

### Key Points

- The JSNA provides evidence to understand the substance misuse needs of people in Swindon.
- Our aim is to deliver a more integrated, cost effective and efficient model of service that will deliver a high quality, evidence based service to our identified vulnerable groups whilst making best use of resources.
- The past year has been one of significant change for drug and alcohol services. Both services are now delivered by one provider, Change, Grow, Live (CGL). All services have moved from their previous three sites into one newly refurbished premise in Temple Street.
- The adult drug service is meeting client demand with 744 clients being effectively treated over the past 12 months (Target 600). The young people's substance misuse service (U-Turn) continues to perform well against local indicators.
- Alcohol treatment service performance needs to improve on the number of people completing alcohol treatment.
- Swindon's Drug Related Death levels compare favourably with national and regional levels.
- Local Alcohol Action Area – Swindon will work in partnership to deliver improvements in joint working regarding more effective cross agency data sharing and safety in the night time economy.
- Changing drug profiles. In line with the national picture, Swindon has a rapidly changing drug profile. Reviews of Novel Psychoactive Substances, prescription drugs and steroid use are all required.

This needs assessment makes 31 recommendations – these are set out from page 7.

### What is a Joint Strategic Needs Assessment?

A JSNA helps us to understand:

- What we know about the current health and wellbeing needs of local people
- How their needs are currently being met
- What we think their future needs are likely to be; and
- How their needs can be best met in the future.

The JSNA process involves many different partners and is overseen by Swindon's Health and Wellbeing Board. Understanding Swindon's changing population, the factors that affect health and wellbeing, the town's assets and the implications for future services are vital in setting priorities and planning future services.

### The Substance Misuse Needs Assessment

The purpose of this document is to:

- Review national and local policy and best practice
- Assess current demand and provision of substance misuse service in Swindon
- Assess the impact of substance misuse in Swindon including the impact on health and other inequalities
- Review the impact of licencing policy
- Make recommendations about the best use of reducing resources with regard to future substance misuse commissioning, partnership working and strategic direction in Swindon.

## Background to the substance misuse needs assessment

Swindon Council is responsible for reducing the harm caused by substance misuse. As such it is important to review the needs of drug and alcohol users and assess the impact their substance misuse is having on themselves, their families and their communities. This information is used to inform the commissioning of a range of services that aim to impact on substance misuse.

The JSNA will inform strategy and our commissioning intentions as we go forward during 2017/18 to recommission Swindon's substance misuse services with aim of reducing the number of people misusing substances and the harm substances cause, support those recovering from substance misuse thereby addressing health inequalities.

## The number of people misusing substances in Swindon

Swindon has an estimated 1147 opiate and/or crack users. This equates to approximately 8 of every thousand young people and adults (15 – 64 years) in Swindon using opiates/crack. Of these about 525 are estimated to be injecting drug users. This is a slightly higher rate than the South West but lower than the national average. Whilst the proportion of Swindon residents using drugs is relatively small the impact can be extensive.

According to the North West Public Health Observatory (NWPHO) alcohol profiles and the Department of Health's Alcohol Learning Centre (ALC), Swindon has an estimated 31,000 hazardous drinkers, 7,500 harmful, 4,046 dependent and 25,000 binge drinkers.

## Impact of substance misuse in Swindon

The health and social care services in Swindon are already under pressure and substance misuse not only impacts upon health outcomes but has a significant financial cost to Swindon. The needs assessment and the developing

strategy recognise the benefits that well managed alcohol consumption brings to Swindon in regards to the vibrant night time economy. At the same time it recognises the high cost of the negative impact that poorly managed alcohol consumption has on health, Council and police resources.

Addressing the recommendations of the JSNA and strategy will have a positive impact on diversity. Our priority is to reduce substance misuse overall and reduce the harm and health inequalities caused by ensuring our more vulnerable groups: pregnant women, minority ethnic groups, children and young people, older people and people with dual diagnosis either mental health or learning difficulties and substance misuse are able to access services. Many of these groups are unrepresented currently in services.

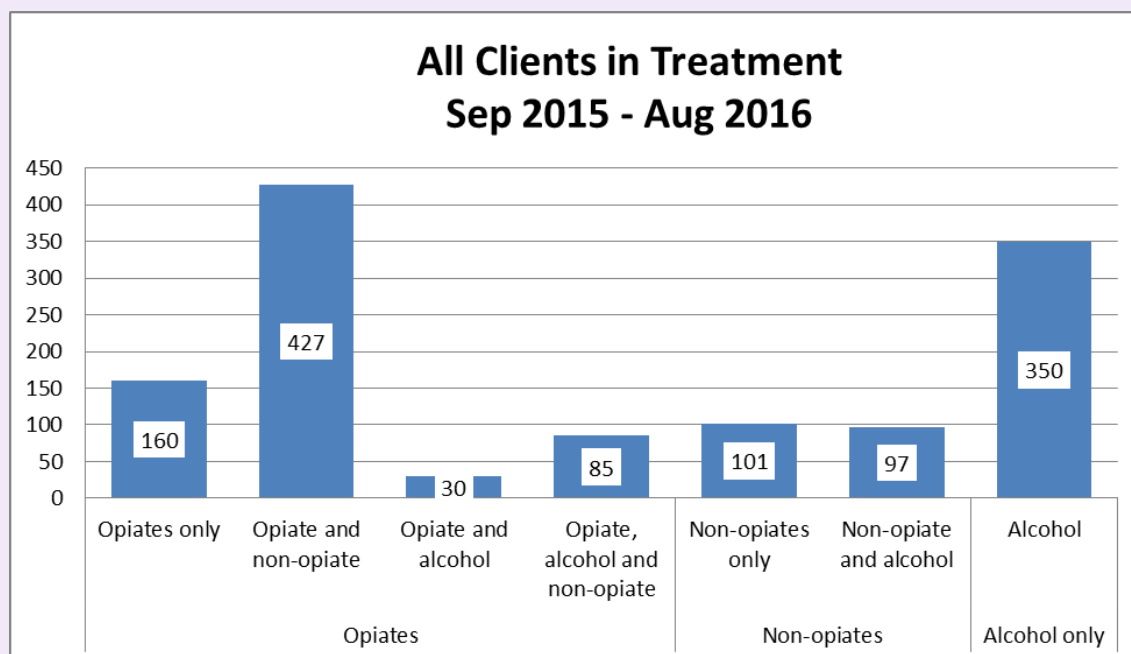
## Current services

The past year has been one of significant change for drug and alcohol services. Both services are now delivered by one provider, Change, Grow, Live (CGL). All services have moved from their previous three sites into one newly refurbished premise in Temple Street. This allows for improved joint working along with improved access and facilities for service users. The service has also undertaken a thorough systems review. This has delivered a new service model allowing a more efficient and recovery orientated offer to service users.

## Treatment

The adult drug service is meeting client demand with 744 clients being effectively treated over the past 12 months (Target 600). National performance has maintained with Swindon Opiate performance in the top quartile of comparator local authorities. The young people's substance misuse service (U-Turn) continues to perform well against local indicators. Due to the change in the service delivery there has been a recent drop in alcohol service performance, notably alcohol treatment completions.

## Clients' in Swindon treatment, by problematic substance



### Changing drug profiles

Swindon, in line with the national picture, has a rapidly changing drug profile. Reviews of the use of New Psychoactive Substances, prescription drugs and Steroid use are all necessary.

### New opiate presentations

The new presentations to treatment are mainly opiate (heroin using) clients which have increased by 8% in the last year. As Opiate clients are more lengthy and costly to treat, continuation of this trend has serious consequences on funding for this service. A full review of this cohort is to be undertaken.

### Prevention

Consideration needs to be given to a review of online and digital awareness raising tools. The Street Drinker's Outreach Project has been launched this year and has successfully targeted this highly vulnerable group. Targeted drug and alcohol education campaigns should be targeted effectively for both children and young people and adults.

### Brief interventions

A review of our current prevention strategy against NICE guidelines and PHE Clear Review has highlighted the need for increased focus on brief interventions to further strengthen prevention messages. Best use should be made of making Every Contact Count. Brief interventions and advice can have a significant impact on drinking behaviours for hazardous and harmful drinkers. A coordinated approach to increasing capacity within mainstream partner agencies is required to enable the specialist substance misuse service to focus on those more complex harmful and dependent drinkers. However, spend on campaigns should be minimal as evidence shows that they are not necessarily cost effective in long term behaviour change.

### Drug related deaths (DRDs)

Swindon's DRD levels compare favourably with national and regional levels. There is a robust review process for substance misuse related deaths. However age of death is slightly younger than that observed nationally. A process for further multi agency review for those identified as being of imminent risk of drug related death needs to be implemented.

## Inequalities

There is a need to improve the number of women in treatment as estimates indicate that Swindon's services are failing to engage with women misusing substances. Of further concern is the accessibility to services and barriers for pregnant women. Alcohol treatment services have a narrower age profile than would be expected with fewer older and younger clients. There are also fewer clients from ethnicities other than white British presenting to alcohol and drug services. Swindon has a projected marked increase in older people. A review of what are we doing to support and engage this older cohort in

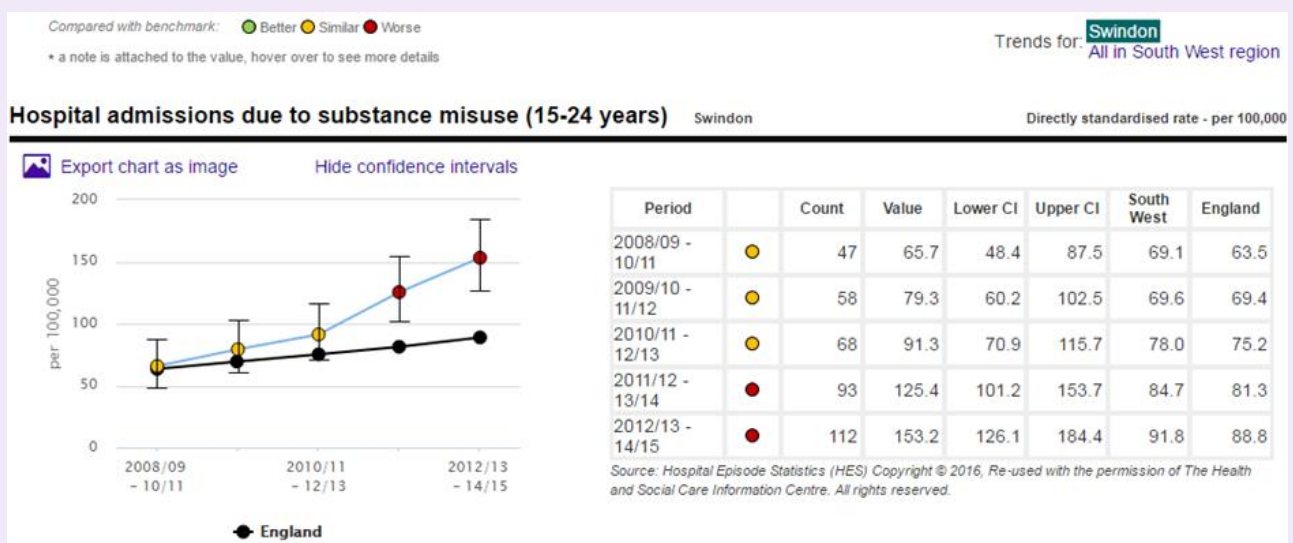
substance misuse interventions along with how we meet complex needs such as end of life care needs to be undertaken.

## Inpatient admissions for detox and residential rehab placements

An Increasing awareness of complexity across the wider partnership( i.e. poly drug use, dual diagnosis, prison release, sex working cohort and both adult and safeguarding panel referrals) have led to increasing demand for residential placements. This increasing demand needs to be reviewed against existing resource. Access to community detox needs to be reviewed as an alternative to inpatient admission were clinically indicated.

## Young people

There has been an increase in hospital admissions for 15 – 24 year olds in the past few years. This is in contrast to admissions to admissions for under 18s which has gone down and is not significantly different to the national rate. There is a further need to review the increase in hospital admissions for 15-24 year olds from 2010/11 to 2014/15.



A review of the work across the wider partnership needs to be undertaken to implement strategic screening of young people engaged by YOT, CAMHS, Children looked after, and those educated outside of mainstream schools to ensure early identification and prevention. There is also a need to see that effective transition policies are in place to ensure unplanned exits as young people move into adult services. There needs to be a focus on prevention, education and early intervention effectively targeting all and proactively intervening with those at risk of substance misuse.

## Alcohol related hospital admissions

Hospital admissions (narrow measure) for females under 40 have increased by 66% since 2013/14. Males over 65 have also experienced a significant increase in admissions. Swindon is also seeing higher admission rates for both drug poisoning and alcohol poisoning than seen nationally. This may reflect the inequalities for those accessing services as mentioned above. There is a need to consider a substance misuse rather than an alcohol only hospital based liaison service.

## Prison releases

Increasing level of offenders released from prison who are not previously known to the area, possibly linking to county lines and dangerous drug networks. Again, a full review of this cohort is to be undertaken.

## Blood borne viruses

In Swindon the number of people tested for Hepatitis C has tended to be low in comparison to national and regional rates. However, in the last year this has been addressed and in Sept 2016 only 9.6% of opiate clients in treatment had no record of Hepatitis C Virus compared to 17.9% nationally.

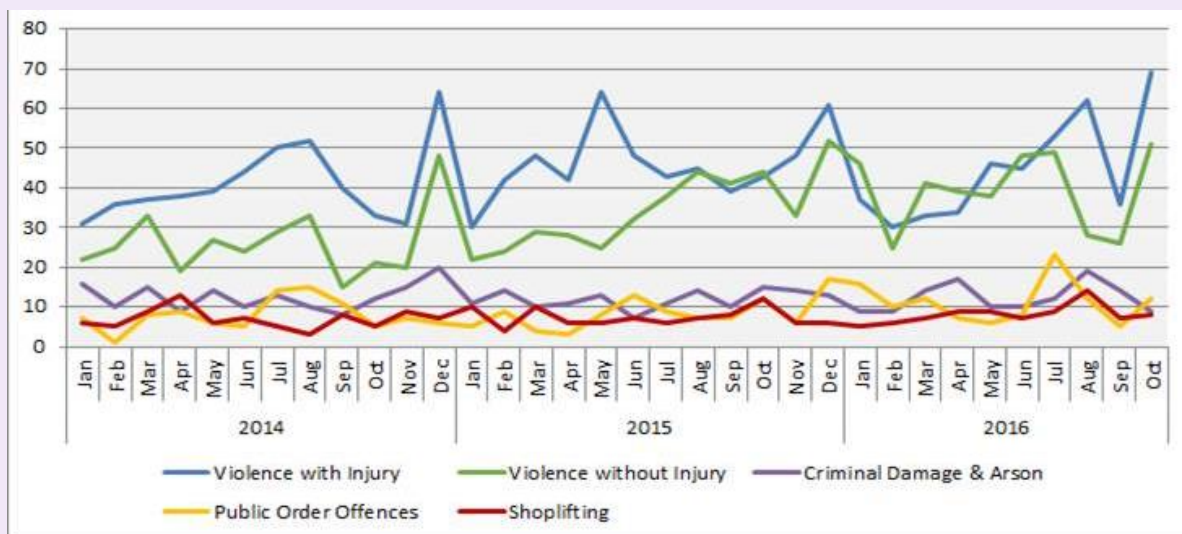
However, the number of clients offered and received a hepatitis B vaccination is low in comparison to national figures. 81.7% of eligible clients in treatment had no record of a completed Hepatitis B vaccination course compared to 71.9% nationally.

Approximately 11% of those in treatment for opiate or crack use have a positive diagnosis of hepatitis C and a similar proportion in treatment for alcohol are also Hepatitis C positive.

## Criminal Justice

In responding to the local delivery of the Modern Crime Strategy we are committed in working in close partnership with Police colleagues. Responding to the effects of Dangerous Drug Networks along with the increased needs of sex workers, victims of domestic violence and other vulnerable groups are key priorities. There is identified need for increased provision for cell interventions at Gablecross. There is a need to undertake a further cost/benefit analysis of spend on substance misuse services against delivery of criminal justice outcomes.

### Alcohol related Crime Sub Groups – Swindon Jan 2014 – Oct 2016





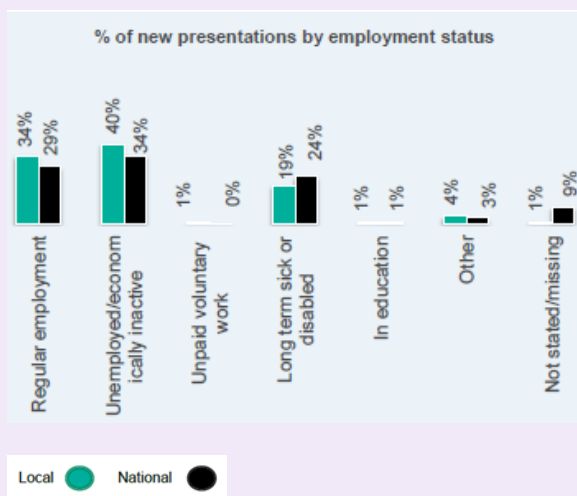
## Needle exchange

We have seen a significant increase in demand for this service. We need to review the causes of this increase, the content of packs on offer against best practice advice and current resource.

## Employment, Training and Education (ETE)

Improving access to ETE is a priority as evidence shows that clients who are working, or engaging in meaningful activities are more likely to find sustained, long term Recovery from substance misuse. Improved links with Job Centre team and further developing joint working with Learn Direct are priorities. A computer suite will soon be available for clients to use on site to do job searches and CV writing supported by volunteers and peer mentors.

### New presentations to drug treatment by employment status at treatment entry



## Service user, mentoring and mutual aid

Swindon substance misuse services have a well-established service user and peer mentoring service (SUST). This service sits alongside Smart Recovery, SWADS, fellowship support groups and HEPC+ in the town. There is a need to further map and review the offers of support from these groups and how they sit with the main commissioned service to deliver an integrated offer to our client group to further support their recovery journey.

## Housing and Homelessness

Housing need has been highlighted for those who are currently unable to maintain abstinence who may find themselves homeless and having to wait 6 weeks to be assessed. Housing is also a particular issue for those with dual diagnosis. A project has been identified to address housing solutions for the sex worker cohort

## Dual Diagnosis

Much work has been undertaken on linking substance misuse and mental health services. A pathway for referral and support together with regular joint training and case reviews sessions have been developed. However dual diagnosis remains a key issue as it increases the risk for individual clients.

## Smoking Cessation

Current smoking rates are high amongst substance misusing clients. This needs addressing through the development of a stop smoking pathway for drug and alcohol service users. Work is underway to set up stop smoking clinics based at CGL for clients, carers and family members to access.

## Licensing

More joint work is required with SBC Licensing to review options to reduce the harm caused by alcohol whilst maintaining a vibrant night time economy.

## Local Alcohol Action Area (LAAA)

A multi-agency plan has been developed to deliver improved joint working regarding the night time economy and to facilitate more effective cross agency data sharing.

## Recommendations

We will continue to explore options for cross boundary commissioning and further joint working with neighbouring authorities to deliver these outcomes. We will ensure that providers act on all findings of the recent Care Quality Commission inspection of commissioned services to deliver in line with best practice guidance.

### Priority One: Early intervention with young people and their families.

1. Conduct a further review of the increase in hospital admissions for 15-24 year olds and monitor the numbers being admitted for alcohol related conditions.
2. Develop a plan to widen the strategic screening of vulnerable young people to enable early identification and intervention regarding substance misuse.
3. Ensure targeted campaigns based on prevention and education for young people and their families.
4. Develop effective transition policies to ensure no unplanned exits as young people move into adult services.
5. Review the current multi-agency provision for support for parents who are misusing substances.

### Priority Two: Prevention of substance related harms for adults.

6. Review planned prevention campaigns to ensure a better balance between drug and alcohol issues.
7. Conduct a review of online and digital awareness raising tools to deliver best value prevention messages.
8. Review the availability of brief interventions in partner agencies to expand the capacity of staff to have meaningful conversations and make suitable onward referrals of those with substance misuse issues using the principles of Making Every Contact Count
9. Conduct a review of the current availability and effectiveness of Naloxone in preventing

drug related deaths with a view to a further roll out.

10. Conduct a review of changing drug profiles, New Psychoactive Substances, prescribed medications and Steroid use.
11. Undertake a review of Opiate clients who are newly presenting to service to gain an understanding of their using history, criminal justice involvement, if moving from out of area and previous opportunities for earlier intervention.
12. Continue to support commissioned services to improve the uptake of Blood Borne Virus testing and immunisation.
13. Review the increase in demand for needle exchange services and review the content of packs against best practice advice and current resource.
14. Continue to develop and align mutual aid in Swindon ensuring service user support, peer mentoring, Smart Recovery and other support networks integrate well with commissioned substance misuse services.
15. Develop an in service stop smoking pathway for substance misuse clients.

### Priority Three: Treatment services deliver effective harm reduction and sustained recovery.

16. Ensure the new treatment model delivers improved outcomes regarding recovery particularly for alcohol users.
17. Continue to monitor and support the Street Drinker's project to ensure that the initial positive outcomes are maintained and consider long term funding.
18. Develop a multi-agency review process for those identified as being at imminent risk of becoming a drug related death.
19. Review how diverse groups are engaged in treatment services with a particular focus on women (including pregnant women), those with ethnicities other than White British and both older and younger cohorts.
20. Review the increasing demand and increasing presenting complexity of those

referred for consideration for inpatient admissions.

21. Review the availability of community detox as an alternative to inpatient admissions.
22. Explore the feasibility of a substance misuse rather than alcohol only hospital based liaison service.
23. Improve links between commissioned services and Job Centre and Learn Direct. Focus on improving computer literacy and online access for job searches, applications and CV writing.
24. Review housing need for those who are currently unable to maintain abstinence, leaving residential rehab and those with dual diagnosis.
25. Continue to monitor and support the case review and training sessions to support effective working with dual diagnosis clients

#### Priority Four: Reduce substance misuse related crime and anti-social behaviour.

26. Undertake a review of clients recently released from prison who are accessing substance misuse services. Exploring any links to Dangerous Drug networks.
27. Work alongside Police and Community safety colleagues to contribute to an effective response to Dangerous Drug Networks/ County Lines issues.
28. Ensure a joined up multi-agency response to those adversely affected by substance misuse and domestic violence.
29. Undertake a further cost/benefit analysis of spend on substance misuse services against delivery of criminal justice services.
30. Work with SBC Licensing to explore ways to ensure a reduction in the harm caused by alcohol whilst maintaining a vibrant economy.
31. Work with multi-agency group to deliver the identified outcomes of Local Alcohol Action Area regarding night time economy and information sharing.

## Where to find more information

The full Substance Misuse JSNA provides much more information on the issues covered by this bulletin (including full references). It can be found on Swindon's JSNA website:

<http://www.swindon.gov.uk/>

The website includes a range of other documents about health and wellbeing in Swindon. If you have any queries (or would like to contribute to needs assessment activities in Swindon) please contact:

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