

# A Substance Use Disorder Strategy for Swindon

Achieving a generational shift in the demand for drugs and alcohol  
2024-29



SWINDON

COMMUNITY SAFETY  
PARTNERSHIP



SWINDON  
BOROUGH COUNCIL

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# Foreword

We are pleased to launch this new Substance Use Disorder Strategy for Swindon. Addressing substance use disorders is a priority for the Combatting Drugs Partnership and the Community Safety Partnership. This document outlines how we will meet our ambitions to create a safer Swindon and reduce inequalities across the Borough. Substance use is a major public health issue which affects individuals, their families and our community.

Tackling the wider determinants and impact of substance use disorders is challenging and complex. Response requires cross-departmental commitment from across Swindon Borough Council alongside key partners including the Police, NHS, our service providers and voluntary sector organisations. This partnership approach ensures that those in need get the right level of support, at the right time and in the right place.

This strategy builds on the progress made during the lifetime of the previous substance use disorder strategy (2017-2023). However, whilst progress has been made, particularly with increasing numbers in treatment and improving recovery outcomes, more needs to be done so we can reach those that are most vulnerable. There are a number of actions and deliverables to ensure we reach those people most in need of support, including people with co-occurring conditions, those experiencing homelessness and other specialist groups such as women and those from ethnically diverse backgrounds.

The financial commitment from Government following the publication of the national drug strategy From Harm to Hope has been welcomed and supports the delivery of this strategy, to allow us to build stronger prevention and treatment response for Swindon. We know reducing substance use and alcohol use has a positive effect on improving individual's quality of life and helps to create safer, stronger communities. We thank everyone who commented and contributed to the development of the substance use disorder strategy.



**Professor Steve Maddern**  
Director of Public Health  
Swindon Borough Council



**Councillor Jim Grant**  
Cabinet Member for Adults and Health  
Swindon Borough Council

# Executive Summary

This 5-year Substance Use Disorder Treatment Strategy is informed by the ambitions of the Government's latest 10-year drug strategy 'From Harm to Hope 2021'<sup>[1]</sup>, sets out Swindon's strategic plan to achieve a generational shift in the demand for drugs and alcohol in Swindon. It aims to reduce the demand for illicit substances and related crime. It will offer people currently using or affected by the use of substances routes to recovery, supporting reintegration through the promotion of positive behaviour change and sustainable recovery, whilst mitigating the harm caused by the use of substances. The expectation is that the above steps will contribute towards tackling stigma and encouraging positive attitudes and dialogue within the Swindon community around the real and perceived harms of illegal substance use and the importance of promoting recovery and reducing crime. The strategy is underpinned by the key priorities of the Swindon Community Safety Partnership Strategy, and is instrumental in delivering on the local ambitions in accordance with the findings and recommendations from the recently published Adult and Young People's Substance Use Disorders Needs Assessments (2023)<sup>[2]</sup>.

The consequences of substance use can be wide ranging and enduring; necessitating the need for a partnership approach to work with individuals, families the community at large to raise awareness of the impact of substance use, and the importance of prevention and early intervention. This is because the drivers of substance use are complex, cutting across various local authority service areas, criminal justice, enforcement, mental health, and third sector organisations. This strategy seeks to bring a joint approach to addressing the complex relationship between substance use, crime and health outcomes. One of the key areas of focus of this strategy is to mitigate the impact of inequalities and deprivation, which are the major underlying contributory factors to the prevalence of health harms cause by substance use as well as related crimes impacting both local and national budgets and resource allocation. In addition to preventing and reducing harm, the strategy links in to the wider Health and Well-being Strategy as part of a health promotional approach to public health, defined as 'the process of enabling people to increase control over, and to improve their health.'<sup>[3]</sup>

# Vision

The vision is for Swindon to reverse the trends in the demand for substance use and mitigate the health risks caused by substance use in both adults and children living in Swindon. It will focus on working with partners to promote positive behaviour change and sustainable recovery and reintegration by ensuring accessibility of local treatment services, which will also reduce substance use related crime.

# Principles

The following principles underpin local action for reducing substance use disorders and associated harms within this strategy:

To promote social justice building on a belief in, and respect for, the rights of people who use drugs & alcohol.

To work in partnership inclusive of those with lived experience to, identify the impact of alcohol & drugs which may be used problematically and which may impact the health of the borough's population and levels of criminality.

Use the best available evidence, data and intelligence to inform borough wide decisions on drug and alcohol use and ensure resources are allocated effectively.

# Priorities

The Substance use disorder strategy has 5 key strategic priorities.



Prevention and early intervention



Reducing drug and alcohol related harm and reversing the trend in drug related deaths



Reduction of health inequalities (barriers/unmet treatment need)



Promoting sustainable recovery and re-integration



Reduce substance use related crime and anti-social behaviour.

# Introduction

A substance use disorder or treatment need can be described as a pattern of symptoms resulting from the use of a substance that causes harmful or negative effects. For the purposes of this strategy, the term “substance use disorder/ treatment” will be used to refer to “substance misuse”. Substance use disorder can have a detrimental impact on the health and well-being of individuals, their significant others, and the community at large. This is because substance use is a contributory factor to wider societal concerns including but not limited to incidences of violence and acquisitive crime. The yearly financial cost of substance use in England is estimated to be around £20 billion pounds; equating to an average attributable cost of approximately £350 for every person in England <sup>[4]</sup>. Dependence on substance use often co-exists with other health and social inequalities, like poor mental health and homelessness. It is therefore imperative for partners to work collectively to address the range of individual need, because this is critical to achieving successful outcomes for the 5 priorities set out in this strategy.

This strategy recognises the effects of substance use disorders are spread wider than the individual consuming the substance, often impacting friends, family and colleagues before negative health consequences can be identified in the person using the substances. There is estimated to be more than 300,000 heroin and crack users in England, which is thought to be linked to an increase in acquisitive crime such as burglaries and thefts <sup>[4]</sup>. This strategy aims to recognise all offenders should be given a chance to reduce their substance use and turn their lives around. Furthermore, it is the aim of the strategy that all offenders in Swindon with an identified treatment need have a treatment place. Substance use disorders are a complex public health concern, with many associated wider social determinants of health driving increasing levels of drug and alcohol use across the UK and Swindon, coupled by the impact of the Covid 19 pandemic. It is the aim of this strategy to address systematic differences in health between different social groups experiencing a substance use disorder in Swindon.

# National Picture

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## Substance Use

In 2021-22 around 3 million (9.2%) of 16-59-year olds in England and Wales reported using a drug within the last year; a proportion maintained over the last fifteen years. The trend is similar for young people aged 16-24, where, although the proportion has remained stable over the last decade with a peak in 2020-21, drug usage is much higher (18.6% of 16 -24-year olds used drugs in the last year 2021-22). Since estimates began in 1995, Cannabis remains the drug most likely to be used by 16-59-year olds across the UK, reported as 7.4% in 2022<sup>[5]</sup>.

In 2018-19 it was estimated there was 602,391 dependent drinkers, of whom 82% were not receiving treatment. Alcohol use disorders are the biggest risk factor for death, ill-health and disability among 15-49-year-olds in the UK, and the fifth biggest risk factor across all ages.<sup>[5]</sup> New and emerging threats such as synthetic opioids (nitazines) are being linked to an increasing number of drug related deaths in 2023. In addition, the UK is seeing a reduction in heroin purity due to the dismantling poppy fields in Afghanistan regime<sup>[6]</sup>.

The numbers of people entering treatment in 2021-22 continues to be relatively stable after falling steadily since 2013-14, however this increased by 5% to 289,215 people, the highest since 2014-15.<sup>[7]</sup> Between 2020-21 to 2021-22 there was a 10% increase in the number of people in treatment for alcohol (7,957 more people). Those who now remain in treatment for opiate use are older, often have physical and mental health problems and entrenched drug dependence. This has implications for health and social care, the criminal justice system, housing and employment, highlighting the need for partnership working.

Nationally there has also been a rise in drug related deaths with 4,907 deaths related to drug poisoning registered in England and Wales in 2022; the highest number since records began in 1993 and 1.0% higher than in 2021 (4,859 registered deaths).[8] There has been a significant increase in alcohol specific deaths, since the pandemic. Data suggests people are drinking at increased levels and this is yet to return to pre-pandemic levels. Alcohol specific deaths increased by 27.4% between 2019 and 2021. These are deaths which are solely caused by alcohol, primarily alcoholic liver disease, and do not include the many deaths in which alcohol was a contributory factor.<sup>[9]</sup>

The national drugs strategy put forward a government-wide commitment to preventing 1,000 drug-related deaths by 2024-25. This means in Swindon, deaths would be expected to reduce from an average of 9 drug related deaths per year between 2018-21, to 5 per year across the course of this strategy.

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## Crime

Government figures indicate estimates that “the social and economic costs of alcohol-related harm amount to £21.5 billion, while harm from illicit drug use costs £10.7 billion”<sup>[10]</sup> to the public purse. These figures do not take into consideration future costs associated with long-term health conditions or impact of adverse childhood experiences or mental health conditions resulting from the criminal trade of illicit substances.

The office for health improvement and disparities (OHID) suggests that a typical heroin user spends around £1,400 per month on drugs. There is a noticeably strong link between drugs and acquisitive crime and nationally, an estimated 40% of acquisitive crimes, with the exception of fraud, are perpetrated by regular heroin/crack cocaine users. Cumulatively, this amounts to more than two million offences, committed by those that are dependent on heroin and crack.<sup>[10]</sup>

One of the key aims of the government drug strategy is to break drug supply chains which in turn should result in:

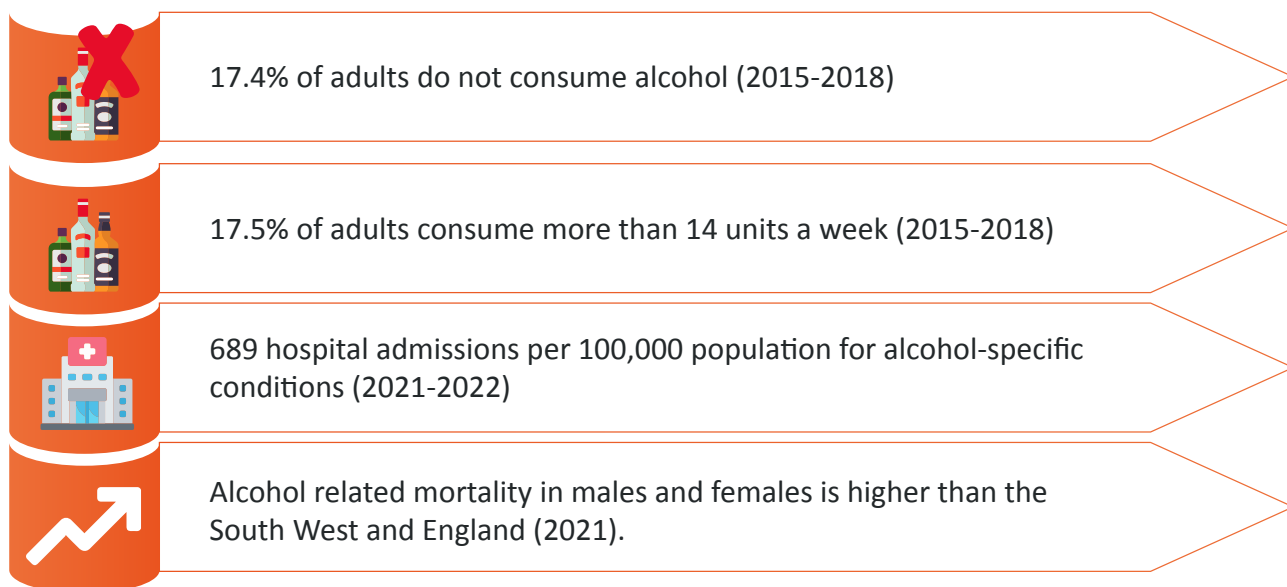
- a reduction in drug-related crime and homicide
- over 2,000 more county lines closed and an increase in both drug trafficking convictions and the number of vulnerable children and adults safeguarded
- 6,400 major and moderate disruptions of organised crime activities by up to 20%
- significantly increase crackdown on criminal assets, taking cash, crypto-currency and other assets from the hands of criminals involved in drug trafficking and supply
- enhanced testing in prisons, to drive towards drug-free prisons





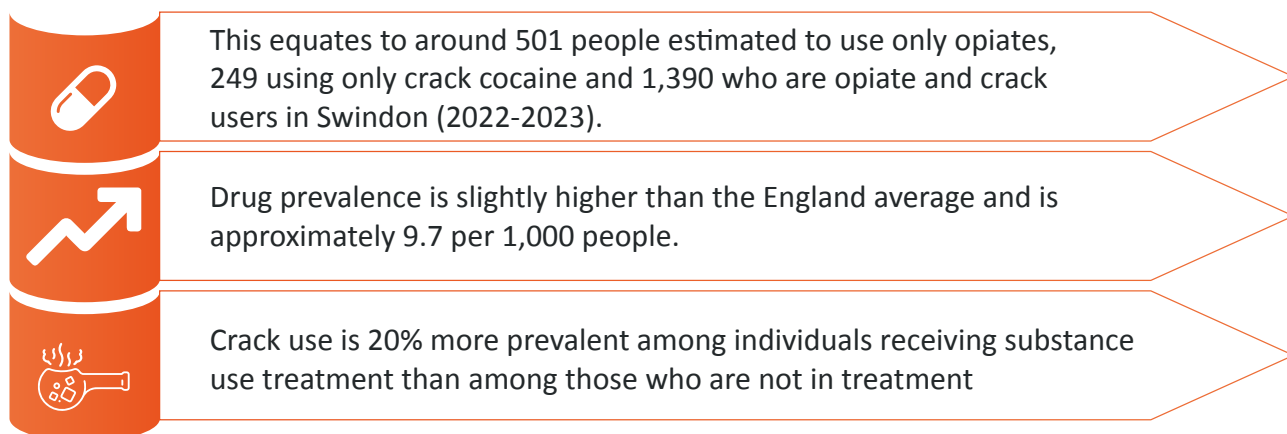
# Swindon Local Picture

## Alcohol use in Swindon <sup>[11]</sup>



## Drug use in Swindon <sup>[12]</sup>

Crack cocaine, alcohol and cannabis are the 3 most common substances for people in treatment (2021-2022).



In 2022-23 there were 1,153 adults in treatment in Swindon. Numbers have remained relatively stable over the past 5 years however there have been differences in the substance type admitted for treatment as shown in figure 1. In 2022-23 578 adults were in treatment for opiates and/or crack, remaining stable since 2019-20. 351 adults were in treatment for alcohol, up 76% (199) since 2019-20 and 224 adults were in treatment for non-opiates, nearly doubling from 2019-20 (114). There were 535 referrals into substance use treatment in 2022-23, with 64.3% of clients referred to by themselves, friends or family. 14.6% were referred by the criminal justice system and 8.8% by other health services and social care.<sup>[12]</sup> Further details are provided on the next page.



### Treatment client profile

- Opiates and Crack
- Alcohol
- Non opiates

### Treatment cohort by age

- 18-29
- 30-49
- 50+

Total 1,153

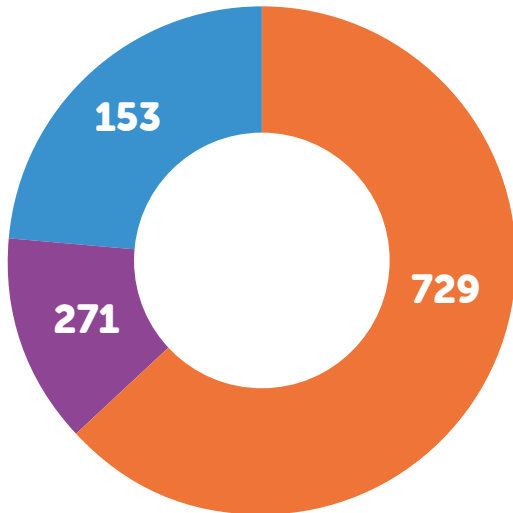
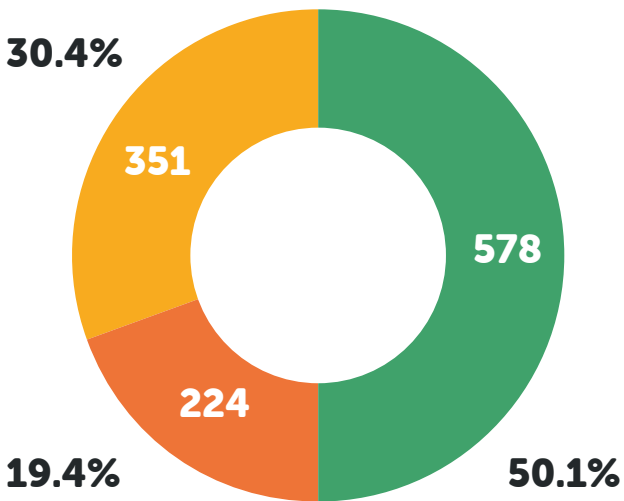
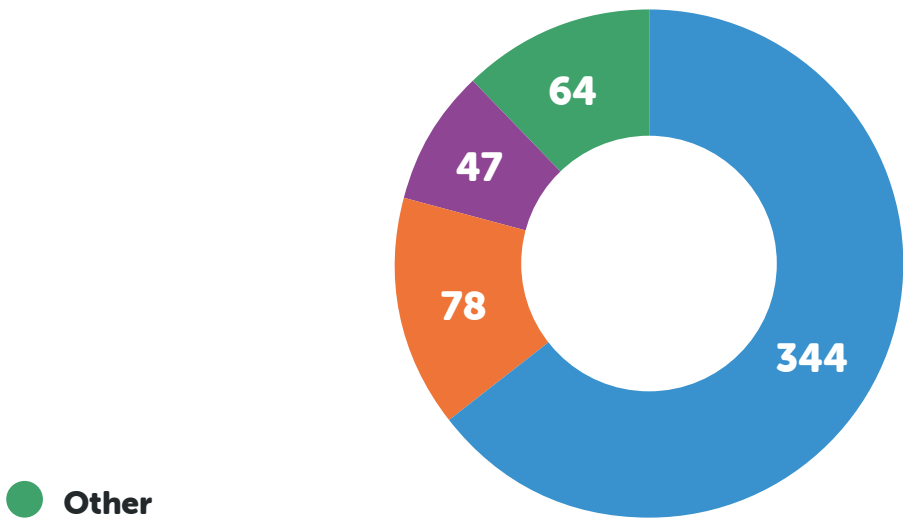


Figure 1: Number of people in treatment in year 2022-23 broken down by substance and treatment cohort by age

### Referral source

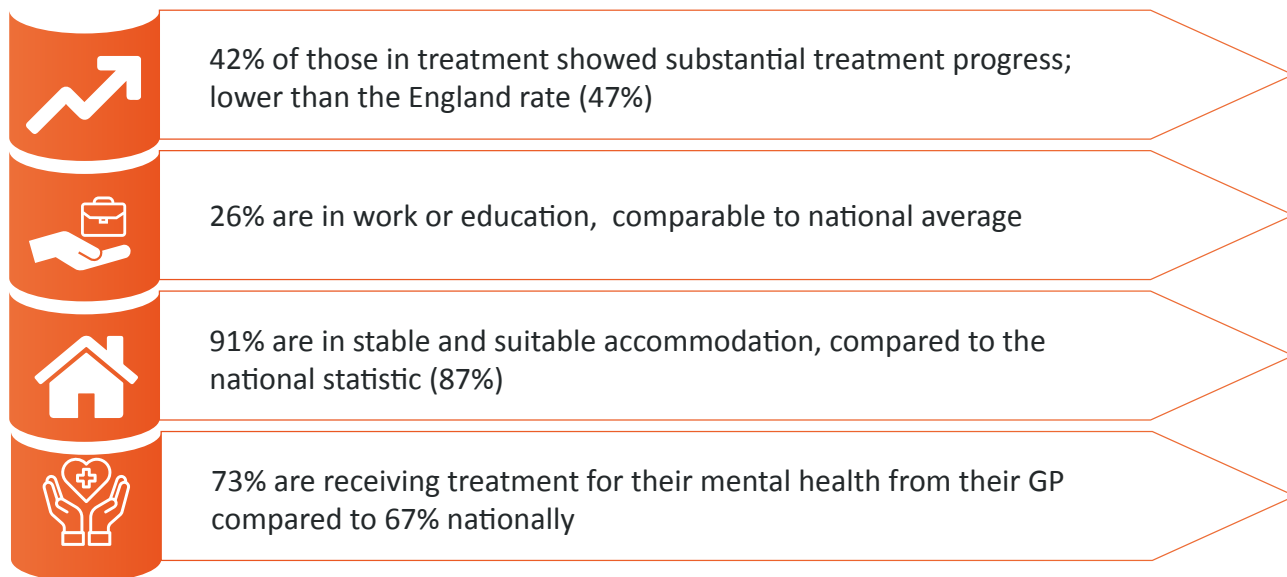


- Other
- Self, family and friends
- Criminal justice
- Health services and social care

Figure 2: Number of new presentations 2022-23 broken down by referral source.



## Additional treatment indicators <sup>[12]</sup>



## Drug and alcohol related deaths

Between 2022-23 there were 17 alcohol specific deaths of which 9 were known to treatment, whilst 8 were not known to services. In the same time period, there were 9 unintentional drug overdoses resulting in death, 5 of which were known to the treatment service, leaving 4 who were not in treatment at the time of death. In regards to the gender split, 3 females (0.77% of the female treatment cohort) and 12 males (1.58% of the male cohort) were known to have a suspected drug overdose death during this period. In order to reverse this trend, the Combating Drugs Partnership will need to commit to work towards the objectives detailed in this strategy.

## Crime

Swindon has seen a rise in recent years of the emergence of local lines alongside a concerning trend of young individuals being exploited by organised crime groups (OCGs), leading to minors engaging in serious criminal activities. The Serious Violence Duty (SVD) which requires specified authorities and local services to work together to share information and target interventions to prevent and reduce serious violence is the underpinning legislation governing the Violence Reduction Group which forms part of the Community Safety Partnership. It is important to adopt a partnership approach to tackling criminality. This will require the Combating Drugs Partnership to work together collaboratively with police colleagues. A most recent demonstration of this was the Wiltshire police-led 'Fortitude Project' initiative where drug networks were targeted, disrupted and closed down.

The strategy calls for improving criminal justice responses, reducing crime, and reducing re-offending as a fundamental objective of the strategy. There are high rates of drug dependence among offenders, and the ambition both locally and nationally is to support them to become drug free, providing substance use treatment and support to people in the criminal justice system and contribute to the fulfilment of the Wiltshire Police and Crime Plan 2022-2025 or subsequent

editions ('the Plan'). It is paramount to ensure that every offender that has a substance use disorder treatment need, is offered a treatment place within the system. The most recent Wiltshire constabulary sanitised drugs market profile 2022 has been considered as part of the development of this strategy.

## Probation

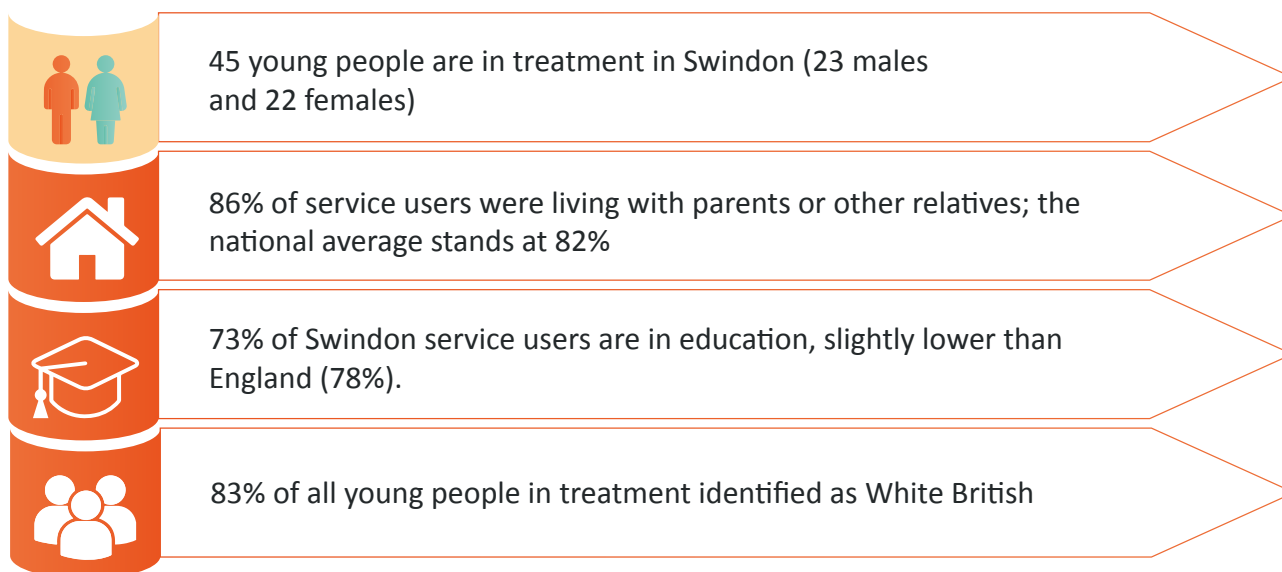
Helping offenders to recover from addiction and illness can significantly reduce reoffending and cut crime in local communities. It also helps to tackle some of the most significant health inequalities in communities as offenders are more likely to smoke, use drugs and/or alcohol, suffer mental health problems, report having a disability, self-harm, attempt suicide and die prematurely compared to the general population.

Probation services in Swindon are now provided by the National Probation Service. There are widely considered to be 7 pathways to reduce reoffending. These include: Accommodation and Support; Training, Education and Employment; Health; Drugs and Alcohol; Finance, Benefits and Debt; Children and Families and Attitudes, Thinking and Behaviour. These pathways together with a strengths base approach to reducing reoffending and desistance from offending form the approach in Swindon to reducing offending.

## Young People

While the majority of young people do not use drugs, and most of those who do are not dependent, drug and alcohol use disorder can have a major impact on young people's education, their health, their families and their long-term chances in life. The Office for Health Improvement and Disparities advises that intervening when a young person faces substance use disorder issues, effectively reduces crime rates and saves money while assisting these individuals in accessing education, employment, and training opportunities.

### 2022-23 Client Profile <sup>[12]</sup>





155 substance use related hospital admissions per every 100,000, Direct Standardised Rate (DSR)<sup>[13]</sup>; double the England average between 2018-2021 in those aged 15-24



48% of young people in treatment are smoking tobacco, increasing from 39% last year.



86% cannabis was the most common substance used among young people (under 24) in treatment during 2021-22



79% of all young people (under 18) in treatment were identified as having a co-occurring mental health issue. This is higher than the national average of 48%, increasing from 42% last year

The rate of hospital admissions caused by drugs and alcohol 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. The local rate of 154.9 per 100,000 young people in 2018-21 was more than twice the rate of 65.7 per 100,000 young people in 2008-11. There has been an overall downward trend in the rate of alcohol-related hospital admissions in under 18s over a fifteen-year period. It has fallen from 108.4 per 100,000 population under 18 years in 2006-10 to 36.3 in 2018-21. Future data might highlight any longer-term effects of the Covid-19 pandemic on alcohol and drug-related hospital admissions for these age groups.<sup>[2]</sup>

Prevention, early intervention and treatment of children and young people, needs to be more visible in Swindon. In order to achieve this, substance use treatment services need to work closely with Children's Services, working collaboratively with partners to tackle substance use related harms particularly in vulnerable individuals, in alignment with the priorities of the Swindon Community Safety Partnership Strategy, both at strategic and operational level. This will include working together to support children:

- at risk of exploitation through both county and local lines or sexual exploitation
- presenting with mental health concerns or learning disabilities
- experiencing school absenteeism or exclusions
- exposed to or experiencing domestic abuse
- looked after in care or care leaver
- criminal justice involvement

The risk of exploitation of vulnerable individuals in Swindon, underscores the importance of prevention and early intervention, particularly in educational settings. During the academic year 2021-22, the absenteeism rate across all Swindon schools was 7.5%. Notably, 22.5% of students were registered as "persistent absenteeism", (defined as missing 10% or more of sessions), during the combined autumn and spring terms. It is worth mentioning that young individuals at

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risk of substance use are more likely to fall into the latter cohort, highlighting the need for early intervention, even as early as primary school age, to prevent adverse childhood experiences through exposure to intergenerational substance use <sup>[14]</sup>.

In Swindon, the substance use disorder service for young people is provided by Uturn (Swindon Borough Council services). Primary referrals are for cannabis and alcohol (84% and 60% of those in treatment respectively in 2022-23) <sup>[15]</sup>, possibly due to ease of accessibility and affordability of these substances to young people, coupled with the perception of safety and recreational use. There is also a level of ambiguity particularly around legality and classification of these substances and their use in the UK. Uturn offers an “open access” service, enabling young people to engage with treatment services for support with substance use. U-turn also provides the following services:

- a prevention and early intervention service
- telephone access to advice and guidance from professionals
- group sessions and workshops in schools
- weekly harm reduction groups
- out-of-hours outreach service
- staff training to raise substance use awareness for partner agencies working with young people
- promotion of the local treatment offers through public engagement community events such as Pride, Fresher’s fairs and Junior Good citizen 2023
- social media presence through the Swindon Borough Council young people’s website the ‘DOCK’ and the development of an Instagram page.

The strategy will target intergenerational substance use where children and young people may be disproportionately affected by parental substance use disorders and therefore more at risk than the general population. Guidance from the National Institution for Clinical Excellence (NICE) <sup>[16]</sup> regarding targeted interventions for substance use will inform future practice. In Swindon, 16% of adults in alcohol treatment and 11% in opiate treatment are parents with childcare responsibilities. A further 52% of adults in treatment are parents who have a child that lives elsewhere. Finally 18% of alcohol clients and 12% of opiate clients in treatment are living with a child under the age of 18. (CGL, December 2023) <sup>[17]</sup>. A more in-depth review in collaboration with SBC’s children’s services family safeguarding operational board and the CDP would be beneficial to fully understand the prevalence of parental substance use disorders in Swindon. The CDP aims to conduct this review by the end of year 2 of the strategy, and report its findings to the CDP and family safeguarding executive board. It is important that substance use disorder clients with parental responsibilities are identified and given adequate support to ensure the best outcomes for their children and families.

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## Homelessness

The annual Rough Sleeper Estimate for Swindon has historically been in single figures and in 2022, this was recorded at 9 individuals.<sup>[18]</sup> Q1 2022-2023 data on rough sleepers provided to the Combating Drugs Partnership Board indicates that 70% of rough sleepers presented with a substance use need and were known to treatment services. Analysis of the data indicated that the majority of individuals rough-sleeping in Swindon are experiencing repeated cycles of homelessness over a number of years. Many of these individuals have complex presentation coupled with multiple co-morbidities including mental health, domestic abuse and long-term health conditions alongside their substance use treatment need. The government drug strategy From Harm to Hope<sup>[1]</sup>, has identified safe and secure accommodation as a necessary prerequisite to support successful outcomes for substance use treatment and recovery.

## Drug related litter

Swindon has a needle and syringe scheme which is run through a number of participating community pharmacies as well as the local treatment service. This scheme aims to prevent and/or reduce the harms caused by injecting, including transmission of blood-borne viruses and other infections caused by sharing injecting equipment, through the provision of advice and information on:

- Safer injecting practices
- Preventing and/or minimising the harm done by drugs, including performance and image-enhancing drugs
- Avoidance and managing an overdose including the use of Naloxone, as well as basic life support
- Safe handling and correct disposal of injecting equipment
- Access to blood-borne virus testing, vaccination and treatment services
- Support to stop injecting drugs, including access to drug treatment (for example, opioid substitution therapy) and encouragement to switch to safer drug taking practices.



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This local needle exchange provision is a critical component of the local treatment offer, supporting harm prevention and/ or reduction efforts through the prevention of blood-borne viruses. In Swindon we have seen a steady decrease in drug related paraphernalia being discarded across the town. This has been a result of both decreasing levels of activity within our pharmacy needle exchange provision which has not returned to pre-COVID-19 pandemic levels and the adoption of a multi-pronged approach with the following key areas of focus:

- Raising awareness and influencing sustainable behaviour change through the review of needle exchange provision as well as promoting safe use and disposal of used injecting equipment
- Maintenance and monitoring of the volumes of needle waste littering in public places
- Enforcement intelligence and hotspot mapping of particularly problematic areas in public spaces and the employment of Anti-social Behaviours tools and powers (dispersal orders)

## **Digitalisation and innovation**

With the recommissioning of Substance use disorder treatment services for Swindon there has been a greater focus on innovation and digitalisation. This will drive the future strategic direction of prevention and treatment services and improve accessibility to services. However, this will be balanced at all times with the need for locally accessible, face to face core service availability where required.





# Governance

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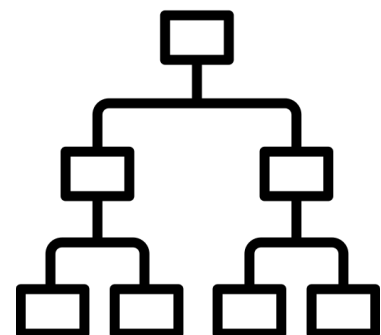
The UK Governments 10-year drug strategy calls upon local systems to work in a more integrated and effective way. It is worth noting that Swindon had in place, a number of well-established sub-groups prior to the publication of the government drug strategy and development of the CDP. These tactical, co-ordinated and operational sub-groups play an integral role in ensuring that progress is made in accordance with the aims and ambitions of the Government drug strategy. To support delivering on this strategy, Swindon has strong multi-agency partnerships in place across Swindon and Wiltshire operating through structures such as the Community Safety Partnership, Safeguarding Partnership and the local Wiltshire Criminal Justice Board. This strategy is owned by Swindon's Combating Drugs Partnership Board governed by Community Safety Partnership Executive Board (CSP).

Swindon's Combating Drugs Partnership Board (CDP), was formed in 2022 in response to the government's drug strategy From Harm to Hope<sup>[1]</sup>. In order to support delivery on this strategy, Swindon has strong multi-agency partnerships in place across Swindon and Wiltshire, operating through structures such as:

- Community Safety Partnership Executive Board (CSP): made up of statutory partners in Swindon and Wiltshire, including the Police, local authorities, NHS and probation services. These agencies are committed to tackling the reduction of substance use as a priority. The tactical, co-ordinated & operational sub groups play an integral role in ensuring we are making progress against the aims and ambitions of the drug strategy.
- Criminal Justice Board (CJB): responsible for the effectiveness of the Criminal Justice System in Wiltshire and Swindon. It brings together the agencies involved in delivering criminal justice within the county, namely Wiltshire Police, Wiltshire Probation Area, His Majesty's Courts and Tribunal Service, His Majesty's Prison Service, Wiltshire Youth Offending Service, Swindon Youth Offending Team and the Crown Prosecution Service.

The Swindon Combating Drugs Partnership (which is a sub-group of the national Joint Combating Drugs Unit, with accountability to deliver against the national Combating Drugs Outcomes Framework), brings together strategic oversight and action to incorporate delivery against the three key strategic priorities of the government's 10-year drugs strategy to:

- break drug supply chains
- deliver a world-class treatment and recovery system
- achieve a generational shift in demand for drugs



# Strategy Development

A public consultation survey was conducted in September 2023, with the aim of engaging the residents of Swindon including service users, stakeholders and the community. The aim was to identify gaps in delivery in order to better inform the priorities of the strategy. An in-person stakeholder engagement event was also held to consult the wider Combatting Drugs Partnership membership on the same.

## Public consultation

A public consultation survey was sent out to various partners and organisations for wider dissemination to capture the public views on the current delivery of substance use treatment services as well as any challenges in the accessibility of the local offer. The survey consisted of eight questions regarding the accessibility of substance use disorders treatment services, existing issues, and potential enhancements to address substance use disorders in Swindon. Prior to the workshop, a survey was distributed where there were 125 responses. 55% of these were from stakeholders and 32% were from residents of Swindon:

1. In what capacity are you completing the survey?
2. If you are a resident of Swindon can you please provide the first part of your postcode?
3. What do you think are the main concerns in Swindon relating to Drugs and Alcohol use?
4. Are you aware of what support is available locally for people around Drugs and Alcohol?
5. If you, a family member, a friend or colleague have accessed Drug and Alcohol services in Swindon how accessible have you found them?
6. What improvements would you like to see in Swindon Borough Council's response to Drug & Alcohol use locally? (Please could you rank these in terms 1 being the most important and 5 being the least important)
7. Are there any other comments you wish to add?
8. What is your ethnic group?

Nearly half of all respondents lived in the postcode areas SN1 and SN3. When asked about their concerns relating to substance use, 38% responded that drugs and alcohol together were their main concern, 21% were concerned about street and binge drinking and 17% were concerned about young people's substance use. When consulted on what support in Swindon was available, public awareness was quite low. 18% of respondents said they were aware of alcohol anonymous and a further 17% said they were aware of the GP provided support. Only 12% knew that there was a commissioned substance use service which could provide support. Out of the 125 responses, there were 53 relatively detailed ones, with responses thematic of the following:

- Lack of support (as a service user).
- Cost of living crisis and low quality of living is exacerbating drug and alcohol use.
- There has been an increase in drinking and taking drugs, including injecting in the town centre, concerns as this is in daylight and children may witness this, alongside an increase in drug culture.
- Not enough support for GP to refer to substance use disorder treatment
- Communication between various services and less budget cuts

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## Direct quotes

“I feel access to treatment and support on the whole in Swindon is very positive and has improved greatly in recent times. I would like to see more social events and access to life skills in recovery and thereafter, we need to build a thriving recovery community, safe spaces for people to socialise, build a future and support network in the community. I believe this is the key to reducing relapse and the need for people to re-enter drug and alcohol treatment and support services in the future.”

“Better Mental health services and intervention is a must, this will take the burden off of other agencies who should be dealing with other aspects of drug and alcohol related issues.”

“Focusing on prevention in young people/school age children is very important, and finding those children who are exposed to alcohol and drug misuse at home is also important.”

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## **What respondents said they wanted:**

- Earlier and more personalised intervention
- More police presence at night
- Increased access to treatment through a multiagency approach and the joining up of services.
- Substance use prevention in school aged children
- Finding children who are exposed to alcohol and drug use at home
- Improve follow up appointments – make sure they happen.
- Increase number of outreach workers available for substance users to support work already undertaken by Great Western Hospital and Police
- More rapport building via face to face appointments and more support for General Practitioners (GPs) to refer patients
- More funding and less budget cuts
- Reduce drug usage waste near schools and parks
- Support to prevent young people from drug dealing.

## **What respondents have observed and believe:**

- More young people involved in gang and knife crime
- Increase in drug culture in Swindon /not a nice place to live anymore.

## **Suggested actions to be taken:**

- Increase awareness and support for young people
- More support from GPs
- More collaborative working between partner agencies
- Increasing access to treatment
- Improving the quality of the town (reducing anti-social behaviour /binge drinking and drug use in public as well as paraphernalia wastage)

## **Strategy development workshop**

In October 2023, a strategy development workshop was held to bring together a diverse group of stakeholders from the Combating Drugs Partnership (CDP), including representatives from the commissioned services Change, Grow, Live (CGL) and UTurn (young people's substance use treatment service), Wiltshire Police, various service areas of Swindon Borough Council, Avon and Wiltshire Partnership mental health services (AWP), the NHS, Integrated Care Board (ICB) and the Voluntary sector. Presentations were delivered by the Public Health Commissioning team (SBC), Office of Health Improvement and Disparities (OHID) and Gilead Sciences on the national

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aims and ambitions of the 10-year drug strategy (From Harm to Hope) and the critical concept of micro-elimination of Hepatitis C, emphasising the need for a targeted approach in eradicating this disease. The primary focus of the event was to spark conversation around the key areas of focus to contribute to the development of this strategy.

Following the presentations, the event transitioned into a workshop format, with participants divided into six different stakeholder group tables. Each group was tasked with addressing a set of pivotal questions aimed at fostering collaboration, brainstorming ideas, and creating a roadmap for the future; outlined below:

### **Priority Areas for Harm Reduction:**

The CDP partners around the various tables agreed that there are several priority areas that need to be addressed to reduce the harms associated with substance use in Swindon. It was considered crucial to have clear grasp of the local offer, giving specific attention to prioritising particular strands, ensuring these were appropriately linked into the priorities of the partnership. There was emphasis on the importance of achieving a more comprehensive wraparound approach. This would provide a seamless transition from, for instance the Criminal Justice System to the community (including housing and mental health services), in order to improve treatment outcomes for individual engaging with substance use treatment services. The proposed whole system approach recognises that a significant portion of individuals have a complex presentation, usually including mental health issues. Housing concerns revolve around individuals being released from prison without stable accommodation, leading to an increased risk of relapse. Addressing these issues collectively requires a concerted effort from mental health services, law enforcement, housing providers, and other stakeholders to create a more cohesive and supportive system for individuals transitioning out of the criminal justice system in Swindon. This wraparound approach aims to bridge the gap between individuals transitioning out of prison, ensuring a smoother path for recovery and reducing the risk of relapse.

Preventative measures need to also extend to the broader community, encompassing educational programmes and outreach initiatives that target different age groups, providing early intervention. It is important to promote awareness throughout the Swindon community of the various services available in the local offer, however in order to increase uptake of these, there needs to be an improvement in accessibility, with a specific emphasis on addressing unmet needs to mitigate health inequalities. There was consensus among member on prioritising the enhancement of services for women, bridging gaps among ethnically diverse groups including those with lived experience, as well as recognition of the importance of professional curiosity and the need for a diverse staff workforce in local treatment services.

Stakeholders agreed that upskilling the substance use treatment service workforce could contribute to reduce staff turnover and empower professionals to support service users to make more informed choices about their care. This, in turn, would reduce the need for individuals to recount their stories multiple times, creating a more robust consistency in service delivery which is crucial for an individual's recovery. Similarly, providing additional skills to service users would facilitate their employment opportunities and aid in their successful reintegration.

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Stakeholders discussed the current statistics on hospital admissions and the substance use related harm presenting for treatment and support in the primary care setting. There is a need for increased referrals into substance use treatment services by partners as opposed to signposting, as this was considered less effective, particularly for residents with a substance use treatment need who have more complex presentation and/ or co-morbidities.

### **Contributions of Specific Agencies/Organisations:**

Partners agreed that the visibility and accessibility of substance use treatment services needed to improve in order to increase the numbers of people in treatment. This could be achieved through an increase in public engagement through campaigns and social media, partners (for instance primary care the local community pharmacies), and/ or local events/ outreach in the community, with specific focus on raising awareness and offering brief interventions. Value was placed on the need to link in with other partner organisations including in the voluntary sector to increase referrals in substance use treatment, ensuring that each interaction is meaningful for the service users. Lived experiences and shared responsibilities are key to driving this approach through transcending biases and seeking common ground, effectively removing barriers to treatment access.

There was consensus on the need to raise awareness about preventative methods, particularly in family patterns to identify and mitigate the risks posed by inter-generational substance use, emphasising the need for comprehensive family-focused work and education aimed at both parents/ guardians and young people. Continuous staff training throughout treatment services is crucial to ensure consistency of delivery to enhance service user experience. Stakeholders agreed that a collaborative approach would have an overall positive effect on reducing substance related harm.



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## Key Indicators of Strategy Effectiveness:

- notable decrease in the occurrence of drug-related deaths
- increase in successful completions
- reductions in representations (re-presenting to the service in 6 months or less)
- increase in sustainable recovery and successful reintegration
- increase in numbers in treatment for treatment naïve individuals (unmet need)
- decline in substance use related offending and re-offending
- increase in the rate of individuals leaving prison into suitable and secure housing and wraparound support (continuity of care), and a reduction in prison leavers falling through the gap
- increase in identification and provisions of targeted support for individuals with complex presentations for instance mental health needs.

Utilisation of a combination of quantitative and qualitative data, including anecdotal narrative is instrumental in developing a robust collaborative space for partners to work together to improve overall treatment outcomes for service users presenting with a substance use treatment need:

- Prevention and early intervention
- Reducing inequalities in accessibility of substance use treatment services and improvement in overall service user experience
- Reducing drug and alcohol related harm and reversing the trend in drug related deaths
- Promote sustainable recovery and reintegration
- Reducing substance use related crime

# Delivering the Substance Use Disorder Strategy

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In order to reduce the use of drugs and alcohol, two key aspects need to be addressed, namely supply and demand for substances. Supply is controlled through a combination of police interventions, trading standards and licencing. Demand for substances can be reduced through preventing young people from starting use, raising awareness among adults about the harms caused to individuals, children and families and improving the effectiveness of treatment and recovery.

The recently published Dame Carol Black Review<sup>[19]</sup> highlighted the communal benefit of ensuring support for individuals identifying as vulnerable for various reasons, including presenting with co-morbidities to recover from dependence on substance use. The idea that recovery from substance use is not to be addressed in isolation; a holistic approach is required to improve the lives of individuals, supporting them to achieve sustainable recovery from dependence on substances – this is a call to joint-working and whole systems approach to build a robust provision for individuals presenting with a substance use treatment need from the perspective of:

- Harm Prevention
- Harm Reduction
- Reduce offending/ re-offending
- Recovery
- Reintegration

In order to reap results, there is a need for a collaboration “across various government departments and other organisations, to improve the effectiveness of drug prevention and treatment and to help more people

recover from dependence”<sup>[19]</sup> This is a call to commonality of protocols and goals across the local authority and agencies; the “no wrong door” approach. Foremost also, is the recognition that the hallmark of a whole systems approach is one that is inclusive, proactive and adaptable. It is both anticipatory and responsive to the needs of its community, understanding that there is no “one size fits all” – that its frameworks are flexible enough to accommodate varying levels of need, because people with a substance use treatment need are not monolithic, and everyone’s experience and recovery journey is different.





# Key Priorities

Substance use disorders can have a severe impact on an individual's social, emotional, and physical health. Substance use can have an adverse effect on people's life expectancy, healthy life expectancy and overall quality of life. One of the key deliverables of this strategy will be to understand the specific drivers that are fuelling substance use disorders in the town. It will be our aim to deter residents of Swindon away from experimenting with substances and achieve an all-time low in Swindon for the demand for illicit substance use by the end of the 5-year strategy

The strategy adopts the following five key priority areas:



SWINDON

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# Priority 1 – Prevention and early intervention

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- Multi generational substance use: consideration of the impact of substance use in the home and act to break the cycle through prevention, early intervention and treatment
- Prevention and Awareness: adopting a hybrid approach to both national and local campaigns aimed at raising awareness and educating both adults and young people on the dangers of harmful drug use and excessive levels of alcohol consumption.
- Non-classified drugs: reviewing the use of or dependency on prescription, controlled, recreational and over-the-counter medications
- Improve referral rates from partners into substance use treatment services which is relatively more effective compared to signposting
- Early identification of vulnerable young people to offer early brief interventions
- Develop effective and seamless transition of the 17+ age-group from the young people's treatment services into the adult treatment ensuring no one falls through the gaps
- Continue to roll out alcohol brief interventions to partners, agencies to raise awareness of the risks of harmful drinking
- Prevention: making effective use of physical, on-line and digital resources to raise awareness and help people reduce their intake, ensuring prevention campaigns also reach young people not in mainstream education
- Young Persons at Risk: targeting support at those most in need or at risk including looked after children, those leaving care, children with adverse childhood experiences, those not in education, employment or training. This will include children of substance misusing parents and those who have experienced domestic abuse.
- Child Exploitation: raise awareness of the criminal and sexual exploitation of children linked to county lines and substance use
- Healthy Schools: increase in the uptake of the Healthy Schools offer and the use of social norms or other evidenced-based tools to raise awareness of the harm caused by substance use.

## Priority 2 – Reducing substance use related harm and reversing the trend in drug related deaths.

- Promote the electronic real-time substance use related death surveillance system as an essential component or monitoring deaths from a “lessons-learned” approach to identify thematic issues and work with partners to reduce harms and preventable deaths in line with the government’s drug strategy.
- Work with partners and local criminal justice services to increase supply of naloxone.
- Naloxone: increasing the number of dispensing sites to ensure optimum levels of saturation to prevent drug related deaths
- Local Drug Information System: developing a coordinated communications strategy shared by partners to help raise awareness of the risk of overdose as well as disseminating key prevention messages
- Continue to develop Swindon’s Harm reduction forum; this forum will review local and national Harm reduction strategies and practices which are delivered across a partnership in Swindon. The group will focus on promoting evidence-based methods for reducing associated health risks in the current moment, and reduce the impact of drug and alcohol related harms across Swindon
- Work with health and CJ partners to ensure that we are better able to identify and support vulnerable individuals and families affected by substance use
- Recognise that a number of children and young people in Swindon have had adverse childhood experiences (ACEs), caused by parental/carer substance use disorders we aim to reduce this number by supporting their parents and carers to address their substance use disorder concerns in collaboration with Swindon’s children’s services teams
- Monitor the effectiveness of commissioned services in Swindon via the Combatting drugs partnership outcomes framework.
- Work collaboratively with health partners to drive down Blood Borne Virus infection rates and increase the uptake and accessibility of effective Hepatitis C treatment. With the aim of meeting the target of micro elimination of Hep C within the substance using population by March 2025
- Reduce the incidences of blood-borne viruses among people who inject drugs (PWIDs) and the wider community

# Priority 3 – Reduction of health inequalities (barriers/unmet treatment need)

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- Unmet Need: continue to work to ensure treatment services are welcoming and accessible to the diverse communities in Swindon including marginalised and vulnerable groups including those with disabilities and long-term conditions
- Co-production of services to include those with lived experience to ensure that the service user voice influences design and delivery of the local treatment offer
- Ensure services are highly visible and accessible to all, embedding a community facing model of delivery across neighbourhoods in Swindon
- Upskill partners to deliver effective alcohol brief interventions
- Raise awareness of potential harms of drugs and alcohol, and that they have the knowledge and options available to them to make better, safer and informed choices, giving everyone opportunities to lead fulfilling lives
- Blood Borne Virus testing and treatment: increase substance use training programmes to improve the uptake of blood borne virus testing and immunisation of service users
- Safer Injecting: ensure needle exchange is available and accessible following best practice guidelines and making best use of resources.
- Safer Streets: continue to monitor incidences of needle waste in both public spaces as well as Council-owned tenancies
- Develop effective and seamless transition of those aged 17+ from the young people's treatment services into the adult treatment services to ensure no one falls through the gaps.
- Work with partners to reduce pupil absence related to substance use
- Reduce the prevalence of cannabis use in young people particularly of schooling age
- Reduce underage sale of alcohol
- Reduce hospital admissions per 100,000 (DSR) related to substance use in those aged 15-24 years

# Priority 4 - Promoting sustainable recovery and re-integration

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- **Complex Presentation:** ensure evidence based, treatment and recovery services are available to tackle dependency and problematic substance use
- **Increasing accessibility:** ensure advice, treatment and recovery services are available to address various types of substance use including prescribed medications, new psychoactive substances and steroid use through a “nodes and links” approach
- **Women’s Provision:** develop links across the Combatting Drugs Partnership to support a Women’s Safer Pathway provision for women presenting with a substance use treatment need.
- **Intergenerational Substance Use:** work with partners to develop a robust offer to support vulnerable families to break intergenerational substance use dependency
- **Lived Experience:** to develop a robust lived experience recovery organisation to support sustainable recovery and reintegration into the community.
- **Build sustainable recovery:** promote the use of mutual aid services within Swindon and work with service users, their significant others and advocates
- **Aftercare:** supporting sustainable recovery within the community through the provision of a robust aftercare programme.
- **Reconnect:** supporting sustainable recovery through the provision of a wraparound service for individuals who are exiting the Criminal Justice system to promote reintegration.
- **Independent Placement Support (IPS):** offering routes to employment as an integral part of recovery and reintegration.
- **Partnership Working – Super Outreach Service:** developing robust partnership working through creation of the Swindon Super Outreach Service to provide wraparound support through the development of a multi-agency disciplinary approach, so service users only need to tell their story once.
- **Complex Presentations:** develop robust links between substance use and mental health services among other co-morbidities to ensure that (both adult and young people) individuals presenting with a mental health need are adequately supported to promote sustainable recovery (Dame Carol Black review).
- **Inpatient Treatment:** ensure accessibility of community detox, inpatient treatment pathways where appropriate, accompanied by a robust aftercare provision to promote sustainable recovery and reintegration, reducing representation.
- **Hospital Liaison:** maintain the alcohol liaison service at Great Western Hospital and consider developing this to a substance use liaison service
- **Continuity of Care:** provide seamless transitions for prison leavers, through building more robust links with Reconnect services to enable access to a range of services based on level of need to improve their substance use treatment outcomes, whilst reducing re-offending.

# Priority 5 - Reducing substance use related anti-social behaviour

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- Work with partners to effectively respond to dangerous drug networks and county lines
- Continue to build links to enhance wraparound provision to support continuity of care
- Ensure vulnerable adults and young people affected by domestic abuse and substance use are engaged in appropriate treatment interventions
- Reviewing the availability of alcohol and density of licensed premises whilst maintaining a vibrant economy
- Deliver the identified outcomes of Combating Drugs Partnership
- Criminal Justice: ensure mechanisms are in place to identify and mitigate substance use related crime through early intervention
- Community Sentencing: ensure the optimum uptake and delivery of out of court resolutions and community sentencing treatment requirements (including Alcohol Treatment Requirements and Drug Rehabilitation Requirements), to sustain engagement with substance use treatment
- Development of links with Reconnect leads in the four feeder prisons HMP Bullingdon, Bristol, Eastwood Park and Erlestoke to improve wraparound provision to support individuals being released to access community services suitable for their individual circumstances and presentation.
- Support alternative pathway schemes such as the Liaison and Diversion Scheme
- Minimise the impact of alcohol-related anti-social behaviour: Outreach to work with Anti-social Behaviour team to mitigate alcohol related incidences of anti-social behaviour and support access to treatment for those in need of advice and treatment
- Work with partners to reduce entrance of young people into the criminal justice system

# Strategic Targets and Measuring Success

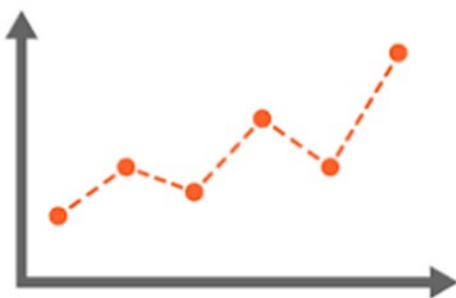
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Successful completion and treatment progress measures of drug treatment outcomes are measurable through routine treatment data supplied by the National Drug Treatment Monitoring System (NDTMS) as well as other data sources. This includes analysis of numbers in treatment, numbers successfully completing treatment, and the numbers who re-present in services at a later date. All commissioned providers are required to produce a quarterly report to review performance and identify challenges and successes. Feedback from engagement with service users and their significant others will inform all review and subsequent planning. This will continue to be developed across the life course of the strategy.

The following data sources will be used to monitor and measure success against the set key performance indicators:

- Joint Strategic Needs Assessment
- Community Safety Strategic Assessments
- Annual OHID data packs
- OPCC and Police force data
- National drug treatment monitoring system data sets (NDTMS).

Key Measures and Outcomes are included on the following page:



Priority	Outcome	Measure
Prevention and Early Intervention	Increase in early identification of children in need of substance use treatment support services regardless of parental substance use	Number of referrals to YP substance use services (U-Turn)
Prevention and Early Intervention	Increased identification of parental substance use and early referrals of these children to appropriate support services	To see an increase in early identification of children in need of treatment support services (measured quarterly via relevant SBC Children's services).
Reducing drug & alcohol related harm and reversing the trend in drug related deaths.	Reduced hospital admissions and attendances relating to substance use (for both adults and young people)	Reduction in the number of drug and alcohol related deaths (monitored by OHID Local alcohol profile, fingertips and hospital admission data provided by GWH).
Reducing drug & alcohol related harm and reversing the trend in drug related deaths	Number of hospital specific and attributable admissions due to overdoses and the number of drug and alcohol related deaths.	To see reduction in overdoses and drug and alcohol related deaths (monitored on a quarterly basis).
Reducing health related harm and addressing inequalities	Improvement in blood borne virus testing, vaccination and treatment rates	Uptake of BBV testing and vaccinations and treatment rates (data provided by CGL and on NDTMS).
Reducing health related harm and addressing inequalities	Improvement of proportional representation in treatment services	Increase in the number of people from a marginalized community in substance disorder treatment.
Promote sustained recovery and reintegration for those dependent on substances	Increase in the numbers achieving sustained employment /training/stable suitable accommodation evidencing sustainable recovery and reintegration.	Monitor additional treatment indicators on a quarterly basis via NDTMS
Promote sustained recovery and reintegration for those dependent on substances	Increase in successful completions and a reduction in re-presentations (people who complete treatment but represent within 6 months) including those with criminal justice involvement	Increase in the proportion of people in treatment who are showing substantial progress (measured on a monthly basis via the NDTMS Local outcomes framework).

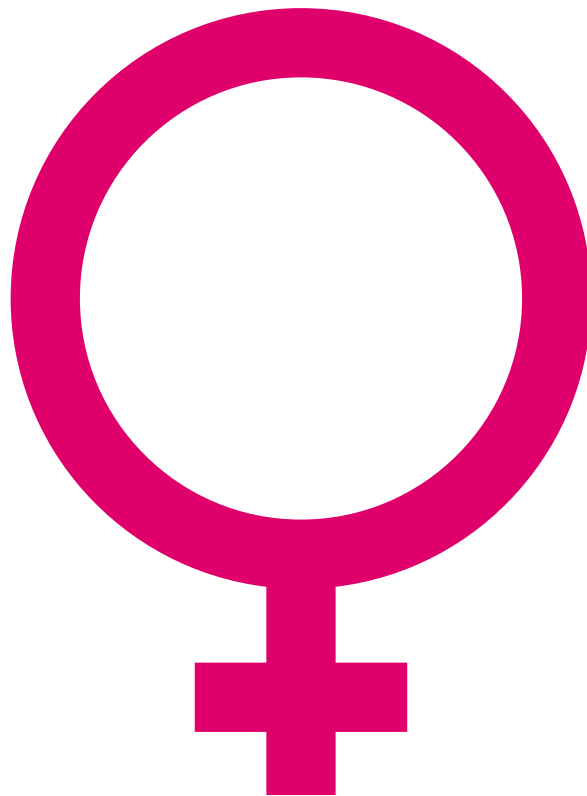


Priority	Outcome	Measure
Promote sustained recovery and reintegration for those dependent on substances	Improved identification and support for those with both mental health and substance use presentation	Increase in number of dual mental health and substance use clients (measured quarterly via the CPD Framework), and reduction in unmet need via the NDTMS local outcomes framework.
Reduce substance use related crime and anti-social behavior	More people engaging in substance use treatment upon release from prison as an integral part of continuity of care	Increase in the number prison exits picked up by community services (monitored on a quarterly basis via local outcomes framework).
Reduce substance use related crime and anti-social behavior	To see a reduction in annual offences related to substance use including violent and anti-social behavior	Number of offences related to substance use

# Special interest groups

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As part of the work around reducing the impact of inequalities and removing barriers to access effective treatment, the strategy will focus on developing the provision for a safer women's treatment pathway, and that of those with lived experience recovery as integral to making in-roads into reducing unmet treatment need rates across Swindon.



# Safer Women's Provision in Swindon:

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Women's substance use treatment provision is an integral part of the local offer. While the latest 2021 census data indicated a gender ratio of 1:1 for males to females living in Swindon<sup>[20]</sup>, this has not necessarily translated to proportional representation of women in local treatment services. Further, the current treatment population data from the NDTMS showed that women constituted approximately one-third of the substance use treatment service user group<sup>[11]</sup>. By extrapolation, this potentially points to an unmet need to be recognised within the remit of strategic planning in order to increase the number of women accessing treatment through identification and removal of an barriers preventing women from accessing and engaging in substance use treatment. As part of the development of this strategy a series of focus groups in 2023 were facilitated to capture the voices of women who are accessing different services to develop a co-productive approach to how services are delivered here in Swindon. The overall aim of this exercise was to capture and incorporate the service user voice into the strategy, providing a conducive environment to support sustainable treatment and recovery through an understanding of the following:

- the range of services women with a substance use treatment need are accessing
- how they are accessing these services as part of their treatment journey
- the level of support, and suitability of these services to their needs
- how this support is contributing to their engagement with substance use disorder treatment, and overall recovery and reintegration outcomes
- explore opportunities to positively impact recovery, removing identified barriers and improving treatment access
- adopt a person-centred co-productive approach to how we design and deliver services

The key questions we sought to answer from a service/ partnership perspective are captured below:

1. Why is there a relatively significant disparity in proportional representation of women in treatment compared to men?
  2. What would encourage more women to access treatment or indeed support services in Swindon?
  3. In your own service areas, what could we do in both the short-term and long-term to improve engagement?
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## Summary of Feedback:

The feedback gathered in the focus groups and feedback sessions is included in 5 key priority areas of this strategy, informing the local offer, in particular for women presenting with a substance misuse need. Highlights of the feedback included the need for:

- Barriers to be removed to improve access to treatment and support
- Services to recognise the diverse needs of women accessing the services and adopt an anticipatory rather than reactionary approach
- Recognition of the value of women-only provision to provide more focus on the unique needs of women to support engagement
- Joint-working and incorporation of a trauma-informed approach to service delivery
- To develop working culture and practice that promotes dignity and confidentiality – to be person-centred and welcoming
- The provision of information to support informed choice about treatment pathway options

## Next Steps:

- Develop robust referral pathways for partner agencies to increase referrals into the treatment service
- Adopt a multi-disciplinary approach through the implementation of the Super Outreach Service in Swindon. Ensuring any women experiencing multiple disadvantages and health inequalities are assertively engaged via this provision to access the commissioned services safer women's pathway.
- Promote a safer women's pathway to treatment and support through partnership working – removal of stigma and other barriers to treatment
- Reduce impact of adverse childhood experiences by reducing intergenerational substance use through early intervention
- Dispensing of naloxone through community pharmacies to reduce opioid related deaths within this population group
- Supporting community sentencing treatment pathways to support substance use treatment engagement
- Develop a robust continuity of care pathway to support women leaving prison to support reintegration

# Lived Experience:

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In developing an inclusive and impactful community, the incorporation of the service user's voice and peer-led initiatives stands as an essential foundation. Recognising the invaluable insights and views stemming from lived experiences, there is a growing acknowledgment that those directly affected by services are uniquely positioned to shape and refine their delivery. By highlighting the voices of service users, the narrative around both the individual and collective experience cultivates a deeper understanding of the needs, aspirations, and challenges of individuals and communities recovering from substance use. This inclusion not only encourages a sense of ownership and empowerment within the community but also facilitates a broader and more adaptable service environment through the development of solutions and pathways from a co-productive approach.

Peer-led initiatives, born from a shared journey of lived experiences, carry authenticity and credibility. These initiatives form a powerful network of support, fostering a sense of solidarity, understanding, and belonging among individuals facing similar circumstances. Their involvement not only ensures that services are rooted in real-world experiences but also challenges existing norms and biases, prompting a re-evaluation and evolution of service delivery frameworks. Embracing these initiatives not only enhances the efficacy of services but also nurtures an environment where innovation and collaboration thrive, ultimately paving the way for more holistic and inclusive community support systems. In valuing and integrating the voices of those with lived experiences, it not only honours their stories but also paves a transformative path toward more empathetic, effective, and responsive service delivery.

This will be achieved through the development of a Lived Experience Committee (LEC) ensconced within the commissioned service, constituting of volunteers, to deliver a number of service user engagement activities and support harm prevention/ reduction campaigns and awareness events in Swindon. The committee will embody the service user voice, with representation at key meetings as part of the co-productive approach to the way services are shaped and delivered. The commissioned service including its subcontracting arrangements will, through existing roles (which have a service user engagement function within) will provide overarching support to the volunteer committee. The governance would be as follows:

- Commissioned service – recruitment, induction, training and supervision
- Commissioners - funding

Evaluation of the Lived Experience Committee (LEC) would be a joint Commissioner and Commissioned service responsibility. A charter will underpin the responsibilities and operational delivery, providing guidance to support committee and its individual volunteer membership.

# Acknowledgements:

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Partners and stakeholders who have engaged with the development of this strategy.

- Children’s Services (SBC)
- Housing (SBC)
- Substance Use Disorder Treatment Service Users
- Avon & Wiltshire Partnership (Mental Health)
- Cabinet Members
- Swindon Community Safety Partnership (SBC)
- Department of Work and Pensions
- Emerging Futures
- Gilead Science
- Hepatology (GWH)
- National Probation Service
- Bath and Northeast Somerset Swindon and Wiltshire Integrated Care Board
- Intuitive Thinking Skills
- Licensing (SBC)
- Local Pharmaceutical Committee
- Mitie
- The Nelson Trust Women’s Centre
- Office for Health and Improvement and Disparities
- Parents and Carers
- Rough Sleepers (SBC)
- Substance Use Disorder Treatment Provider (CGL)
- Healthwatch Swindon
- Wiltshire Police
- Wiltshire Integrated Offender Management Team (IOM)
- The Wiltshire and Swindon Office of the Police and Crime Commissioner
- Third Sector Temporary Housing Providers including:
  - Booth House, Salvation Army
  - Culvery Court, Threshold Housing Link
  - The Haven, Swindon Night Shelter
  - Sanctuary Housing
  - U-Turn (SBC)
  - Youth Justice Service (SBC)

Groups/ Boards to review the strategy

- Swindon Drug Related Deaths and Harm Reduction Group
- Swindon Combating Drugs Partnership Board
- Swindon Community Safety Partnership Executive Board

For information please contact: [substancemisuseteam@swindon.gov.uk](mailto:substancemisuseteam@swindon.gov.uk)

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Recovery

