



Reducing harm from drugs & alcohol

Drugs & Alcohol Strategy
2024-2030



Brighton & Hove
City Council

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Foreword



Cllr Mitchie Alexander
Cabinet member for Communities, Equalities, Public Health & Adult Social Care

Brighton & Hove has high rates of drug deaths, I see daily the harms associated with drug and alcohol use and the impact on individuals and their friends, families, and communities.

Drug and alcohol use can increase inequalities in health outcomes. It reduces the number of years we spend in good health. It exacerbates poor mental health. It can also lead to insecure housing, estrangement from family or friends, and employment issues.

As a city council intent on advancing health equity, reducing the harms of drug and alcohol are a priority area for focusing our resources This strategy is our multi-agency approach to reducing harms from drugs and alcohol use.

This strategy brings together many partners and organisations including: the council’s housing, community safety and public health teams; the NHS; treatment and recovery services; the police and probation services; employment services; children’s and adult services; and the voluntary and community sector. We’ve come together with people with direct experiences of drug use and harms, to develop this strategy.

Our approach to reducing the harms from drugs and alcohol are 3-pronged. We aim to:

- provide safe, supportive, and stigma-free access to treatment and recovery services for people experiencing harms from drugs and/or alcohol,
- reduce the supply of illegal drugs into our city, and
- help address the primary causes of drug and alcohol use.

I am writing this foreword, as the Brighton & Hove City Council member with responsibility for Public Health, but it could just have easily been any or all of our partners in the collaboration we have here in Brighton & Hove.

This strategy builds on the successful partnership working of the past 2 years. In that time we have:

- undertaken a needs assessment to understand our population better,
- drilled down into the existing activity of all partners to help address the issues relating to drug and alcohol harms,
- taken stock of our work and how we assess progress,
- started to rebuild some of the services affected by previous funding cuts.

We will use this strategy and its objectives to inform detailed action plans across the system to continue improving the health and wellbeing outcomes for people affected by drug and alcohol harms across the city.

Councillor Mitchie Alexander

Introduction

This draft strategy for Brighton & Hove, describes how the Brighton & Hove Combatting Drugs Partnership will deliver locally the ambitions in the national strategy 'From Harm to Hope'. The strategy describes the longer-term vision to 2030 to reduce harms from drugs and alcohol for everyone who lives in, works in, or visits Brighton & Hove.

The Brighton & Hove strategy has been developed by the multi-agency Combatting Drugs Partnership, made up of leaders from different organisations across the city who have a key role in tackling drug and alcohol related harms. This includes representatives from the Council, Police, Probation service, NHS, treatment and recovery services, treatment providers, mental health providers, community and voluntary sector, and people with lived experience.

This strategy is a high-level document that sets out the Combatting Drugs Partnership's vision for changing the culture around drug use and reducing harms from drugs and alcohol in the city. Although there is a focus on both drugs and alcohol, this reflects the alignment of drug and alcohol treatment services and the management of community safety. The strategy does not include an assessment of licensing policy.



The strategy should be read in conjunction with other key stakeholders' strategies, please see appendix four.

Our Vision

Our vision is to make Brighton & Hove a place where everyone will be safe from the harms caused by drugs and alcohol.

Our strategic priorities

1. Disrupt the local drug and alcohol supply chains, reduce the availability of drugs, and tackle/disrupt drug and alcohol related crime

We will work collaboratively across the community safety teams, police and communities to disrupt local drug supply chains and alcohol and drug related crime to create safe and thriving communities.

2. Deliver a world-class treatment and recovery service

We will enhance both the quality and the capacity of our drug and alcohol treatment and recovery service, to provide person-centred support to everyone who needs it, focusing on those at higher risk.

3. Achieve a generational shift in demand for drugs and alcohol

We will

- a) challenge the normalisation of drug and alcohol use and
- b) address the causes of harmful drug and alcohol use, for example untreated mental health conditions, housing issues or homelessness, domestic abuse or the impact of trauma.

We will incorporate the following principles in everything we do:

- Reduce stigma
- Target resource according to need
- Be guided by the latest research and best practice, local data and intelligence to make best use of our resources and evaluate services and projects
- Work in partnership with people with lived experience of drug and alcohol harms
- Work collaboratively across organisations to support people and communities as effectively as possible

Stigma

Many people who experience harms directly or indirectly from drugs or alcohol use may be affected by stigma when seeking help or accessing services. This could be in the form of direct judgement from other people or health care providers, expectations of stigma, or self-stigma.

This strategy takes a compassionate and non-judgemental approach.

The policy context

In Brighton & Hove many people sign up to our drug and alcohol services every year. However, drug and alcohol use still harms individuals, families and communities in our City.

The global availability of drugs is at a record highⁱ. The UK is now Europe's largest market for heroin and is a target for Organised Crime Groups (OCGs)ⁱⁱ. The drugs market continues to evolve and present new challenges in tackling the supply chain of drugs. These challenges include the use of illegal online markets and the increasing availability of synthetic opioids, such as nitazenes and fentanyl.

In 2021 the Government launched a 10-year strategy 'From Harm to Hope'ⁱⁱⁱ. The strategy commits the Government to reduce crime and save lives by:

- Breaking the drugs supply chain
- Delivering a world class treatment and recovery service and,
- Achieving a generational shift in demand for drugs and alcohol.

Addressing the harms from drugs and alcohol use is a complex issue. Often harmful drug and alcohol use is found alongside risk factors such as untreated mental health conditions, chronic pain, poor physical health, neurodiversity, homelessness, or experience of trauma. Such factors may be both the drivers and consequences of drug and alcohol use. They require a multi-agency approach to reduce harms from, change perceptions of, and address the availability of drugs in the city.

The Partnership will be responsible for overseeing the implementation of the strategy.



What we know about Brighton & Hove



About Brighton & Hove

Brighton & Hove is a unique and diverse city:

26%

of residents are from a

Black or Racially Minoritised (BRM) group

- higher than the Southeast average of 21%.



One in 5

residents are **born outside of the UK**

- which is significantly higher than the South East average.

More than 1 in 10:

10.6%

of residents, identify as **gay, lesbian, bisexual or as another minority sexual identity**

- compared to 3% in England).



We have a **higher percent** of people who identify as **trans or gender diverse (TGD)** (1% compared to 0.5% in England).

In Brighton & Hove we have:

... an estimated **3030** people who use **opiate** and/or **crack cocaine** in 2019/20.

This is a significantly **higher rate** compared to the South East and England.

This breaks down as follows:

- **1,564 people - opiates only**
- **477 people - crack only**
- **989 people - opiates and crack**

20% of 14-16 year olds report trying cannabis and 8% report trying other drugs^{vii}

Alcohol specific hospitalisations in children and young people are **higher than** the England average

(53 per 100,000 compared to 29 per 100,000) (2018-21)

...the **7th** highest age standardised **mortality rate of drug misuse deaths** in England, at **12.7 per 100,000 people**.

More than double the rate in England (5.2 per 100,000) (2020-22)^{iv}

A significantly **higher rate of alcohol specific mortality** compared to England. **21.8 per 100,000 people**.

More than double the rate in England (5.2 per 100,000) (2020-22)^v

In Brighton there were:

991 police recorded drug offences

Approx **1,500** reported drug litter incidents, subsequently disposed of by the council

... **9%** of young people in treatment cited **benzodiazepines** as their primary substance of concern.

This is significantly higher than the England average of 1%.

... **10%** of secondary school pupils who completed the safe & well at school survey report admit to **getting drunk at least once or twice a month**^{vi}

Service activity

- **111** under 18-year-olds received **specialist drugs** and **alcohol treatment** in the year 2023/24 compared to 95 in 2022/23.
- **2,776** adults were in **structured treatment**, including 1,098 adults in treatment for opiates (as at February 2024)
- As of January 2024, **Change Grow Live (CGL)** have a **rate of 63% continued care for people** who have been **released from prison** against a national average of approximately 48%.

How we engaged with communities and partners and what we found out

A 2023 Brighton & Hove City Council drug related harm survey and a community forum on drug harms found that drug dealing and drug taking are ranked as top concerns for our communities, and that:

- Over 50% of over 400 survey respondents felt that drug dealing or drug taking was a very big problem in their neighbourhoods.
- Residents were not always confident in the response of the Council or Police when they reported drug related incidents.
- Some residents felt unsafe reporting drug related incidents.
- A culture of normalisation around drug use had developed leading to open drug dealing, drug taking and associated drug litter.

How we engaged with people with lived experience of drug or alcohol harm and what we found out

Between January and March 2024 we heard from approximately 50 adults, who have experience of accessing drug and alcohol services. We heard from people of different ages, sexual orientation, gender identity, and disability. It is important to note that the people we spoke with may not be representative of the wider population of those with experience of drug or alcohol harm, and as such we cannot generalise these findings. We did not reach as many people from Black and Racially Minoritised backgrounds as we had hoped and were not able to engage with children and young people. We will undertake further engagement with these groups as a priority. We have committed to continue to work with people with lived experience on the strategy and its implementation.

We heard many experiences, with some clear themes coming out of the discussion, and these have informed the development of the strategy and in particular strategic priority 2: to deliver a world-class treatment and recovery service, and strategic priority 3 addressing the causes and risk factors for drug use. These themes are summarised on the next page (appendix 3 provides further information on the discussions).



Summary of key themes from discussion with people with lived experience

Barriers to accessing support

- Missed referral opportunities by services
- Attitude of professionals
- Stigma
- Unaware of support available
- Specific barriers for trans people

What has worked well

- Access to meaningful activities in recovery
- Group specific spaces/services
- Peer support and diverse workforce
- Access to a wide range of support based on individual need

Drivers to accessing support

- Significant life events
- The role of a champion or respected key worker, friend or advocate
- 'Hitting rock bottom'

What could be improved

- Secure and appropriate housing
- Extended outreach for people who may be less able to engage
- Improved cross agency working
- More opportunities for meaningful activity
- More accessible and inclusive support

Risk factors for harmful drug and alcohol use

There are many factors that are known to increase the risk of harmful drug and alcohol use:

Housing insecurity and homelessness^{viii}

- Housing in Brighton and Hove has become increasingly unaffordable for a significant proportion of the population. The average cost of renting privately per month is £1,300 compared to £850 in England and £1,050 in the Southeast on average (September 2023).
- Demand for social housing in Brighton and Hove outstrips supply significantly.
- Rough sleeping appears to be increasing- between November 2023 and March 2024 there have been recorded between 21 and 52 people sleeping rough in the City.



Unmet mental health needs

- In 2020, it was estimated that around **42,000 adults** in Brighton and Hove have a common mental health disorder, such as anxiety or depression
- **61% of young people** in drug and alcohol treatment also reported a **mental health problem**
- **64%** of adults in **drug** treatment and **63%** of people in **alcohol** treatment had co-occurring **mental health needs**

Multiple Compound Needs

- Brighton and Hove have high levels of residents experiencing multiple compound need, this is defined as having experience of three or more of the following:
 drug or alcohol use,
 mental health need,
 poor physical health,
 domestic abuse,
 offending behaviours,
 and homelessness.
- The Brighton and Hove Multiple Compound Need (MCN) programme estimated 521 people experiencing multiple disadvantage who might benefit from engagement with the MCN programme (Q2, 2023/2024).

Multiple Compound Need Programme

The reducing harms from drugs and alcohol strategy recognises the significant health inequalities faced by people with multiple compound needs and the principles of integrated working set out in the aims of the MCN transformation programme.



Workstream 1:

Disrupt the local drug supply chains, reduce the availability of alcohol, and tackle/disrupt drug and alcohol related crime

Why this is important

The global availability of drugs is higher than ever before and the threat from drugs continues to evolve, with the emergence of highly potent synthetic opioids and access to drugs via online illegal markets. Organised crime groups criminally exploit children, young people and other vulnerable groups to move and distribute drugs. Breaking drug supply chains will reduce availability of drugs and associated violence and exploitation.

Workstream one is focused on disrupting the supply chain of drugs, improving community safety and supporting people who commit crimes related to drug or alcohol use into treatment and support. This Workstream is co-led by Sussex Police and the Council's Safer Communities team.

Why this is important

This priority is delivered collaboratively across a range of organisations including: the Police, probation services, and the local authority community safety team.

We want to:

- reduce drug and alcohol related crimes
- protect vulnerable children and adults
- work closely with our communities
- support people convicted of drug or alcohol related crimes into treatment and recovery

What we will do

1.1 Disrupt the flow of drugs into the city

- Tackle and disrupt organised crime groups
- Target county lines drug activity
- Work closely with other police forces outside of Sussex
- Directly target heroin and crack cocaine drug dealing

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

- Work with the Community and Voluntary Sector, Children's services and Sussex Police on interventions such as 'Brighton Streets' and 'Fresh Youth Perspectives' aimed at preventing young people becoming involved in organised crime.
- Work with school services and the children and young people's substance use service, RUOK? to reduce school suspensions, number of pupils on reduced hours and school avoidance, to prevent exploitation opportunities.

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

- Work across the police, community safety teams, safeguarding agencies to deliver a multi-agency approach to cuckooing and child criminal exploitation.
- Take a partnership approach to supporting vulnerable groups including the homeless community, those in supported accommodation, families and carers, and people who are care experienced.
- Provide a safe and effective pathway to enable children, young people, and vulnerable adults to exit involvement with organised crime.

1.4 Work towards a thriving night-time economy free from drug and alcohol related violence

- Retain or develop further nighttime economy safeguarding activities: for example security patrols, Safe Space, 'Ask for Angela', taxi marshals, Get Me Home Safely campaign.
- Increase sign-up to Sensible On Strength campaign.
- Refresh Licensing policy in 2025.
- Undertake drug test swabbing of local venues.



1.5 Increase support and communications to communities experiencing drug and alcohol-related crime and anti-social behaviour

- Establish a multi-agency drug related harm meeting to focus on specific neighbourhoods where drug related incidents are a concern and put in place appropriate support, facilitate sharing of intelligence between partners and develop consistent messages between agencies.
- Strengthen information sharing between agencies to ensure a joined up response to fatal and non-fatal overdoses.
- Work closely with communities to respond to and address community concerns relating to drug and alcohol use and associated anti-social behaviour.
- To understand how police presence can be strengthened in identified hotspots.

1.6 Improve pathways between the criminal justice system and treatment services

- Develop further the Test On Arrest programme to support people into treatment who are arrested for trigger offences (theft, robbery, burglary, misuse of drugs, fraud) and who test positive for illicit substances.
- Support the multi-agency youth disposal pathway to include the specific Brighton and Hove initiative of an out of court pathway for young people to guide them into treatment.
- Review the eligibility threshold for people using drugs to increase referrals to Change Grow Live (CGL). Increase the use of Community Sentence Treatment Requirements as a sentence from Court to divert people convicted of drug or alcohol related offences from short custodial sentences and into treatment for mental health, drug and alcohol issues.



Workstream 2:

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

Workstream two aims to improve service capacity and capability to support people with a substance use need into treatment and recovery. This workstream is co-led by the adult drug and alcohol treatment service CGL and the Council's Public Health Team and comprises representation from the children and young people's drug and alcohol treatment service (RU-OK), and the NHS, including primary care.

Children's and adults' drug and alcohol treatment and recovery services have benefited from substantial additional supplementary funding grants between 2022 and 2025. In 2024/25 this amounted to approximately £4.4m. This funding is in place until March 31st 2025. Currently, it is unclear what additional funding streams may come into place from April 2025. Current service capability and capacity has been significantly increased with these grants.

Why this is important

Improving the capacity of drug and alcohol treatment services is essential to address historic disinvestment which has led to reduced capacity in the drug and alcohol treatment service. Alongside this we need to improve the skill mix and capability in the service, to meet the increasing complexity of casework. The supplementary funding has started to address this historic disinvestment and outcomes are beginning to improve.

Further enhancing services will continue to address these gaps, improving public health, safety, and productivity, and ultimately foster stronger, more resilient communities.

We want to:

- Increase numbers of people in treatment
- Expand the capacity of the treatment service
- Increase the capability and skill mix of professionals
- Improve integration between services to provide pathways into treatment for people with co-occurring needs.

What we will do

2.1 Increase access to structured treatment for people with a drug or alcohol treatment need

- Recruit to additional posts in the drug and alcohol treatment service enabling more people to access the service, and reduce caseloads for key workers.
- Explore the feasibility of a seven-day-a-week drug and alcohol service.
- Improve access and waiting times to community and inpatient detox, residential rehab and short-term structured treatment options.
- Increase access to Buprenorphine (novel long-acting opioid substitution treatment).

2.2 Improve the capability of services to support clients with multiple needs

- Recruit to specialist posts to ensure provision of targeted support and skills for complex case management.
- Improve and increase the knowledge, skills and confidence of the workforce to enable a practiced trauma informed approach.
- Improve the skillset and ability of the workforce to be aware of the impact of neurodiversity as a risk factor for harmful substance use.
- Improve the knowledge and skills of frontline criminal justice workers to reduce stigma and increase referrals into treatment.
- Improve the knowledge skills and confidence of the workforce to support pathways for those affected by violence against women and girls.

2.3 Improve access to, and experience of, services for adults and children and young people, especially from under-served cohorts

- Focus on under-served cohorts, for example LGBTQ+, women, young carers, people who are neurodiverse and people from black and racially minoritised backgrounds.
- Ensure an integrated approach between service providers to improve the transition for young people into adult services, especially for high priority groups such as care leavers.
- Improve the referral pathway between youth offending services into RUOK? treatment services.
- Expand outreach services to ensure accessible support, promote early intervention, and enhance recovery outcomes.
- Use health promotion techniques to connect people with an unmet substance use need to structured treatment, including LGBTQ+ young people.
- Ensure an integrated approach between partner agencies to support those involved in the criminal justice system to ensure access to specialised service provision in custodial settings and engagement in treatment for those leaving custodial settings, including youth justice settings.

2.4 Enhance the harm reduction provision for people experiencing harm from alcohol and drug use

- Increase access to evidence-based harm reduction interventions, such as needle exchange.
- Explore innovative harm reduction interventions, using best available evidence and learning from other areas.
- Appoint a Naloxone lead to develop and deliver evidence based training according to priority need to include police, custody suites and friends and families.

- Use the drug deaths audit to inform cross-agency recommendations to reduce risk of drug deaths.

2.5 Develop an integrated response for people with co-occurring substance use and other needs

- Explore the development of a joint working protocol between mental health and drug and alcohol services.
- Support the development of the new Neighbourhood Mental Health Teams in partnership with Integrated Community Teams (ICT) to effectively support and provide treatment for people with co-occurring mental health and substance use needs.
- Better understand co-occurring needs for people with a substance use need including neurodiversity, housing issues, trauma, physical health needs, caring responsibilities.
- Continue to ensure a joined-up approach to complex cases and multiple compound need (people experiencing homelessness, violence against women and girls, involvement with the criminal justice system and those with mental health needs).

2.6 Develop a better understanding of higher risk drugs and emerging drug trends in the community to manage the associated harms

- Proactively monitor and address emerging threats posed by synthetic drugs, and changing supply trends, through timely intelligence sharing and harm reduction initiatives that address these specific threats.
- Develop a targeted approach to managing the spread of new synthetic opioids.
- Undertake research into the supply and illicit use of prescription drugs including benzodiazepines and ‘Z’ drugs to reduce illicit use.



Workstream 3: Achieve a generational shift in demand for drugs and alcohol

Workstream three is a longer-term objective to reduce the demand for drugs and alcohol.

There are two approaches to reducing the demand for drugs and alcohol:

- **Challenge the normalisation and cultural environment with regards to substance use**
- **Treat the causes of substance use, for example untreated poor mental health, homelessness, or the impact of trauma experience**

This workstream area will focus on reducing demand for drugs and alcohol amongst children and adults, through attitudinal shifts, as well as addressing the risk factors. This priority is led by the Trust for Developing Communities and the Council’s Adolescent Services.

Why is this important

The use of drugs has grown over a decade, especially among young people, risking individual and community harms.

What we will do

3.1 Challenge the normalisation of all drugs and alcohol use in children and young people and adults, including cannabis, and alcohol consumption, and raise awareness of the detrimental impact of use.

- Develop consistent and evidence-based communications on the harms of drug and alcohol use.
- Use data and intelligence from children and young people including the Safe and Well at School Survey.
- Develop opportunities to ensure that we hear the voice of children and young people.
- Engage with schools and youth services to deliver targeted interventions around drug safety and exploitation.

3.2 Promote healthy lifestyles in children and young people and families

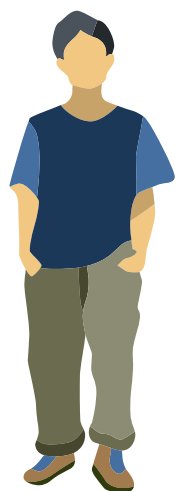
- Increase access to the Parenting Our Children and Accessing Recovery (POCAR) programme to support parents in treatment.



- Continue to engage with children and young people and Families via services, schools and family hubs and through bespoke engagement activity to understand better attitudes to drug and alcohol use.
- Continue to develop the Personal, Social, Health and Economic (PSHE) agenda to reflect the latest evidence and engagement with children and young people.
- Work with the Active for Life team, the voluntary sector and school-based services to promote and encourage activities relating to improved physical and mental health and wellbeing.

3.3 Improve awareness of and access into the range of services to support children and young people

- Raise awareness of mental health support and the pathways into mental health services with all agencies working with children and young people.
- Influence other service strategies to raise awareness of and improve support for factors associated with drug and alcohol use, such as mental health conditions, insecure housing, homelessness, domestic abuse, or the impact of trauma.



Delivering the strategy

We have a strong foundation for this strategy, based on existing partnerships, good collaboration across partners, and a commitment to reduce drug and alcohol related harm for our residents.

The Combatting Drugs Partnership provides the leadership to this programme and comprises professionals from across the council and multiple agencies including the NHS, providers, and the criminal justice system, as well as people who have lived experience of the harms of drugs and alcohol. A full list of contributors is available at appendix one.

In late 2022, the Combatting Drugs Partnership approved the establishment of three sub-groups to take forward the three priorities as workstreams of the national strategy.

Over the period to April 2024 the 3 workstream sub groupshave been reviewing existing strategies and plans (see appendix four) that contribute to the combatting drugs programme, and how these translate into action. This has enabled us to develop a comprehensive picture of existing objectives and targets, and benchmarked activity which inform this strategy's ongoing and additional activity.

Our headline outcome measures

Our headline outcome measures reflect the national priorities. Under these will sit detailed outcome measures to support the action planning and progress monitoring:

- Reduce overall drug use
- Reduce drug-related crime
- Reduce drug related deaths and harms
- Reduce the levels of drug supply
- Improve recovery outcomes
- Increase engagement in treatment

Detailed action plans will be developed to sit underneath each strategic priority. They will form the basis for an outcomes monitoring framework. The actions and targets will be SMART: specific, measurable, achievable, realistic and timely, and will be developed to meet short term, medium term and longer-term needs.

The priorities, strategic objectives and the outcomes monitoring framework will be regularly reviewed by the Combatting Drugs Partnership to ensure it continues to meet the needs of our population, to reflect any changes in national policy, and accommodate funding changes (the current supplementary substance misuse treatment and recovery grant (SSMTRG) ends in March 2025).

Governance

This strategy reflects the collaboration between partners in Brighton & Hove with the aim of reducing harms from drugs and alcohol. The Combatting Drugs Partnership (CDP) provides the structure to the collaboration and comprises multiple organisations with their own specific organisations' governance arrangements and oversight boards. The CDP is supported by a multi-agency steering group.

The CDP Board receives regular updates from the three priority work streams and provides oversight to these workstreams.

The CDP expect to provide annual updates on progress to the National Joint Combatting Drugs Unit, and to the Brighton & Hove Health and Wellbeing Board.

Appendices

Appendix 1 - contributors

The partners and stakeholders involved in the development of the strategy include members of the CDP, priority workstreams and people with lived experience comprising representation from:

- Brighton & Hove City Council officers in Public health, housing, community safety, children and young people, and adult social care teams
- Brighton & Hove City Council elected members
- Treatment and recovery providers of adults’ services and services for families and young people: CGL, Oasis, RU-OK?
- Cascade Creative Recovery
- The Police and Police and Crime Commissioner’s office
- Probation service and Secure Estate
- NHS Sussex and Integrated Care Board.
- The coroner’s office
- Voluntary sector organisations, eg: Kennedy Street Recovery Hub, Transober

There is a planned public consultation which will further refine the strategy.



Appendix 2 - Equalities Impact Assessment summary

BHCC undertook an extensive Equalities Impact Assessment.

In summary, the Equality Impact Assessment (EIA) assesses the impact that the Drugs and Alcohol Strategy for Brighton and Hove may have on diverse protected characteristics and different communities, based on our current knowledge and assessment.

A range of barriers to accessing services and support was identified. Some of them are likely to affect all groups equally:

- Missed opportunities by services such as a GP, to identify a drug or alcohol treatment need.
- A lack of compassion from a range of professionals.
- Shame and stigma as a barrier for seeking help.
- Lack of awareness of drug and alcohol support and services available - by professionals and people supported by services.

This strategy is a high-level document that sets out the Combatting Drugs Partnership’s vision for changing the culture around drug use and reducing harms from drugs and alcohol in the city. Although there is a focus on both drugs and alcohol, the alcohol elements reflect where there is alignment between drug and alcohol treatment and management. It does not include an assessment of licencing policy.

Consultation

The EIA describes how partners and residents were consulted and reflects the engagement with people with lived experience of drug and alcohol harms, the work of the Combatting Drugs Partnership board in developing the strategy, the input at draft stage of multiple partner boards, for example the Child Safeguarding Board, the Drug Related Harm group, Community Safety Partnership, Safeguarding Adults Board, People Overview and Scrutiny Committee, and Mental Health Oversight Board. At the time of writing the EIA further consultation is planned, including a public consultation via the Council Your Voice portal.



Characteristics reviewed to understand the impact of the strategy

The EIA uses demographic data to understand better the impact of the strategy on specific population cohorts, with a view to ensuring that disproportionate impacts are mitigated.

The EIA considers:

Age, disability, ethnicity, religion and beliefs, gender identity, gender reassignment, sexual orientation, marriage and civil partnership, pregnancy and parents, Armed forces personnel and veterans, expatriates, migrants and asylum seekers, Carers, looked after children and people with care experience, domestic or sexual abuse survivors, deprivation, homelessness, human rights, people with lived experience, vulnerable people, and people with co-occurring needs.

Monitoring

Detailed action plans will be developed to sit underneath each strategic priority. They will form the basis for an outcomes monitoring framework. The priorities, strategic objectives and the outcomes monitoring framework will be regularly reviewed by the Combatting Drugs Partnership

The EIA goes on to describe how the data are collected, noting gaps where data collection should be improved, eg: for armed forces personnel.



Impact assessment

The headline data show the following for each characteristic – please see the full EIA for comprehensive detail:

Age

The 35-54 age range is disproportionately represented in drug deaths, and in children and young people there were disproportionate needs reflected for benzodiazepine use compared to England averages

Children and young people are particularly vulnerable to exploitation relating to involvement with drugs including involvement in gangs or county lines. 13% of first-time entrants to the youth justice system aged 10 to 17 years have committed offences relating to drugs. Children and young people affected by drugs and alcohol use in the family are also noted to have worse health, wellbeing and educational outcomes than other children. Many children and young people also have co-occurring vulnerabilities such as poor mental health or exposure to domestic violence.

The team conducted a series of workshops to engage with people with lived experience (PWLE) of involvement with drugs and alcohol and support services to better understand their needs. Approximately 50 adults participated, with representation across an age range of 16 to 74 years. The strategy recognises however, that there was no similar engagement with children and young people via focus groups or workshops. Objectives relating to the needs of children and young people are identified within the strategy and will be engaged with going forwards with the implementation of the strategy.

Disability

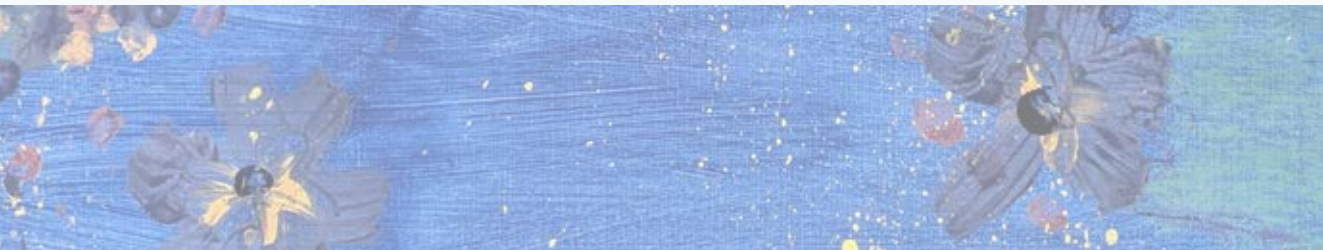
The 2021 Census ONS data shows that nearly one in five residents (19%) are disabled as defined by the Equality Act. Among residents without a disability, 8% have a long term physical or mental health condition.

Of the 23 participants in the PWLE workshops for whom disability data was captured, 20 self-identified as having a disability or long-term condition. Themes from the workshops identified disability as a trigger influencing drug and alcohol use. Accessibility of services, including accessible spaces, was identified as a barrier for disabled users. Better mental health provision was identified as an area for improvement.

Further engagement with people with lived experience is planned via the Drug and Alcohol Lived Experience Programme, of which the needs of disabled people will be a focus.

Recognition of disability and unmet physical and mental health needs as risk factors for drug and alcohol use, and as barriers to accessing services, is reflected in the strategy. Priorities relating to this include:

- Improve the capability of services to support clients with multiple needs
- Improve access to, and experience of, services for adults and children and young people, especially from underserved cohorts (eg: people who are neurodiverse)
- Develop an integrated response for people with co-occurring substance use and other needs, including mental and physical health needs and neurodiversity.



Ethnicity

More than a quarter (26%) of residents of Brighton and Hove are from a Black and Racially Minoritised group (non-White UK/ British). Amongst users of drug and alcohol treatment services in 2021-22, 11% were from Black and Racially Minoritised backgrounds.

Unfortunately, the people with lived experience (PWLE) workshops did not reach as many people from Black and Racially Minoritised backgrounds as hoped, even though these were prioritised. The strategy acknowledges this and commits to undertake further engagement with these groups as a priority. This reflects a focus within the strategy of improving access to and experience of services for underserved cohorts including people from Black and Racially Minoritised backgrounds.

Barriers in accessing drug and alcohol treatment and recovery services which should be considered in the implementation and delivery of services may include:

- Information not being accessible to people for whom English is a second language or who face literacy barriers. Content not being provided in plain English, use of complex terminology and professional jargon can form a barrier to access.
- Lack of interpretation services and information not available in multiple languages.
- Cultural stigma within certain communities.
- Lack of culturally competent services.

Religion and beliefs,

The development of the strategy did not explicitly consult on data relating to religion. Based on 2021 ONS Census data, 55% of residents have no religion or belief. 30.9% identified as Christian, 0.9% as Buddhist, 0.9% as Jewish, 0.8% as Hindu, 0.1% as Sikh, and 1% as other religions. 7.1% did not answer the voluntary question.

Data on religious identity was captured as part of the PWLE workshops, with participation of a range of people who identified as having a particular religion or none.

It is not envisaged that the detailed action plans underpinning the strategy will cause any disproportionate impact relating to religion, belief, spirituality, faith or atheism. However, barriers to accessing drug and alcohol treatment and recovery services should be considered in service development and may include:

- Possible conflict between religious beliefs and certain treatment approaches.
- Lack of consideration for religious dietary requirements in residential recovery settings.
- Lack of awareness of cultural stigma around drugs and alcohol within certain religious communities.
- Lack of culturally competent services.
- Lack of same-sex support when required for religious reasons.
- Services not accommodating people's religious-based preferences in service delivery or interactions.

Gender identity, gender reassignment,

Data from the 2021 ONS Census shows that 51% of residents are female, and 49% are male.

To inform the development of the strategy, the Public Health team used data relating to Gender Identity and Sex from the Brighton & Hove Drugs and Alcohol Needs Assessment (2022). The data shows that 63% of all Service Users in 2021/22 were male. However, women may find it harder to access drugs and alcohol treatment due to specific concerns such as fear of losing their children, or accessing often male-dominated environments due to disproportionate experiences of Domestic Abuse and Sexual Violence.

Inpatient episode rates of intentional self-poisoning are significantly higher for women in Brighton and Hove (62.8 per 100,000) compared to England (38.6 per 100,000).

Feedback identified the importance of all-female service and activity spaces to enable Service Users to feel safe and comfortable.

Recognition of specific vulnerabilities and barriers to access relating to Gender Identity and Sex is reflected in the strategy, which includes a focus on underserved cohorts and a priority area led by the women's drug and alcohol treatment service, Oasis. Amongst the specific priorities is a focus on developing an integrated response for people with co-occurring substance use and other needs, including:

- Improving the knowledge and confidence of the workforce to support pathways for those affected by violence against women and girls
- Ensure a joined up approach to complex cases and multiple compound need (for example violence against women and girls)

In 2021 a new question on gender identity was included in the Census. The five local authorities with the highest proportion of the population aged 16 years and over who identified as non-binary were all outside London. Brighton & Hove had the highest percentage (0.35%).

Data from the Safe and Well at School survey suggests 17% of pupils who did not or did not always identify with their gender registered at birth had tried drugs, compared to 12% of those who did, and

Of the 23 participants in the PWLE workshops for whom this information was captured, seven participants identified as trans. Feedback identified specific barriers for trans people in accessing drugs and alcohol support, in particular where accessing treatment may impact on gender reassignment treatment. It also highlighted the importance of specific trans-inclusive spaces to facilitate access to support, including diversity of staff and volunteers.

Recognition of the specific barriers and needs of trans and gender diverse people is reflected in the strategy, which includes a priority of improving access to and experience of services, especially from underserved cohorts including LGBTQIA+ people.

Sexual orientation,

2021 Census data suggests the proportion of adults identifying with an LGB+ orientation (10.6%) in Brighton and Hove is three times higher than in the rest of the South East and England. The Brighton & Hove Drugs and Alcohol Needs Assessment (2022) estimates that in 2021-22 18% of Service Users were from the LGBT community.

Data from the SAWSS shows that pupils who are LGBTQIA+, unlabelled, or unsure of their sexuality are statistically significantly more likely to have tried drugs (15% compared to 12%)

Additionally, of the 23 participants in the PWLE workshops for whom this information was captured, 6 participants identified as gay, lesbian, bisexual or another sexual identity. Feedback included the value of group-specific safe spaces and sessions, including for LGBTQ+ groups.

Recognition of specific vulnerabilities and barriers to access relating to sexual orientation is reflected in the strategy.

Barriers in accessing drug and alcohol treatment and recovery services may include:

- Fear of discrimination and homophobia.
- Lack of safe, non-judgmental spaces.

Marriage and civil partnership,

The development of the strategy was not explicitly informed by data relating to marriage or civil partnership status. It is not envisaged that the detailed action plans underpinning the strategy will cause any disproportionate impact relating to this.

Pregnancy and parents

To inform the development of the strategy, the Public Health team used data from the Brighton & Hove Drugs and Alcohol Needs Assessment (2022), which recognises the specific needs of and barriers to parents and families in accessing drug and alcohol services. This is reflected in the strategy, which includes a priority area led by the women's drug and alcohol treatment service, Oasis.

Barriers in accessing drug and alcohol treatment and recovery services which should be considered and mitigated may include:

- Fear of social care involvement and of children being removed from the family home
- Feeling of stigmatisation and that the system will impact them negatively
- Increased experience of domestic violence and sexual assault amongst pregnant people, which may make them less likely to access services

Armed forces personnel and veterans,

The development of the strategy was not explicitly informed by data relating to the armed forces or veterans. It is not envisaged that the detailed action plans underpinning the strategy will cause any disproportionate impact relating to this group. However, we note that this cohort may experience barriers to accessing treatment, such as stigma, PTSD, availability linked to duty requirements. We will explore potential barriers and ensure the action planning reflects these.

Further work is identified for this cohort

Expatriates, migrants and asylum seekers,

ONS Census data (2021) suggests one in five residents of Brighton and Hove (54,343 people, 20%) were born outside of the UK. This is a higher proportion than seen in the South East (16%) and England (17%).

The strategy was not explicitly informed by data relating to this group. Engagement with certain groups has been limited, and there is a focus on collaboration with underserved cohorts as a priority.

Carers

Carer status was also recorded for participants in the PWLE workshops. Of the 23 participants for whom this information was captured, five identified as parents or carers. Participants identified being an unpaid carer as a life stressor that is a risk factor in drug and alcohol use.

Being a young carer is also a risk factor for drug and alcohol use. The SAWSS reports that 22% of young carers are likely to have tried drugs (as against 12% of other pupils).

There are also challenges associated with being a carer for or supporting someone experiencing harmful substance use. This is reflected in the strategy, which includes priority areas to develop an integrated response for people with co-occurring substance use and other needs such as being a carer. It also aims to improve access to and experience of services for young carers.

Looked after children and people with care experience,

We know that people who are care experienced are disproportionately represented in drug deaths in Brighton & Hove, and the strategy and work planning reflects this.

Data from the SAWSS shows that adopted children are statistically significantly more likely to have tried alcohol than children who are not (51% vs 43%), as well as being more likely to have tried drugs (31% vs 12%).

The strategy recognises that there was limited engagement with children and young people via focus groups or workshops, and this includes looked after children. There is a commitment to further engage with children and young people. The strategy also includes priority areas to ensure an integrated approach to improving the transition for care leavers into adult services.

Domestic or sexual abuse survivors,

To inform the development of the strategy, the Public Health team used data from the Brighton & Hove Drugs and Alcohol Needs Assessment (2022), which reflects the particular vulnerabilities and needs of survivors of Domestic and Sexual Abuse and Violence, particularly in accessing services in male-dominated environments. Domestic violence is also a risk factor for involvement with drugs and alcohol; in 2021/22, 27% of young people in treatment were affected by domestic violence.

This is reflected in the strategy, which includes a focus on addressing the causes of harmful drug and alcohol use including domestic violence and abuse, and improving awareness of, and access into services for people with experience of domestic abuse. The Oasis service works with women experiencing domestic abuse.

Deprivation,

The strategy was informed by data relating to socio-economic disadvantage from the Brighton & Hove Drugs and Alcohol Needs Assessment (2022) particularly as it relates to housing issues and homelessness and educational outcomes for children. 17% of the population live in the 20% most deprived areas in England, and 15% of under-16 year olds live in income deprived households. In the year ending September 2022 the unemployment rate in Brighton and Hove was 3.5%.

This is reflected in the focus within the strategy on addressing the risk factors associated with drug and alcohol use including poverty..

Barriers in accessing drug and alcohol treatment and recovery services may include:

- Low-income households may struggle to access services due to transportation expenses, or the inability to take time off work.
- Competing financial priorities, such as securing basic needs like food and housing.
- Individuals experiencing homelessness or insecure housing are disproportionately affected by substance use disorders, and their unstable living conditions often act as a barrier to accessing long-term care and recovery services.
- Stigma and discrimination

- Educational barriers: People with lower levels of education/literacy may lack awareness of available services, how to access them, or the benefits of treatment programmes.
- Complex intersections of disadvantage: Socio-economic disadvantage often intersects with age, disability, ethnicity, creating additional layers of exclusion.

Homelessness,

There is a high rate of homelessness according to the Brighton & Hove Drugs and Alcohol Needs Assessment (2022). In 2021/22 26% of people in drug treatment had housing difficulties.

Recognition of specific vulnerabilities and barriers to access relating to homelessness is reflected in the strategy, which includes a focus on addressing the causes of harmful drug and alcohol use including housing issues or homelessness.

The development of the strategy and action plans will be developed closely with partners working in relevant Housing and homelessness teams, and there is homelessness representation on the CDP steering group.

A dedicated Rough Sleepers Drug and Alcohol Treatment Grant held by the adult treatment and recovery service CGL, which delivers support and treatment for people rough-sleeping or at risk of rough sleeping

Human rights,

The development of the strategy was not explicitly informed by data relating to Human Rights. It is not envisaged that the detailed action plans underpinning the strategy will cause any disproportionate impact relating to this.

People with lived experience, vulnerable people, and people with co-occurring needs.

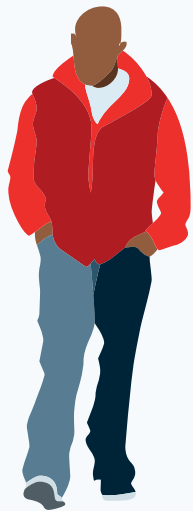
Complex intersections of disadvantage:
Socio-economic disadvantage often intersects with age, disability, ethnicity, creating additional layers of exclusion. The EIA considered in addition:

- Co-occurring mental health need - the needs assessment showed 61% of young people in drugs and alcohol treatment had a mental health condition, while 64% of adults in drug treatment and 63% in alcohol treatment had co-occurring mental health needs. A particular barrier faced for people with mental health needs is in accessing mental health services, particularly whilst still experiencing substance use issues.
- Co-occurring and multiple compound needs – the strategy recognises the high rates of co-occurring and multiple compound need and the impact of this on drug and alcohol use.
- Cuckooing – occurs when a criminal befriends an individual who lives on their own to use their house as a base to operate unlawful activity, victims can experience isolation, coercion and manipulation. Often this can be associated with exploitation and sexual assaults. Cuckooing is often associated with exploitation of vulnerable people by supplying them with drugs and alcohol. In 2021/22 there were 28 new cuckooed properties identified.

Actions

The Combatting Drugs Partnership Board and the Drug and Alcohol programme board will oversee the monitoring of actions and recommendations that fall out of the Strategy including where the EIA has proposed mitigations these include:

1. To increase engagement with diverse people with lived experience of using services, particularly from groups with unmet need in order to inform the further development and implementation of the strategy.
2. To increase engagement with diverse people with lived experience of using services, particularly from groups with unmet needs, children and young people, black and racially minoritised populations, and veterans.
3. To improve data collection and analysis to enhance understanding of people’s experience of accessing and using drug and alcohol treatment and recovery services and to routinely inform the delivery of the service.
4. To ensure that culturally sensitive comprehensive equalities training, guidance and support is available to all staff and that their training and support is regularly monitored.



Appendix 3 - Listening to people with lived experience of drug or alcohol harm

Between January and March 2024, we undertook a series of events with people with lived experience of drug and alcohol use to listen to their experiences of trying to access drug and alcohol treatment services in Brighton & Hove.

We held five sessions:

- for anyone with personal experience of accessing treatment and recovery support in Brighton and Hove, advertised across our treatment and recovery providers
- for women and non-binary people
- for trans and non-binary people
- attended two service and recovery sessions including to gather informal feedback.

We heard the experiences of approximately 50 people of different ages, sexual orientation, gender identity, and disability. This helped us to understand the experiences of people in accessing treatment and the unique and complex intersectional issues which can be significant challenges to accessing treatment.

We did not reach as many people from BRM backgrounds as we had hoped and we will explore how best to expand our engagement to include people from a range of backgrounds to better represent the population in Brighton and Hove. We also need to ensure that we engage with young people accessing treatment in the future as we were not able to engage with this group in the timeframes available.

We are committed to continuing to collaborate with people with lived experience, not only in the development of the strategy but also in its implementation.

The themes arising from the discussions to date include:

1. Influences on drug and/or alcohol use

Several risk factors were identified by participants that influenced their drug and/or alcohol use:

- Trauma, especially in childhood.
- Poor mental health.
- Parental use of drug and alcohol uses.
- Life stressors, such as being an unpaid carer or having a high stress job.
- Normalisation of drug and alcohol use.
- Managing undiagnosed neurodivergence.
- Social isolation

2. Barriers to accessing support

Participants outlined a range of barriers to accessing services and support:

- Missed opportunities by services e.g. a GP, to identify a drug or alcohol treatment need.
- A lack of compassion from a range of professionals.
- Shame and stigma as a barrier for seeking help.
- Judgements based on the perception of 'what an addict looks like'.
- Lack of awareness of drug and alcohol support and services available- by professionals and service users.
- Specific barriers for trans people related to both a safe environment in which to seek help, and the potential impact of seeking help on their ongoing transition needs.

3. Drivers to accessing support

There were some recurring themes that participants talked about that were drivers to accessing help:

- Significant life events, such as becoming pregnant.
- The role of a champion: someone who has gone the extra mile in supporting the treatment and recovery journey. This might be a key worker, probation officer, or friend.
- Hitting 'rock bottom' as a catalyst including:
 - Mental health crises
 - Losing their home.
 - Significant health impacts.
 - Involvement with the criminal justice system, such as being arrested.
 - A child being removed from their care.

4. Where people would like to see improvements

There were a range of factors that would help people to access and stay in treatment, and support the journey through recovery:

- Secure and appropriate housing options for people at different stages in their treatment and recovery
- Extended outreach services
- Improved cross agency working to support for those with co-occurring needs, especially around accessing mental health support.
- A personalised care offer, recognising that there isn't a 'one size fits all' approach to treatment and recovery
- Opportunities for meaningful activity
- More accessible and inclusive drug and alcohol support spaces.
- Improved understanding of the detox and residential rehab offer and pathways, including support during waiting times

- Improved education of drug and alcohol harms for children and young people.
- Greater awareness of referral routes into drug and alcohol treatment services by other services
- A workforce that reflects the diverse population of Brighton and Hove

5. What has worked well

There were many aspects of people's treatment and recovery that worked well:

- Having meaningful activities built into a routine supports long term, sustainable recovery, including creative activities, community work, and opportunities for employment
- People valued group-specific safe spaces and sessions, including female only spaces, young people's groups, LGBTQ+ groups, and trans/non-binary groups
- Peer support, lived experience, and a diverse workforce in service providers was highly valued
- Online sessions enabled people with mobility issues or anxiety to participate in the treatment group work
- Being able to access a wide range of support according to individual need, including eg: mental health support

These experiences have helped to refine our strategic objectives and will inform the subsequent action plans.



Appendix 4 - Existing strategies, plans and programmes of work that support the drugs and alcohol agenda

Specific alcohol and drug-related objectives from strategies that include Brighton & Hove residents:

Existing strategy		Strategic objectives relating to drug/ alcohol harm
A better Brighton & Hove for all		• Enable people to live healthy, happy and fulfilling lives; work with local partners to develop plans to reduce the harm from [tobacco], alcohol and drugs • Tackle crime and antisocial behaviour: develop a multi-agency combatting drugs strategy to address supply, demand and recovery services
Joint Health and Wellbeing Strategy 2019-2030	brighton-hove-health-wellbeing-strategy-2019-2030-26-july-19.pdf	Key areas for action in the strategy related to drugs and alcohol use include: • challenge the normalisation of substance use and excessive alcohol consumption • raise awareness of the detrimental impact • reduce the associated harm, including physical and mental health problems and the exploitation of young or vulnerable people • Promote Healthy lifestyles and resilience, including in school and other education settings, • address parental substance use • Provide Information, advice and support to help people to drink less.
Improving Lives Together – Sussex Delivery Plan	Improving-Lives-Together-Shared-Delivery-Plan.pdf (ics.nhs.uk)	This Sussex wide strategy includes a section for Brighton and Hove, including some key priorities: • Integrated Community Teams frontrunner implementation • Mental health in adults and children • Multiple long-term conditions (MLTCs) • Health inequalities • Cancer • Children and Young People



Community Safety and Crime Reduction Strategy 2023-26	Community safety and crime reduction strategy 2023 to 2026 (brighton-hove.gov.uk)	The Community Safety Partnership’s overarching duty is to: • reduce crime and disorder • improve community safety • reduce re-offending in Brighton and Hove The strategy describes the Partnership’s plans for the next three years in relation to five priorities: • serious violence • drugs and exploitation • domestic and sexual violence/abuse and other violence against women and girls • anti-social behaviour, hate incidents and crimes • Prevent
Sussex Police and Crime Commissioner: Police and Crime Plan 2021/24	SPCC - Police and Crime Plan (sussex-pcc.gov.uk)	• Relentless disruption of serious and organised crime focussed on - o Tackling and disrupting organised crime groups behind county lines drug gang activity. - o Recognise the exploitation of children and young people and continue to identify and safeguard those most at risk. • Allocate further community safety funding to support the drug intervention programmes delivered throughout Sussex to tackle and address the harms caused by substance misuse. • National Crime and Policing Measures: Disrupt drugs supply and county lines • From Harm to Hope: a 10-year plan

Violence and exploitation reduction action plan 2022-23ⁱ		Overall aim: To reduce the harm caused to individuals and communities in our city by serious violence, knife crime, organised crime, drugs, and exploitation Outcome 1 (Prevention): Fewer people harmed by serious violence and prevent vulnerable people from becoming involved with organised crime networks Outcome 2 (Safeguarding): Safeguard vulnerable people who are being exploited and provide a safe effective pathway to enable vulnerable people to exit involvement with organised crime networks Outcome 3 (Communications): Community to be free of the fear of violence, drugs, and exploitation, have confidence to report and an increase in awareness of all forms of exploitation, drug harm and serious violent crime Outcome 4 (Nighttime Economy): A thriving night-time economy free from drug and alcohol-related violence Outcome 5 (Data): A stronger preventative approach to serious violence and exploitation and a decrease in drug-gang related activity through the use of all available data and intelligence The Preventing Violence Against Women and Girls Strategy 2024- 2027 will be published later in 2024.
Homes for everyone (Draft) 2024	7975 Housing strategy consultation - Accessible_0.pdf (brighton-hove.gov.uk)	The strategic priorities include: • Improve housing quality, safety and sustainability • Deliver the homes our city needs • Prevent homelessness and meet housing need • Support independence and improved health and wellbeing for all • Provide resident focused housing services



Licensing (Statement of Licensing Policy 2021)	Statement of Licensing Policy 2021 (brighton-hove.gov.uk)	The revised Statement of Licensing Policy was published in 2021. Special policies remain in place to reduce the availability of alcohol within the city centre area or cumulative impact zone. Current actions include: • Sensible on Strength (SoS) scheme • Safeguarding initiatives within the night-time economy. • Test purchase operations are undertaken with the police
Brighton & Hove Mental Health and Housing Plan Place-based plan	attachment.pdf (sussexpartnership.nhs.uk)	Priority 5: Develop accommodation and support services to meet the needs of people with co-existing conditions and multiple and compound needs • Particular focus on complexity including people with mental health need who also have Autistic Spectrum Condition and/or Substance Misuse needs.

ⁱ HM Government, "From Harm to Hope: A ten-year drugs plan to cut crime and save lives," 2021

ⁱⁱ HM Government, "From Harm to Hope: A ten-year drugs plan to cut crime and save lives," 2021

ⁱⁱⁱ HM Government, "From Harm to Hope: A ten-year drugs plan to cut crime and save lives," 2021

^{iv} Office for Health Improvement and Disparities. Public Health Profiles. Drug related deaths. Available at: [Public health profiles – OHID \(phe.org.uk\)](#)

^v OHID, Alcohol profile, 2022

^{vi} Brighton and Hove City Council, "Safe and Well at School Survey 2023".

^{vii} Brighton and Hove City Council, "Safe and Well at School Survey 2023".

^{viii} Brighton and Hove City Council, "Draft housing strategy for consultation. [Online]. Available: [7975 Housing strategy consultation - Accessible_0.pdf \(brighton-hove.gov.uk\)](#) [Accessed 29 July 2024].

^{ix} [How we help people living on the streets in the city \(brighton-hove.gov.uk\)](#)

^x Mental health and wellbeing in Brighton and Hove, [Mental health JSNA 2022 full report FINAL.pdf \(brighton-hove.gov.uk\)](#)

^{xi} Brighton and Hove City Council. Brighton & Hove Drugs and alcohol needs assessment, 2022. [Brighton Hove Drugs and Alcohol Needs Assessment.pdf \(brighton-hove.gov.uk\)](#)

^{xii} Brighton and Hove City Council. Brighton & Hove Drugs and alcohol needs assessment, 2022. [Brighton Hove Drugs and Alcohol Needs Assessment.pdf \(brighton-hove.gov.uk\)](#)

^{xiii} Brighton and Hove Multiple Compound Needs Board Business Case, 2024

^{xiv} HM Government, "From Harm to Hope: A ten-year drugs plan to cut crime and save lives," 2021





Acknowledgment: The art used in the strategy was provided by Cascade Creative Recovery and represents some of the works created by members of the Cascade art group. Cascade Creative Recovery aims to support connections with others to prevent isolation and relapse on the recovery journey. The art group enables conversations while creating to help build human connections, recovery capital, and resilience in a supportive but informal environment.



