | **-** | **32** |
| **D&R Total** | | **192** | **100** | **65** | **15** | **-** | **372** |
| Education, training and Employment | Jun-Dec 2021 | 38 | 29 | 20 | - | 2 | 89 |
| Jan-Dec 2022 | 75 | 67 | 30 | 4 | 3 | 179 |
| Jan-Dec 2023 | 81 | 41 | 38 | 17 | - | 177 |
| ETE Total | | 194 | 137 | 88 | 21 | 5 | 445 |
| Personal Wellbeing Service | Jun-Dec 2021 | 26 | 31 | 13 | - | - | 70 |
| Jan-Dec 2022 | 116 | 60 | 40 | 6 | 1 | 223 |
| Jan-Dec 2023 | 157 | 88 | 71 | 12 | - | 328 |
| Jan- 3rd Feb 2024 | 14 | 4 | 9 | 4 | - | 31 |
| PWB Total | | 313 | 183 | 133 | 22 | 1 | 652 |
| Women Services | Jun-Dec 2021 | 15 | 7 | 3 | 1 | - | 26 |
| Jan-Dec 2022 | 48 | 34 | 21 | 9 | 1 | 113 |
| Jan-Dec 2023 | 45 | 23 | 32 | 3 | - | 103 |
| Jan- 3rd Feb 2024 | 9 | 2 | 3 | 4 | - | 18 |
| WOS Total | | 117 | 66 | 59 | 17 | 1 | 260 |
| Total CRS Referrals | | 1,224 | 743 | 572 | 116 | 11 | 2,666 |

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

## **CGL – People in structured treatment and Naloxone Provision**

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

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

In Crawley from 2020/2021 up to 2023/24 Q3 1,263 people received treatment from CGL. This includes 329 people who began treatment at some point during 2016/2017 to 2019/2020. Over the period analysed there were a total of 1,471 episodes.

* The number of people in treatment has been slowly reducing year on year since 2020/21 to 2022/23, including new triages.
* 2023/24 presumably when Q4 is added will have an increased in both total people in treatment and new triages

*Figure 49: Total individuals in treatment and new triages*

*Source: CGL performance data*

From 2018/2019, alcohol treatment is the main reason to engage with CGL.

From 2018/2019, the number of new triages due to “any opiates” was very similar to “alcohol” and a third of all referrals, since then, the gap between referrals for alcohol and “any opiates” has been increasing over the years until 2023/24 when the gap between both has reduced due to drop in “alcohol” referrals.

Figure 50: Main substance treatment CGL referrals Source: CGL performance data

For the period analysed, self-referral is the most common referral source, 62% of total referrals, followed by Criminal Justice and GP/Hospital/Health care provider with 10% each of total referrals.

Table 21: Referral source by year

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Referral Source** | **2020/21** | **2021/22** | **2022/23** | **2023/24**  **Q 1,2,3** | **Grand Total** |
| Self | 203 | 168 | 196 | 139 | 342 |
| Criminal Justice | 29 | 28 | 35 | 23 | 52 |
| GP/ Hospital/ Health care provider | 27 | 34 | 37 | 15 | 42 |
| Other | 26 | 13 | 2 | 2 | 28 |
| Social Services | 18 | 8 | 11 | 9 | 27 |
| Other treatment provider | 12 | 10 | 16 | 9 | 21 |
| Housing/homelessness service | 5 | 15 | 9 | 5 | 10 |
| Relative/peer/ concerned other | 5 | 4 | 8 | 5 | 10 |
| Outreach | 6 | 2 | 2 | 1 | 7 |
| Adult mental health services |  |  |  |  | 0 |
| Domestic abuse service |  | 1 | 2 |  | 0 |
| Employment/education service |  | 1 | 1 |  | 0 |
| **Grand Total** | **331** | **284** | **319** | **208** | **539** |

*Source: CGL performance data*

The number of successful completions has not increased and in 2020/21, successful completions were 38% of discharges, while in 2023/24 (up to Q3) successful completion were 29% of the total discharges.

Table 22: Discharges by year

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Discharge reason** | **2020/21** | **2021/22** | **2022/23** | **2023/24 Q1,2,3** | **Grand Total** |
| Client Died | 13 | 7 | 5 | 12 | 37 |
| Dropped out - disengaged | 148 | 170 | 142 | 131 | 591 |
| Retained in prison | 6 | 9 | 9 |  | 24 |
| Successful completion | 118 | 120 | 96 | 74 | 408 |
| Transferred to another service | 9 | 11 | 9 | 6 | 35 |
| Transferred to prison | 3 | 1 | 4 | 13 | 21 |
| Treatment declined | 11 | 14 | 10 | 15 | 50 |
| **Grand Total** | **308** | **332** | **275** | **251** | **1,166** |

*Source: CGL performance data*

From 2020/21 until 2023/24 (Q3), females represent 28% of the total referrals.

If we have a look at the main substance people are seeking treatment for, females are proportionally more likely to be seeking help for alcohol misuse (50% of females affected by just alcohol alone compared with 35% of males).

The second category females and males need treatment for is “any opiates”, but for females the difference is minimal with other substance categories.

Table 23: New referrals - Main substance by gender

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender** | **Alcohol** | **Any Opiate** | **Non – Opiate** | **Non – Opiate and Alcohol** |
| Female | 162 | 60 | 50 | 48 |
| Male | 284 | 242 | 111 | 176 |
| Grand total | 446 | 302 | 161 | 224 |

Source: CGL performance data

By age, all age groups have been relatively stable over the period with no big differences.

Figure 51: CGL referrals by age groupSource: CGL performance data

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

Figure 52: CGL referrals – main substance treatment (we have not represented 18-24 due to very low numbers)Source: CGL performance data

Multiple needs

* 22% of new referrals to CGL from 2020/21 to 2023/24 (Q3) have a housing problem, experience homelessness or are living in temporary accommodation. The age band most affected by housing needs is 25-34 years old, 28% would not have settled accommodation.
* 68% of people referred to CGL over the period analysed, were recorded as having mental health issues. Of those, 75% were engaging with some support to address their mental health issues, leaving 25% with mental health needs but not treatment, 5% of them would have declined treatment. The age band most affected by mental health needs is 25-34 years old, 73% would have a mental health need.
* 48% of new referrals over the period analysed were from people unemployed, of those, 58% were not looking for employment.

Naloxone Provision

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Naloxone provision** | **2019-20** | **2020-21** | **2021-22** | **2022-23** | **2023-24 Dec** | **Total** |
| Adur | 12 | 19 | 19 | 29 | 42 | 121 |
| Arun | 80 | 99 | 105 | 118 | 208 | 610 |
| Chichester | 48 | 74 | 69 | 56 | 121 | 368 |
| Crawley | 73 | 99 | 96 | 112 | 179 | 559 |
| Horsham | 42 | 39 | 27 | 35 | 72 | 215 |
| Mid Sussex | 35 | 31 | 35 | 28 | 79 | 208 |
| Worthing | 86 | 113 | 82 | 103 | 172 | 556 |
| Pharmacies | 17 | 26 | 25 | 17 | 84 | 169 |
| Naloxone Project | 0 | 46 | 186 | 218 | 881 | 1331 |
| West Sussex HARP | 0 | 17 | 0 | 0 | 0 | 17 |
| **Total Issued** | **393** | **563** | **644** | **716** | **1,838** | **4,154** |

*Source: CGL performance data*

From 2019-20, service users in Crawley have received 559 Naloxone kits and the distribution in the last couple of years has increase significantly.

Crawley is one of the areas in West Sussex with more Naloxone kits distributed.

Impacts in the community – Key points:

* From April 2021 to December 2023, the multiple disadvantage audit shows that the percentage of returns from people in Crawley experiencing housing problems with substance misuse was lower than West Sussex.
* In Crawley, despite having a higher rate of people known to service treatments, the percentage of clients engaging with treatment is similar to West Sussex. Of those known to treatment services, 52% females engage on treatment and 41% of males in Crawley, lower engaging rates in males than West Sussex (54% for males).
* In Crawley, 73% of returns from people with housing problems and substance misuse are also affected by mental health issues as shown in the multiple disadvantage audit (lower than West Sussex, 77%). Of those, 14% of returns were having treatment for both issues at the same time, 50% are getting treatment for just one issues and 23% of returns are not getting any treatment for mental health or substance misuse.
* In Crawley there were 2,065 households owed a homelessness duty between 2020/21 to 2022/23. Of these, 1,157 were recorded as having support needs (56%). Drug dependency needs were recorded in 9% of these households over the period. Drug dependency needs are the sixth most common needs recorded.
* 50% of individuals engaged with local homelessness and housing provider users have or had a substance misuse (excluding alcohol). 59% of these service users are consuming at least cannabis and 45% at least cocaine.
* Between January 2020 and December 2023 Crawley Borough Council received a total of 7,295 housing applications of those, 195 were by households affected by drug dependency. 2022 with 3.6% was the year with highest percentage of applications affected by drug dependency. Over the period, 76% of housing applicants with drug dependency are males and 64% are from people between 21 to 40 years old.
* 62% of housing applications were from people with last known accommodation in Crawley, of those, applicants living in Southgate and Three Bridges have more housing applications affected by drug dependency.
* Over the period analysed, 50% of applicants with drug dependency has a history of offending and 68% had mental health problems. 35% of applicants with drug dependency will suffer both mental health problem and has a history of offending.
* In Crawley 29% of JSA claims are of the duration of 5 years and over. The level on unemployment has been steady for the last few years at 4%.
* The rate of economically inactive population has increased in the last few years and in 2020/22 was 20%, higher rate than 2019/21 where it was 14%. However, it is not currently possible to assess numbers of individuals with substance misuse.
* Each year, around 14% of families receiving Early Help support are affected by substance misuse by parents, children or both. The percentage of both adult and children substance misuse has been increasing over the period.
* Bewbush & North Broadfields and Broadfield are the wards most affected by adult and children substance misuse.
* 79% of children receiving Early help support with substance misuse as an identified problem also suffer from mental health problems.
* 20% of children receiving Early Help support with substance misuse identified as a problem were not in education, employment or training (NEET), compared with a NEET rate of 7% when substance misuse is not mentioned.
* 30% of families where substance misuse was identified as a problem in adults, were also impacted by worklessness, compared to 19% when adult substance misuse is not mentioned.
* In 2023, 81% of Early Help assessments with adult substance misuse mentioned, also identify an adult with mental health needs, in the case of adults with no substance misuse mentioned, mental health need drops to 60%.
* 8% of CSC assessments in Crawley were identified with drug use, Bewbush & North Broadfield and Southgate are the areas with highest number of incidents, especially in 2023.
* Is at the age of 14 when the CSC assessments start to record an increase of incidents with child drug use.
* In the last three academic years, Crawley had 213 drug and alcohol related suspensions and 8 exclusions.
* The secondary school with the highest number of suspensions is Hazelwick School.
* Crawley has one of the highest rates of CGL education referrals (under 18) compared to other areas in West Sussex. Cannabis has been the main reason to get referred to CGL in 78% of cases for West Sussex.
* ASB team in Crawley has recorded 142 incidents related to substance misuse, being the main reason Smoking cannabis. Broadfield has the most drug related ASB complaints being most of them due to smoking cannabis (70%). Northgate is the neighbourhood with more complaints due to dealing drugs.
* Crawley received 55 interventions from Youth Justice Therapeutic and Family intervention of which 33% were from individuals with substance misuse records, 14% with substance misuse recorded prior to start the intervention and 18% recorded at some point during the intervention.
* As of the 1st of February 2024, West Sussex probation teams were managing 1,319 Community and Licence Cases. Additional needs relating to drugs account for 34% of the cohort, and 29% for alcohol.
* From January 2021 to January 2024, 149 Alcohol treatment Requirements, 118 Drug Rehabilitation Requirements, and 11 Mental Health Treatment Requirements have been imposed as alternatives to custodial sentences, and numbers have moderately increased over this time.
* The number of adults referred to CGL for treatment each year has been slowly reducing year on year since 2020/21. Alcohol is the main reason to engage with CGL, “any opiates” is the second substance driving referrals. Self-referral is the main method to contact CGL, 62% of all cases are self-referrals.
* Females are proportionally, more affected by alcohol than males (50% of females affected by just alcohol and 35% of males). The second main substance in females and males is “any opiate”.
* Relatively more people seek non-opiate drug treatment between the ages of 25-34, which reduces with age, whereas relatively more people seek opiate treatment between the ages of 35-44.
* 68% of new referrals made to CGL are from people who has a mental health problem. 22% have a housing problem and 48% from people with an unemployment situation.
* From 2019-20, Crawley have received 559 Naloxone kits and the distribution in the last couple of years has increase significantly. Crawley is one of the areas in West Sussex with more Naloxone kits distributed.

# Impacts on health

## **Accident and Emergency attendances**

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

For the four-year period, there were a total of 1,604 A&E attendances where drug use was recorded from people living in Crawley.

2022 was the year with the highest number of attendances with an increase of 9.4% compared to 2021. In 2023 the attendances reduced to 2020 and 2021 values. 98% of A&E attendances were recorded in Surrey and Sussex Healthcare NHS Trust.

*Figure 53: A&E Attendances from people living in Crawley where illicit drug was recorded.*

Source: University Hospitals Sussex and Surrey and Sussex Healthcare

A&E attendances by males are higher than females over the period (58%), unfortunately, due to the data shared, we cannot see the evolution of gender over the period, but we are able to see that males have higher proportion on the age bracket 21-40 and 41-60 while females have higher proportion than males on the under 20 age bracket.

*Figure 54: A&E Attendances by gender (Including Crawley, Mid Sussex and Horsham)*

Source: Surrey and Sussex Healthcare

From the data received by Surrey and Sussex Healthcare NHS Trust; the type of drug is unknown for over 80% of attendances, the most common known drug category was cannabinoids followed by opioids and multiple drug use and other psychoactive substances. In the figure below we can see the proportion of known drugs.

*Figure 55: A&E attendances in Surrey and Sussex Healthcare NHS Trust (Including Crawley, Mid Sussex and Horsham)*

Source: Surrey and Sussex Healthcare

If we compared the A&E attendances from Crawley with the rest of West Sussex over the period analysed, Crawley is the locality with highest number of A&E attendances.

*Figure 56: A&E attendances by locality (\*attendances under 9 have not been consider for our analysis)*

Source: University Hospital Sussex and Surrey and Sussex Healthcare

*Figure 57: A&E attendances 2020-2023 rate per 100,000 population (\*attendances under 9 have not been consider for our analysis)* Source: University Hospital Sussex and Surrey and Sussex Healthcare

## **Ambulance attendances**

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

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

During the period analysed (January 2020 to December 2023), Crawley had a total of 1,320 ambulance attendances. There were more attendances to females compared with males.

The overall number of attendances fell between 2020 and 2022 and then increase between 2022 and 2023.. In 2023 ambulance incidents have increased around 18% mainly by the increase in males’ attendances which have increased by 42% compared to the previous year.

*Figure 58: Ambulance attendances due to drug use 2020-2023 by gender* Source: SECAMB

By age, each year the 25-44 age band has the highest number of ambulance attendances (between 36% and 39%).

The second age band with the highest number of incidents is 16 – 24 (21% - 26%), except in 2023, the second age band with highest number of attendances was the age band 45-65 with 25% of attendances.

The age groups under 15 and 65 and older haven’t have big changes over the period.

*Figure 59: Ambulance attendances 2020-2023 by age* Source: SECAMB

Naloxone usage - Ambulance services use Naloxone in opiates drug incidences to rapidly reverse the effects of an opioid overdose. If we compared 2023 with 2020, the use of Naloxone has increased from 3.8% of cases (14 times) to 5.6% (10 times) in 2023. The counts of use in 2022 was not shared from SECAMB due to small counts under 10.

If we compare Crawley with the rest of West Sussex, Crawley had high number of ambulance attendances and similar values to Worthing, and when looking at rates per 100,000 population, Crawley is the second locality in West Sussex with the highest rate.

In Crawley, like the rest of West Sussex, females attendances are higher than males (55% - 62%).

*Figure 60: Ambulance attendances due to drug use 2020-2023 in West Sussex* Source: SECAMB

*Figure 61: Ambulance attendances 2020-2023 rate per 100,000 population*  Source: SECAMB

## **Deaths related to substance misuse**

Each year the Office for Nationals Statistics (ONS) releases the number of deaths related to drug misuse by local authority. For the three years 2020 – 2022 there were 10 substance misuse related deaths in Crawley, similar to other areas in West Sussex.

*Table 25: Substance misuse death related – West Sussex 2020-2022*

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

Source: ONS

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

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

Impacts on health – Key points:

* There were 1,604 A&E attendances with illicit drug recorded between 2020 to 2023 by people living in Crawley.
* A&E attendances by males are higher than females over the period (58%). males have higher proportion on the age bracket 21-40 and 41-60 while females have higher proportion than males on the under 20 age bracket.
* The type of drug is unknown for over 80% of attendances, the most known drug category was cannabinoids (27%) followed by opioids (25%) and multiple drug use and other psychoactive substances (24%).
* From 2020 to 2023 SECAMB had 1,320 drug related attendances in Crawley. Attendance to females were higher than males.
* If we compare Crawley with the rest of West Sussex, Crawley has very high ambulance attendances and similar values to Worthing. Crawley is the second locality in West Sussex with the highest rate per 100,000 population.
* In Crawley, like the rest of West Sussex, females’ ambulance attendances are higher than males (55% - 62%).
* From 2020 to 2022 there were 10 substance misuse related deaths similar to other local authorities in West Sussex.

# Community Engagement

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

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

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

We received a total of 51 responses from residents living in Crawley, 77 responses from professionals in West Sussex (20 were working in Crawley) and 46 responses from CGL service users (in West Sussex). All the responses form the surveys were analysed and summarised in the following sections.

## **Professionals’ Survey**

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

Figure 62: Professionals’ perception of drug use in the community Source: Understanding drug use and harm in West Sussex, Professionals’ Survey

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

Funding drug use

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

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

* 18 respondents believed that theft was a way to fund drug use with 11 believing it was common.
* The second activity seen as most common to fund drug use was dealing with 15 positive responses and 10 professionals thinking this was common.
* Asking for money and transporting drugs were also seen as methods used to fund drug use. Transporting drugs cited more frequently by professionals working with young people and asking for money by people working in homeless charities.
* Sex work and gambling were considered by the professionals surveyed as the least common ways to fund drug use.

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

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

Figure 63: Professionals’ perception of how drug users fund their drug use Source: Understanding drug use and harm in West Sussex, Professionals’ Survey

Exposure to violence and safety concerns:

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

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

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

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

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

Life and wellbeing in the community:

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

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

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

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

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

Physical health impacts:

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

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

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

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

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

Mental Health impacts:

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

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

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

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

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

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

Access to hospital services:

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

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

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

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

Vulnerabilities to habitual drug use:

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

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

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

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

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

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

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

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

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

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

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

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

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

* Reducing waiting times, easier access to services, teaching mental health techniques.
* Focusing more time and resources on working with young people that are known to experience neglect and trauma to try and prevent them going into adulthood where they can turn to drug use as a coping mechanism.
* Preventative work looking to the next generations emotional wellbeing and resilience being better able to adapt and cope with life.

**Improving housing solutions and employment opportunities:**

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

**Increasing services:**

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

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

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

Barriers that can prevent people from accessing help/support:

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

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

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

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

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

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

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

Professionals Survey – Key points

* Cannabis, cocaine and crack were all seen as staying the same or increasing by the majority of professionals.
* In relation to how drug use was funded, professionals said that theft was the most common way to fund drug use followed by dealing. Asking for money and transporting drugs are also seen as an option used to fund drug use, transporting drugs is seen more often by professionals working with young people while asking for money is cited by people working in homelessness charities. Some professionals pointed out that young people would not recognise the exploitation and would not share their circumstances with professionals.
* Many professionals said that many of their service users suffered from violence and are even fear for their lives. One of the main reasons given was being threatened by drug dealers due to unpaid drug debts. Many victims will not report to the police due to fear of consequences from the perpetrators.
* Sometimes the exposure to violence in young people comes from domestic abuse, with some using drugs as a coping mechanism.
* Some professional said some homeless people could be exploited by “friends” when they get secure accommodation.
* Professionals said that clients with the most chaotic drug use, use all their money on drugs and increase their debt risking their family, their house and their jobs, some lose family relationships and children with impacts on their mental health.
* Professional said that losing family support and feeling isolated with an increase interaction with other drug users would reinforce this vicious cycle of drug and destruction.
* Children were cited as being excluded from school, lacking qualifications, reducing their job opportunities, getting into debt, turning to crime and ultimately getting a police criminal record. Family or home relationships become very difficult with volatile groups of friends, which makes engaging with community and professionals very difficult.
* Regarding physical health impacts of drug use, professionals have referred to infections, amputations, loss of mobility, bruises and hard veins as a result of complications from injecting and that people self-neglect and do not seek professional help when needed.
* Anxiety, depression and psychosis are the most mental health issues mentioned by professionals. Other issues also mentioned frequently are paranoia, sleep problems and stress.
* Many professionals have pointed out that some patients with mental health problems use drugs as a way to self-medicate to cope with their trauma and life stresses.
* Professional said the main reason for hospital admission by service users was due to an overdose (accidental or intentional), followed by injuries caused while been under the effect of substances or caused by others (stabbings, assaults, etc) or due to infections. Some people will have a mental health crisis.
* Professionals said that people are more vulnerable to drug use if they have a mental health problem, and said drugs are used for self-medication purposes. Also, that drugs are used as a coping mechanism for their traumas or circumstances (domestic abuse, exploitation).
* Another factor that increases vulnerability to drug use is poverty, lack of housing and employment, people feel trapped with no hope of improvement. And so is a lack of positive social interactions for both adult and children.
* People with disabilities or learning needs are cited as being more vulnerable to exploitation and county lines.
* To reduce some of the vulnerabilities mentioned, professionals proposed more interventions for family/young people through education and youth groups: offering support, education, working on resilience and in social positive interactions with the community. Increasing service visibility through communication and engagement reducing stigma and judgement.
* It was also considered very important to increase mental health support services to reduce waiting times and focus on young people’s traumas, enabling them to go into adulthood with coping mechanisms resulting in more resilience individuals. Improving housing solutions and creating employment opportunities.
* Joint work between services: improve communication and relationship between services.
* The main barriers that prevent people from accessing support is not feeling ready for a change or not identifying their substance misuse as a problem they need to resolve. Also fear, the fear of being judged by professionals, fear of losing their children if they admit to drug use, the fear of getting the police involved and having legal consequences, the fear of drug dealers that are exploiting them.
* Other barriers coming from services setting were mentioned: long waiting list to access services and the complicated referral processes, chaotic lifestyles not fitting into the rigid expectations of services where they must make appointments instead of drop ins. Also, the travel expenses to make to the appointments was seen as a barrier to seek and maintain support. When the staff rotation is very high within service providers, service users feel they must repeat and start over again which can be discouraging. Some people will not know what support is available for them, not knowing how to access the service or who to ask.

## **Residents’ Survey**

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

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

**51 people living in Crawley responded to the survey**.

The majority of respondents were females (65%) and by age most people (49%) were between 45 and 64 years old.

53% of people were homeowners, 23% are living in social or council housing and 14% are renting privately.

By wards, Southgate was the ward with more responses followed by Pound Hill, Langley Green and Maidenbower.

**Drug use in the community**

84% of respondents considered that drug use is increasing in the community and the reasons that make them believe drug use is increasing is due to “I see more people dealing and buying drugs” (49%) followed by “there is more drug litter” (46%).

Figure 64: Residents’ reasons to believe drug use is increasing (respondents could select more than one answer)

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

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

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

Regarding what drug use concerned them the most in the local community, cannabis and cocaine were the drugs with more mentions, followed by heroine and crack.

The drugs that cause the least concern to residents were ecstasy and ketamine.

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

Figure 65: Residents – drugs that causes more concern in the local community Source: Understanding drug use and harm in West Sussex, Residents’ Survey

We asked residents what areas have higher drug use in the community and especially were mentioned (in general): parks, gardens, woods and fields. The park with most mentions was Goffs Park. The other area with many mentions was “town centre”.

Regarding were they feel unsafe, the same areas were identified by the residents. Broadfield received more mentions regarding unsafe feeling than affected by drug use. In total, there were thirteen people who in general feel unsafe in Crawley. The areas were people feel safer are Maidenbower and Pound Hill.

Figure 66: Residents’ perception of areas more affected by drug use and unsafe feeling

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

Drugs harms

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

Most people (84%) said that it causes harm to both the individual and at a community level.

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

The community harms identified more often were related to crime, ASB, violence and drug litter.

Table 26 : Residents’ – harms of recreational drug use

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Harms on the individual** | **Mentions** |  | **Harms on the community** | **Mentions** |
| Mental health risk | 10 |  | Crime | 21 |
| Health risk | 8 |  | ASB | 20 |
| Addiction | 6 |  | Violence | 9 |
| Family | 3 |  | Drug litter | 7 |
| Exploitation | 1 |  | Normalised | 4 |
|  |  |  | Begging | 1 |

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

Where to get support

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

42% of residents responded that they knew were to get help for addiction and 29% if pressured to commit crime.

These percentages improved when respondents were parents of children of age between 11 and 25, 69% of parents knew where to get help for addiction and 46% if being pressured to commit crime.

Personal drug use

Two residents have responded that they have taken drugs recently.

One does regularly (16-24 years old) and thinks that recreational use of drugs just causes harm at an individual level and doesn't know where to get support for addiction or exploitation.

The other one uses drugs sometimes (female, 25 to 44 years old) and thinks recreational drugs causes harm to both community and at an individual level, buys drugs from the dealer and have been concern for her safety. Knows where to get support for addiction or if pressured to commit crime. She has children between 11 and 25 who also has taken drugs.

Both have seen drug advertisements on social media.

Parents

13 respondents had children between 11 and 25 years old and 77% (10 parents) are concerned about drug use in the local community.

Most parents said they have talked to their children about health risks and the risk of addiction or the risk of being pressured to commit crime.

Figure 66: Residents – Parents: talking about drug risks to their children Source: Understanding drug use and harm in West Sussex, Residents’ Survey

77% of parents said they know drugs are being sold using social media channels, of those who are aware, 50% would know what their children access online on a regular basis and 20% sometimes.

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

Figure 67: Residents – Parents Social media knowledge

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

Six parents (46%) know that their children have been offered drugs and two of them are certain that their children have taken drugs.

One child takes drugs regularly and parents have asked for help from professionals. The other one does rarely and parents haven’t asked for help from professionals. Parents of both children have talked to them about the risks of drugs.

Social Media

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

Figure 68: Social Media platform where residents have seen drug advertsSource: Understanding drug use and harm in West Sussex, Residents’ Survey

Residents Survey – Key points

* 84% of respondents considered that drug use is increasing in the community and the reasons for this is due to “I see more people dealing and buying drugs” (49%) followed by “there is more drug litter” (46%). People’s perception is that drug users do not hide anymore and are happy to do it in front of others.
* Regarding what drug use concerned them the most, cannabis and cocaine were the drugs with more mentions, followed by heroine. The drugs that cause the least concern to residents were ecstasy and ketamine.
* When residents answer about the areas with high drug use, in general were mentioned gardens/fields/woods and parks. Town centre was also identified as an area with high drug use.
* 84% of respondents said that recreational drug use causes harm to both the community and on an individual level. As individual harms, residents identified mental and physical health risks and risk to become addicted. The community harms identified more often were crime, ASB and violence.
* 42% of residents responded that they knew were to get help for addiction and 29% if pressured to commit crime. These percentages increased when respondents were parents.
* 77% of parents are concerned about drug use in the local community. Most parents have talked to their children about the health risks of drug use, the risks of addiction and the risk of being pressured to commit crime.
* 33% of parents did not know drugs are being sold using social media channels. Parents who don’t know that drugs are been sold on Social Media are less likely to know what their children access online.
* 50 respondents in West Sussex (11 in Crawley) have seen drug advertisements on social media.

## **CGL – Service Users’ Survey**

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

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

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

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

First time drug use

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

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

Figure 69: People’s age when they try drug for first time Source: Understanding drug use and harm in West Sussex, CGL Service Users’ Survey

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

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

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

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

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

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

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

Regular drug use

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

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

Figure 70: Factors for regular drug useSource: Understanding drug use and harm in West Sussex, Residents’ Survey

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

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

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

Figure 71: When people realised they needed help/ support Source: Understanding drug use and harm in West Sussex, Residents’ Survey

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

Figure 72: People knowledge where to get support

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

Impacts of drug use

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

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

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

Treatment

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

Figure 73: Length in treatment by substancesSource: Understanding drug use and harm in West Sussex, Residents’ Survey

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

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

Figure 74: Fear to start treatmentSource: Understanding drug use and harm in West Sussex, Residents’ Survey

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

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

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

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

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

CGL Service Users’ Survey – Key points

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

## **‘Serious Violence in West Sussex’ School Survey**

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

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

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

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

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

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

Drugs and violence

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

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

Figure 75: Main factor why some young people commit acts of violence Source: Serious Violence in West Sussex

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

Drug use

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

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

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

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

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

Drugs and social media

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

Figure 76: Type of violent content children and young people reported seeing on social mediaSource: Serious Violence in West Sussex

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

Safety concerns

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

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

Crawley – Hotspot analysis

1,091 children and young people said that they spent most of their time in Crawley.

40% of respondents in Crawley think that money is the main factor driving violence in their local area. Children and young people in Crawley are concerned about deprivation, crime and safety in their local area.

Regarding the specific locations where children and young people feel unsafe 17% mentioned local alleys, paths or roads, typically near town centres, schools or recreation grounds.

Central and South East Crawley were the areas most likely to be mentioned as unsafe; specifically mentioned town centre, parks, around schools and train stations.

In the North of Crawley, the areas that were mentioned as unsafe were recreational areas and parks.

In South West of Crawley, the respondents mentioned as unsafe places neighbourhoods in Broadfield and Bewbush.

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

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

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

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

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

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

Serious Violence in West Sussex’s Survey – Key points

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

# Dissemination Plan

Upon the Crawley Drug Demand Profile being signed off, the document will be shared with the working group to discuss the results. It will also be shared as followed, after guidance from Public Health and the West Sussex Drugs and Alcohol Partnership as to how widely the information can be shared:

* The Safer Crawley Partnership Executive
* The Local Community Network (LCN)
* The Crawley Schools Pastoral Network
* The Crawley Contextual Safeguarding Group
* Internal Crawley Borough Council departments including Licensing, Community Development, Housing and Neighbourhood Services

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

1. Source: [SHAPE - Shape (shapeatlas.net)](https://shapeatlas.net/) [↑](#footnote-ref-1)
2. Source: ONS, UK Census 2021 [↑](#footnote-ref-2)
3. Source: <https://fingertips.phe.org.uk> [↑](#footnote-ref-3)
4. Source: [English indices of deprivation 2019 - GOV.UK (www.gov.uk)](https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019) [↑](#footnote-ref-4)
5. Source: [Microsoft Power BI](https://app.powerbi.com/view?r=eyJrIjoiOTdjYzIyNTMtMTcxNi00YmQ2LWI1YzgtMTUyYzMxOWQ3NzQ2IiwidCI6ImJmMzQ2ODEwLTljN2QtNDNkZS1hODcyLTI0YTJlZjM5OTVhOCJ9) [↑](#footnote-ref-5)
6. Any mention of opiate use would result in the person being categorised as **opiate**.

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

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

   People who present with alcohol and no other substances will be categorised as **alcohol.** [↑](#footnote-ref-6)