

Swindon Combatting Drugs Partnership
Needs Assessment

PART II
Drugs – Young People

National Context

Although the majority of young people do not use substances and there are few with dependence issues, substance misuse can have a major impact on a young person's physical and mental health, their relationships with family and friends, and their education, with potential long-term consequences. As such, there is a need to provide substance-related service provision across various levels of need. While there is an emphasis in the Government 2021 from harm to hope drug strategy reducing drug use, services also work to prevent the onset of substance misuse by building resilience in young people and supporting young people and families at risk. The Government calls on local systems to strengthen partnership working to achieve a generational shift in the demand for drugs.

Harm

The rate of hospital admissions caused by substance misuse amongst 15-24-year olds in Swindon has been rising sharply and has been consistently higher than the respective South West and national rates for over a decade (see Figure 1).¹ More specifically, the locally rate of 154.9 in 2018/19-2020/21 was more than twice the rate of 65.7 per 100,000 young people in 2008/09-2010/11.

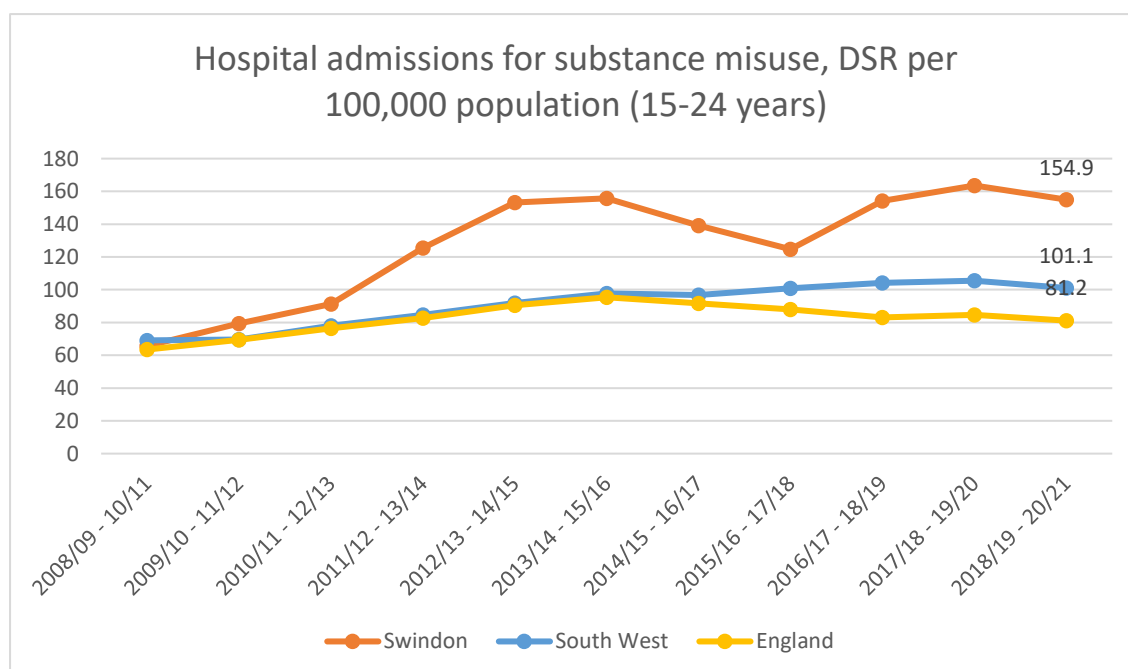


Figure 1: Directly standardised rate of hospital admissions for substance misuse per 100,000 population aged 15-24 years in Swindon and England, 2008-2021

There has been an overall downward trend in the rate of alcohol-related hospital admissions in under 18s over a fourteen-year period (see Figure 2).² It has fallen from 108.4 per 100,000 population under 18 years in 2006/07-2009/10 to 36.3 in 2018/19-20/21. Following a sudden drop below the rate for England and the South West in 2014/15-16/17, however, a steady increase in Swindon's rate was recorded in the years leading up to 2018/19-2020/21, compared with a plateau in the rates for England and the South West. It is worth noting that

¹ OHID Fingertips- Child and Maternal Health: [Directly standardised rate of hospital admission for substance misuse, per 100,000 population aged 15-24 years.](#)

² OHID Fingertips- Local Alcohol Profiles for England: [Admission episodes for alcohol-specific conditions – Under 18s.](#)

⁴ <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

future data might highlight any longer-term effects of the Covid-19 pandemic on alcohol and drug-related hospital admissions for these age groups.

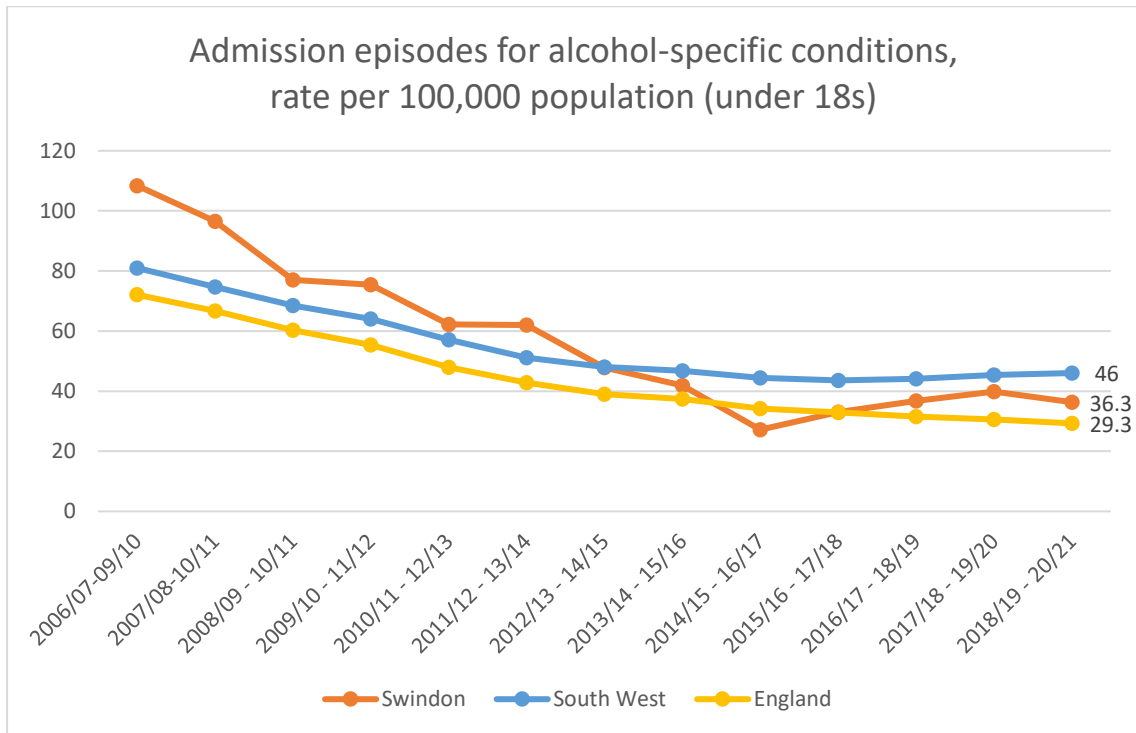


Figure 2: Directly standardised rate of hospital admissions for substance misuse per 100,000 population aged 18-24 years in Swindon and England, 2006-2021

Deaths

In 2019-21, Swindon’s rate of drug misuse-related deaths was lower than England and the South West (specifically related to *misuse* as opposed to all drug-related deaths which might include accidental overdose of prescription medication, for example).³ Nevertheless, Figure 3 shows an upward trend in rates in the last five years, a trend seen Nationally.

³ [ONS: Deaths related to drug poisoning by Local Authority, England and Wales, 1993-2021.](#)

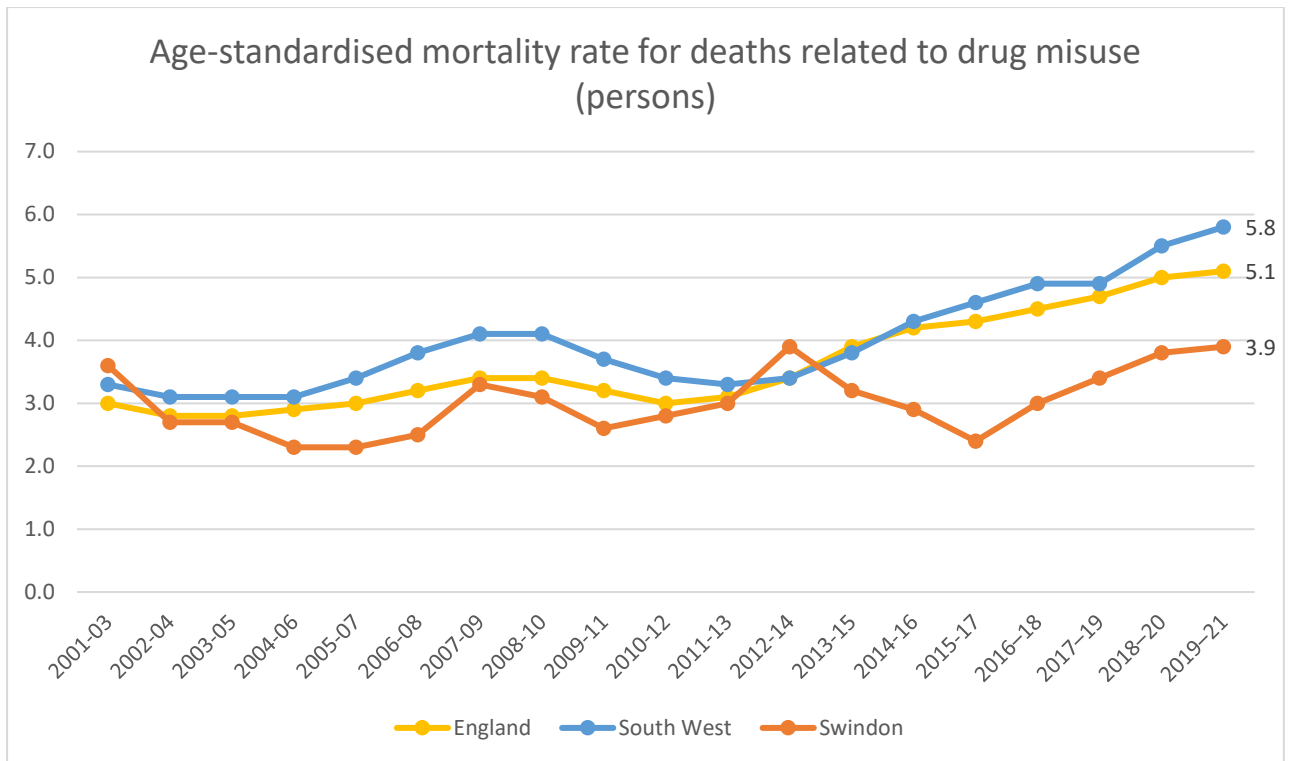


Figure 3: Age-standardised mortality rates for deaths related to drug misuse, persons, in England, South West and Swindon, trends over time from 2001-2021

Data on deaths by age and sex is not available at local authority level. However, data at national level from 2020/21 shows that the majority of drug misuse-related deaths (72%) registered in England occurred in males (28% in females), and only 1% of drug-misuse related deaths were recorded for those aged under 20 years. A breakdown of age-specific mortality rates for drug-misuse related deaths by five-year age group (as shown in figure 4) reveals differentiation between age groups and fluctuation over time.⁴ Notably the highest mortality rates of all age groups under 25 is the 20-24 age group. Diverting children and young people away from substance misuse in early years age groups, may support and prevent drug misuse related deaths in this group.

⁴ [ONS: Deaths related to drug poisoning, England and Wales, 1993-2001](#)

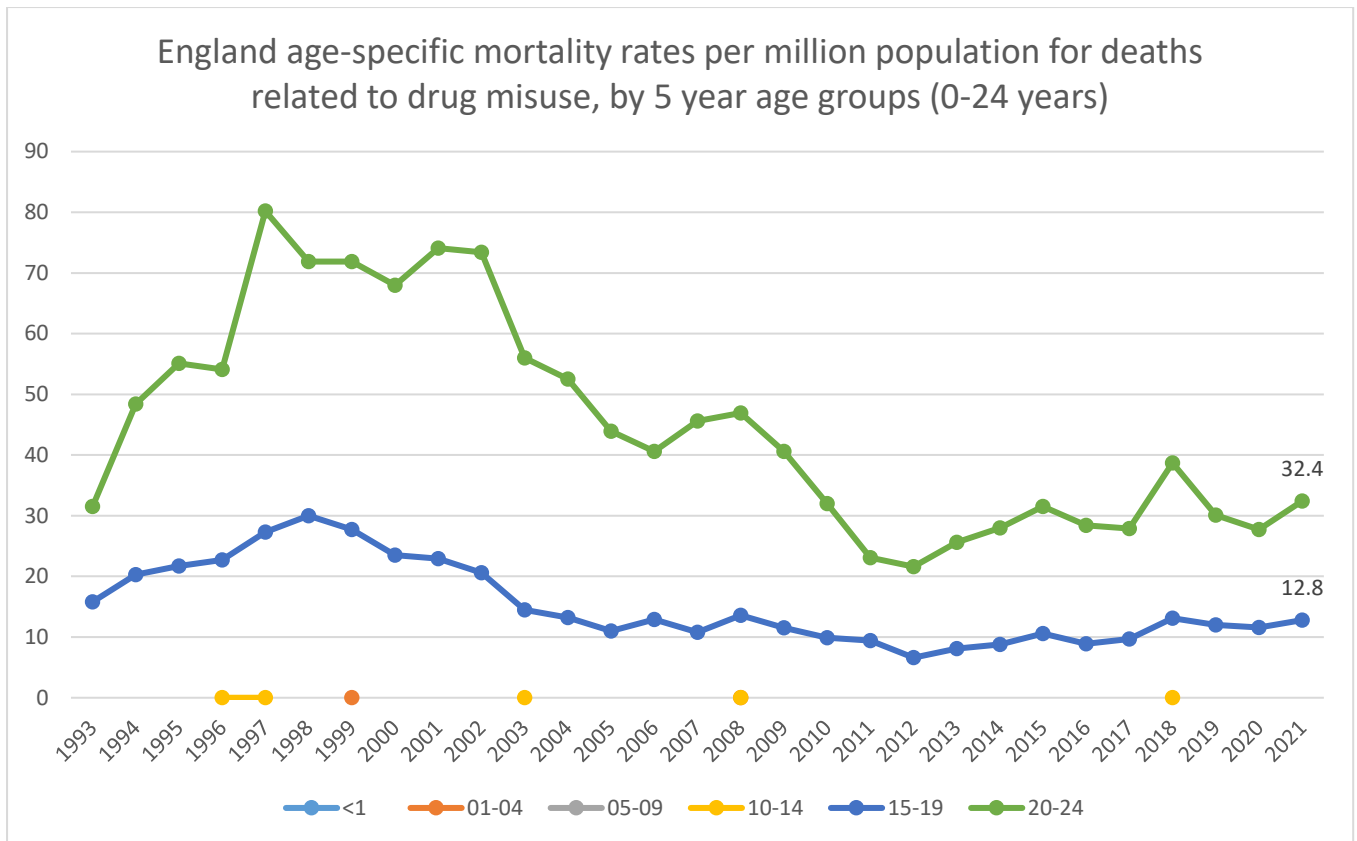


Figure 4: Age-specific mortality rates per million population for deaths related to drug misuse, by 5 year age group (0-24years), England, trends over time from 1993-2021

Prevalence

Data from the Crime Survey for England and Wales 2020 suggests that around one in five young people aged 16 to 24 years had taken a drug in the last year (21%), similar to the previous year (20.3%); 7.4% of young people aged 16 to 24 had taken a Class A drug in the last year, which was not significantly different from the previous year (8.7%).⁵ Class A drugs include powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and methamphetamine. A smaller percentage (4.3%) of people aged 16 to 24 years were classed as “frequent” drug users (i.e. they had taken a drug more than once a month in the last year).

There is some evidence that trends in drug use patterns were affected by the Covid-19 pandemic and related restrictions – with some using drugs more frequently and others using less.⁶

⁵ [ONS Drug misuse in England Wales: year ending March 2020](#). N.B. Data for those aged under 16 years are not available.

⁶ Ibid.

Treatment system

Currently there is one specialist Young Person (YP) substance use disorder service in Swindon, called U-Turn, providing support, help and guidance to young people with drug and alcohol-related problems.

Services offered include:

- Cognitive behavioural therapy (CBT)
- Motivational Interviewing
- Structured family interventions
- Solution-focussed interventions
- “Change Planner” – service user-centred goals reviewed every six weeks
- Multi-component programmes
- Counselling
- Signposting to appropriate services

The service is aimed at those aged 12-18 years, and offers support to reduce or stop alcohol and substance use (but not smoking cessation). Length of treatment varies and is individual to the service users’ needs. For some young people, engaging with services in itself can be seen as a measure of success, showing a willingness to address problematic drug or alcohol use. So, equally, can be leaving the service drug or alcohol-free, dependent on the individual’s goals on entering treatment. Service user data is uploaded regularly onto the National Drug Treatment Monitoring System (NDTMS), and much of the following data presented in this assessment is taken from there. Information relating to treatment outcomes relates to the individual, and is recorded from the service user’s perspective of their presentation and of their substance use. Factors including mental health, physical health, housing and homelessness, and criminal justice interaction are considered to provide a full picture of the needs of young people currently in treatment in Swindon.

Service provision

Like many services, the specialist young person substance use service in Swindon was affected by the Covid-19 pandemic. In the early stages of the pandemic face-to-face appointments were suspended and service users were offered either phone calls or video calls using Microsoft Teams, depending on their preference. Some service users declined virtual contact. In these instances, their support was placed on hold until face-to-face meetings could be resumed. Some service users did not come back into the service once lockdown restrictions had lifted, in some cases reporting that lockdown measures had actually resulted in a period of abstinence and they felt they did not need support.

The service was able to continue to support the most vulnerable service users through face-to-face meetings which were permitted early on in the pandemic once risk assessments had been developed, and measures to mitigate the risk of virus transmission put in place (8 weeks after lockdown measures were introduced in March 2020). Meetings took place outside or at school (which remained open only to vulnerable children and children of keyworkers). The service offered additional support to families such as dropping off food bank parcels or signposting for financial support.

The service has since adopted the use of Microsoft Teams video calls as an option when service users cannot travel or if they feel unable to leave their homes, for example if they are experiencing anxiety, this has ultimately opened up more opportunities to engage with service users.

Currently, campaign work to promote the service is carried out during “Fresher’s Week” events at New College Swindon, and with Year 6 (10-11-year olds) in school as an early intervention to raise awareness of the service, and divert YP away from experimenting with substances. Further promotional work is planned for 2023, to run alongside a campaign to promote Change, Grow, Live, the new partner service aimed at adults with substance and alcohol misuse issues in Swindon.

Numbers in treatment

Figure 5 shows that the number of young people in treatment in Swindon has fallen, both in terms of overall numbers in treatment and the number of new presentations each year (i.e. young people presenting at treatment services for the first time in a one-year period). In 2019/20, there was an increase in numbers from the previous year (14%), however the number has since fallen. A drop in referrals was seen during the Covid-19 pandemic because young people were not in education nor in regular contact with professionals who otherwise might have identified that there was a need for support. It is also a possibility that there was a decrease in substance use during this time owing to supply issues as a result of lockdown measures. Notably, numbers have not yet recovered to their pre-pandemic levels. In 2021/22, new presentations made up a little over two-thirds (68%) of all those in treatment.

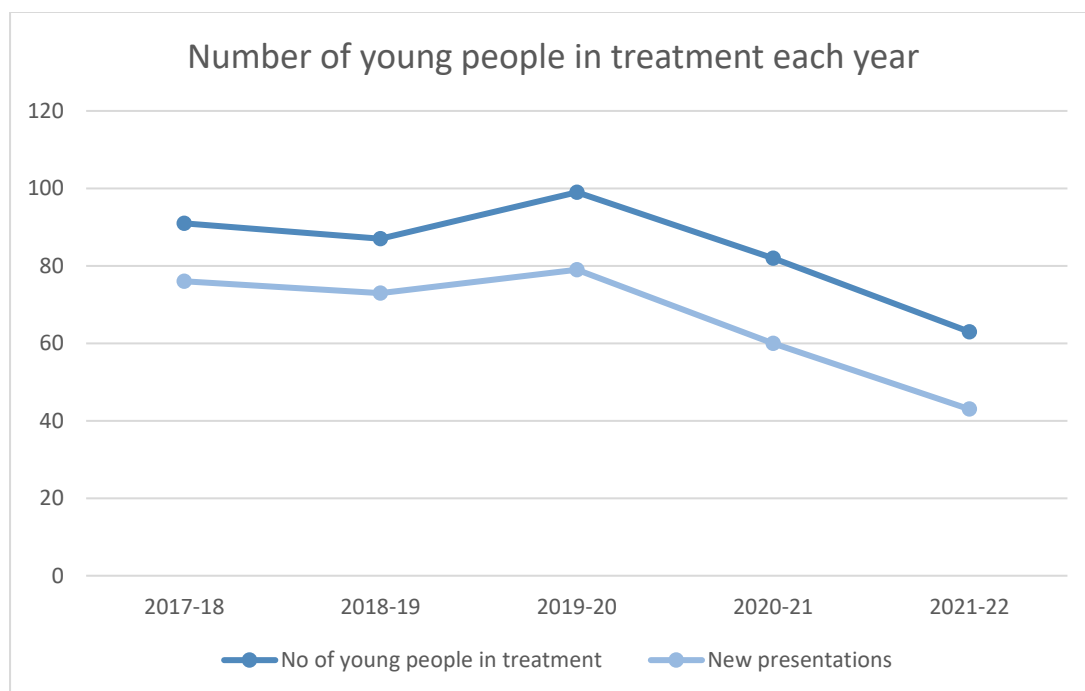


Figure 5: Number of young people in treatment in Swindon, 2017-2022⁷

⁷ National Drugs Treatment Monitoring System (NDTMS): Young People partnership activity quarterly reports, five year period from 2017-2022.

Service user profile

Using data from 2021/22, the profile of service users (n=63) that U-Turn service predominantly caters for is as follows:⁸

- Service users were **57% male** (n=36) **and 43% female** (n=27), similar to the national average (63% and 37% respectively).
- U-Turn service is aimed at young people aged between 12-18 years. The majority of service users (n=62, 98%) were aged between **13 and 17 years old** (see Figure 4 below). However, referrals for those aged under 13 years are considered when appropriate, and the service continues to support young people past 17 years of age until signposted to a suitable alternative service or transitioned into adult services. Care leavers are supported up to the age of 21 years.

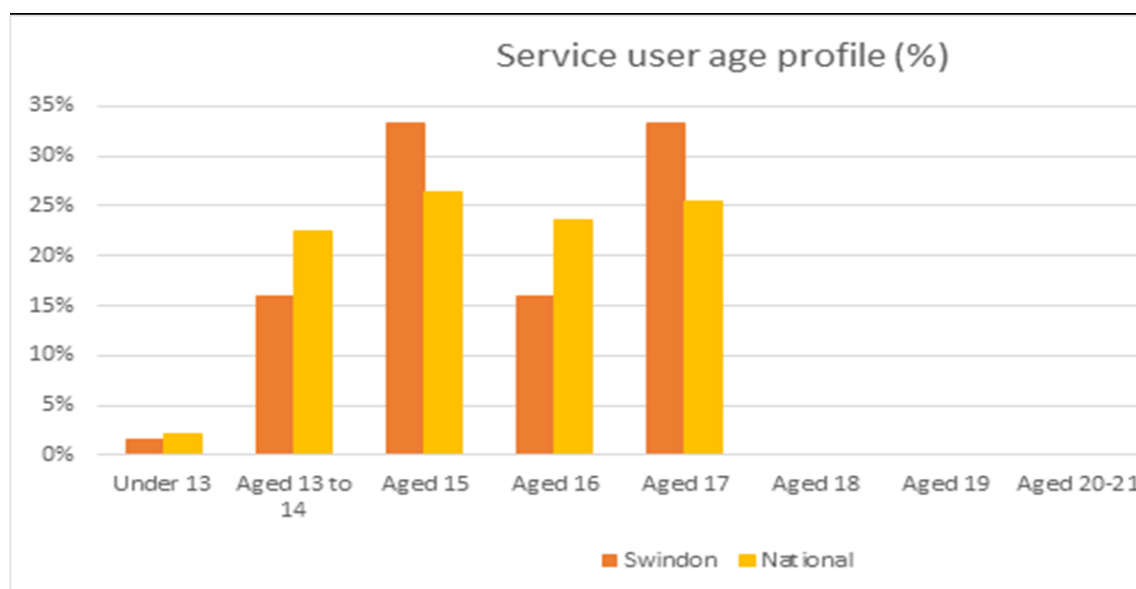


Figure 6: Service user age profile in Swindon and England, 2021/22, percentages

- The most commonly cited substance used by young service users in Swindon in 2021/22 was cannabis (n=54, 86% of service users cited using cannabis), followed by alcohol (n=24, 38%), cocaine (n=5, 8%) and ecstasy (n=4, 6%). These proportions were similar across male and female service users, although female service users cited alcohol more often and cannabis slightly less often than male service users. Service users are asked to name *any* problem substance used during their treatment journey. As such they may cite multiple substances, and therefore percentages do not add up to 100%.
- Over half of Swindon service users were in mainstream education (n=37, 59%) or alternative education (n=9, 14%), similar to nationally reported figures (60% and 18% respectively). However, 17% (n=11) were not in any form of employment, education or training, compared with 12% nationally. A minority were in regular employment (n=3, 5%) or apprenticeship/training (n=1, 2%), or were recorded as a 'persistent absentee' from education (n=2, 3%).
- The vast majority of young Swindon service users were living with parents or other relatives (n=54, 86%), in line with what was nationally recorded (82%). 5% or less of

⁸ National Drugs Treatment Monitoring System (NDTMS): Young People partnership activity quarterly reports, 2021/22.

young service users were either living independently (n=3), in care (n=3), in supported housing n=1), or in secure care (n=1). A further minority (n=1, 2%) was recorded as of 'missing/inconsistent' accommodation status.

- During 2021/22, the majority of service users identified (see Figure 7 below) as being from the White British ethnic group (n=52, 83%; increasing to n=54, 86% when including all White ethnic groups), followed by those of Mixed ethnicity (n=8, 13%).

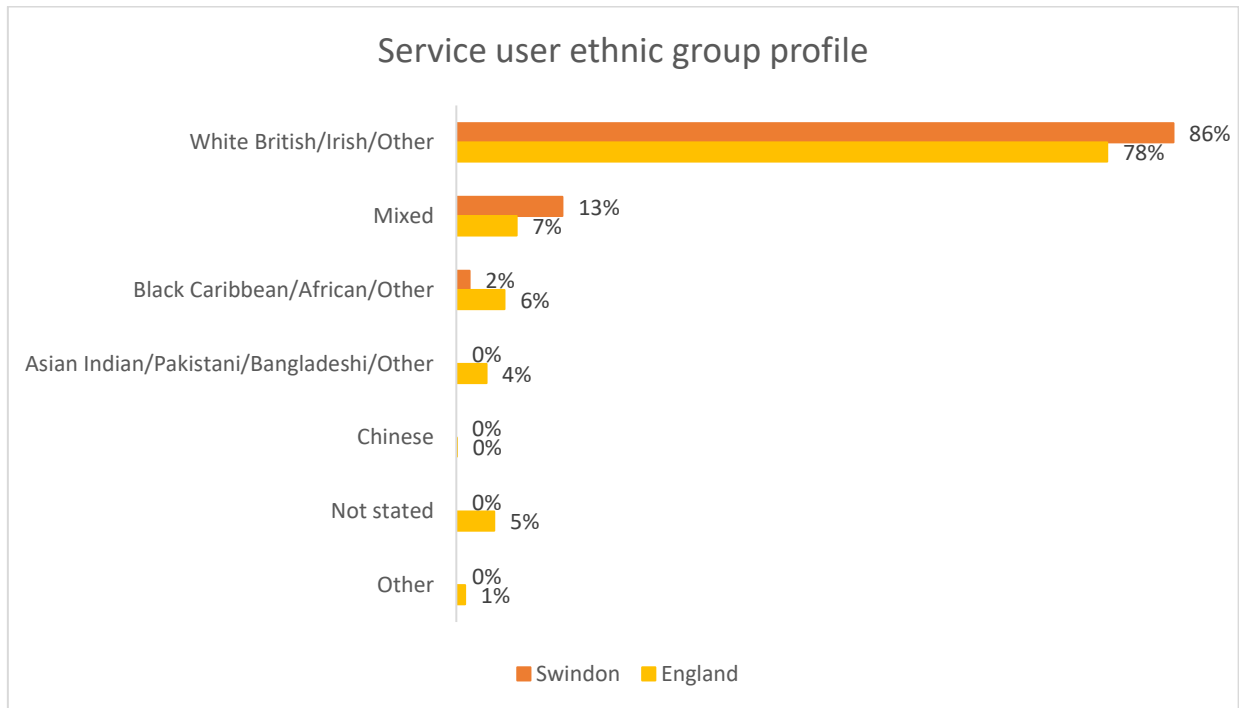


Figure 7: Service user ethnic group profile in Swindon and England, 2021/22, percentages

Access

Figure 8 below shows that since 2018/19, consistently over 95% of service users are seen within three weeks from the date of their referral at the point of first intervention, and all service users are seen within three weeks at the point of subsequent intervention.⁹ In 2021/22, the longest recorded waiting time was two weeks.

⁹ National Drugs Treatment Monitoring System (NDTMS): Young People partnership activity quarterly reports, five year period from 2017-2022.

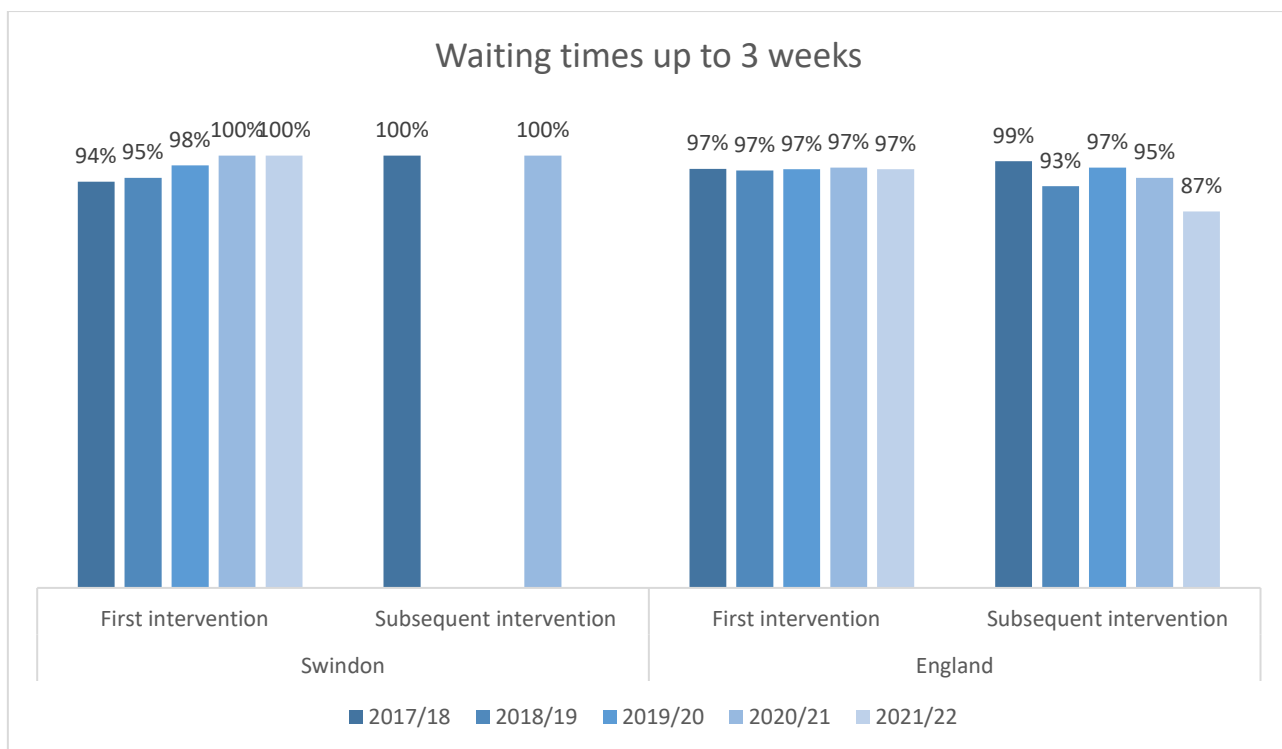


Figure 8: Waiting times up to 3 weeks in Swindon and England, 2017/18-2021/22, percentages

Routes of referral

Nationally, in 2021/22, the majority of referrals into the young person’s specialist substance use disorder services were via education services (31%), youth justice services (17%) and children and family services (23%).¹⁰ However, the majority of Swindon referrals were via health and mental health services (n=11, 25%), followed by education (n=9, 20%) and youth justice services (n=9, 20%) (see Figure 9 below).

¹⁰ National Drugs Treatment Monitoring System (NDTMS): Young People partnership activity quarterly reports, 2021/22.

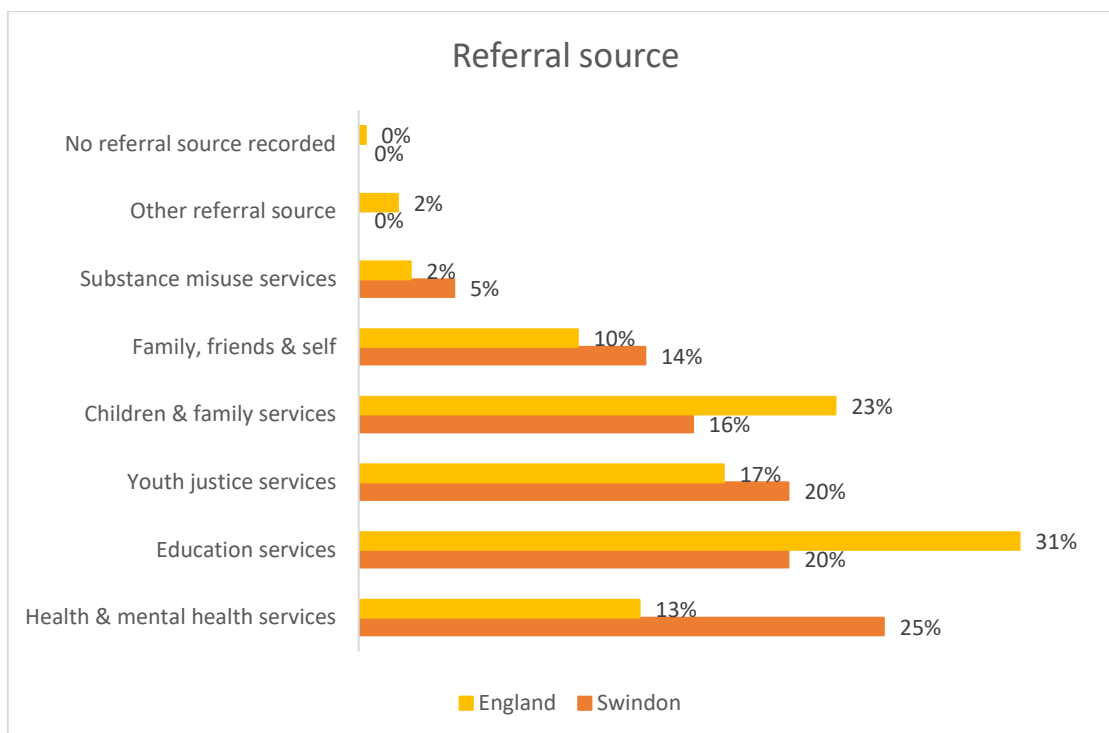


Figure 9: Referral sources in Swindon and England, 2021/22

A further breakdown of referral sources reveals that of those referrals made via health and mental health services, 45% are via child & adolescent mental health services and 55% are made via hospital. Early intervention could mean that young people are able to access specialist substance misuse services sooner, and prevent referral only at point of hospital admission or where there is a medical need.

Where a young person is stopped and searched by police and found to have illegal substance(s) on them sufficient to be for personal use but not enough to be deemed as having intent to supply, a mandatory referral is made to the local substance use service. In 2020/21, 20% of all referrals came via Youth Offending Teams.

Data from the YJS indicates 75% of YP engaged with the service have a substance misuse support need, but are resistant to engage with the specialist YP service.

Treatment engagement

In 2021/22, just under half of service users (n=30, 47.6%) were in treatment for up to 12 weeks, with nearly a third (n=17, 27%) in treatment for between 13-26 weeks, and a little over a quarter (n=16, 25.4%) in treatment for 27 weeks or more (see Figure 10 below).¹¹ Locally, a higher proportion of service users were in treatment for up to 12 weeks compared with national figures. However, the average length of treatment in Swindon has risen from 10 weeks in 2017/18 to 22 weeks in 2021/22, where nationally the average length of treatment was 23 weeks in 2021/22.

¹¹ National Drugs Treatment Monitoring System (NDTMS): Young People partnership activity quarterly reports, five year period from 2017-2022.

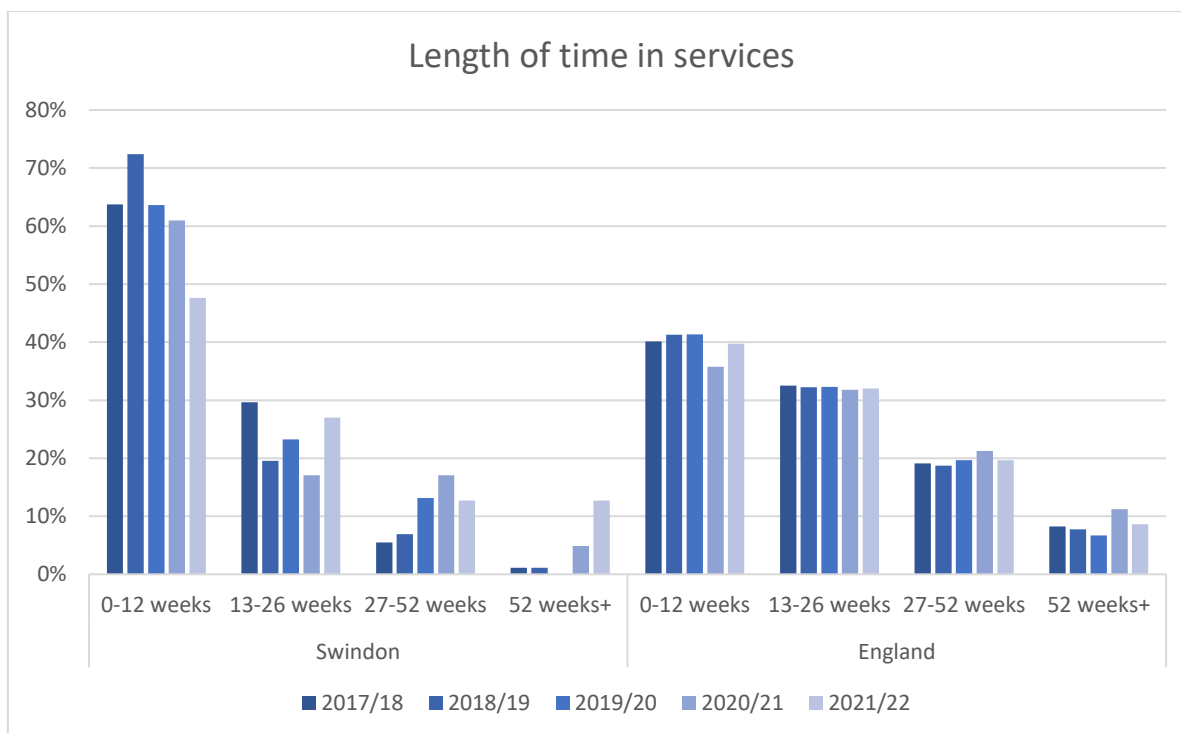


Figure 10: Length of time in services, Swindon and England, 2017/18-2021/22

Successful completions

Locally, treatment completion rates have fluctuated over time (see Figure 11 below). The number of planned exits fell in 2020/21 during the Covid-19 pandemic, and the number of unplanned exits rose in the same period. This pattern reversed the following year, however. In 2021/22, 70% of exits from treatment (n=35) were planned, compared with 81% nationally.¹² Of the planned exits in Swindon, 46% (n=16) were recorded as drug-free at treatment completion, and 54% (n=19) were recorded as occasional users on treatment completion. Nearly half (n=17, 49%) were recorded as not requiring further support; a further 46% (n=16) were offered support and 6% (n=2) were not offered (the reason for this is not recorded). On all planned exits, all service users were recorded as having met their treatment goals agreed on their care plan at time of exit.

Successful completion of treatment with no re-presentation within six months can be an indicator of having achieved sustainable recovery. In a five-year period from 2017/18 to 2021/22, between 4-8% of service users with a planned exit re-presented to Swindon services within a six-month period, compared with 4-5% nationally in the same time period. Currently there is no waiting list, meaning service users can self-refer within a short time of discharge and be accepted and re-opened to treatment within days of a re-referral, to access the support they need.

¹² National Drugs Treatment Monitoring System (NDTMS): Young People Provider Outcomes quarterly reports, five year period from 2017-2022.

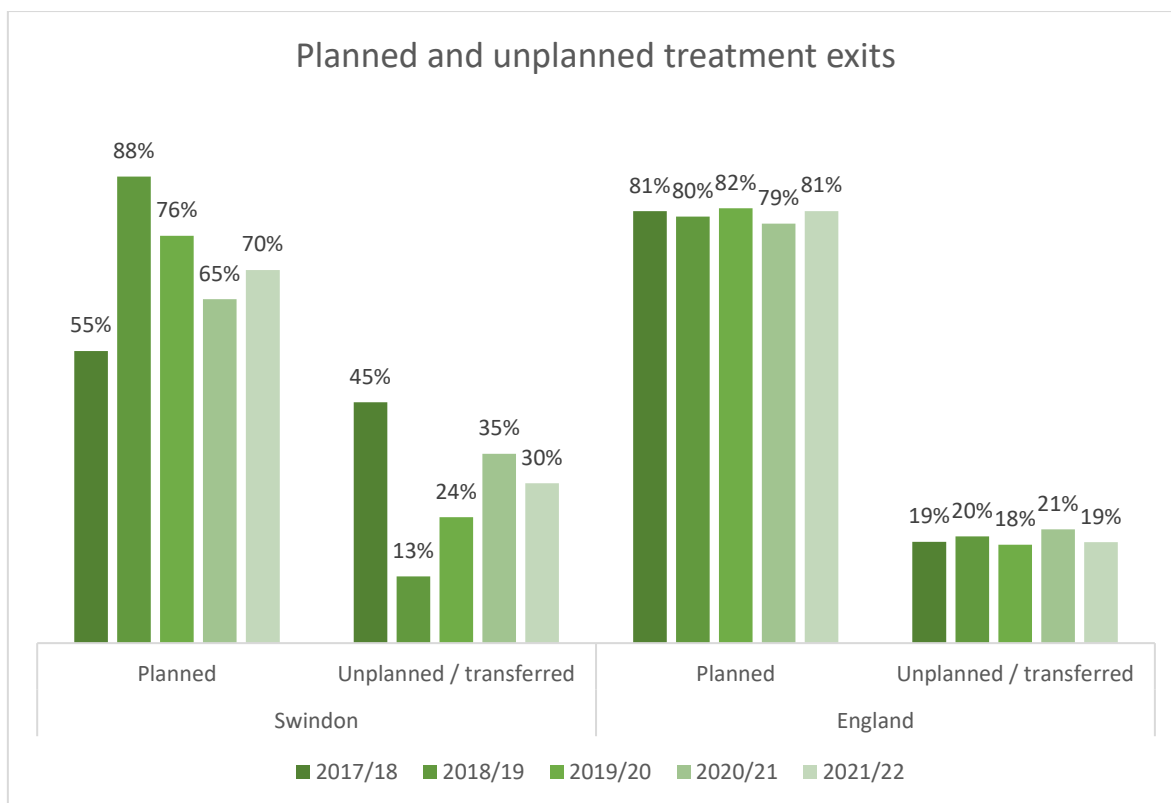


Figure 11: Planned and unplanned intervention exits, Swindon and England, 2017/18-2021/22¹³

Figure 12 below shows a breakdown of reasons for discharge from Swindon services recorded in 2021/22.¹⁴ The vast majority of unplanned exits (n=15) were recorded as service users (n=12, 80%) dropping out of treatment. In some cases, where a placement breaks down or a service user moves home, a service user may be transferred to a suitable alternative service in another area.

¹³ Percentages are rounded and therefore may not add up to 100%.

¹⁴ National Drugs Treatment Monitoring System (NDTMS): Young People Provider Outcomes quarterly reports, 2021/22.

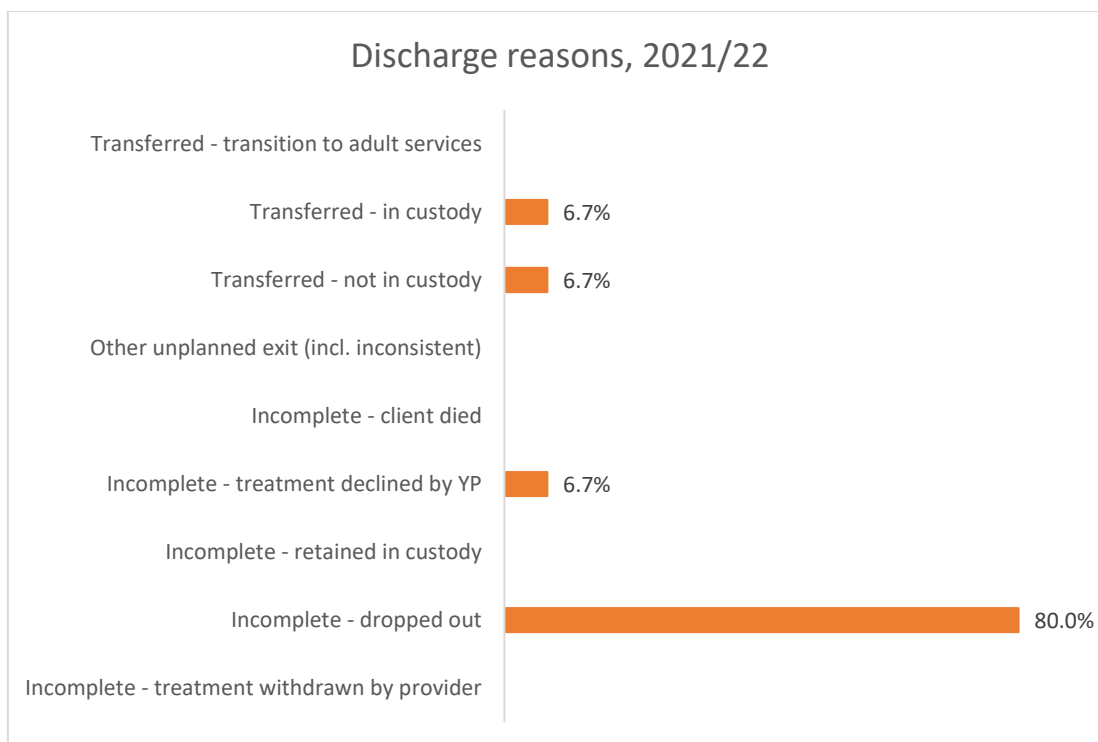


Figure 12: Discharge reasons, Swindon, 2021/22

Treatment

The table below shows the interventions offered in the local system and the percentage of service users accessing them from various settings (an individual may receive more than one intervention type during their treatment journey, so total percentages by setting may sum up to more than 100%).¹⁵ Of the 63 young people accessing services in 2021/22, all of them received Multi-Agency Working¹⁶ and harm reduction intervention. 92% were also offered psychosocial support, e.g. talking therapy. The majority of service users (Table 1) access treatment in the community or from their home, and a small number are able to receive treatment while in hospital (for reasons unrelated to substance use).

¹⁵ National Drugs Treatment Monitoring System (NDTMS): Young People partnership activity quarterly reports, five year period from 2021/2022.

¹⁶ Multi-Agency Working sub-interventions include: education/training, employment/volunteering, housing, family support, mental health, offending, health, sexual health/pregnancy, meaningful activities, disability services, behavioural services, young carers, youth services, and children's social care.

Table 1: Overview of interventions by setting, Swindon, 2021/22¹⁷

Type	Harm reduction	Pharmacological	Psychosocial	Multi Agency Working
Setting	(n) %	(n) %	(n) %	(n) %
Community	(49) 78%	0%	(46) 79%	(50) 79%
Home	(13) 21%	0%	(11) 19%	(12) 19%
Inpatient - substance misuse specific	0%	0%	0%	0%
Inpatient - not substance misuse specific	(<5) 2%	0%	(<5) 2%	(<5) 2%
Residential - substance misuse specific	0%	0%	0%	0%
Residential - not substance misuse specific	0%	0%	0%	0%
Secure estate	0%	0%	0%	0%
Other setting	0%	0%	0%	0%
Missing	0%	0%	0%	0%
Total	100%	0%	100%	100%

Smoking

Comparisons of the most recently available local and national data (from April 2021 to March 2022)¹⁸ indicate that over a third of young people in treatment in Swindon (39%) were identified as smoking tobacco at the start of treatment, compared with just under a third for England (27%). The proportion was higher for females (43%) than males (36%), and this difference was greater at local level than national (30% female, 26% male). Out of those smoking tobacco at the start of treatment, only 3.1% were receiving smoking cessation interventions. Although the specialist substance use disorder service in Swindon does not offer specific smoking cessation support, young people are signposted either to their GP or the school nurse for Stop Smoking help.

Sexual Health

Table 2 below outlines uptake of sexual health services at the start of treatment for new presentations in 2021/22.¹⁹ The proportion of service users reporting to have had recent unsafe sex at treatment start was much higher in Swindon (47%) than nationally (15%). Accordingly, a higher proportion of service users in Swindon were offered chlamydia and STI screening (both 67%) in Swindon compared to England (54% and 53% respectively).

¹⁷ An individual may receive more than one intervention type during their treatment journey, so total percentages by setting may sum up to more than 100%.

¹⁸ Office for Health Improvement and Disparities (OHID): Young people substance misuse commissioning support pack 2022-23: Key data.

¹⁹ National Drugs Treatment Monitoring System (NDTMS): Young People partnership activity quarterly reports, 2021/22.

Table 2: Sexual health at treatment start in Swindon and England, 2021/22

	Swindon		England	
	(n)	(%)	(n)	(%)
Unsafe sex at treatment start	20	47%	1142	15%
Chlamydia screening - offered & accepted	6	14%	506	6%
Chlamydia screening - offered & refused	23	53%	3371	43%
Chlamydia screening - not appropriate to offer	14	33%	3617	46%
Chlamydia screening - not known	<5	-	52	1%
STI screening - offered & accepted	6	14%	502	6%
STI screening - offered & refused	23	53%	3402	44%
STI screening - not appropriate to offer	14	33%	3651	47%
STI screening - not known	<5	-	<5	-
Total	43	100%	7793	100%

Blood Borne Virus's

In 2021/22, there were no service users eligible for either Hepatitis B vaccinations or Hepatitis C testing in Swindon.²⁰ Nationally, only 1% of service users were eligible for Hepatitis C testing and accepted a test, while nearly a third were offered but refused a test at a later date (32% refused Hepatitis B vaccinations, 31% refused Hepatitis C testing). Less than 1% of service users across England completed a vaccination course once started.

Co-occurring Mental health and Substance use disorders

In 2020/21, 59% of young people in treatment in Swindon identified as having a mental health treatment need at the start of their treatment for substance use, compared to 49% for England.²¹ A higher proportion of females identified as having a mental health need (80%) compared to males (47%) and this difference was greater at local level. Of those identified as having a mental health treatment need, only half (49%) were receiving treatment for their mental health suggesting that there is a need to signpost service users to relevant support services. Different routes to treatment include (i) engaging with Community Mental Health Teams, (ii) receiving treatment via the GP, (iii) Improved Access to Psychological Therapies (IAPT), (iv) receiving any National Institute for Health and Care and Excellence (NICE) -

²⁰ National Drugs Treatment Monitoring System (NDTMS): Young People partnership activity quarterly reports, 2021/22.

²¹ National Drugs Treatment Monitoring System (NDTMS): Young People Executive Summary, 2021/2022.

recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem, or (v) residing in a 'place of safety' for any mental health crises.

Other substances

Information about substance use and consumption behaviour are collected at the start and exit of treatment. Mean age when cannabis, tobacco/nicotine and alcohol was first used was 13 years; 15 years for cocaine and ketamine; and 16 years for solvents and ecstasy.²² In Swindon, the most commonly reported drugs used were cannabis, tobacco/nicotine and alcohol, followed by cocaine, ecstasy, solvents and ketamine (see Figure 13). Fewer service users reported using substances at treatment exit across all substance types, a pattern seen at local and national level.

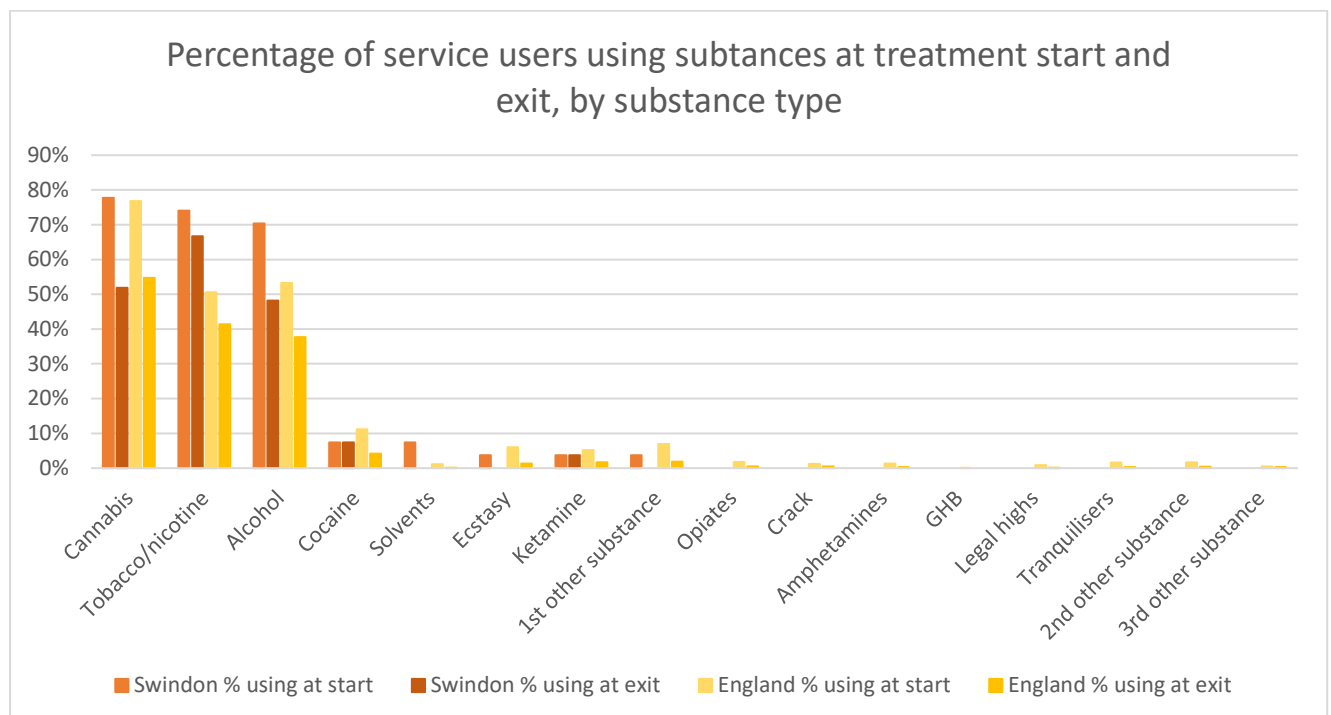


Figure 13: Percentage of service users using substances at treatment start and exit, by substance type in Swindon and England, 2021/22

Nearly three quarters of Swindon service users reported poly-substance use (i.e. using more than one substance) at the start of treatment, falling to just over half (56%) by treatment end (see Figure 14). This compares with 60% and 40% respectively at national level.

²² National Drugs Treatment Monitoring System (NDTMS): Young People Provider Outcomes quarterly reports, 2021/22.

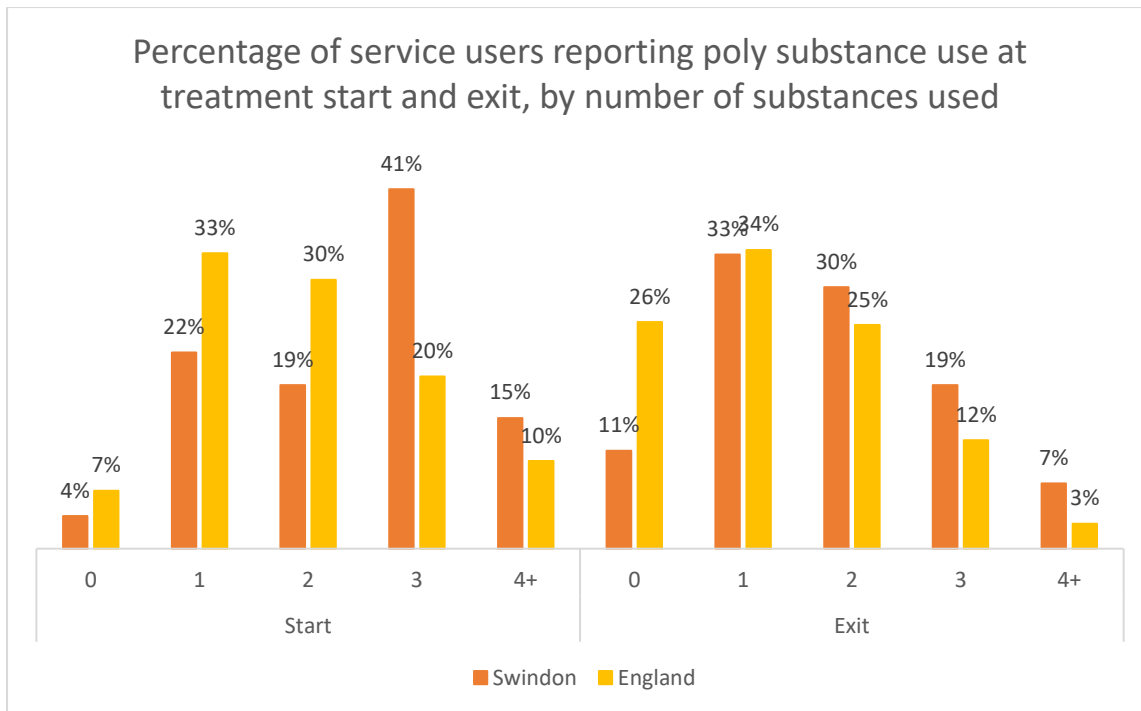


Figure 14: Percentage of service users reporting polysubstance use at treatment start and exit, by number of substances used, in Swindon and England, 2021/22

Similarly, the percentage of service users reporting drinking excessively in a single episode at start of treatment fell from 58% to 46% locally, and from 66% to 49% nationally (see Figure 15).

None of the young service users in Swindon reported having ever injected drugs at start or exit of treatment, compared with a very small number (1%) in England.

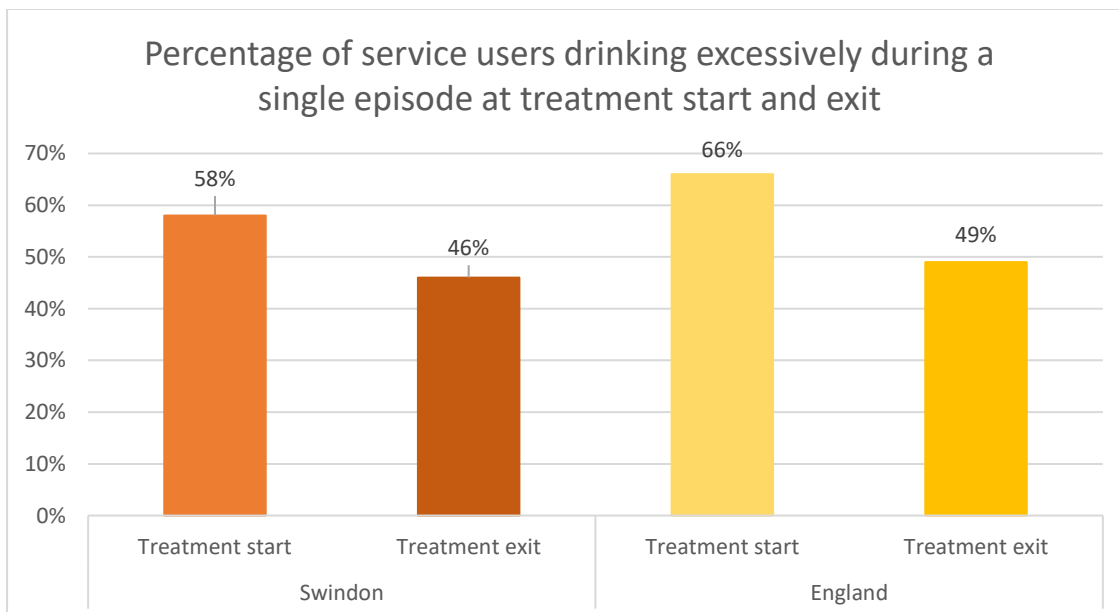


Figure 15: Percentage of service users drinking excessively during a single episode at treatment start and exit, Swindon and England, 2021/22

The majority of service users reported drinking during weekday evenings and at weekends, a pattern recorded both locally and nationally (see Figure 16).²³ The number of Swindon service users drinking during weekday daytime fell from 37% at the start of treatment to 28% at the end of treatment. However, other drinking patterns did not significantly change. Whereas at national level, fewer service users reported drinking on weekdays both daytime and evenings, as well as daytime at weekends, where there was an increase in drinking during weekend evenings reported. The proportion of Swindon service users reporting drinking on their own actually rose from just over a quarter (26%) at the start of treatment to nearly a third (31%) at treatment exit. This compares with 33% of service users at treatment start in England falling to 18% at treatment exit.

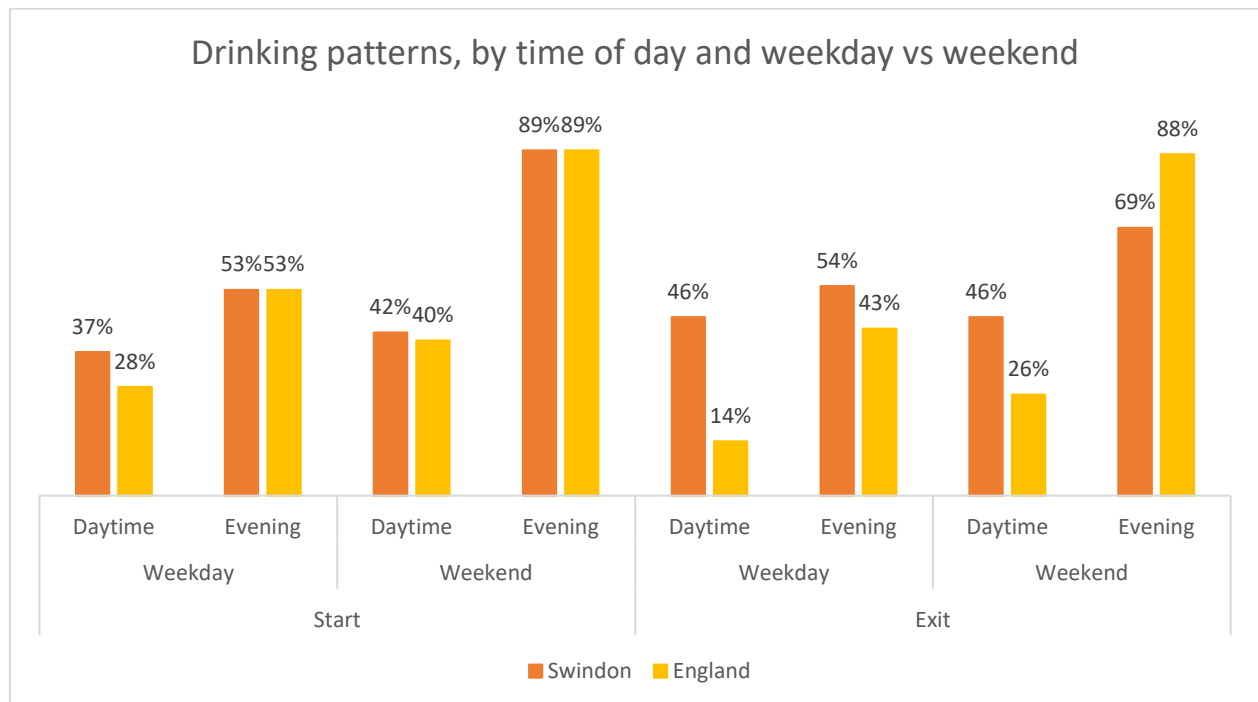


Figure 16: Percentage of service users reporting drinking at various times, in Swindon and England, 2021/22

A higher proportion of Swindon service users reported using substances other than alcohol across all time periods at the start of treatment compared with England. At the start of treatment, weekday and weekend evenings were the most commonly reported times for using substances other than alcohol at national level, whereas locally weekday and weekend daytimes were the most commonly reported times. However, locally there appears to be a shift with fewer Swindon service users reporting daytime drinking (on both weekdays and weekends) at treatment exit, and more reporting drinking during weekday and weekend evenings. The number of service users reporting using on their own at the start of treatment fell from 57% to 38% for Swindon, and from 63% to 49% for England.

²³ National Drugs Treatment Monitoring System (NDTMS): Young People Provider Outcomes quarterly reports, 2021/22.

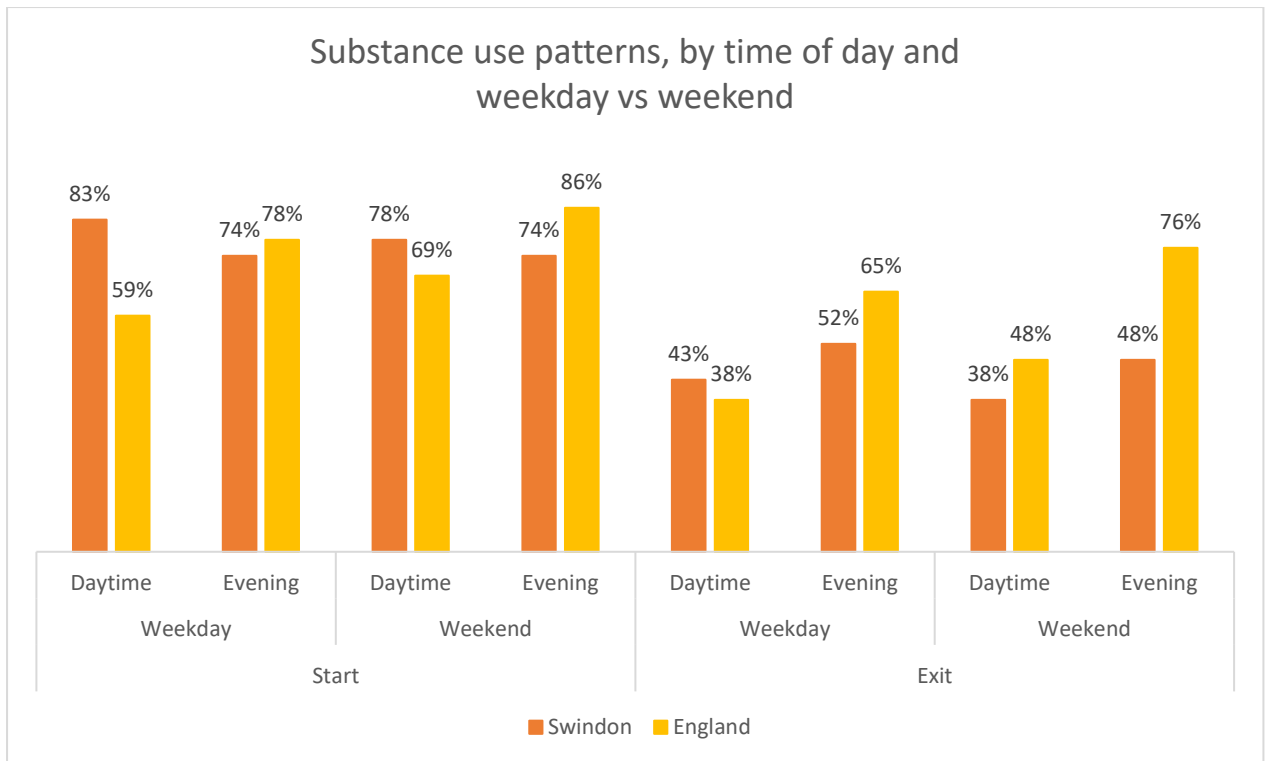


Figure 17: Percentage of service users reporting substance use at various times, in Swindon and England, 2021/22

Health and wellbeing measures at the start and exit of treatment show that service users reported greater life satisfaction, greater happiness, and less anxiety by the time they left treatment (see Figure 18). They were also more likely to report getting on well with their family and friends.²⁴

²⁴ National Drugs Treatment Monitoring System (NDTMS): Young People Provider Outcomes quarterly reports, 2021/22.

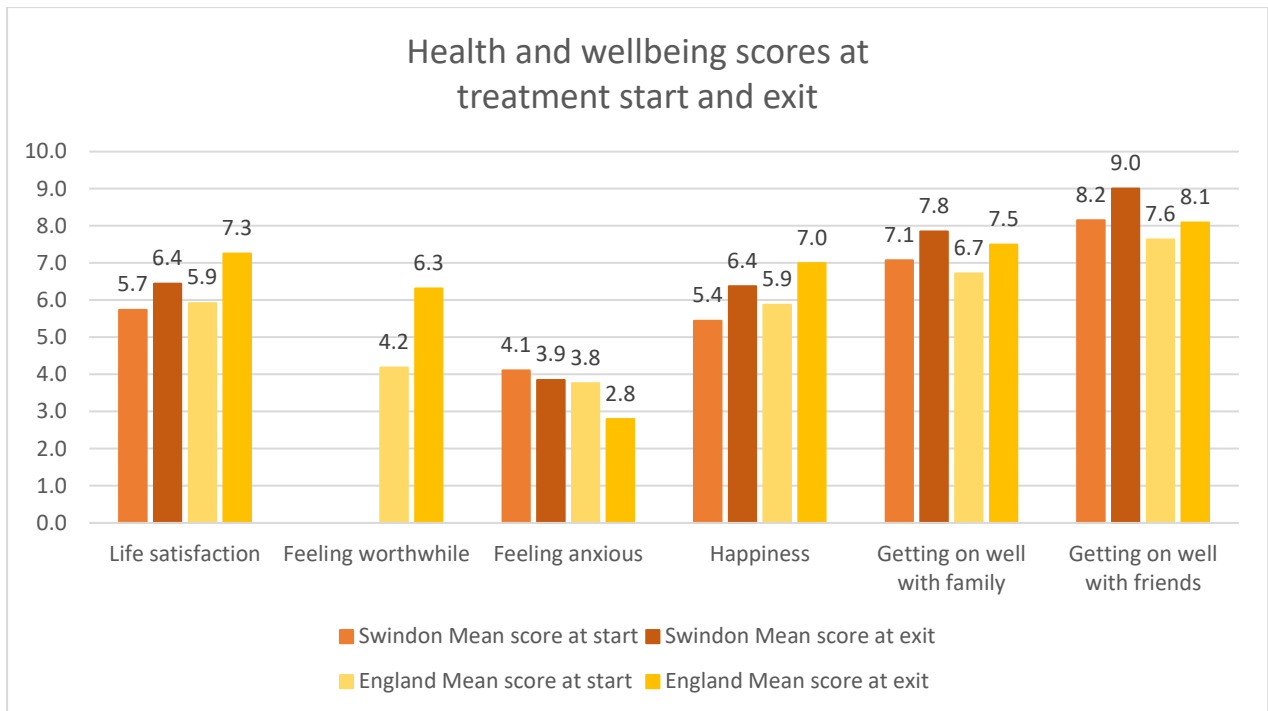


Figure 18: Self-reported health and wellbeing scores at start and exit of treatment in 2021/22, Swindon and England (score ranging from 0-10 where 0 = low and 10 = high)

Of the service users who had either a planned or unplanned exit during 2021/22, only 57% and 33% respectively provided complete data at both treatment start and exit (49% combined planned and unplanned exit). As this is below a government recommended level of 80%, these results are not generalizable to all young people using the specialist substance use disorder service. In addition, between a half and three quarters of eligible service users with a *planned* exit provided information at both start and exit of treatment. However, only between 13-33% of eligible service users with an *unplanned* exit provided information, meaning that the data may not be representative of the patterns of behaviour in young people accessing treatment in Swindon. It is possible that service users dropping out of treatment might experience the same or even increased use/consumption. More could be done to encourage service users to provide data at both treatment start and exit which would give further insight.

Discussion

The needs assessment evidences a number of points for discussion and areas of improvement across the YP system.

Currently U-Turn is the single specialist service provider for young people experiencing problematic drug and alcohol use in Swindon. At time of writing there is no waiting list for treatment meaning young people are able to access the help they need within expected time frames. The most recently available data shows that the majority of exits from treatment are planned (70%) and in all of those cases it was recorded that service users met the goals agreed on their care plan which were individual to them. It should be noted that the numbers of young people accessing services are small therefore caution should be taken in interpreting the data. It is important that patterns of consumption are captured at treatment start and exit, Swindon is below the 80% national benchmark to collect such data at these

points in a treatment episode. Having this rich data capture will allow us to gain a better understanding of drinking patterns & consumption levels with YP in Swindon.

Swindon has a significantly high hospital admission rate linked to substance misuse and self-harm. 49 % of YP present with a MH need to treatment of which 80% of these YP are females. 25 % of all referrals in to the service are from CAMHS/hospital setting. Whilst we recognise there are joint working arrangements in place with U-Turn & CAMHS, it is important links with the hospital are improved and preventative measures are developed & deployed throughout the YP system and the wider partnership. Our STI testing rates are proportionally higher in Swindon in comparison to national indicators, however Swindon has a higher than national average of YP presenting to services disclosing they have had unsafe sex, and a third of YP disclose they are or have smoked at the start of treatment. The needs assessment highlights the importance of testing/treating and educating YP in the system.

86% of YP cited cannabis at point of entry in to service, the most common substance. And 17 % of referrals are from the YJS. We also know around 75% of YJS case load are smoking cannabis but not engaged with structured treatment. These individuals including stop and searched YP require pre-treatment engagement work and a robust offer of brief interventions

Recommendations

The key recommendations are:

- To ensure robust systems of work are in place to enable service users to provide data at both start *and* exit of treatment, the aim of this data will accurately reflect patterns of alcohol consumption and substance use in young people accessing treatment in Swindon.
- Further promotional/campaign work is to be prioritised in 2023 to raise awareness of the service across all educational settings acting as an early intervention preventative model of working.
- To increase numbers accessing the YP specialist service to 100 by the end of 2024-2025.
- To continue signposting to sexual health, stop smoking and mental health services as appropriate.
- To consider the creation of a YP dual diagnosis forum in 2023.
- There is a need to monitor the longer-term impacts of the Covid-19 pandemic on the numbers accessing treatment services, and to consider/measure where service changes have a positive impact on treatment engagement (i.e. use of Microsoft Teams).
- To increase the offer of tier 2 brief interventions with the YJS cohort that are not engaged in treatment.