

Swindon Combatting Drugs Partnership
Needs Assessment

PART I
Drugs - Adults

Purpose

An initial assessment of evidence and data has been undertaken to understand the local issues and patterns of drug-related harm in Swindon. We will outline the local needs and evidence relating to substance use disorders, which will inform the development of local services and enable individuals, their families and the wider community to have their needs met more effectively.

The Government's joint Combatting Drugs Unit, calls on local Combatting Drugs Partnerships (CDP) to complete an initial needs assessment, to inform the work we are doing in Swindon to meet the aims & ambitions of the 10-year drug strategy. The needs assessment will support the CDP to create subsequent action plans to reduce the harms caused by substance misuse on a local level.

The needs assessment will also support service design, targeting resource to priority areas of concern and future commissioning plans.

This process has pulled together a range of data that includes:

- Joint Strategic Needs Assessment
- Community Safety Strategic Assessments
- Annual OHID¹ data packs²
- National drug treatment monitoring system data
- PCC and police force data

Other tools which have contributed to this assessment, include a range of datasets from the National Drug Treatment Monitoring System (NDTMS). Examples are, the Recovery Diagnostic Tool, released biannually and detailing the profile of treatment naïve and treatment resistant individuals in the system and All Activity reports which consider the effectiveness of treatment over the last rolling year and also detail demographic data of those in treatment.

Public Health departments regularly conduct a needs assessment and the latest version, considering all the key health needs of the borough can be found here³. This together with the OHID data packs, Fingertips data and NDTMS data form the bulk of the analysis in this initial document. This document represents phase 1 needs assessment. It is expected that this baseline will be reviewed and renewed at least every three years. However, it will also require stock-taking each year to understand local changes within the system.

National Context

Like other services, drug treatment services were affected by the need to protect their staff and service users in the pandemic, especially in the early stages. Most services had to restrict face-to-face contacts which affected the types of interventions that service users received. For example, most patients whose opioid substitution prescriptions prior to the pandemic included a requirement for their consumption of this medication to be supervised were transferred to take home doses from March 2020. Fewer service users were able to access inpatient detoxification for drugs. Beyond drug treatment itself, testing and treatment for blood-borne viruses were also greatly reduced. These and other changes to service provision will have impacted on many of the indicators included in this report.

It is likely that changes to drug treatment, reduced access to broader healthcare services, changes to lifestyle and social circumstances during lockdowns, as well as COVID-19 itself,

¹ OHID: <https://www.gov.uk/government/news/new-era-of-public-health-to-tackle-inequalities-and-level-up-the-uk>

² These data packs cover alcohol use, drug use and young people
https://www.ndtms.net/resources/secure/Commissioning%20Support%20Products/South%20West/YP/South%20West_Swindon_YP_Commissioning_Support_Pack_2022-23.html

³ JSNA <https://www.swindonjsna.co.uk/summaries>

will have contributed to an increase in the number of service users who died while in treatment during 2020/21. Deaths of service users continued an upward trend during 2020/2021.

Harm

A key plank of the new drug strategy is the reduction of harm, in particular death by overdose, which continues to take a disproportionate toll on individuals who use opiate substances. Death from drug poisoning (including drug misuse) has risen steadily in England since 1993 when there were 2,140 such deaths recorded to 4,859 in 2021. The number of deaths due to drug misuse also rose over the same period from 823 in 1993 to 3,060 in 2021. Approximately half (2,219) of all drug poisoning deaths recorded in England and Wales (4,586) were opiate-related. This includes illicit heroin, methadone, codeine and fentanyl as well as unspecified opiates. Alarmingly, cocaine deaths have hit an 11-year record high with 100 more deaths in 2021 than in 2020, while amphetamine deaths have more than doubled since 2010. This means 58 people are dying every week from drugs in England and Wales.

In the South West the profile of deaths from drug misuse follows the national trend line with the well-known fall in deaths between the end of 2008 and to 2012 demonstrated in Chart 1. Since 2012 there has been a significant rise in the numbers of deaths representing a two-fold increase to 2020 while the overall change since 1993 has been in a magnitude of 4.3 to 1.

Swindon’s profile of deaths from drug poisoning and drug misuse are shown in Chart 2. This follows only loosely the national profile reflecting local differences for example 2017-2018’s spike in drug misuse deaths from four to eight in the year preceding. During this period there was a change in service provider in Swindon which may have contributed to this spike. Changes in service provision can be destabilising and whilst risks are mitigated, they are not always entirely removed. The percentage of drug misuse deaths to poisonings has been around 53% between 1993 and 2020 ranging from 0% in 1993 to a peak of 80% in 2005. In the period 2013 to 2020 the average proportion was 57.7% with a range of 35.7% in 2016 to 76.92% in 2018. When referencing high/low qualitative data percentages, and for the purposes of this data set the lower the percentage ratios equates lower numbers of drug misuse deaths to poisonings.

Table 1 below shows the hospital admissions data for drug poisonings in Swindon during 2020-21 and is taken from the 2021 drugs commissioning pack issued by OHID,

Table 1: Drug specific hospital admissions **Swindon** in **2020-21**.

Hospital admissions*	Number of admissions				Number of admission			
	s	Local rate	LCL	UCL	s	National rate	LCL	UCL
Hospital admissions for drug poisoning**	185	83	71.4 7	95.8 7	28,398	50.22	49.6 3	50.8

Note:

*Hospital admissions for drug poisoning (primary or secondary diagnosis): All persons, crude rate per 100,000

**Hospital Episode Statistics data (Source: NHS Digital) and ONS population data, analysed by PHE

LCL = 95% Lower confidence limit

UCL = 95% Upper confidence limit

Although the rate is reducing, it is consistently above the national rate and represents a clear issue for local services and a threat to long-term morbidity. It is also a potential indicator to future overdose. However, Swindon currently fairs better than the majority of the South-West region in terms of the number of deaths from both drugs poisonings and drug misuse. As indicated in the table below, Swindon ranks 10th out of 12 areas for deaths by drug poisoning and 11th out of 12 for deaths caused by drug misuse. An inference from this may be that morbidity of those in treatment is a key factor which requires attention, in particular for the effect on universal⁴ services. Universal services play a key role with supporting individuals with substance use disorders, and sometimes play the role as a trusted supporter. It is important staff members of these services are upskilled to deliver effective harm reduction interventions.

Table 2: Drug deaths by local authority area 2020

Authority Area	Poisoning	Misuse
Bristol, City of	46	38
Cornwall	48	32
Plymouth	40	28
Bournemouth, Christchurch and Poole	36	27
Dorset	28	21
Wiltshire	29	19
Bath and North East Somerset	19	17
North Somerset	14	12
Torbay	18	10
South Gloucestershire	11	9
Swindon	14	8
Isles of Scilly	0	0

To understand this cohort further it is useful to look at the complexity of the current opiate caseload in service, as the issues people in these categories experience can lead to self-injury and self-harm, leading to death. The National Drug Treatment Monitoring System (NDTMS) regularly releases a recovery diagnostic tool (RDT) which examines a series of elements that impact on treatment success and recovery. In the year 2020-21 the system had the following categories of complexity for those who were being treated for opiate dependency:

Table 3: Opiate Client Complexity Swindon 2020-21

COMPLEXITY	VERY LOW	LOW	MEDIUM	HIGH	VERY HIGH
TREATMENT NAÏVE	68	28	20	32	23
NON-TREATMENT NAÏVE	22	93	91	123	242
TOTAL	90	121	111	155	265

⁴ Universal service: defined here as a service not commissioned or provided specifically for the treatment of substance use disorders.

Treatment naïve are those individuals who have not been in treatment before or at least in the previous year. This information shows that complexity is highest in those who are not treatment naïve. Often these individuals have been using substances for a significant length of time and have had multiple episodes of treatment or have been in treatment for several years.

The system has some 254 individuals in treatment for more than three years, with 157 of those being in treatment for over six years. We know that individuals that have been in treatment for multiple years, or have had a number of treatment episodes over a period time have a reduced likelihood of sustainable recovery.

Complexities that are recorded at assessment and throughout treatment include the following:

- Type of opiate use
- Numbers of days per week opiates are used
- Use of crack, amphetamine, alcohol and benzodiazepines
- The number of previous unplanned exits

Further information

The data collected and presented relates to the individual from the perspective of their presentation and their substance use. There are a series of factors though that may influence the complexities listed above, including, but not limited to, mental health factors, physical health, housing and homelessness, criminal justice interaction. Data from appropriate sources will be needed to understand the depth of need and diversity in this group and how best to respond at the points of contact.

Alcohol related Harms

When the Covid-19 pandemic struck in person appointments for drug and alcohol treatment, reduced, reducing the quality of support and safety for some service users. Specialist outpatient appointments were greatly reduced, which have resulted in substantial waiting lists (perhaps with a lasting impacting on a person’s alcohol related health), Inpatient and community detoxes also reduced. The impact of the pandemic and now with the cost of living crisis on people’s mental health, consequent increase use of alcohol, sometimes with little concern of the outcome. Persons who were drinking at high levels of consumption pre-pandemic consumed more during the lockdowns, which has caused alcohol related injury. We have seen a number of persons who have lost their life in 2022 due to alcohol related conditions, when completing death enquiry's these persons have not been known to any specialist, primary or secondary care providers. The treatment provider is seeing first time presentations to services with Co-occurring physical health conditions, who require a high level of both medical and psychological input. All the above are probable causes of an increase in alcohol related hospital admissions and increasing mortality rates.

Indicator	Period	Swindon		Region England			England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range	
Mortality									
Alcohol-related mortality	2021	–	85	40.3	34.7	38.5	77.5		20.2
Alcohol-specific mortality	2017 - 19	–	69	10.9	9.7	10.9	27.3		2.1
Mortality from chronic liver disease, all ages	2017 - 19	–	79	12.8	10.6	12.2	31.9		3.9
Potential years of life lost (PYLL) due to alcohol-related conditions (Male)	2020	→	1,073	1,027	1,032	1,116	2,436		489
Potential years of life lost (PYLL) due to alcohol-related conditions (Female)	2020	→	371	341	456	500	1,125		143
Admissions									
Admission episodes for alcohol-specific conditions	2021/22	–	1,550	689	621	626	2,514		255
Admission episodes for alcohol-related conditions (Narrow)	2021/22	–	1,319	593	498	494	867		251
Admission episodes for alcohol-related conditions (Broad)	2021/22	–	4,076	1,889	1,613	1,734	3,871		1,036
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	–	55	36.3	46.0	29.3	84.0		7.7

Indicator	Period	Recent Trend	Swindon		Region England			England		Best
			Count	Value	Value	Value	Worst	Range		
Admission episodes for alcohol-related conditions (Narrow) (Persons)	2021/22	-	1,319	593	498	494	867		251	
Admission episodes for alcohol-related conditions (Narrow) (Male)	2021/22	-	761	707	635	664	1,104		359	
Admission episodes for alcohol-related conditions (Narrow) (Female)	2021/22	-	558	492	375	341	742		147	
Admission episodes for alcohol-related conditions (Broad) (Persons)	2021/22	-	4,076	1,889	1,613	1,734	3,871		1,036	
Admission episodes for alcohol-related conditions (Broad) (Male)	2021/22	-	2,801	2,734	2,415	2,683	5,842		1,584	
Admission episodes for alcohol-related conditions (Broad) (Female)	2021/22	-	1,276	1,133	909	906	2,098		485	
Admission episodes for alcohol-specific conditions (Persons)	2021/22	-	1,550	689	621	626	2,514		255	
Admission episodes for alcohol-specific conditions (Male)	2021/22	-	1,020	920	838	879	3,758		300	
Admission episodes for alcohol-specific conditions (Female)	2021/22	-	535	465	419	390	1,360		148	

Local Alcohol Profiles for England (LAPE): March 2023 update

Alcohol related mortality in Swindon is higher than England and SW (2021). There are 40.3 deaths per 100,000 people compared to 34.7 (SW) and 38.5 (England).

Alcohol specific mortality between 2017 and 2019 is comparable to England (10.9 per 100,000 people) but higher than the SW (9.7).

Mortality from chronic liver disease is slightly higher in Swindon compared to SW and England.

There is no significant change in the potential years of life lost due to alcohol related conditions in both Males and Females (2020). There are less years of life lost in Swindon compared to the SW and England and Swindon is performing much better in Females.

Alcohol related conditions (Narrow, Female) appearing to be the worst performing indicator (492 admissions per 100,000 people compared to 375 (SW) and 341 (England)).

Admissions for alcohol related conditions in Males was fairly similar to the England average (2,734 v 2,683 per 100,000 people).

Admissions to hospital for alcohol specific conditions are higher in Swindon, particularly greater in those with Narrow conditions

Current interventions

Both the recovery diagnostic tool kit, anecdotal evidence & treatment outcome profile data indicate that people are using substances on top of their prescribed medication. To protect individuals' in Swindon services are commissioned to provide protective services including needle exchange supplies to improve safer injecting and reduce the spread of blood-borne viruses and naloxone for the reversal of overdose. Commissioners have expanded, through the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG), the offer of outreach across the borough, including accessibility at a range of facilities in the town and outside usual office hours. This intervention has been designed to motivate change. Outreach will then either facilitate access to structured treatment at a later stage or support individuals in treatment to change behaviours and reduce/stop their use of substances injurious to their health.

Prevalence

The latest prevalence estimate⁵ for Swindon indicates there are 1075 (UBP⁶ = 1294; LBP⁷ = 932) people between the ages of 15 and 64 who identify as using opiates and crack cocaine⁸. The estimate has not changed significantly over a period of seven years of estimation which was last refreshed in 2016-17. The Swindon prevalence compared to national shows some variation in the opiate and OCU⁹ cohorts. Swindon appears to have lower rate of opiate and OCUs compared to nationally though there is a wider spread of confidence. The rate for cocaine users is much closer to the national level but again, there is a wider confidence limit evident in the local data. This means our level of confidence that the data is accurate of the population is lower.

Swindon is significantly better with engaging the OCU cohort in effective treatment interventions than the national average as shown by figures in Table 4.

Table 4: Unmet need¹⁰

<i>Unmet need</i>	Swindon	National
<i>Opiate and crack users</i>	42.0%	53.7%
<i>Opiate users</i>	32.0%	47.1%
<i>Crack users</i>	44.7%	57.6%

Being in treatment is a protective factor particularly when combined with a range of interventions including optimal dosing of medication, supervised consumption and psychosocial interventions. Swindon performs well in this regard, which is demonstrated in local successful completions rates for the OCU cohort and the number of deaths by overdose, in comparison to other areas in the South West. However, the level of hospital admissions for drug poisoning suggests that work needs to be carried out to improve elements of the local offer as this may lead to far-ranging issues later in life with co-morbid physical and mental health issues.

Treatment system

The local treatment system currently consists of:

- The service provides both structured and unstructured interventions for all individuals who use substances that affect their health and the lives of those around them. This includes: assertive outreach, specialist needle and syringe programme, opioid substitution treatment, psychosocial interventions for all individuals who use substance, criminal justice interventions, access to complex care options including inpatient detoxification and residential rehabilitation, recovery support and aftercare
- Pharmacy services which cover the supervision of consumption of controlled medications and community needle and syringe programme

⁵ NDTMS [Prevalence Estimates Sweep 13](#)

⁶ UBPs = Upper Bound Prevalence

⁷ LBP = Lower Bound Prevalence

⁸ Further information may be found [here](#)

⁹ OCU = Opiate and crack users

¹⁰ In statistics, the confidence limit indicates the probability, with which the estimation of the location of a statistical parameter in a sample is also true for the population.

¹¹ Diagnostic Outcomes Monitoring Executive Summary Q4 2021-22

- Shared care: the delivery of treatment and recovery in primary care, typically supported by the specialist provider
- Spot purchase of residential rehabilitation, matched to client expectations, recovery goals and choice, including a new prison to rehab pathway to consolidate treatment, learning, recovery goals from prison treatment
- Inpatient detoxification services, block purchased as part of a consortium consisting seven local authorities in the north of the South-west region
- Substance misuse liaison team: based at Great Western Hospital, this service currently is provided by AWP MH Trust, consists of two workers and is designed to support both hospital staff in dealing with people admitted with associated substance use issues and also to ensure that individuals can be connected to community services and support on their discharge from hospital
- Day Programme – a recent addition, enabled through the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) which will enable individuals to step into local activities supported by local partners and enable them to engage actively in the local community.
- U-Turn the young people’s substance use disorder services: currently being expanded to support Youth Justice and schools as well as local young people who are using substances harmfully, hazardously or dependently.

The 2021-22 Drugs commissioning pack provides evidence of the state of the system. During the pandemic the system sought to protect individuals who were accessing treatment and as a consequence the system’s level of successful completion fell. This was in the main to ensure that individuals who ordinarily may have left treatment were not left isolated, particularly through the numerous lockdowns and times of restricted activities the country experienced from March 2020. The performance of Swindon partnership during 2020-21 is shown in the table below:

Table 5 Successful completions as a proportion of total number in treatment in **2020-21** compared to **2019-20** by drug group, for **Swindon**.

Drug group	Successful completions
Alcohol and non-opiates	-14%
Non-opiates	-7%
Opiates	-1%
Total	-3%

Since this period, Swindon has recovered strongly and the data from the DOMES (Diagnostic Outcome Monitoring Executive Summary) report for Q4 2021-22 shows strong performance on the Public Health Outcomes Framework key indicators:

Table 6: Public Health Outcomes framework: indicators **C19a/b/c**, successful completion of drug treatment and no re-presentation

	Baseline Period		D.O.T	Latest period		Top Quartile range	Range for top quartile
Local opiate clients	4.10%	25/61 3	▲	6.40%	39/608	6.48% - 11.92%	40 to 72
National opiate clients	4.90%			5.00%			
Local non-opiate clients	30.10%	40/13 3	▲	31.20%	63/202	43.35% - 53.36%	88 to 107
National non-opiate clients	32.50%			34.50%			
Local alcohol clients	25.90%	64/24 7	▲	30.90%	120/38 8	Not applicable	
National alcohol clients	35.30%			36.60%			

Month on month performance shows that Swindon is now in the top quartile for opiate successful completions and second quartile for alcohol. Both non-opiate cohorts are third quartile but this represents a significant improvement for this cohort compared to previous years.

Table 7: Comparison of successful completion performance, **May 2022** against partners and local outcome comparator areas

	National	Swindon	Ptrship rank (out of 14)	LOCA rank (Out of 33)
Opiate clients	5.23%	8.67%	3rd	3rd
Non-opiate clients	37.12%	38.02%	6th	20th
Alcohol clients	37.45%	35.15%	10th	25th
Alcohol and non-opiate clients	32.77%	23.96%	14th	17th

Numbers in treatment

During 2020-21 there was a drop in the number of individuals accessing treatment across all cohorts except for those taking non-opiates which demonstrated an increase.

There was also a reduction in the number of people presenting new to treatment in the same period affecting the same cohorts identically.

There has been some recovery in both sets of figures but opiate figures continue to be static at this time.

Client Profile

The service predominantly caters for:

- Males; 69% to 31% female, similar to the national average, the anomaly being the non-opiate cohort which is split 61% - 39% in favour of males (national: 68% v 32%)
- Those in the age group 30-39, with 40% of the system's treatment population in this age category, which is slightly higher than the national proportion.

- 62% of individuals in treatment cited crack cocaine use, that were also opiate dependant. This is 12% above the national proportion for this cohort.
- 16% of people used alcohol, similar to the national average, followed by cannabis at 13% (national = 16%)
- Further information can be found in the annually published national drug treatment monitoring system drug commissioning pack for both non-opiate cohorts. For those using non-opiates cannabis (58%), cocaine (36%) and crack (17%) were the most used substances, while for those in alcohol and non-opiate treatment it was cocaine (50%), cannabis (44%) and crack cocaine (28%)
- Males continue to access treatment in larger numbers than female across all cohorts at 63% male to 37% female; this is different to the national average of 71% to 29% respectively
- 63% of opiate users cite crack cocaine as their secondary substance, again higher than the national average of 57%
- Cannabis is the key substance for non-opiate users followed by cocaine and crack cocaine while for those who are alcohol and non-opiate it is cannabis, followed by crack cocaine and cocaine
- The Swindon system was predominantly accessed (89%) by White British people during 2020-21, increasing to 93% when including the “other white” category. The next category was White and Black Caribbean with 2% of those entering treatment, matching national statistics

The table below shows the interventions offered in the local system and the numbers accessing them (overlap will occur as people may have a number of interventions during their journey)

Table 9 Number and percentage of adults in treatment in high level interventions and settings across the treatment journey for **Swindon, 2020-21**.

Setting	Pharmacological		Psychosocial		Recovery Support		Total Adults**	
	Total adults	Proportion	Total adults	Proportion	Total adults	Proportion	Total adults	Proportion
Community	570	99%	713	100%	668	100%	737	100%
Inpatient Unit	2	0%	1	0%	1	0%	2	0%
Primary Care	28	5%	5	1%	0	0%	29	4%
Residential	2	0%	10	1%	5	1%	10	1%
Recovery House	0	0%	0	0%	0	0%	0	0%
Young Persons Setting	0	0%	1	0%	1	0%	1	0%
Missing / Incomplete	0	0%	0	0%	0	0%	0	0%
Total individuals*	576	100%	716	100%	670	100%	740	100%

Note:

*This is the total number of adults receiving each intervention type and not a summation of the setting the intervention was delivered in.

**This is the total number of adults receiving any intervention type in each setting and not a summation of the pharmacological, psychosocial and recovery support columns

Inpatient and residential placements were much lower proportions than the national averages, especially for inpatient placement. There were some issues throughout this reporting period locally for Swindon to place individuals in inpatient detox and also reflected our historical approach to placing individuals which is in the process of being changed. Close monitoring of our Tier 4 placements is being undertaken to ensure that we maximise both our community and prison pathways into these placements. In particular our prison pathway had an early success and the approach is being replicated across our key establishments.

Access

Referrals to the service are generated online, and are picked up by the first point of contact team. A comprehensive assessment (first intervention) is offered to an individual either by telephone or in person, dependant on the individuals presenting complexities. There are no issues with access to first intervention, with 99% of people waiting less than three weeks.

Individuals access service in a single location town centre hub. Professionals referral process flow chart is detailed below.



Multiagency Referral
Pathway to TP IMPAC

Routes of referral

In common with the national picture, the majority of referrals into the adult service are self-referrals (64%) followed by Criminal Justice (16%) and Hospital/A&E at 4%. This compares to national figures of 59%, 16% and 2% respectively.

For the criminal justice element, a high proportion of Swindon's referrals are received via prison at 75% (56% nationally) overall. However female referrals are 80% (58% nationally) against 74% for males. The next most prolific route is Arrest Referral, accounting for 11% of overall referrals, but 20% of all female CJS referrals (9%) and 9% of male (8%).

Treatment engagement

Swindon's figures show that drop-out before 12 weeks of treatment¹¹ is broadly in line with national averages for the opiate cohort. The two non-opiate cohorts are significantly lower at 41% (non-opiate, 7% unplanned exits) and 41% (alcohol and 50% (alcohol and non-opiate, 8% unplanned exits) respectively.

People do drop-out of treatment after twelve weeks for a range of reasons (including, having completed treatment but not communicating with their key worker, arrest and deciding not to continue treatment). Swindon saw the following proportions recorded as treatment incomplete:

- Alcohol clients: 42%
- Alcohol and non-opiate: 38%

¹¹ People who engage in treatment use fewer drugs, commit less crime, improve their health, manage their lives better, which all benefits the community. People who drop out of treatment unplanned and early do not have these characteristics.

- Non-opiate: 33%
- Opiate: 25%

Criminal Justice pathways

CJIT (Criminal Justice Interventions Team) adults in contact with treatment

Opiate clients were more likely than either of the non-opiate cohorts to be in contact with treatment, 17% of all adults in the CJIT as compared to 14% nationally. Non-opiate cohorts accounted for 2% each of adults in treatment below national averages, but overall our figures for engagement were similar to the national picture.

We know that individuals who use substances can commit crime to feed their addictive behaviour which impacts on the wider community as a whole. The benefits to those engaging in treatment and the local community is detailed in more depth on P11.

When considering the crimes committed Swindon figures are shown against national averages in the table below:

Table 8(a) CJIT adults by offence type for **Swindon** and **England, 2020-21**.

Offence type	Local (%)	England (%)
Acquisitive	39%	54%
Behavioural	8%	4%
Drug related	10%	13%
Inconsistent	21%	6%
Other	22%	23%

Note: these figures include people in all substance cohorts, opiate, non-opiate, alcohol and non-opiate and alcohol only.

It should be noted that the figures for Swindon are affected by a high level of inconsistent reporting or data handling and this needs to be addressed. Also, of note is the level of behavioural offences recorded in this data, double the England average.

The following table shows the referral pathway for those in CJIT:

Table 8(b) CJIT adults by referral pathway for **Swindon** and **England, 2020-21**.

Referral pathway	Local (%)	England (%)
Not recorded/incorrectly recorded	1%	3%
Mandatory	23%	22%
Other	10%	4%
Referred by treatment provider	0%	1%
Referred assessment	0%	24%
Voluntary	66%	46%

Note the high proportion of voluntary referral to treatment. The category “Other” might be useful to consider as a small project to understand how people are being referred.

Crime saved

A joint publication by Public Health England and the Ministry of Justice¹²) study on the impact of community-based treatment on re-offending found that, overall, there was a reduction of 44% in the number of people who were recorded as re-offending in the two years following the start of treatment and a reduction of 33% in the number of offences. Opiate users showed the smallest decreases in both re-offenders (a reduction of 31%) and re-offending (a reduction of 21%). Alcohol only users showed the largest reductions in both re-offenders and re-offending (59% and 49%, respectively). The data below provides an estimate of the overall number of offences committed by adults before accessing treatment and the benefit in terms of the social and economic costs accrued.

From this it is estimated that (based on 2016-17 data) there were an estimated 60,000 crimes committed prior to entry to treatment. The benefit of treatment in these individuals is approximately £5,600,000 to Swindon and its communities.

Adults leaving prison and engaging in community treatment (PHOF C20)

This table shows the percentage of individuals in 2020-21 who at the point of release from prison were transferred to a community treatment provider for structured treatment interventions and other support and were successfully engaged. This is the same as the Public Health Outcomes Framework (PHOF) indicator C20 (formerly 2.16).

Further information on this indicator can be found on the Fingertips website: (<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/92544/age/168/sex/4>).

Table 8(c) Released from prison, transferred to a community treatment provider for structured treatment and successfully engaged for **Swindon** and **England, 2020-21**.

Substance type	Local transfer (n)	Local engaged (n)	Proportion engaged (%)	England transfer (n)	England engaged (n)	Proportion engaged (%)
Alcohol and non-opiate	8	2	25%	1,546	211	14%
Non-opiate only	1	0	0%	1,332	248	19%
Opiate	51	25	49%	13,892	6,289	45%
Total*	60	27		16,770	6,748	

To note, although the non-opiate number is small which may reflect a system issue, whereby the prison establishments are not referring those previously using non-opiates to community services prior to release. However, generally the local system has engaged well with those transferred to community treatment from prison.

Parents/Living with children

Typically, we were statistically similar to England averages for:

- Parents living with children: 15% (13%)
- Parents not with children: 23% (22%)
- Other contact living with children 1% (4%)

¹² <https://www.gov.uk/government/publications/the-effect-of-drug-and-alcohol-treatment-on-re-offending>

For “Not parent, no contact with children” the figures were 45% (60%) and there was a large number, 16% (1%) of missing or inconsistent records. This is a quality and recording issue which is being focussed on.

Family Safeguarding Model

Earlier this year Swindon launched the Family Safeguarding Model. This is initially for three-years with the expectation of this becoming a sustainable approach to families who need support while reducing the need for children to be taken into care. The model focuses particularly on children who have a Child Protection, or Child in Need Plan, The model is now operational and working in eight locality pods across North and South Swindon. The staff include a team manager, social workers and family support practitioners. In addition, the model also includes support from specialist posts in adult mental health, substance use disorders. Swindon’s current provider of substance use disorders treatment and recovery are currently working with the model.

Information and data from this service will be useful to determine the depth and breadth of interventions and recovery required in this important group.

Smoking

At treatment start, our rates of people who do not smoke are consistently lower than England averages across the three cohorts measured. In all, of those who started treatment 42% were smoking compared to an England average of 65%. Nevertheless, this is an area where we are looking to engage further to support those who wish to stop smoking.

Blood-borne viruses

The system is similar to the national averages for access to HBV (Hepatitis B Virus) vaccination courses. Those who were eligible and who accepted a course of vaccination in Swindon represented 44% of all those in drug treatment who were eligible against 29% nationally. The rates of those who started a course or who completed one, were marginally better than the England averages.

Co-occurring mental health and substance use disorder

Mental health and substance use disorders are often found together in those who present for treatment. It is often treated as two differing issues with an unspoken requirement for the substance use issue to be addressed prior to resolving the mental health issue. It is quite often necessary for a person to be lucid for, a) a mental health diagnosis to be made and b) any mental health interventions to be seen to be effective. However, the impact of both on each other and on the presentation of the person for effective treatment means it is often difficult to separate the two issues, leaving substance use disorder services to deal with the significant number of individuals who suffer in this way. The table below shows the situation during 2020-21 for those entering treatment:

Table 10 Adults who entered drug treatment in **2020-21** and were identified as having mental health treatment need, for **Swindon** and **England**.

Drug group	Local(n)	Proportion of new presentations			England (n)	Proportion of new presentations		
		Male (%)	Female (%)	Male (%)		Female (%)		
Alcohol and non-opiates	18	49%	45%	53%	14,836	71%	67%	81%
Non-opiates	46	61%	54%	70%	12,852	64%	59%	75%

Opiates	62	40%	30%	57%	21,307	57%	53%	67%
Total	126	47%	39%	61%	48,995	63%	58%	73%

Data shows that of those identified as having a mental health treatment, 65.3% were receiving treatment from their GP and 17.4% from a community mental health team. The England averages were 58.8% and 19.5% respectively. 10.8% of those coming into treatment were identified as either: a treatment need but nothing provided; declined treatment for their mental health need or the data was missing. The latter, although less than the England average (26.3%) should be reviewed so that the actual nature of the data is understood.

Other substances

The Swindon data detailed in the national drug treatment diagnostic outcome monitoring executive summary's and GP summary requests by the commissioned services, for prescription and other counter medicines show small numbers using these, in line with England averages. As an example, there are very small numbers of people who are prescribed anti-depressants, opioid medicines and Gabapentin/Pregabalin medications. Better control of prescribing between specialist and primary care and hospital would reduce risks to the individual including any risk of unintended death.

Swindon data detailed in the drug commissioning pack as of 2020-21 shows new psychoactive substances and club drugs did not play a significant part of the recreational drug scene in Swindon. However, as noted above cannabis, cocaine and crack cocaine are all very significant substances of use in the partnership which requires review and monitoring as this currently represents the bigger health threat to the community.

Employment

In Swindon 63% of those who started treatment during 2020-21 cited being unemployed versus 50% nationally. Those who identified as long-term sick or disabled represented 10% of all entering treatment which compared to 21% across England. 23% (21%) were in regular employment. Employment is a key factor in sustaining recovery and there are some factors enabling people to connect already, including Get Connected a hybrid offer from the local provider which enables individuals to identify activities, opportunities which would be relevant and supportive of their recovery. The new system, as of 2023, will provide a range of options as noted above, including day programmes which will support the individual to a wider range of activities and opportunities, including access to certified programmes to improve their curriculum vitae's and to increase employability. From 2024-25, subject to Treasury approval Individual Placement and Support will be available in the Borough to identify, cement and grow employment opportunities.

Treatment Outcomes

The following two tables show the rates of abstinence and of significant reduction in drug use in Swindon, compared with the England averages.

Table 11(a) Rates of abstinence from drugs at six months review, for **Swindon** and **England, 2020-21**.

Drug group	Local				England			
	Total adults	Proportion	Male (%)	Female (%)	Total adults	Proportion	Male (%)	Female (%)
Alcohol use (adjunctive)	6	21%	29%	9%	5,026	32%	31%	33%
Amphetamine use	0	0%	0%	0%	689	65%	64%	65%
Cannabis use	7	47%	42%	67%	5,769	42%	42%	40%

Cocaine use	6	67%	67%	67%	5,931	69%	69%	70%
Crack use	33	50%	51%	48%	6,953	48%	50%	43%
Opiate use	49	52%	55%	45%	11,022	51%	52%	49%

Table 11(b) Significant reductions in drug use at six months review, for **Swindon** and **England, 2020-21**.

Drug group	Local				England			
	Total adults	Proportion	Male (%)	Female (%)	Total adults	Proportion	Male (%)	Female (%)
Alcohol use (adjunctive)	2	7%	0%	18%	2,761	17%	18%	17%
Amphetamine use	0	0%	0%	0%	79	7%	7%	7%
Cannabis use	1	7%	8%	0%	1,744	13%	12%	13%
Cocaine use	2	22%	33%	0%	898	10%	11%	9%
Crack use	13	20%	20%	19%	2,509	17%	17%	18%
Opiate use	24	25%	27%	21%	4,428	21%	21%	20%

Performance in Swindon is consistently within the range of achieving abstinence or reliably improving substance use over the course of treatment. This can be an indicator of the effectiveness of treatment and the likelihood of successful completion. Drug use in Swindon compares favourably with the England averages and appears to show better performance improvement in the use of non-opiates (the exception being Amphetamine which is not a drug typically taken in Swindon).

The area in which there is a significant challenge is in alcohol consumption which Swindon does worse in developing abstinence or improvement in reducing use than the national average.

Successful completions

During Covid-19 a risk based decision was often taken to keep people in treatment, rather than complete them and risk them losing support during this difficult time. This means that the data on completion outcomes looks poorer than we would normally expect.

Deaths in treatment

Despite the best endeavours of the system to protect individuals there have been a number of deaths in the period reported in the Drugs Commissioning Pack. The initial period of lockdown was a key moment as individuals and groups came to terms with the removal of liberties and the loss of access to services and support structures. While there were a number of deaths in that period these were a combination of overdose and other methodologies include suicide and represent unusual circumstances. As detailed in the 2020 OHID drug commissioners pack Swindon is ranked 10th out of 12 SW local authority areas for deaths by drug misuse or poisoning. In 2020 Swindon had 14 deaths by drug poisoning and 8 my drug misuse.

To respond to and counter this situation commissioners have introduced an increased assertive outreach model to the borough which works with other models to access and support, motivate and help into treatment. Additionally, Naloxone and Nyxoid have been provided through the outreach teams and other services where applicable to enable the widest spread of the overdose reversing medication. Some barriers have been encountered along the way, particularly with Nyxoid which, although easier to administer than Naloxone is done in a different manner via a nasal spray. There has been some ambiguity within the service

user population, due to the nasal spray option being relatively new to the market. This has identified clear training & awareness needs.

Within the new service there is a requirement for the new provider to be able to coordinate a supra-outreach team which will coordinate responses, information and access across all teams working with hard-to-engage groups, and developing trusted supporters to enable individuals to express their needs, story and recovery through one professional.

Discussion

Swindon's current treatment system has been in existence for over four and a half years. Like other areas the system had to adapt quickly during the initial Covid outbreak. Swindon responded appropriately and in line with government guidance. Service delivery has now returned to pre-pandemic provision and has a proportionate offer of both online and in person interventions.

However, there are some concerns and issues, some structural to the system and others which are dynamic issues within Swindon's cohorts. These include, but are not limited to:

- The high level of crack cocaine use in those who are both in the treatment system and entering
- The poor completion rate for those in the system who are both alcohol only and alcohol and non-opiate users.
- The rates of abstinence and reliably improved across all cohorts which is not translating into successful completion of treatment and no re-presentation
- Drug poisoning is a significant threat, although not yet translating into unintended death, to the long-term health of individuals who use substances.
- The level of people who are identified as being "dual diagnosis¹³" who require joint assessments and co-ordinated support from both MH and SUD services,
- The level of prescribing of medications which may contra-indicate during Opiate substitute treatment (OST) prescribing or which may cause unintended health responses by the individual and by clinical system
- Data issues: while there are clear data streams from, for example, OHID, PHE Fingertips, there are local data sources which will need to be developed including Police, hospital and ambulance data which is aggregated over a wider area than Swindon
- Referral pathways should be reviewed, particularly criminal justice pathways where prison is the significant referrer.
- Improved continuation of care from hospital discharge to community services.

Commissioning

As noted Swindon will be procuring a new service to begin in April 2023. The proposed contract period will be 10 years, consisting of a six-year main contract, with extensions. It is expected this length of contract will:

- bring stability to the system for people who use substances reducing stress in the system and improving recovery chances
- establish continuity for partners and local providers
- allow a new methodology of service connectivity to be utilised through service nodes and links through partner agencies
- reduce stigma for all those in our local population who experience issues with substance use

¹³Those experiencing comorbidity from mental health illness and alcohol and substance use disorders.

It is envisaged that the new service will streamline some elements of the current system, in particular:

- residential rehabilitation – integrating this with people’s journeys with oversight from commissioners
- hospital liaison – the current system has some weaknesses, including around its connectivity with community services and the new model expands its capacity through targeted use of volunteers and peer mentors to meet and greet and assist people to engage post hospital discharge
- needle and syringe programme logistics – currently Swindon has two different supplies of equipment: by bundling the logistics into the main contract we will bring commonality across all the programme while benefiting from cost savings from national organisations
- day programme – the advantages that can be delivered through a day programme, include increased personal health, learning opportunities and building of new networks. We are trialling in year one of the Supplementary substance misuse treatment and recovery grant funding (SSMTRG) a day programme to support those released from prison or returning from residential placements, as part of their step down from structured interventions into semi-structured ones, focused on encouraging the individual to experiment with their recovery as they move away from services
- work with partners – the new service model will integrate with a range of partners including criminal justice, safeguarding and children’s services with an expectation that attendance at key groups and forums is prioritised. For example, the service will be required to take advantage of the new Supplementary substance misuse treatment and recovery grant funding (SSMTRG) to establish much closer working ties with criminal justice colleagues in custody suites, through courts and by liaising closely with a number of key prisons. The provider shall also be required to prioritise CYP and adult safeguarding while also working closely with the Family Safeguarding Model currently providing to families across Swindon

Recommendations

The needs assessment has highlighted areas for action to reduce the harm caused by substances to both individuals, families and communities and to reduce harm from substances in more vulnerable groups.

- **Treatment services deliver effective harm reduction and sustained recovery.**
 - 1.To promote the MECC (making every contact count) ethos through enabling the wider workforce to deliver brief interventions to reduce the need for specialist treatment later on.
 2. Establish a whole systems approach to reducing drug and alcohol related deaths in Swindon.
 - 3.Establish a range of systems to support individuals who have co-occurring mental health and substance use issues at varying levels of complexity.
 4. Work with colleagues across the health and care system to further our understanding of drug and alcohol specific hospital admissions (which remain higher than the England average), to develop appropriate pathways out of hospital and into community treatment services; and early/brief interventions to driven down hospital admissions.
 5. Establish a no door is the wrong door ethos across the drug treatment system, focussing on a warm handover of clients between services.
 6. Ensure the new treatment model delivers improved outcomes regarding recovery particularly for alcohol-non-opiate & non-opiate users.

7. Working with people with lived experience to better understand people's treatment journeys with a focus on those individuals who remain in treatment for long periods of time without moving towards recovery and exit from the drug and alcohol treatment service.

8. To ensure easy access to clean sterile injecting equipment for Intravenous drug users (IVDU) & access to BBV testing, pre-exposure prophylaxis (PrEP) and treatment to ensure Swindon plays its part in eradicating hepatitis C.

- **Reduce substance misuse related crime and anti-social behaviour**

1. To establish and maintain a system that ensures Swindon services offer a treatment place for every offender with an addiction by developing pathways for people within the criminal justice system, especially the probation service and prisons

2. Work alongside Police and community safety colleagues to contribute to an effective response to Dangerous Drug Networks/ County & local lines issues.

3. To improve and develop pathways with local prison estates in particular HMP Bullingdon. To ensure Swindon residents returning to the area receive high quality treatment interventions, and continue to engage with services on release.

4. Work with colleagues across the criminal justice system to develop an effective drug test on arrest scheme and out of court disposal offer. Targeting the night time economy and those committing crimes fuelled by non-opiate drug use.

5. Take a public health approach to embed Harm Reduction into the heart of our night time economy, we believe in practical, judgement-free solutions to lower the risks surrounding drugs and alcohol. This unified approach prioritises safety for audiences with one joined-up strategy for our town.

6. To establish joint protocols with Wiltshire constabulary for officers and the custody suite to carry the lifesaving opioid reversal drug Naloxone/Nyxoid. To ensure any response to a suspected accidental opioid drug overdose is responded to effectively.