

Swindon Substance Misuse Strategy 2017 -2022



December 2017

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Introduction

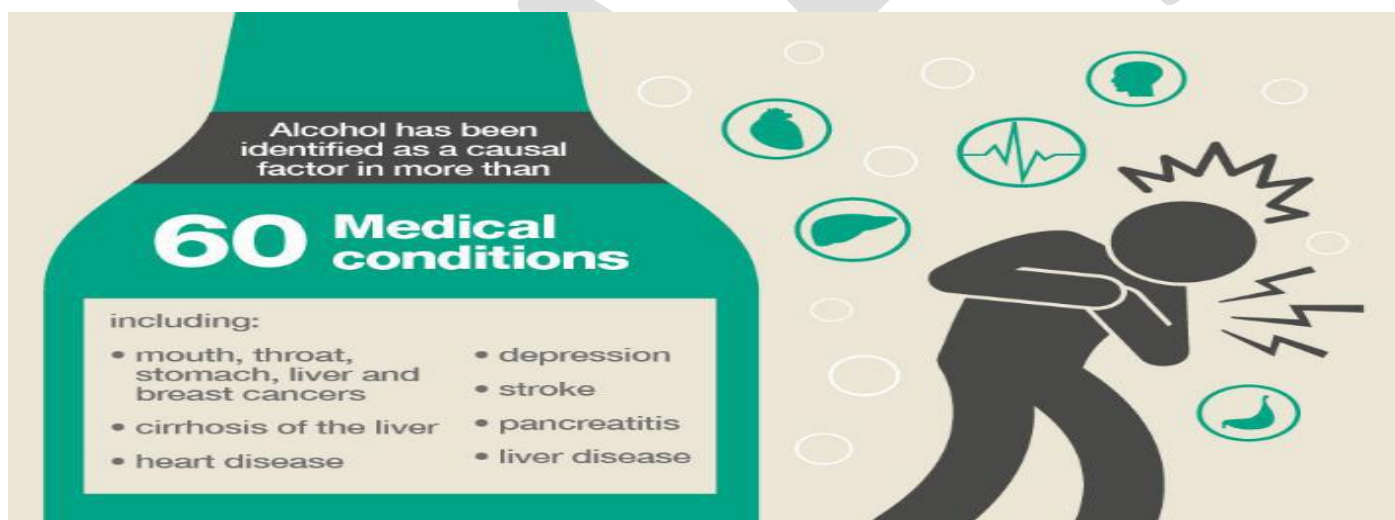
Drug and alcohol misuse has a significant impact on children, adults, families and communities including increases in crime, physical and mental health problems, domestic abuse, child exploitation, abuse and neglect, family breakdown, and homelessness.

Alcohol

Nationally alcohol is the leading risk factor for deaths among men and women aged 15 – 49 years in the UK and the harm from alcohol impacts on a range of other public health outcomes. In 2016, The Chief Medical Officer (CMO) published [new alcohol guidelines](#) that state drinking any level of alcohol regularly carries a health risk for everyone. Men and women should limit their intake to no more than 14 units a week to keep the risk of illness like cancer and liver disease low.

In 2009 the CMO recommended that for young people and alcohol free childhood is the healthiest option and that no child under the age of 15 should consume alcohol. If children between the age of 15 -17 years do consume alcohol it should be with parental guidance. They should consume less than the adult recommended low risk levels.

Alcohol has been identified as a causal factor in more than 60 medical conditions, including circulatory and digestive diseases, liver disease, a number of cancers and depression. Alcohol is also implicated in half of all violent assaults, 27% of all serious case reviews and 13% of all road fatalities.



Alcohol related harms fall disproportionately on the poorest in society. The most deprived decile of the population is 55% more likely to be admitted to hospital due to alcohol, and 53% more likely to have an alcohol-related death than the least deprived decile of the population (Source: LAPE). People with mental health problems are more likely to misuse substances.

Locally we have a higher proportion of the population who abstain or are very light drinkers than nationally, a smaller cohort of moderate drinkers and a higher proportion of problematic or higher risk drinkers. It is therefore important that we target our resources and reduce high level drinking whilst also encouraging moderate drinkers to reduce their alcohol intake. Older people can be particularly affected by alcohol and Swindon our alcohol related hospital admissions are high for males over the age of 65 years.

Drugs

In 2015-16 around 2.7 million (7.4%) of 16-59 year olds in England and Wales reported using a drug in the last year, a proportion which has reduced over the last decade but remained stable over the last seven years. The trend is similar for young people although the proportion taking drugs is higher (18% of 16 -24 year olds used drugs in the

last year 2015-16). Cannabis remains the drug most likely to be used by 16 -59 year olds. New trends in drug misuse are emerging with the use of New Psychoactive Substances increasing alongside image and performance enhancing drugs and the increased challenge of poly substance misuse.

Fewer drug users are coming into treatment who use opiates, mainly heroin. This is particularly the case for young people (under 25 years) who are entering treatment for the first time. This has fallen substantially in the last ten years. However, those who now remain in treatment for opiate misuse 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 but at present this has not been seen locally as drug related deaths in Swindon have decreased.

Crime

There is a noticeably strong link between drugs and acquisitive crime. Nationally, an estimated 45% of acquisitive crimes, with the exception of fraud, are perpetrated by regular heroin/crack cocaine users¹. This association is perhaps made more obvious when Public Health England suggests that a typical heroin user spends around £1,400 per month on drugs. Cumulatively, this amounts to more than two million offences.

In Swindon there has been an increase in County Lines activity from outside the area such as London and other cities moving to Swindon and targeting vulnerable people by using their premises (cuckooing) and engaging them to distribute illicit substances. There has been a significant increase in children being recruited by County Lines to run drugs. County Lines² partnership work is underway to address the impact of dangerous drug networks in Swindon.

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, misuse 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 and the Community Rehabilitation Company. 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 to reducing offending in Swindon.

Young People

While the majority of young people do not use drugs, and most of those that do are not dependent, drug and alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life. Public Health England state that intervening, when a young person has a substance misuse issue, works and saves money by reducing crime, and helping young people get into education, employment and training. Swindon has high rates of hospital admissions for substance misuse for 15 -24 year olds. Since 2012 -13 there has been a steady rise in these admissions which has stabilised in the last period 2013/14 -2015/16.

¹ Source: The Modern Crime Prevention Strategy 2016 P30

² The term "County Lines" was first identified in 2014 and reported on by the National Crime Agency in 2015. It describes how gangs from large urban areas supply drugs to suburban and rural areas by exploiting children, young people and vulnerable adults.

Substance misuse, - prevention, early identification and treatment for children and young people, needs to be more visible in Swindon and more embedded in Children's Services, working collaboratively with partners to tackle the harms caused by drugs and alcohol particularly for our most vulnerable and aligning this to the Early Help Strategy. This needs to be at a strategic and operational level. This will include collaborative working to tackle child exploitation, those with mental health problems, those excluded from school, those who are looked after, those who experience domestic abuse, those with learning disabilities and those in contact with youth justice. Domestic abuse can impact on children and families in many different ways either from witnessing within the family or experiencing it in their own relationships. As mentioned above we need to be aware of County Lines recruiting children locally to drug run, previously they had sent in children and young people from the area where the gang was based.

In Swindon the substance misuse service for young people is provided by Uturn (Swindon Borough Council in house service). Currently cannabis and alcohol remain the most common primary drugs used by those referred to the service. This is probably due to accessibility, low cost and popularity of the substance combined with young people's opinion that it is safe and recreational. Young people are often confused about the legality of cannabis use in the UK and elsewhere which contributes to promote the 'low harm belief'. However, the reality is that some young people need intense support to decrease use or become abstinent, with many young people who are referred to services not recognising that they need help. This makes consistent engagement in treatment a challenge. Uturn offers open access enabling young people to re-engage as many times as need and there is no treatment time restraint. Assessments are offered within 5 working days of referral with no waiting list at present.

Uturn also provide a prevention service within Swindon communities. Consistent engagement with professionals, telephone contact and advice/guidance, contact with young people through school assemblies, community events such as Pride and fresher's fairs and a social media presence through the Swindon Borough Council young people's website the 'DOCK'. New guidance from NICE³ regarding targeted interventions for drug misuse prevention will inform future practice.

We know that some children of substance misusing parents are more at risk than the general population. In Swindon 20% of children on a child protection plan had a parent who misused alcohol and 18% had a parent who misused drugs. 33% of adults in alcohol treatment are parents with child care responsibilities and a further 20% are parents whose child lives elsewhere and 28% of opiate clients in treatment are living with a child under the age of 18 years. However, a more in-depth review is required to understand if we are meeting this group's needs. It is important that substance misusing clients with parental responsibilities are identified and given adequate support to ensure the best outcomes for their children. The new Parents Under Pressure™ is a 20-week programme for parents and their partners who have a child up to eight years and are on a drug or alcohol treatment programme. Parents Under Pressure™ aims to help families with the difficult job of parenting, providing them with the safe and caring support they need. NSPCC Parents Under Pressure™ workers visit parents every week in their own home throughout the programme to provide support and guidance on parenting and on maintaining their own emotional wellbeing

Homelessness

The annual Rough Sleeper Estimate for Swindon has historically been in single figures. However, this increased significantly from 2015 with the estimate that year being 18 and the 2016 figure being 28. This is due to many issues including welfare reform and the reduced availability of affordable housing. However, it is the view of practitioners that the complexity of the support needs of rough-sleepers is increasing. Analysis of individuals tells us that many of those rough-sleeping in Swindon have been stuck in a revolving door of homelessness for a number of years. Many of these individuals have multiple and complex issues including mental health, substance misuse, domestic abuse and offending. Secure and safe accommodation is key to successful recovery.

Drug related litter

³ 2017 NICE Guidance NG64: Drug misuse prevention: targeted interventions

In Swindon there has been increasing number of reports of drug related litter combined with an increase in the number of needles being distributed through the pharmacy needle exchange scheme. Tackling drug related litter requires a multi-pronged approach which includes:

- Supply of illegal drugs
- Supply of injecting equipment
- Injecting drug use
- Disposal of injecting equipment
- Litter arising from inappropriate disposal
- Reports and complaints about litter
- Information help by agencies regarding reports and incidents

In Swindon we have established a multi-agency task group to tackle the recent increase in drug related litter. Partners include, Public Health – including substance misuse commissioners and Environmental Health; StreetSmart; Local Pharmaceutical Committee; Substance Misuse Service; Town Centre Locality Leads and Management; Community Safety and the Police.

Digitalisation and innovation

With the recommissioning of the new Substance Misuse treatment service for Swindon and Wiltshire there has been a great focus on innovation and digitalisation. This will drive the future strategic direction of alcohol and drug 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.

This strategy outlines Swindon's partnership approach to tackling problems associated with drugs and alcohol misuse in the borough. It has been informed by the Swindon Substance Misuse needs assessment.

Purpose of this strategy

The purpose of this strategy is to:

- Set out the vision for tackling substance misuse in Swindon
- Identify the key priorities for reducing the impact of substance misuse in Swindon
- Engage local partners and communities to ensure local needs are met
- Deliver on the recommendations of the needs assessment
- Ensure the optimum commissioning of substance misuse services.

Vision

Our vision in Swindon is to prevent the harms caused by drug and alcohol misuse to individuals, children and young people, families and communities, by encouraging healthy choices, promoting recovery and reducing crime. We will strive for a Swindon free from the harms caused by substance misuse.

In order to achieve this vision we aim to:

- Encourage children and young people not to consume alcohol or misuse drugs
- Ensure people in Swindon are aware of the harms caused by substance misuse
- Encourage people to make healthy choices with regard to the use of alcohol and to choose not to use illicit substances.
- Ensure people are aware of services available and ensure they are accessible.
- Identify those most at risk of substance misuse and intervene early

- Ensure that support, including education and awareness of codependency and enabling behaviour, is available for carers/concerned others across all age groups.
- Increase the numbers who successfully recover from drug or alcohol misuse
- Tackle the harm caused by substance misuse to individuals and communities
- Reduce the demand for complex treatment interventions through ensuring more effective early interventions and preventative activities across the strategic partnership
- Improve the outcomes for those with dual diagnosis by reducing the barrier to accessing services
- Ensure we make full use of enforcement and regulation including licensing, trading standards and crime and disorder to reduce supply
- Develop a communications plan to ensure all strands of the strategy align
- Work with partners to reduce and prevent the criminal exploitation of children and young people.

Priorities

The key priorities for Swindon are:

1. Prevention and early intervention particularly with young people and their families
2. Reduce health related harms and addressing inequalities
3. Promote sustained recovery for those dependent on substances
4. Reduce substance misuse related crime and anti-social behaviour

National Drivers and local priorities

National drivers

2017 Drug Strategy (July 2017 HM Government) outlines the national aim which is to reduce all illicit and other harmful drug use, and increase the rate of individuals recovering from their dependence. The national approach to achieve these aims will be through reducing demand, restricting supply building recovery and global action.

National Alcohol Strategy (2012) intended to change attitudes towards alcohol and reshape the approach towards tackling alcohol related harm. In terms of dependant drinkers, it aimed to increase the number accessing effective treatment in order to reduce the number alcohol related admissions and to reduce NHS costs.

Modern Crime Prevention Strategy (2016) sets out how to reduce drug-related crime prevention by focusing on three areas: treatment; diversion; and enforcement. It recognises that getting users into treatment is key, as being in treatment itself reduces levels of offending. It advocates for full recovery from dependence being the aim of treatment and that this is more likely to be achieved and sustained if users are given support to improve their 'recovery capital' – particularly around housing and meaningful employment.

Health and Wellbeing Board Priorities

The Swindon Health and Wellbeing Strategy outlines a vision that "Everyone in Swindon lives a healthy, safe, fulfilling, and independent life and is supported by thriving and connected communities." The aim is to improve health and wellbeing outcomes especially for those communities and groups who experience the poorest health.

The five outcomes prioritised by the Health and Wellbeing Board are:

- Every child and young person in Swindon has a healthy start in life
- Adults and older people in Swindon are living healthier and more independent lives
- Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders)
- Improved mental health, wellbeing and resilience for all

- Creation of sustainable environments in which communities can flourish

This Substance Misuse strategy will contribute to the achievement of this vision and priority outcomes.

Some Local Successes

- Swindon became a Local Alcohol Action Area in March 2017. The focus of this partnership approach is to ensure the safe movement of people through the town centre and improving information sharing to ensure resources are targeted effectively.
- The Street Drinkers Project is a two year project which actively engages, signposts and supports Street drinkers to access alcohol treatment. Support with other related issues is also provided including drug misuse, homelessness, anti-social behaviour, and mental health issues. The post provides a single point of contact that partner agencies are able to refer to.
- A social norms intervention has been delivered successfully in Swindon schools for many years. This asks year 9 pupils about their own behaviour with regard to drugs and alcohol and compares this to their perception of what their peer's behaviour is. This can be used as part of the school curriculum to dispel the myth that substance misuse among their peers is more common than they think.
- An arrest referral project is about to start at Gable Cross Custody Suite in Swindon which will provide advice and deliver brief interventions to all substance-misusing offenders who are willing to engage. Expertise will be offered around need exchange, blood borne viruses, treatment service, and naloxone use. The worker will be able to identify vulnerable offenders and offer referral and signposting to a range of support services. This will include sex workers, those with mental health problems, domestic abuse issues. Support will be offered to all those over the age 16. Particular links will be made directly with criminal justice services regarding those who will be attending for a court appearance for DRR (Drug Rehabilitation Requirements) and/or ATR (Alcohol Treatment Requirements).
- Funding has been secured to roll out a screening project to identify young people with the greatest propensity to escalate to problematic substance misuse use later in life and target substance misuse treatment services effectively. The goal is to ensure intervention at the earliest possible stage in a young person's substance misuse career. These include those young people who are involved in anti-social behaviour and criminal activity, have contact with mental health services, are excluded from mainstream education, are known to SBC Children's Services or have other identified vulnerabilities. This will be achieved by the provision of a screening tool and associated training to the allied children and young people's workforce. This training will be targeted at Specialist Youth Services, Front line public service (first responders), alternative education providers, mental health and counselling services, Youth Offending Team and Youth Housing services.
- In September 2016 Swindon Borough Council adopted a cumulative impact zone in the Broad Green area of the town. This followed evidence from the Licensing Authority Wiltshire Police and Public Health that there was a saturation of licensed premises in this area which were compromising the licensing objectives in this area. This was to reduce the harm caused by too many licensed premises in one area and improve the quality of life for those living there.
- U-turn received a positive report within the CQC review of Swindon's Children's services. The service was judged to be safe, effective, responsive, caring and well led.
- U-turn has developed a referral pathway with Great Western Hospital (GWH) to ensure all those admitted to GWH who have misused substances are referred to the treatment service for assessment.

- Recent targeted review of licensed premises has resulted in 4 licenses being revoked and further premises having additional conditions added to their licenses to ensure compliance with legal responsibilities
- The introduction of breathalyser on licensed premises to reduce the numbers accessing these nightclubs under inappropriate influence of alcohol.

The impact of drugs and alcohol misuse

YOUNG PEOPLE SUBSTANCE MISUSE

- National and local data indicates that young people's substance misuse is declining. Local hospital admissions for under 18 year olds for alcohol misuse have decreased
- Hospital admissions for substance misuse for 15-24 year olds have increased over the last three years in Swindon
- Cannabis and Alcohol are the main substances being treated by U-Turn Swindon Young People Substance misuse services. Over 70 young people were seen by U-Turn in the year ending March 2017.
- The numbers in treatment have increased slightly over the last three years but this is due to a cycling of staffing capacity rather than a true change in demand
- U-Turn work with children and young people with a range of vulnerabilities including those: not in education, employment or training; in contact with the youth justice system; in contact with mental health services; exposed to domestic abuse and sexual exploitation; vulnerable to County Lines exploitation U-Turn is linked into joint pathways with other services to address these issues
- 20% of children on a child protection plan had a parent who misused alcohol and 18% had a parent who misused drugs

Swindon JSNA

ADULTS - ALCOHOL

- Swindon has an estimated 31,000 hazardous drinkers, 7500 harmful drinkers, 4046 dependent drinkers and 25,000 binge drinkers. Not all of these individuals will require treatment however, as of November 2016 there were only 158 clients in treatment for alcohol misuse.
- In Swindon we have higher numbers of abstinent or light drinkers, lower numbers of moderate drinkers and higher number of high risk or problematic drinkers and nationally and regionally.
- Swindon has high rates of hospital admissions for women under 40 years of age and older males
- Alcohol related crime has increased in Swindon in the last 3 years.
- The most common alcohol related offences committed are those of violence with injury (approx. 30- 60 incidents monthly) Violence without injury (approx. 15 – 50 incidents monthly).
- 33% of adults in alcohol treatment are parents with child care responsibilities and a further 20% are parents whose child lives elsewhere

Swindon JSNA

ADULTS - DRUGS

- In Swindon there are an estimated 1140 opiate and or crack cocaine users. 577 of whom were treated by Change, Grow Live (CGL) in Swindon in the year to March 2017. Just over 500 are estimated to be injecting drug users.
- This equates to 8 of every 1000 young people and adults (15 -64 yrs) in Swindon. Higher than the South West average but lower than the national average.
- Recently, the number in treatment has reduced and the number exiting treatment has also decreased – this trend has been seen across the country.
- Whilst the proportion of Swindon residents using drugs is relatively small the impact can be extensive.
- 28% of opiate clients in treatment are living with a child under the age of 18 years.

Swindon JSNA

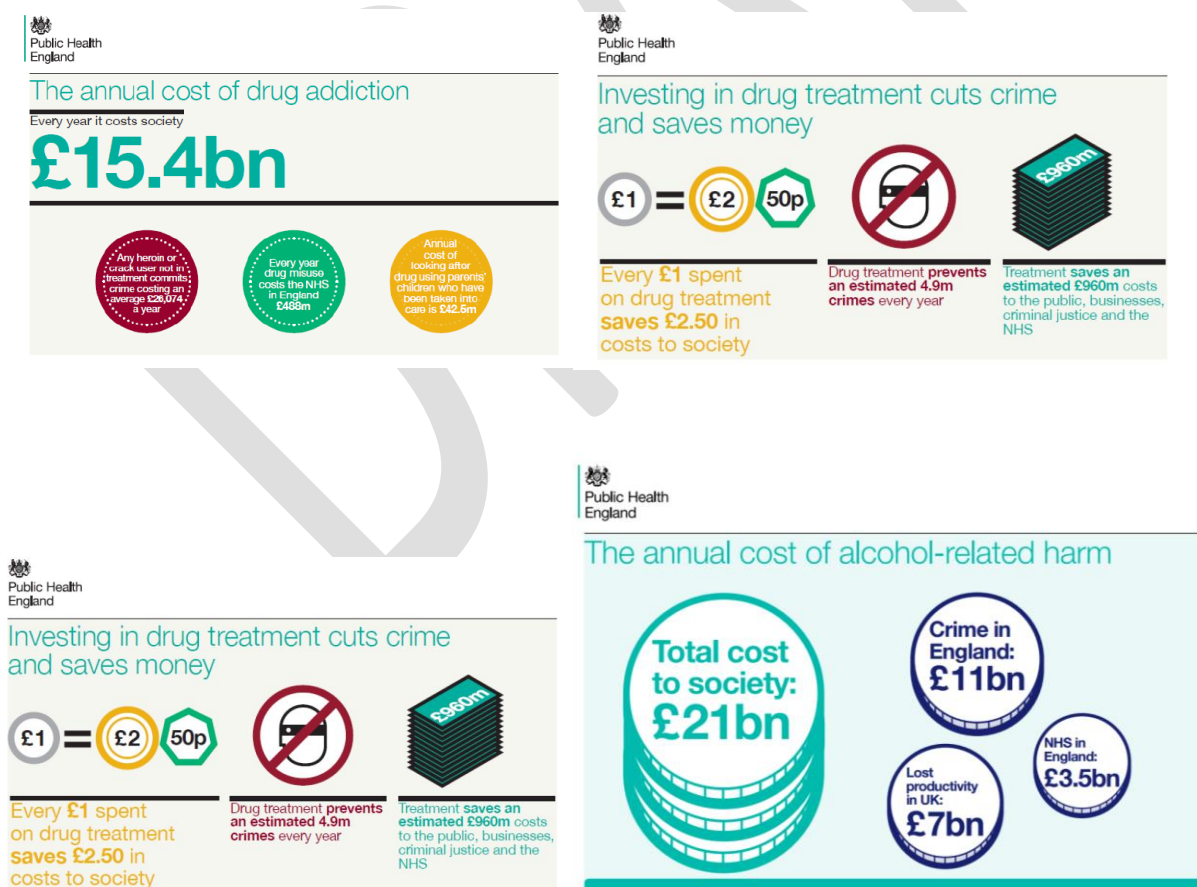
Economic Impact

ECONOMIC IMPACT

- For every £1 spend on young people's drugs and alcohol interventions brings a benefit of £5-8.
- Nationally young people's drugs and alcohol interventions result in £4.3 million health savings and £100 million crime savings per year. Drugs and alcohol interventions can help young people get into education, employment and training and bring a total lifetime benefit of up to £159 million.
- The annual cost of drug addiction in England has been estimated at £15.4 billion. These costs include cost to criminal justice, the health service and social care. These costs do not include the wider costs to society and the individual.
- Public Health England estimate that every £1 spent on drug treatment saves £2.50 cost to society. This includes the estimated prevention of 4.9 million crimes £960m in costs to the public, businesses, criminal justice and the NHS.
- Overall alcohol harm cost society £21, billion a year with the costs relating to crime accounting for £11 billion and to the NHS at £3.5 billion.
- In addition there will be costs for adult social care.

Swindon JSNA

Figure 27: Infographic annual cost of drug addiction



Greater detail on substance misuse in Swindon can be found in the Substance misuse JSNA 2017 - <http://www.swindonjsna.co.uk/dna/Substance-misuse-needs-assessment>

Delivering the Substance Misuse Strategy

In order to prevent the misuse of drugs and alcohol two key aspects need to be addressed namely supply and demand.

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.

Priority One - Prevention and early intervention with young people and their families

Preventing uptake of substance misuse can be achieved by:

- Taking a life course, think-family approach to prevention, early intervention and treatment
- Targeting campaigns based on education and prevention to young people and their families
- Targeting support at those most in need or at risk through Troubled Families - Looked After Children and those leaving care, children with adverse childhood experiences and those not in education, employment or training. This will include children of substance misusing parents and those who have experienced domestic abuse.
- Raise awareness of the criminal and sexual exploitation of children linked to County Lines and Substance Misuse
- Using social norms or other evidenced based tools in school to ensure children and young people are aware that misusing substances is not the norm
- Ensuring prevention campaigns reach those not in mainstream education
- Developing a coordinated communications strategy shared by partners
- Increase uptake of the Healthy Schools offer
- Ensure prevention campaigns target older people who may drink at risky levels.
- Reviewing the cost and availability of alcohol
- Ensure no underage sale of alcohol
- Reviewing the misuse of or dependency on prescribed medications

Early intervention can be achieved by:

- Intervening early through effective brief interventions at a universal level, embedding Making Every Contact Count (MECC) principles in all areas of practice.
- Improve effective signposting to services and raise awareness of treatment available.
- Screening vulnerable young people to enable early identification and intervention regarding substance misuse
- Developing effective transition policies to ensure no unplanned exits as young people move to adult services
- Ensure early re-engagement if unplanned exits do occur at transition
- Making effective use of on-line and digital resources to raise awareness and help people reduce their intake.
- Exploring options for partners to share data in order to identify and protect the most vulnerable

Priority two - Reducing health related harm and addressing inequalities

- Review the current availability of and outlets for Naloxone to ensure optimum availability in order to prevent drug related deaths
- Improve the uptake of Blood Borne Virus testing and immunisation of service users
- Ensure needle exchange is available and accessible following best practice guidelines and making best use of resources
- Review and address issues regarding drug relating litter
- Develop effective in-service stop smoking interventions and pathways and access to NHS Health Checks and Brief interventions
- Work with sexual health services to address issues relating to Chemsex

- Continue to work with the treatment service provider to understand the diversity of use and access to their services and Ensure treatment services are welcoming and accessible to **all** and engage women, all age groups, Lesbian Gay, Bisexual, Transgender and Queer groups, diverse ethnic groups, offenders and those with disabilities

Priority Three - Promote sustained recovery for those dependent on substances

- Ensure evidence based, treatment and recovery services are available to tackle dependency and problematic substance misuse
- Ensure advice, treatment and recovery services are available to address various types of substance misuse including New Psychoactive Substances, prescribed medications and steroid use
- Ensure links with perinatal services and offering support to vulnerable families to break intergenerational pathways to dependency
- Ensure treatment services respond rapidly in adapting to emerging substance misuse trends
- Ensure mechanisms are in place to identify those who misuse substances who have moved to Swindon from elsewhere including criminal justice settings to ensure early intervention
- In order to sustain recovery promote the use of mutual aid services within Swindon and work with service users, their carers and advocates.
- Ensure that support including education and awareness of codependency and enabling behaviours is available for carers/concerned others across all age groups.
- Ensure housing needs are met particularly for those who are unable to maintain abstinence and those with dual diagnosis (mental health and substance misuse)
- Improve links between commissioned services, Job Centre, DWP and Learn Direct
- Continue to improve links between substance misuse and mental health services (both adult and young people) and develop expertise
- Ensure accessibility of community detox in preference to residential detox where appropriate
- Maintain the alcohol liaison service at Great Western Hospital and consider developing this to a substance misuse liaison service
- Ensure offenders have access to a range of services based on their level of need and risk in order to improve their health and social functioning and reduce their criminality.
- Ensure ongoing effective interventions for those being released from prison to seamless provision of treatment

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

- Work with partners to effectively respond to dangerous drug networks and county lines Issues
- Ensure vulnerable adults and young people affected by domestic abuse and substance misuse 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 Swindon's Local Alcohol Action Area regarding the safe movement of people, night time economy and information sharing.
- Ensure the optimum uptake and delivery of court disposals such as Alcohol Treatment Requirements, Drug Rehabilitation Requirements and Rehabilitation Activity Requirements to ensure that those most at need of interventions receive them
- Ensure strong partnership working between the substance misuse treatment service, National Probation Service, Community Rehabilitation Company, Wiltshire Police and the Wiltshire office of Police and Crime Commissioner to establish clear referral pathways including Multi-Agency Public Protection Arrangements (MAPPA), custody, liaison and diversion service, courts, probation and self-referral.
- Improve joint operations between police, substance misuse services and other partners to ensure joined up responses to drug seizures and engage users whose supply has been affected in treatment programmes.
- Support alternative pathway schemes such as Liaison and Diversion Scheme.
- Minimise the impact of substance misuse anti-social behaviour with the introduction of legal sanctions such as Public Space Protection Orders.

Strategic Targets and Measuring Success.

Successful completion of drug treatment outcomes are measurable through routine treatment data supplied through Public Health England and the National Drug Treatment Monitoring System (NDTMS). This includes analysis of numbers in treatment, numbers successfully completing treatment, and reducing 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 carers will inform all review and subsequent planning. A table outlining performance monitoring has been included in Appendix 1. This will continue to be developed.

Drug related deaths and substance misuse (drug and alcohol) related crime figures will also be used.

Key measures include:

1. A reduction in Hospital Admissions (narrow)
2. Reduction in offences related to substance misuse including violent and anti-social behaviour.
3. An increase in early identification of children in need of support services whether or not their parents are substance misusers
4. A reduction in Drug Related Deaths
5. Improvement in BBV testing and Vaccination
6. Improve the diversity mix of treatment services
7. More people engaging in substance misuse treatment upon release from prison
8. Increase in the numbers achieving sustained employment /training/stable suitable accommodation.
9. Reduced hospital admissions and attendances relating to substance misuse
10. Increased proportion of all clients and specifically, criminal justice clients, successfully completing treatment.
11. Reduced number of people dependent on drugs in the borough.
12. Reduced re-presentations (people who complete treatment but represent within 6 months) in all clients and specifically, criminal justice clients.
13. Increased number of clients in 'effective treatment'
14. Improved identification and support for those with mental health and substance misuse problems.
15. Increased identification of parental substance misuse and early referrals of these children to appropriate support services.

Strategy Implementation and Governance

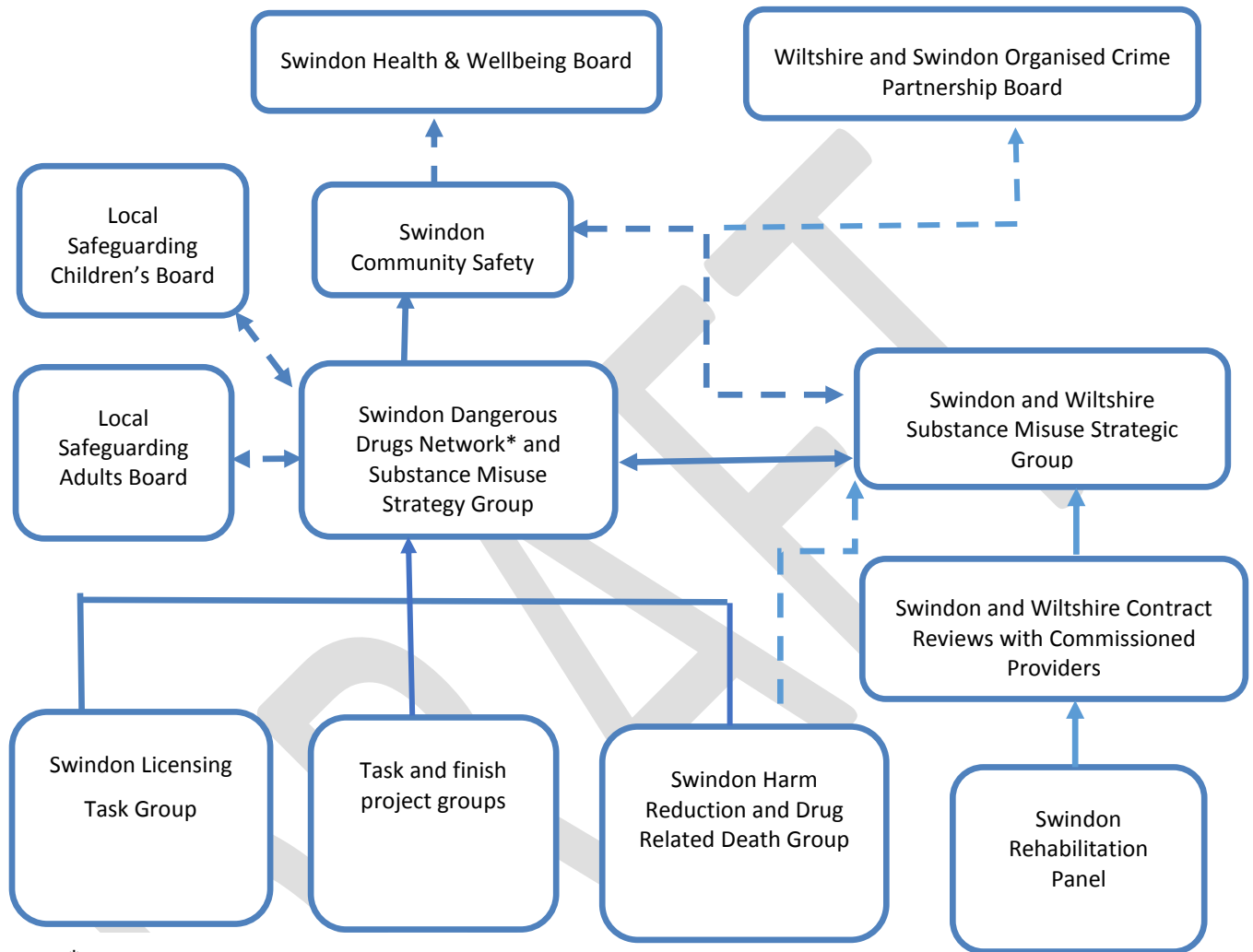
The only way to make an impact on substance misuse and achieve and reduce the harm to individuals, families and communities caused by substance misuse, is for all agencies and communities to work in partnership. In a time when resources are reducing we need to ensure that what resources are available are targeted at those most vulnerable and make the biggest impact on reducing harm.

The strategy will primarily be owned by the Swindon Community Safety Partnership Board (CSPB) but progress will be co-reported to Swindon's Health and Wellbeing Board. The Swindon County Lines and Substance Misuse Group will ensure the effective delivery of the Swindon Substance Misuse Strategy by performance managing and evaluating the actions contained within, through regular review. Relevant safeguarding concerns will be raised via the appropriate safeguarding boards.

An action plan will be developed to support the implementation of this strategy and this will be reviewed on a quarterly basis. To ensure the strategy remains fit for purpose it will be regularly reviewed (at least annually) and any necessary amendments made to the strategy will be notified to the Swindon County Lines and Substance Misuse Steering Group. With the recommissioning of the treatment services across

Swindon and Wiltshire and the development of the Swindon and Wiltshire Substance Misuse Strategic Group it is important that the Swindon and Wiltshire strategies align.

Swindon Partnership Substance Misuse Governance Structure



* to include County Lines

The priorities outlined in this strategy will be delivered in partnership and reported through the Swindon County lines/Substance Misuse Steering Group which will own the strategy. This group will report to the Swindon and Wiltshire Substance Misuse Strategic Group and the Swindon Community Safety Partnership Board and Health and Wellbeing Board.

Community and other Stakeholder Involvement in developing the strategy

A wide range of partners and stakeholders have contributed to the development of this strategy. A full list can be found in Appendix 2.

DRAFT

Appendix 1 - Performance Monitoring (Draft)

| Priority | Overall Target | Measure | Data | Year (month) for data and Source |
|---|---|---|---|--|
| Priority One - Prevention and early intervention with young people and their families | 1.Reduced hospital admissions relating to substance misuse (broad definition) | Hospital admission episodes for alcohol-related conditions (broad definition), Directly Standardised Rate per 100,000 population (See also 1.2) | 2,912 for Males 1,586 for Females 2,201 for Persons | 2015/2016 Local Alcohol Profiles for England 9.01 |

| | | | | |
|---|--|--|--|---|
| | 2. Reduced number of people dependent on drugs in the borough. | (Proxy) Hospital admission episodes for substance misuse (drugs), persons aged 15 to 24 years, per 100,000 population. | 156 for Persons 15 to 24 | 2013/2016 Health Behaviours in Young People Profile. |
| | 3. Increased identification of parental substance misuse and early referrals of these children to appropriate support services. | Increased identification of parental substance misuse by count of children involved | <u>For drugs</u> 2 pregnancies, 19 children under 1, 114 children aged 1- 5, 148 children 6-16. <u>For alcohol</u> 0 pregnancies, 6 children under 1, 32 children aged 1- 5, 72 children 6 -16 | August 2017 CGL local provider. |
| | 4. An increase in early identification of children in need of support services whether or not their parents are substance misusers | This will be developed as part of the Young People Substance Misuse Screening and staff training Project | | |
| Priority two - Reducing health related harm and addressing inequalities | 1. Reduced Hospital Admissions due to substance misuse (narrow definition) | Hospital admission episodes for alcohol-related conditions (narrow definition), DSR per 100,000 population. | 841 for Males 619 for Females 721 for Persons | 2015/2016 PHOF 2.18 |

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| | 2. A reduction in Substance Misuse Related Deaths | Drug-related deaths, DSR per 100,000 population. | 2.9 for Persons | 2014/2016 PHOF 2.15iv |
| | | Under 75 years deaths from liver disease, DSR per 100,000. | 12.6 for Persons | 2014/2016 PHOF 4.04ii |
| | 3. Improvement in BBV testing and Vaccination | Count of Dry blood spot tests for Hep B in drug clients. Percentage of adults new to treatment accepting HBV vaccination Hepatitis C Testing HIV testing | 12 for July 2017 8 for August 2017 68% of new caseload | July 2017 August 2017 CGL Local Provider 2016/2017 JSNA Swindon Drugs Support Pack |
| | 4. Increase in the numbers achieving sustained employment | “Not Working” status in clients who had a review, who had a planned exit and those with an unplanned exit | 75% of clients who had a review were not working. 61% who had a planned exit were not working. 80% of those with an unplanned exit were not working. | 2015/2016 NDTMS. JSNA Dugs Support Pack. |

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| | 5. Improved identification and support for those with concurrent mental health and substance misuse problems. | <p>People with Concurrent mental health and substance misuse care, as percentage.</p> <p>People with Concurrent mental health and alcohol care, as percentage.</p> | <p>16.9 % of people with substance misuse care were co-morbid.</p> <p>19.1 % of people with alcohol care were co-morbid.</p> | <p>2015/2016</p> <p>Mental health and Well-being JSNA.</p> |
| | 6. Increase the diversity mix for those in treatment | Increase diversity of those in treatment | <p>Alcohol Service</p> <p>89% White British</p> <p>5% White Other</p> <p>3% Other ethnicities</p> <p>Drug Service</p> <p>87% White British</p> <p>4% White Other</p> <p>3% Other ethnicities</p> | <p>PHE Commissioning Support Packs 2018-19</p> <p>(Figures from 2016-17)</p> |
| Priority Three - Promote sustained recovery for those dependent on substances | 1. Increased number of clients in 'effective treatment' | Number of clients in treatment April 2016/March 2017 (counted as all in treatment in period) | <p>571 (opiates)</p> <p>74 (non-opiates)</p> <p>309 (alcohol)</p> | <p>April 2016/March 2017</p> <p>NDTMS</p> |
| | 2. Increased proportion of all clients and specifically, criminal justice clients, successfully completing treatment | Successful completion of treatment (without re-presentation) in opiate users, non-opiate users and alcohol users | <p>Opiate users 4.6%</p> <p>non-opiate users 32.7%</p> <p>Alcohol users 36.0%</p> | <p>2016/2017, reporting Sept 2017</p> <p>NDTMS & PHOF 2.15i, NDTMS & PHOF 2.15ii, NDTMS & PHOF 2.15iii, but NDTMS is more up to date)</p> |
| | 3. Reduced re-presentations (people who complete treatment but represent within 6 months) in all clients and specifically, | Proportion of Adults with substance misuse treatment who successfully engage in community-based structured treatment (without re- | 41.2% | <p>2016/2017</p> <p>NDTMS & PHOF 2.16</p> |

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| | criminal justice clients. | presentation), after release from prison 2016/2017= 41.2% | | |
| Priority Four - Reduce substance misuse related crime and anti-social behaviour | 1. Reduction in offences related to substance misuse including violent and anti-social behaviour. To be developed further | Acquisitive Crime | 12 months to September 2017 5398 Acquisitive Crimes 202 Alcohol and Drugs NICL Flag (under the influence) 54 related to drugs and alcohol | Police Database |
| | 2. More people engaging in substance misuse treatment upon release from prison | See Three.3 above | | |
| | 3. Reduction or increase in DA and MARAC To be developed further | | | |
| | 4. Disrupt activity of children being recruited by County Lines to be drug runners To be developed further | (currently unavailable) | | |

Appendix 2 – Stakeholders

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

- Swindon Clinical Commissioning Group
- Third Sector Providers including: housing providers, SWADS, Nelson Trust
- Local Pharmaceutical Committee
- Substance Misuse Treatment Service Users
- Parents and Carers
- Health Watch
- Wiltshire Police
- The Police and Crime Commissions Office
- Department of Work and Pensions
- Probation services
- Children's Services (SBC)
- Licensing (SBC)
- Community Safety (SBC)
- Housing (SBC)
- Substance Misuse Treatment Provider (CGL)

Groups that have reviewed the strategy

- Swindon Drug Related Death and Harm Reduction Group
- Swindon Dangerous Drugs Network and Substance Misuse Strategy Group
- Swindon Community Safety Partnership Board
- Swindon Health Scrutiny and overview committee
- Swindon and Wiltshire Substance Misuse Strategic Group
- Swindon CCG Patient Participation Group