

Wiltshire Life-Course Substance Use Health Needs Assessment

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Executive Summary

This document describes Wiltshire's Life-Course Substance use Health Needs Assessment (HNA), which reviews the county's drug and alcohol prevalence, risk factors, impact, current provision, and recommendations.

The development of this HNA has been led by Wiltshire Public Health and utilised various methods including national and local data analysis and primary research. The information gathered provides a picture of the population of Wiltshire and the current and future needs for the shaping of drugs and alcohol services.

There are an estimated 510,400 people living in the Wiltshire Local Authority area, this is a 1% increase since 2019. It is estimated that the population will increase to 547,864 by 2040. By 2040 it is estimated that over 65 population will make up nearly a third of the total population.

Substance use refers to the harmful use of alcohol and drugs which can have a significant impact upon individuals, their families and friends and communities. Substance use can have a significant impact on individual's physical and mental health and wellbeing and is linked to several diseases and health conditions. Data demonstrates that unmet need rates are high with a significant proportion of individuals in need of treatment and support not accessing services.

Further to this, substance use has a wider societal impact due to the significant burden placed on frontline health and social care and emergency services as a result of drug and/ or alcohol use. Annually, alcohol related harm in England is estimated to cost approximately **£21.5 billion** and the use of illicit drugs costs a further **£10.7 billion**¹.

Substance use can impact anyone. It is indiscriminate of age, gender, race, profession, or social background. However, certain risk factors can increase the likelihood of individuals using drugs and/ or alcohol harmfully and the likelihood of experiencing poorer health outcomes. Risk factors can include individuals who live in more deprived areas, who have experienced trauma, sexual abuse or exploitation, have mental health needs or individuals who are homeless or at risk of homelessness.

The [2021 UK drug strategy](#) highlights clear ambitions to enhance and improve the quality of drug and alcohol treatment services, increase the capacity of services and to reduce the number of drug and alcohol related deaths. Locally, we are committed to achieving the national ambitions.

National and local surveys of secondary school-age pupils show similar trends of drug and alcohol use being more prevalent in the older age groups and a mostly downward trend in both drug and alcohol use from previous survey results. However, the results highlight that certain demographic groups are more likely to have tried alcohol or illegal drugs and are at disproportionate risk of harm². In 2021-22, 225 young people were accessing treatment for their substance use with cannabis and alcohol being the most

¹ [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK \(www.gov.uk\)](#)

² [Smoking, Drinking and Drug Use among Young People in England, 2021 - NDRS \(digital.nhs.uk\)](#)

used substances by service users³. The impact of substance use on young people is significant with high substance-related hospital admission rates both nationally and locally³. Local hospital admission rates are higher than the national average highlighting a need for prevention, early intervention, and harm reduction support for young people³.

Nationally alcohol prevalence remains high with 25 million adults regularly drinking alcohol and 22.8% drinking alcohol at a level that increases their risk of health harm¹. The latest data indicates that nationally there are an estimated 602,391 individuals with alcohol dependency which is an increase on previous years and 82% of alcohol dependent adults are not accessing support. Locally, it is estimated that 21.3% of Wiltshire adults drink at a level that increases their risk of health harm. There are an estimated 3,960 alcohol dependent individuals in Wiltshire of which 84% are not accessing treatment⁴. This presents a concern as higher levels of drinking increases individuals' risk of harm and can place additional pressure on services in the short to long term, including increased blue light calls and hospital admissions which highlights a need for alcohol early intervention and ensuring services are accessible to those with alcohol needs.

There were no changes in drug use for the majority of individual drugs across England and Wales in the year ending June 2022 compared with the previous year⁵. For the year ending June 2022, the proportion of adults in England and Wales reporting any drug use in the last year was highest among those aged 20-24 years highlighting the importance of ensuring early intervention and support is offered to individuals in this age bracket and earlier preventative work is undertaken with young people. Since estimates began in the year ending December 1995, cannabis has consistently been the most used drug in England and Wales and this trend continues. The national survey found that approximately 881,000 people (2.7%) aged 16 to 59 years old had taken a Class A drug in the last year, a reduction of 22% compared with approximately 1.1 million people (3.4%) in the year ending March 2020. There was an even more significant reduction (of 37%) in the 16-24 years age bracket compared with the year ending March 2020.⁵

In Wiltshire in 2020-21 there were a total of 427 new presentations to the drug treatment service⁴. The most common substances cited by adults starting drug treatment in 2020-21 were cannabis at 44% followed by alcohol at 33%, and cocaine at 26%, which follows similar patterns to the national picture⁴. The latest prevalence data estimates there are approximately 1,072 opiate users and 1,168 crack cocaine users in Wiltshire. Only a small proportion of these individuals are in treatment and therefore there are high rates of unmet need (78% for crack cocaine users and 58% for opiate users). Rates of unmet need in Wiltshire are higher than the rates of unmet need across England and therefore measures to address this unmet need and encourage more opiate and crack cocaine users into treatment should be implemented in Wiltshire⁴.

³ [Young people substance misuse commissioning support pack 2022-23: Key data \(ndtms.net\)](#)

⁴ [Adults Alcohol Commissioning Support Pack: 2022-23: Key Data \(ndtms.net\)](#)

⁵ [Drug misuse in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

The impact of the Covid-19 pandemic upon substance use prevalence has been considered and evidence provided which indicates the majority of people stated their alcohol consumption was the same as before the pandemic with roughly equal numbers indicating either drinking more or drinking less than before the pandemic but that those who were drinking more prior to the pandemic were more likely to have increased their consumption⁶. The UK Drug Market Monitoring Network research also indicated that 43% of drug users reported that their use had increased since the beginning of the pandemic. Reports of increased use were more common than reports of decreased use for all drug types however there was a more pronounced increase in use for purchase of cannabis products⁷.

This health needs assessment highlights the impact and complexity of substance use covering several factors including the financial cost at both an individual and societal level, the impact on mortality and morbidity, children and families and older adults and the links with sexual exploitation, domestic abuse, mental health, housing needs, unemployment and inequalities.

The [Dame Carol Black review](#)⁸ and [2021 UK Drug Strategy](#)⁹ make recommendations for a whole-system approach including the requirement for Local Authorities to develop better joined-up working arrangements with key stakeholders. The drug strategy focusses on three key areas:

- breaking and disrupting drug supply chains,
- reducing the demand for recreational drugs, and
- delivering a world-class treatment and recovery system.

The recommendations and ambitions from the Dame Carol Black review and the drug strategy should be implemented locally supported by the additional government grants that have been awarded¹⁰.

The current substance use services are commissioned until the end of March 2023 and a recommissioning process is underway to procure a new service to go live from 1st April 2023. The findings from this health needs assessment supported the development of the new service model and the key principles of the service which are:

- To adopt a balanced approach to prevention and early intervention and treatment,
- To offer a flexible, person-centred approach to supporting all clients across the life-course,
- To offer an equitable accessible service with attention on reducing barriers to access,
- To be innovative and responsive to emerging needs,

⁶ [Monitoring alcohol consumption and harm during the COVID-19 pandemic \(publishing.service.gov.uk\)](#)

⁷ Idrige, J., Garius, L., Spicer, J., Harris, M., Moore, K. & Eastwood, N. (2021) Drugs in the Time of COVID: The UK Drug Market Response to Lockdown Restrictions, London: [Release COVID Survey Interim Findings final.pdf](#)

⁸ <https://www.gov.uk/government/publications/independent-review-of-drugs-by-dame-carol-black-government-response/government-response-to-the-independent-review-of-drugs-by-dame-carol-black>

⁹ <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report>

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

- To adopt a no wrong door approach to ensuring individuals can access treatment at any point,
- To utilise a peripatetic service model which supports clients in the community.

Of key importance to the new service model is increasing accessibility of service users and enabling a more flexible and person-centred approach. This approach should help to reduce barriers to accessing the service, encouraging more people into treatment, which will help to reduce the unmet needs discussed through this health needs assessment.

This health needs assessment has found individuals aged 17+ years accounted for the highest proportion of dropouts from the young people substance use service and therefore a life-course model has been commissioned in order to reduce the need for transition points between young people and adult services allowing for great continuity for service users with an ambition to increase referrals and reduce dropout rates for this age group.

Throughout this health needs assessment several recommendations are identified for further developing substance use services in Wiltshire based on the findings from this report, evidence of unmet needs and inequalities. These recommendations should be addressed in order to meet the needs of Wiltshire's population and achieve both local and national ambitions.

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Glossary of terms

AA	Alcoholics Anonymous
ACEs	Adverse Childhood Experiences
ACMD	Advisory Council on the Misuse of Drugs
ALS	Alcohol Liaison Service
APMS	Adult Psychiatric Morbidity Survey
AUDIT	Alcohol Use Disorders and Identification Test
AUDIT-C	Modified shortened version of Alcohol Use Disorders Identification Test
AWP	Avon and Wiltshire Mental Health Partnership NHS Trust
AWS / UWS	Army Welfare Service / Unit Welfare Service
BMA	British Medical Association
BAME	Black, Asian and Minority Ethnic Groups
BANES	Bath and Northeast Somerset
CAMHS	Child and Adolescent Mental Health Services
ChiN	Child in Need
CP	Child Protection
CPS	Crown Prosecution Service
CSC	Children's Social Care
CSE	Child Sexual Exploitation
CSEW	Crime Survey for England and Wales
CYP	Children and Young People
DfE	Department for Education
DHI	Developing Health & Independence
DoH	Department of Health and Social Care
DWP	Department for Work and Pensions
EIF	Early Intervention Foundation
FAS	Foetal Alcohol Syndrome
FASD	Foetal Alcohol Spectrum Disorder
GP	General Practitioner
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HMIC	Her Majesty's Inspectorate of Constabulary
HMIP	Her Majesty's Inspectorate of Probation Services
HMP	Her Majesty's Prison
HNA	Health Needs Assessment
HSE	Health Survey for England
IPC	Institute of Public Care
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, and Queer (or questioning) and others.
MARAC	Multi-agency Risk Assessment Conference
MSM	Men who have sex with men
NA	Narcotics Anonymous
NDTMS	National Drug Treatment Monitoring System
NEET	Not in Education, Employment or Training

NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NPS	New Psychoactive Substance
NTA	National Treatment Agency for Substance use
OCG	Organised Crime Group
OHID	Officer for Health Improvement and Disparities
ONS	Office for National Statistics
PH	Public Health
PSHE	Personal, Social, Health and Economic education
RUH	Royal United Hospital
STI	Sexually Transmitted Infection
UNICEF	The United Nations Children's Fund
WHO	World Health Organisation
WSSMS	Wiltshire and Swindon Substance use Services
UNDOC	United Nations Office on Drugs and Crime

Background and definitions

Substance use is defined here as:

‘The harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs’¹¹

Psychoactive substance use can lead to dependence syndrome – a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance and sometimes a physical withdrawal state⁹. Within this health needs assessment, we have considered both drugs and alcohol, appreciating that their use often shares similar root causes and can have equally devastating effects on the lives of individuals, families, and communities. Also, poly-substance use is very common.

Physical dependence is a physiological condition as a result of chronic consumption of a tolerance-forming substance where an affected individual becomes reliant upon the presence of the substance in order to perform normal functions. The withdrawal of the substance from the system of a physically dependent individual can result in abnormal functioning and various potentially dangerous withdrawal symptoms¹².

In recognition of the impact substance use has on individuals of all ages, from the unborn child affected by maternal use to the older adult suffering from chronic ill health due to personal substance use, this Health Needs Assessment has taken a life course approach. Recognising that substance use commonly contributes to a wider network of vulnerabilities has also been central to this needs assessment.

Whilst substance use can have an impact at any age, certain groups are known to be more vulnerable to its effects. Furthermore, research and data related to this topic often refers to specific subgroups. For this reason, it has at times been necessary to form discussions around groups. The definition of a ‘young person’, ‘adult’ or ‘older adult’ varies between sources. The National Drug Treatment Monitoring System (NDTMS) uses the age of 18 to separate ‘young people’ and ‘adults’, since service provision is often divided in this way. However other sources such as the Crime Survey for England and Wales (CSEW) use the term ‘young adults’ to define the overlapping age group of 16-24 years old. The National Drug Strategy does not specifically define who they refer to as ‘young people’. Due to this ambiguity, for the purposes of this document we have tried, where possible, to clearly define the age group we are discussing.

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects,

¹¹ World Health Organisation. (2017). Health Topics: Substance abuse.

¹² [Physical Dependence | UK-Rehab](#)

limiting the ability to function and achieve mental, physical, social, emotional, or spiritual well-being¹³.

Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological, and social development¹³. Trauma-informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff and aims to improve the accessibility and quality of services for individuals¹³.

Health Inequalities are about differences in the status of people's health. But the term is also used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives – both of which can contribute to their health status. Health inequalities can therefore involve differences in:

- Health status, for example, life expectancy
- access to care, for example, availability of given services
- quality and experience of care, for example, levels of patient satisfaction
- behavioural risks to health, for example, drinking at risky levels.
- wider determinants of health, for example, quality of housing.

Differences in health status and the things that determine it can be experienced by people grouped by a range of factors. In England, health inequalities are often analysed and addressed by policy across four types of factors:

- socio-economic factors, for example, income
- geography, for example, region or whether urban or rural
- specific characteristics including those protected in law, such as sex, ethnicity or disability
- socially excluded groups, for example, people experiencing homelessness.

For the purpose of this needs assessment, we will focus on health inequalities and behavioural risk factors. People's behaviour is a major determinant of how healthy we are. Harmful alcohol consumption is a leading risk factor that drives preventable ill health and premature mortality in England and contributes significantly to widening health inequalities. Health-related behaviours are shaped by cultural, social and material circumstances. The NHS have recently published the [Core20plus](#) to inform the action to reduce healthcare inequalities at both national and system level. The Core 20 applies to the most deprived 20% of the national population as identified by the national [Index of Multiple Deprivation \(IMD\)](#). Inequalities and health behaviours are discussed throughout this health needs assessment and are covered in various chapters.

Purpose scope and methodology

Purpose

¹³ [Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Wiltshire's substance use contracts for both the adult and young people's service ends on 31st March 2023 and therefore it has been an appropriate time to conduct a review of the substance use Health Needs Assessment (HNA), which has informed future service planning.

The recommendations outlined in the drug strategy '*From harm to hope. A 10-year drugs plan to cut crime and save lives*' which was published by the government in December 2021, and Dame Carol Black's independent review of drugs, which was published in July 2021, have both been taken into account within this HNA.

Furthermore, it is timely to assess the impact of the Covid-19 pandemic, which this assessment will attempt to do.

Scope and Methodology

This HNA is an epidemiological, corporate, and comparative needs assessment. It will be used to further the understanding of need around substance use in Wiltshire and assess the impact of the Covid-19 pandemic. It will also underpin the commissioning of future substance use services for the county and be used to shape future strategy using evidence-based decisions.

The traditional model of epidemiological, corporate, and comparative healthcare needs assessment was developed by Stevens and Rafferty¹⁴. It will draw on three approaches:

- **Epidemiological:** Considers the size and severity of the substance use issue
- **Corporate:** Considers the perceptions of the service users, providers, and commissioners
- **Comparative:** Identifies trends across years and looks at the comparison to other localities and national targets

The main objectives of the needs assessment are:

- To understand the prevalence, impact and develop a needs-led approach to address substance use in Wiltshire.
- To ensure that this assessment informs and directs the strategic vision and future service specifications.
- To understand and describe the population of Wiltshire.
- To understand and describe the risk and protective factors associated with substance use and consider them in the Wiltshire context where possible.
- To understand and describe the prevalence of substance use in Wiltshire.
- To map current substance use service provision and identify potential service gaps.
- To assess demand upon current services.
- To understand the impact of moving from young persons to adult services and what benefit a life course model could have.
- To determine whether the current substance use service provision meets the identified needs and demands of the local population.
- To understand and describe inequalities experienced by those using substances and consider how these may be addressed.

¹⁴ Stevens A. Rafferty J. Health Care Needs Assessment: The Epidemiologically Based Needs Assessment Reviews, Vol. 1. Oxford: Radcliffe Medical Press

- To assess the impact of the Covid-19 pandemic on the local population in the context of drugs and alcohol
- To understand and describe the complexity of substance use and its links to mental health, domestic abuse and other areas.
- To understand the implications of the Dame Carol Black, review and the Harm to Hope Drug strategy 2021 and how they will guide future services.

Limitations of the data

Substance use is a complex area, and the data can often underestimate the true prevalence of drug and alcohol use. This is in part due to the complexity of the service provision and data collection. We have attempted to bring together multiple sources of data, with valuable local data helping to create a more comprehensive picture of substance use in Wiltshire. However, as identified throughout the document, the data available is at times imperfect. The report aims to use the most recent data available at the time of reporting.

Key findings from the assessment

Contextual discussion about the key findings, sources of data and recommendations are available throughout this report.

Health needs in Wiltshire

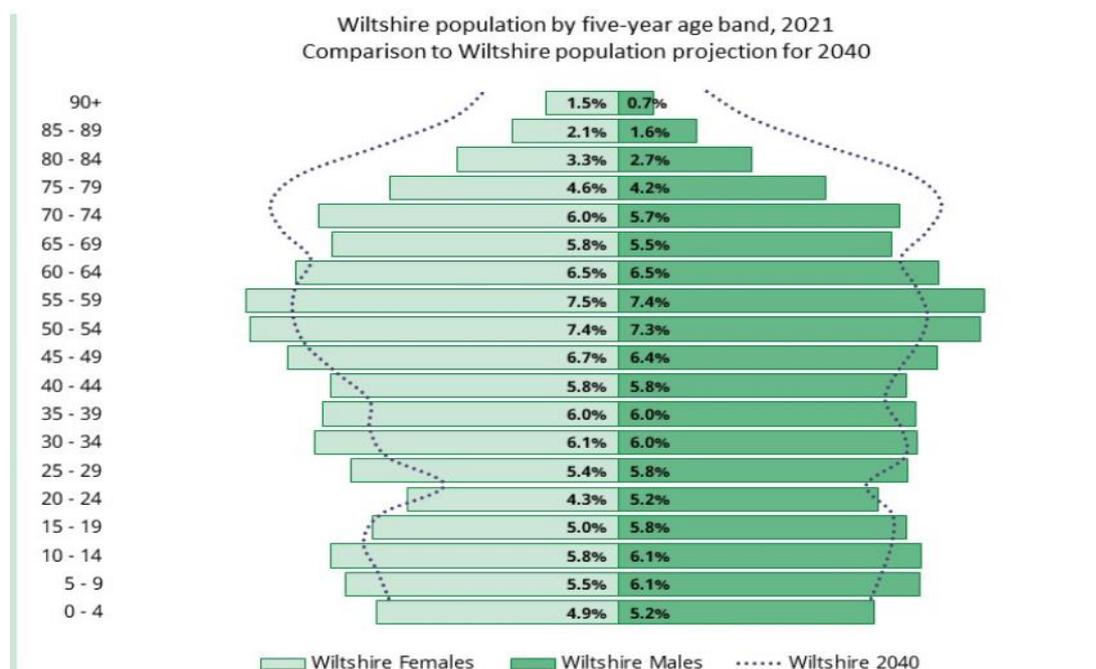
This chapter provides an overview of the Wiltshire population and considers the wider determinants influencing health and wellbeing.

Wiltshire demographics at a glance¹⁵

- There are an estimated 510,400 people living in the Wiltshire local authority area. Wiltshire population is expected to increase to 547,864 by 2040. This will be an increase of 7%.
- 51% of the population is female.
- Wiltshire is predominantly White British (90%)
- Over 65 population currently represents just over a fifth of Wiltshire's population, but by 2040 this age group will make up nearly a third of the total population.
- 13,924 currently live in one of the deprivation areas.

Figure 1 shows the most recent population pyramid for age and sex in Wiltshire.

Figure 1: Wiltshire Age and Sex¹⁶



Fifty-one percent of the population in Wiltshire is female. In line with national trends, due to different life expectancies there are significantly more women aged 65+ than

¹⁵ Department of Public Health, Wiltshire Council, Bringing Evidence Together [Overview Wiltshire Intelligence](#)

¹⁶ Office of National Statistics (ONS) Total population mid-year 2019, Wiltshire Intelligence, Bringing Evidence Together [Population Overview Wiltshire Intelligence](#)

men. The age structure of Wiltshire is similar to the Southwest region. However, Wiltshire has a slightly smaller proportion of 20- to 24-year-olds, this may be attributed to young adults leaving Wiltshire to attend University in other areas. Overall, the population of Wiltshire is expected to grow by around 7% by 2040, this is not evenly distributed across the age bands, as the number of those aged 65 and over is expected to grow by over 40% while the population aged under 65 is expected to shrink by around 3%.

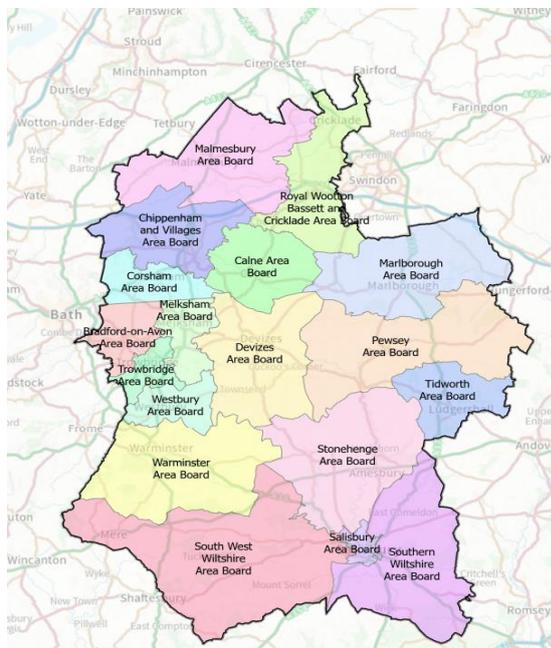
In 2019-2020 there were a total of 1,341 individuals in treatment with Wiltshire's adult substance use service which is a 21.7% decrease from 2009-2010. Of those in structured treatment 34% were female which has been a consistent trend since 2009-2010. The highest proportion of clients in treatment in 2019-2020 were aged between 35-39 years old which accounted for 17% of the total number in treatment.

In 2019-20 there were a total of 210 young people in treatment with Wiltshire's young people's substance use service which is a 204% increase from 2009-2010. Thirty-six percent of those in structured treatment were female and the highest proportion of clients in treatment (48%) were aged 16-17years¹⁷

Community areas

Within Wiltshire, the Council and local partners have identified twenty community Areas, forming eighteen Local Area Boards. Wiltshire is a sprawling rural county. A map of the community areas is presented below.

*Figure 2: Map of community areas*¹⁸



¹⁷ NDTMS - National Drug Treatment Monitoring System

¹⁸ [Introduction - Wiltshire Council](#)

Wiltshire's rurality needs to be considered when planning drug and alcohol treatment services as this can be a barrier in accessing services.

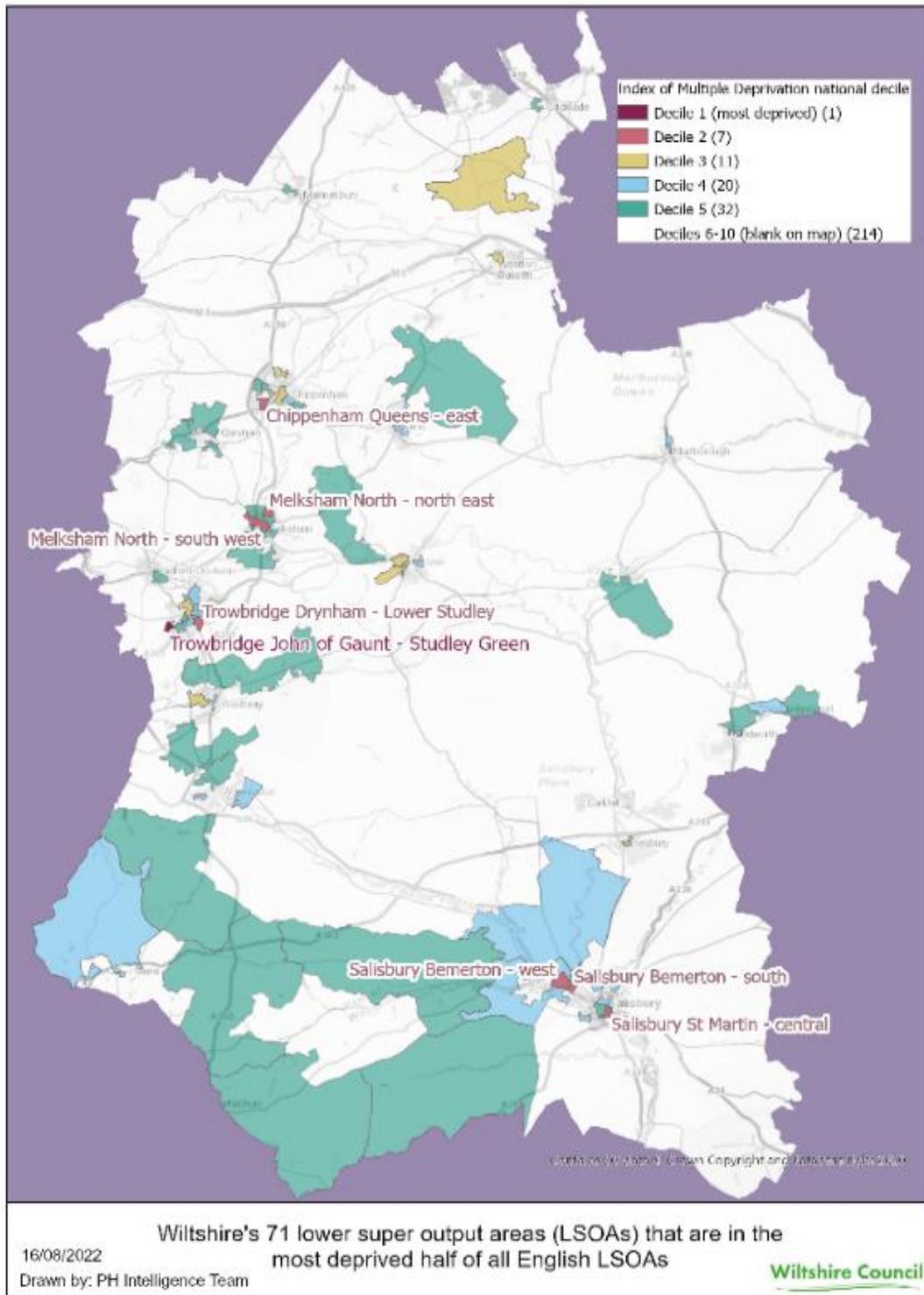
Deprivation

The majority of Wiltshire residents live in areas which are considered to be less deprived than many areas nationally.

In terms of overall deprivation, Wiltshire is less deprived than many other local authority areas in England. Over 70% of local authority districts in England are more deprived than Wiltshire. However, one area (Trowbridge John of Gaunt - Studley Green) is in the most deprived 10% of Lower-layer Super Output Areas (LSOAs) in England. When looking at specific domains of deprivation, Wiltshire's deprivation is considered high in the *Barriers to Housing and Services* domain, this can largely be attributed to the longer than average distance to services in Wiltshire. There have been minimal changes to Wiltshire's relative deprivation ranks since 2015.

Summarising deprivation at a local authority level necessarily conceals the variation within each of these large areas, which is why the Indices of Deprivation are intended primarily as small area measures. The figure below displays the areas of deprivation across Wiltshire using the national Index of Multiple Deprivation (IMD) decile.

Figure 3: Deprivation in Wiltshire as of mid-2019¹⁹



¹⁹ English Indices of Deprivation 2019: Wiltshire Report (2019), [Indices of Deprivation - Wiltshire Intelligence](#)

Although substance use cuts across all geographical area and social status, it is important to consider areas of deprivation as it is evidenced that drug and alcohol misuse is more prevalent in areas of deprivation.

There is a strong association between socioeconomic position, social exclusion and substance-related harm in relation to both alcohol and other drugs in the general population. People living in more deprived areas and with lower individual resources and socioeconomic capital are at greater risk of harm. The highest levels of alcohol and drug-related deaths in the UK occur in those areas of greatest neighbourhood deprivation²⁰.

A report monitoring the impact of the Covid-19 pandemic on alcohol consumption demonstrates the disparity between the most and least deprived quintiles as the peak rate of alcohol-specific hospital admissions for the most deprived decile was almost 5 times that of the peak rate for the least deprived decile (1,307.2 per 100,000 population and 262.2 per 100,000 population respectively). Alcohol-related conditions such as alcohol poisoning, alcoholic liver disease, alcoholic pancreatitis, cardiovascular diseases and cancers are disproportionately prevalent in lower socio-economic groups and is likely to place demand on health and social care services prior to death. For example, in England the rate of chronic liver disease mortality in the most deprived quintile (17.6 per 100,000 of the population) is almost double the rate in the least deprived²¹.

Ethnicity

Ethnicity has been defined as:

*"The social group a person belongs to, and either identifies with or is identified with by others, as a result of a mix of cultural and other factors including language, diet, religion, ancestry, and physical features traditionally associated with race"*²².

Table 1 shows that most of Wiltshire's residents are White British (90.1%). According to the 2021 Census, ethnic minorities make up 9.9% of Wiltshire's population (50,739 people), with the largest minority groups recorded in the 2021 Census being 'Other White' (3.6%, 18,257 people) and 'Asian, Asian British or Asian Welsh' (2.1%, 10,876 people).

Table 1: Ethnic groups in Wiltshire²³

²⁰ [Health inequalities substance misuse \(3\).pdf](#)

²¹ [Monitoring alcohol consumption and harm during the COVID-19 pandemic \(publishing.service.gov.uk\)](#)

²² Bhopal R. *Glossary of terms relating to ethnicity and race: for reflection and debate*. *Journal of Epidemiology Community Health* 2004;58:441-445

²³ 2021 Census, *Table TS021 Ethnic group* and 2011 Census, *Table KS201EW Ethnic group* [Dataset Selection - Query - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

	White British	White: Irish, White: Gypsy or Irish Traveller, White: Roma, White: Other White	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic groups
2011	93.4%	3.3%	1.3%	0.7%	1.2%	0.2%
2021	90.1%	4.3%	2.1%	1.1%	1.7%	0.7%

Wiltshire has a low ethnic minority population, and it is important to ensure services are accessible to all populations.

Healthy Life Expectancy

Healthy life expectancy is higher in Wiltshire than the Southwest and England. However, even in Wiltshire healthy life expectancy is below or very close to state pension age for both males and females and if the state pension age continues to increase and there is no change in healthy life expectancy this could have additional negative impacts on health and the economy. Around 80% of life expectancy for both males and females is likely to be in a healthy state. However, this means that around 20% of life expectancy is likely to be in an unhealthy state. Healthy life expectancy is much lower for those in the most deprived areas in Wiltshire²⁴

Understanding the size and structure of Wiltshire's population is fundamental for partners to have the ability to prioritise and deliver services efficiently.

The military and veteran population

Wiltshire has a large military and veteran population with a total of 23,420 Ministry of Defence Personnel being based in Wiltshire as of April 2022 either as serving personnel (17,390) or civilians (6,040)²⁵.

In 2021 there were approximately 31,378 residents who had previously served in the UK armed forces (regular and reserve). This represents 7.5% of Wiltshire's total population aged 16 years and over²⁵.

The high proportion of military and ex-military personnel has an impact on the population composition, and rebasing plans will have a considerable impact on population growth over the next decade.

²⁴ [Life expectancy and causes of death Wiltshire Intelligence](#)

²⁵ [Location Statistics for UK Regular Armed Forces and Civilians: 2022 - GOV.UK \(www.gov.uk\)](#)

In the context of substance use this is significant as research indicates drug and alcohol use within military and ex-military/ veteran population is highly prevalent yet numbers accessing treatment within Wiltshire are low as shown in table 2 below.

Table 2: Wiltshire numbers in treatment – military and ex-military

Numbers in treatment	Substance	2016/17	2017/18	2018/19	2019/20	2020/21
Military – active/ serving	Alcohol	41	36	18	13	22
	Alcohol & non-opiate	0	<5	<5	0	0
	Opiate	<5	<5	<5	<5	<5
	Non-opiate	<5	<5	<5	<5	<5
	Total	44	47	25	15	24
Ex-military/ Veteran	Alcohol	73	51	42	38	28
	Alcohol & non-opiate	7	9	<5	<5	<5
	Opiate	17	16	14	18	15
	Non-opiate	5	7	<5	<5	<5
	Total	102	83	63	62	50

As a significant proportion of the Wiltshire population is either military or ex-military and there is rapid growth of this population group, it is important to consider the impact in the context of substance use and how to ensure services are accessible for this population group.

Recommendations

- Use knowledge of the local demographic profile to inform service planning and prevention strategies. Particular attention needs to be paid to the local ethnic profile, the aging population, areas of deprivation and the needs of the substantial and growing military and ex-military presence.
- Given the projected increase in the population of Wiltshire and the expected increase in the number of older adults, it is recommended that the local authority develop policies and programs that cater to the needs of this group.
- The fact that Wiltshire is considered less deprived than many other local authority areas in England may lead to complacency. It is important to continue monitoring deprivation indicators and addressing areas of concern, such as the barriers to housing and services domain.
- The lower proportion of ethnic minorities in Wiltshire, compared to the total southwest region and England, highlights the need for inclusion and diversity policies that ensure that minority groups are not excluded.
- The fact that healthy life expectancy is below or very close to state pension age for both males and females indicates the need for programs and policies that promote healthy living and well-being, particularly for those in the most deprived areas.

National and Local Prevalence of Alcohol Use²⁶

This chapter provides an overview of the prevalence of alcohol and drug use at both a national and local level. The prevalence of alcohol and drug use amongst young people and adults are considered separately.

The World Health Organisation (WHO) places alcohol as the third biggest global risk for burden of disease and alcohol is identified as a causal factor in more than 60 medical conditions. Risk of alcohol-related harm increases with the amount of alcohol consumed on a regular basis; these risks can include accidents, injuries, increased alcohol-related hospital admissions and wider impacts on society, crime and anti-social behaviour.

Young People

²⁶ [Health Survey for England 2019 \[NSI\] - NHS Digital](#)

In 2021-2022 there were a total of 225 young people engaged with Wiltshire's children and young people substance use service, of which 147 (65%) were accessing the service for support with alcohol. Alcohol is the second most common substance used amongst young people in treatment behind cannabis²⁷.

Data indicates higher alcohol prevalence amongst young people in treatment in Wiltshire than for England. Table 3 below demonstrates that in Wiltshire there are significantly fewer young people in treatment within Wiltshire who have consumed no alcohol in the 28 days prior to being assessed and a significantly higher proportion drinking between 1-199 units in the 28 days prior to being assessed²⁸.

Table 3: Proportion of young people in treatment by drinking level units for Wiltshire and England 2020-21²⁹

Units	Proportion of young people	
	Local	England
0	3%	50%
1-199	88%	44%
200-399	7%	4%
400-599	1%	1%

In a national survey of secondary school children in 2021, 40% aged 11–15 years reported previously having an alcoholic drink, which is a 4% reduction from the 2018 survey results, and 9% had consumed alcohol in the last week. From the same survey, 21% of those aged 15 years, when the survey was completed, reported having been drunk in the last 4 weeks which remains consistent to the findings from a previous national survey completed in 2018²⁹.

A change in the wording of questions in the 2016 survey means the figures from 2016 onwards are not directly comparable with previous years. However, data from older surveys indicates a fall in the number aged 11–15 years drinking alcohol between 2003 and 2014. However, since 2014 there has been a slight increase from 38% of pupils reporting to have ever had an alcoholic drink to 40% in 2021.

Responses to the survey show a small difference between girls and boys when answering if they have ever had an alcoholic drink as 39% of boys, and 42% of girls answered yes.

²⁷ [NDTMS – Wiltshire Young People Activity Report 2021-2022](#)

²⁸ [Smoking, Drinking and Drug Use among Young People in England, 2021 - NDRS \(digital.nhs.uk\)](#)

²⁹ [Wiltshire-CYP-HWB-Survey-2021-Risky-Behaviours-Report.pdf \(wiltshireintelligence.org.uk\)](#)

Across all ages, pupils most obtained alcohol from their parents (75%, a 4% increase on the 2018 survey results) and were most likely to consume alcohol at their own home (76%). However, drinking alcohol at parties with friends or at someone else's home became more common as the pupils got older. In keeping with this, children aged 11-13 years most commonly reported drinking with their parents, whereas for those aged 14-15 years friends were their most likely drinking companions.

Similar trends are reflected locally which can be seen through the Wiltshire Child and Young People's Health and Wellbeing Survey 2020/21 results. Seventy-seven Wiltshire schools took part in the survey. Fifty-one percent of year 12/ FE (Further Education) pupils reported they drank alcohol at least monthly, compared to 21% in secondary school and 3% in primary school over the same period. Overall, these results do not differ substantially from the results in the 2020 and 2017 surveys. There has been a small gradual decrease in the proportions of year 12/FE children reporting drinking alcohol at least monthly since 2017 (64%) and 2020 (59%) to 51% in 2021²⁹.

There was some variation in alcohol consumption among vulnerable groups across secondary and year 12/FE phases. In secondary schools, children who have/had a family member in prison had the highest proportion of those reporting drinking alcohol weekly/daily. In year 12/FE phases, LGBT children were the only group to have a higher proportion of those reporting drinking alcohol weekly/daily than the overall Wiltshire sample, but the difference was small.

Negligible numbers of primary school children reported ever having been drunk, 17% of secondary school children reported the same. The proportion of secondary school pupils reporting getting drunk weekly/daily has increased since 2017 (13%) and 2020 (11%), but proportions have also increased for those reporting never/once or twice. In contrast, the proportion of year 12/FE pupils getting drunk weekly/daily has decreased since 2017 (30%) and 2020 (25%) and 23% of year 12/FE children reported being drunk weekly/daily.

Most respondents from both year 12/FE and secondary school phases usually get their alcohol from home with their parents' permission. These patterns of acquiring alcohol have not changed since 2017, except for a reduction in year 12/FE pupils getting their alcohol from a pub or supermarket (15% and 12% respectively in 2017). According to the 2021 national survey, most pupils aged 11-15 who obtained alcohol in the last 4 weeks did so by obtaining it from their parents (75%). This pattern of acquiring alcohol changes slightly for Wiltshire young people who get drunk frequently (e.g. weekly or daily), in both the secondary and year 12/FE sample. While the majority still acquire their alcohol from home with permission (27% secondary aged pupils and 33% year 12/FE), 19% of year 12/FE children get their alcohol from a local shop. 12% of secondary children get their alcohol from home without parents' permission, 12% from an off license and 12% obtain their alcohol by someone else buying it for them.

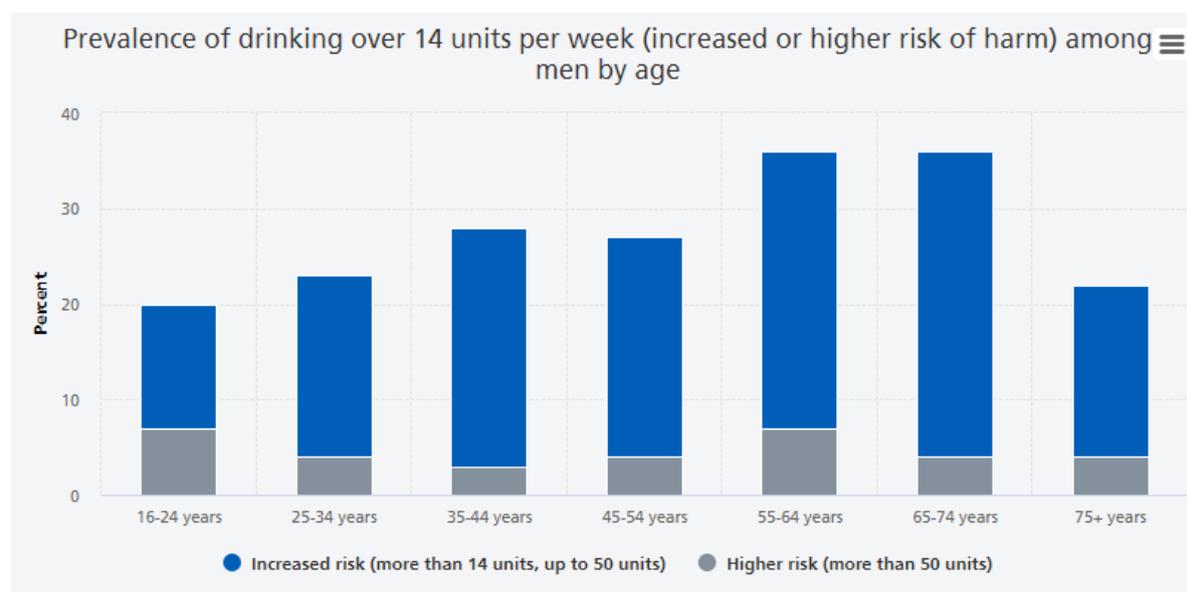
66% of those who reported consuming alcohol frequently (monthly or more often) in the secondary sample, and 69% of those in the year 12/FE sample, also reported engaging in other risky behaviours such as smoking, using illegal drugs, pharming, sexual activities, and gambling.

Adults

In England, 25 million adults regularly drink alcohol³⁰. In 2021, 79% of participants of the Health Survey for England reported drinking alcohol in the past year and 49% reported drinking alcohol at least once a week³¹. Results showed a higher proportion of men than women drink alcohol with 57% of men and 43% of women drinking alcohol at least once a week. The proportion of participants drinking alcohol in the past year increased with age, from 62% 74% of those aged 16–24 years to 85% of those aged 55–74 years. There was a 12% reduction in the proportion of participants who drank alcohol in the last year for those aged 16-24 years.

An estimated 10.4 million people drink alcohol at a level that increases their risk of health harms in England. The Health Survey for England 2021 reported that a higher proportion of men than women drank at increasing or higher risk levels (over 14 units weekly); 28% of men and 15% of women. The proportion of men and women usually drinking over 14 units in a week varies across age groups as can be seen below in figure 4 and figure 5.³¹

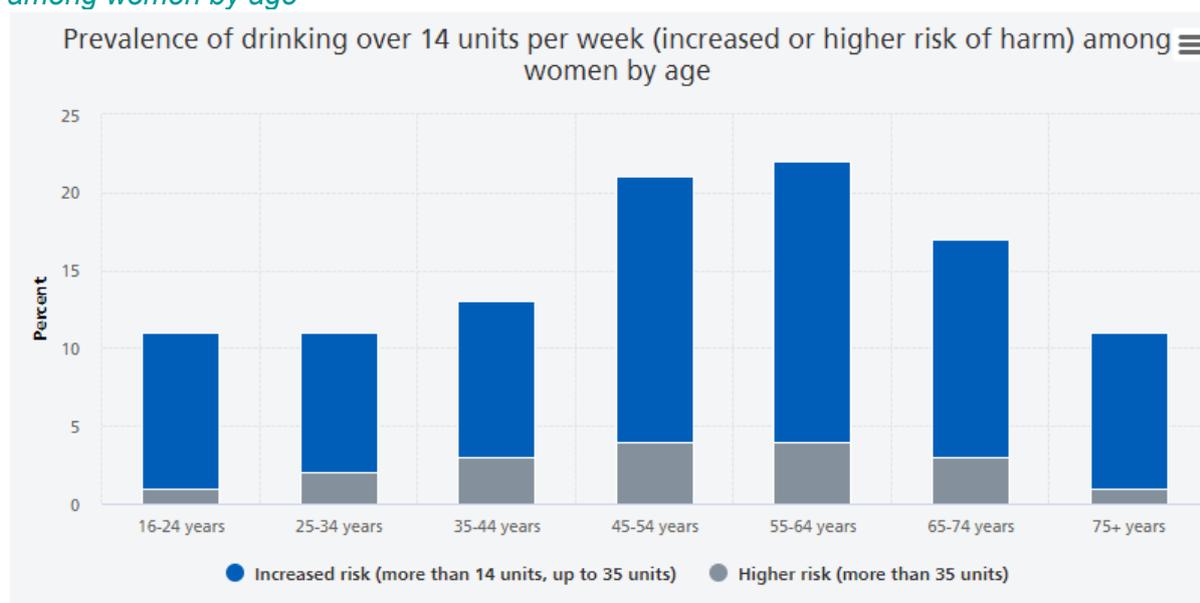
Figure 4: Prevalence of drinking over 14 units per week (increased or higher risk of harm) among men by age³¹



³⁰ [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

³¹ Health survey for England 2021 - [Health Survey for England, 2021 part 1 - NDRS \(digital.nhs.uk\)](https://digital.nhs.uk)

Figure 5: Prevalence of drinking over 14 units per week (increased or higher risk of harm) among women by age³¹



A smaller but significant number of people are dependent upon alcohol. In 2018/19 there were an estimated 602,391 individuals with alcohol dependency in need of specialist treatment in England which is a 2.6% increase from the previous year³². It is estimated 80% of adults who need specialist treatment for alcohol are not accessing support.

In Wiltshire it is estimated that 21.3% of adults drink more than the maximum recommended amount of alcohol per week³². Whilst this is lower than the average for England (22.8%), it still presents a concern as higher levels of drinking increases individuals' risk of harm and can place additional pressure on services in the short to long term, including increased blue light calls, hospital admissions and the need for early assistance from support services. There are an estimated 3,960 individuals who are alcohol dependent in Wiltshire of which is it estimated only 16% are accessing treatment. In 2020-21 there were 388 new presentations for alcohol only treatment in Wiltshire which accounted for 82% of all in treatment³².

Conclusion

The WHO places alcohol as the third biggest global risk for burden of disease and alcohol is identified as a causal factor in more than 60 medical conditions. National and local surveys of school age young people show relatively consistent patterns of alcohol consumption across the years and no significant differences between genders. A large percentage of young people obtained alcohol from their parents and were most likely to consume alcohol at their own home. Wiltshire's local survey found those who frequently consumed alcohol were more likely to engage in other risky behaviours both for secondary school pupils (66%) and year 12 / FE pupils (69%).

In England, an estimated 10.4 million adults drink alcohol at a level that increases their risk of health harms and 22.8% regularly drink more than 14 units per week. In

³² [Adults Alcohol Commissioning Support Pack: 2022-23: Key Data \(ndtms.net\)](#)

Wiltshire this figure is estimated to be 21.3% of adults. Research indicates a higher proportion of men than women drink at increasing or higher risk levels (over 14 units a week). The most recent estimates indicate there are approximately 602,391 individuals who are alcohol dependent in England, 82% of which not accessing support from specialist treatment services. In Wiltshire there are an estimated 3,960 adults who are alcohol dependent and only 16% are accessing treatment.

Recommendations

- Consideration should be given to ensuring appropriate education and awareness raising about the risks of alcohol amongst young people.
- Public Health teams should ensure services such as substance use services and sexual health services are working collaboratively.
- Regular Identification and Brief Advice training for a range of partners and frontline professions should be established to enable earlier identification of problematic drinking and ensure pathways to support and treatment are offered.
- Work with partners and providers to encourage more young people to access support in a timely way.

National and Local Prevalence of Drug Use

This chapter provides an overview of the prevalence of drug use at both a national and local level. The prevalence amongst young people and adults is considered separately.

Drug use and dependency can lead to a range of harms for the user including, but not limited to, poor physical and mental health and ultimately death, unemployment, homelessness, family breakdown, criminal activity as well as having wider impacts on society. Drug-related harms do not only vary according to the different types of drug or drugs being used; alongside this, it is the way a drug is used, the way it is used in combination with other substances, and the social context in which it is used that contribute to risk. It is therefore important to consider the prevalence of drug use.

Young People

Of the 225 young people in treatment for substance use in Wiltshire in 2021-22, 202 (90%) accessing the service were using cannabis. Cannabis is the most common substance used amongst young people in treatment with alcohol the second most common substance at 65% followed by 'other' substances (25%), ecstasy (18%) and cocaine (12%)³⁴.

In 2021, a national school survey was conducted where 18% of pupils across all ages between 11-18 surveyed reported they had previously taken drugs, this was lower than the 2018 survey results 12% reported having taken drugs in the last year, a 5% reduction from the 2018 results, and 6% of pupils said they had taken drugs in the last month, which was a 3% reduction from 2018 results ³³.

From 2009 to 2014 there was a consistent downward trend in these figures, however, between 2014 and 2016 there was an increase from 10% of pupils reporting drug use in the last year in 2014 to 18% in 2016. In part, this was a result of the inclusion of nitrous oxide and new psychoactive substances for the first time. The 2021 survey shows this figure is now 12% and therefore has almost returned to the rates seen in 2014³³.

The proportion of pupils reporting prior drug use increased with age with 7% aged 11 years having ever taken drugs and 34% aged 15 years which has been a consistent trend since 2001. The proportion of girls (19%) and boys (17%) reporting to have ever taken drugs were similar ³⁴.

Cannabis was most commonly reported as the type of drug taken by pupils followed by volatile substances (gas, glue, aerosols or solvents), nitrous oxide, new psychoactive substances and cocaine. As previously mentioned, since use of nitrous oxide and new psychoactive substances have only been included within reporting since 2016 it will be important to monitor the usage of these drugs.

On the first occasion 33% of pupils who took drugs obtained them from a friend their own age, 16% from a dealer and 13% from an older friend. Pupils who have taken drugs on more than one occasion reported they most recently obtained drugs from a friend their own age (34%), a dealer (26%) and from an older friend (13%).

Locally, the Wiltshire Children and Young People's Health and Wellbeing Survey 2020/21 found 1 in 5 (20%) secondary school pupils and almost 2 in 5 (40%) year 12/FE pupils reported having been offered illegal drugs. 7% of secondary school respondents reported having tried illegal drugs while, in the year 12/FE sample, 19% of respondents reported having tried illegal drugs. There were not any noticeable differences between genders in either school phase³⁴.

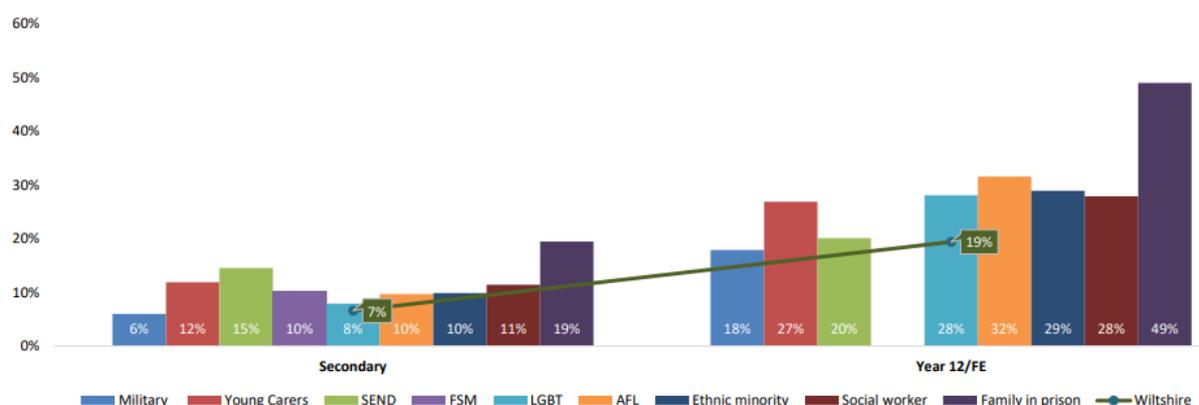
³³ [Smoking, Drinking and Drug Use among Young People in England, 2021 - NDRS \(digital.nhs.uk\)](https://digital.nhs.uk/resources/identifiers/smoking-drinking-and-drug-use-among-young-people-in-england-2021)

³⁴ [Wiltshire-CYP-HWB-Survey-2021-Risky-Behaviours-Report.pdf \(wiltshireintelligence.org.uk\)](https://wiltshireintelligence.org.uk/wp-content/uploads/2021/09/Wiltshire-CYP-HWB-Survey-2021-Risky-Behaviours-Report.pdf)

These figures are approximately the same for secondary school respondents in 2020 and 2017 but show a decrease in the year 12/FE school phase (28% in 2017 and 29% in 2020).

In the secondary school sample, all vulnerable groups apart from children of military parents/carers and LGBT children were more likely to have tried illegal drugs than the overall Wiltshire sample as shown in figure 6. Almost half of year 12/FE children who have/had a family member in prison reported having tried illegal drugs, which is more than any other vulnerable group.

Figure 6: Percentage of 'Yes' responses to question 'Have you ever tried illegal drugs?' split by vulnerable groups³⁴.



Of those who answered yes to the question *have you ever tried illegal drugs?*, 29% of secondary school children and 15% of year 12/FE children reported taking illegal drugs frequently, either quite often (e.g., weekly) or on most days. Proportions of year 12/FE pupils taking illegal drugs frequently have decreased since 2017 (22%) and 2020 (19%) to 15% in 2021. On the other hand, frequent drug use has increased among secondary pupils (23% in 2017 and 22% in 2020) to 29% in 2021. Most reported illegal drug use was of cannabis, but 22% of secondary school children who had tried illegal drugs reported taking other illegal drugs frequently.

Ninety-seven percent of those in the secondary school sample who have tried illegal drugs, and 97% of those in the year 12/FE sample, also reported engaging in other risky behaviours such as smoking, pharming, sexual activities and gambling. The most noticeable difference between the two groups can be found in the secondary phases for frequent alcohol drinking, where those who had tried illegal drugs were more likely to frequently drink than the average sample (81% vs 36%).

Primary school pupils were not asked questions about prescription drug use. 12% of respondents from secondary school and 12% of respondents from year 12/FE phases reported that they had been offered prescription drugs for recreational use (pharming), the remainder had not. 'Pharming' is a slang term used to refer to the unauthorised

ingestion of prescription drugs to become intoxicated. In both school phases, the proportion of males that have been offered prescription drugs is slightly higher than the proportion of females. This was particularly true for the secondary school respondents, where 1 in 7 males reported having been offered prescription drugs.

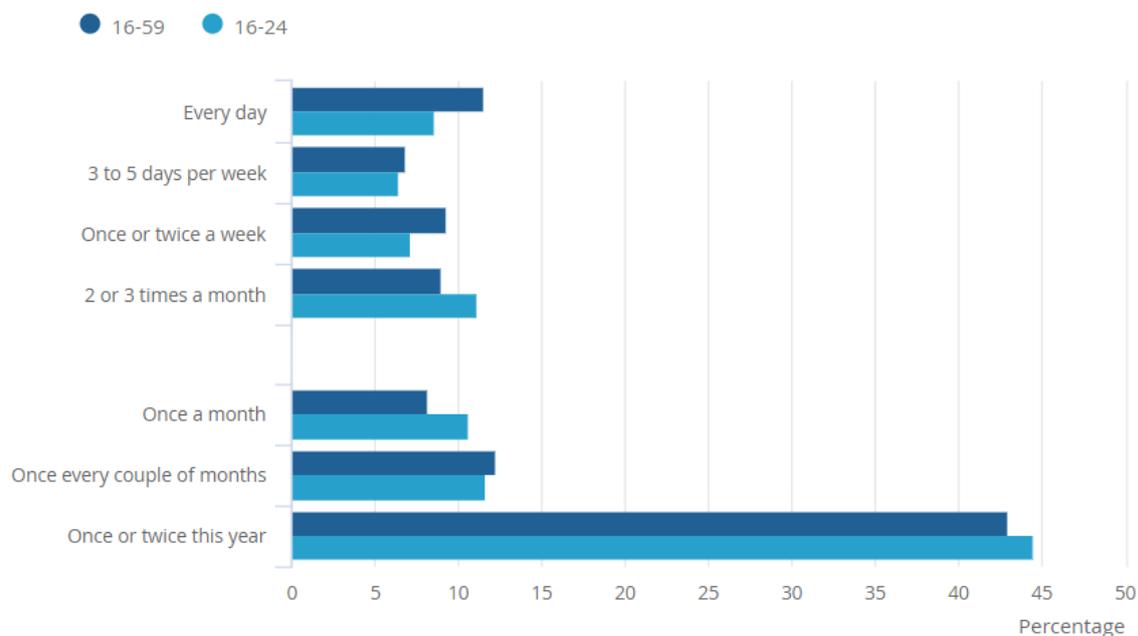
All vulnerable groups in secondary phases were just as likely or more likely to have tried prescription drugs compared to the overall Wiltshire sample. The same was true in year 12/FE phases, apart from children of military parents/carers who were less likely to have tried prescription drugs than the overall Wiltshire sample. Children who have/had a family member in prison in both school phases reported significantly higher proportions than the Wiltshire proportions (22% vs 9% secondary and 14% vs 7% year 12/FE)³⁴.

Adults

There were no changes in drug use for the majority of individual drugs across England and Wales in the year ending June 2022 compared with the previous year³⁵. Findings from the Crime Survey for England and Wales (CSEW) showed that 1 in 11 (9.2%) of adults aged 16-59 years and 18.6% aged 16-24 years had taken a drug in the last year, see figure 8 below³⁵. For the year ending June 2022, the proportion of adults in England and Wales reporting any drug use in the last year was highest among those aged 20-24 years. The majority of adults aged 16 to 59 years who reported using any drug in the last year were infrequent users (63.4%), with 43% reporting they had only taken them "once or twice". This was similar for adults aged 16 to 24 years.

Figure 7: Frequency of use (%) in adults aged 16-59 years and 16-24 years who had taken any drug in the last year, England and Wales, year ending June 2022 (1).

³⁵ [Drug misuse in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)



The national survey found that approximately 881,000 people (2.7%) aged 16 to 59 years old had taken a Class A drug in the last year, a reduction of 22% compared with approximately 1.1 million people (3.4%) in the year ending March 2020. There was an even more significant reduction (of 37%) in the 16-24 years age bracket compared with the year ending March 2020.

Since estimates began in the year ending December 1995, cannabis has consistently been the most used drug in England and Wales³⁵. In the year ending June 2022, 7.4% of adults aged 16-59 years and 16.2% aged 16-24 years reported having used cannabis in the last year which is a similar level to the year ending March 2020 and the year ending March 2012, however, is lower compared with the year ending December 1995. Over one-third of adults (38.7%) aged 16 to 59 years who used cannabis in the last year used the drug more than once a month, with 11.5% using it every day.

In the year ending June 2022 there was no change in the prevalence of powder cocaine use for adults aged 16-59 years (2%) or 16-24 years (4%) in comparison to the year ending March 2020. For ecstasy use in the last year there was a 47% decrease for those aged 16-59 years and a 72% decrease for those aged 16-24 years compared with the year ending March 2020. In the last year ending June 2022, 1.3% of adults aged 16 to 59 years and 3.9% of adults aged 16 to 24 years had used nitrous oxide, this is equivalent to around 444,000 and 230,000 individuals respectively, around half as many as reported use in the year ending March 2020³⁶.

³⁶ South West data here: [All data related to Drug misuse in England and Wales: year ending June 2022 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/drugs-and-alcohol-misuse/drugs/articles/all-data-related-to-drug-misuse-in-england-and-wales-year-ending-june-2022)

In Wiltshire in 2020-21 there were a total of 838 adults in drug treatment. The numbers of adults in drug treatment split by drug group can be found in table 4 below ³⁷

Table 4: Number of adults in drug treatment 2020-21 split by drug group and percentage difference to 2019-20(2).

Drug group	Local (n)	Percentage difference
Alcohol and non-opiate	139	↑ 7.8%
Non-opiate	202	↑ 27.8%
Opiate	497	↓ 6.4%
Total	838	↑ 2.4%

In Wiltshire in 2020-21 there were a total of 427 new presentations to the drug treatment service. The most common substances cited by adults starting drug treatment in 2020-21 were cannabis at 44% followed by alcohol at 33%, and cocaine at 26%, demonstrating similar trends to the national picture.

Drug treatment data has been used to calculate estimated prevalence and rates of unmet need of drug dependent adults for Wiltshire and England. The latest prevalence data estimates there are approximately 1,072 opiate users and 1,168 crack cocaine users in Wiltshire³⁷. Only a small proportion of these individuals are in treatment and therefore there are high rates of unmet need (78% for crack cocaine users and 58% for opiate users). Rates of unmet need in Wiltshire are higher than the rates of unmet need across England as detailed in table 5 below.

Table 5: Estimated prevalence and rates of unmet need of drug dependent adults for Wiltshire and England 2020-21.

Drug groups	Wiltshire		England	
	Prevalence	Rates of unmet need	Prevalence	Rates of unmet need
Crack	1,072	78%	180,748	58%
Opiate and crack users	1,337	60%	313,971	53%
Opiates	1,168	58%	261,294	47%

Prescription dependency is when the use of a prescription medicine is taken in a way that was not intended. Nearly 12 million people – 1 in 4 adults – in England in the year ending March 2018 had been prescribed at least one of the below medications³⁸.

- Benzodiazepines (mainly prescribed for anxiety and insomnia)
- Z drugs (insomnia)
- Gabapentin (neuropathic pain)
- Opioid pain medications (chronic non-cancer pain such as low back pain and injury-related and degenerative joint disease)
- Anti-depressants (depression)

³⁷ [Adults Alcohol Commissioning Support Pack: 2022-23: Key Data \(ndtms.net\)](#)

³⁸ [Dependence on prescription medicines linked to deprivation - GOV.UK \(www.gov.uk\)](#)

Fifty percent of those who were prescribed one of the above drugs had been continuously prescribed for at least the previous 12 months and 22%-32% had been prescribed for at least the previous 3 years. Whilst long-term prescribing of opioid pain medicines and benzodiazepines is falling it does still occur frequently and requires monitoring ³⁸.

Conclusion

This chapter has explored the prevalence of drug use for both young people and adults nationally and locally highlighting alcohol and cannabis as being the most commonly used substances. It has explored numbers accessing treatment and rates of unmet need which highlights the importance of services being flexible and adaptable to accommodate changing needs to ensure they are accessible to all. This chapter also recognises the importance of monitoring prescription drug prescribing as a measure to help reduce the prevalence of drug use.

Recommendations

- Consideration should be given to ensuring appropriate education and awareness raising about the risks of drugs and alcohol amongst young people and adults.
- Public Health teams should ensure services such as substance use services and sexual health services are working collaboratively to support young people and adults.
- Work with key stakeholders to understand the implications of cannabis use and making timely referrals for support, to ensure that the use of cannabis is not normalised.
- The service model should be flexible and adaptable to accommodate changing need in substance use, ensuring services are accessible to all.
- Work with partners to conduct an audit to understand the current landscape of prescription drug processes and non-prescribed usage.

The Impact of Covid-19 on substance use

This chapter provides an overview of the impact of Covid-19 from a national perspective. The impact from a local perspective is discussed throughout this report.

The Wiltshire Recovery Joint Strategic Needs Assessment on Substance use recognises that the Covid-19 pandemic has brought major challenges to healthcare systems and public health policies globally³⁹. Individuals with substance use needs are an at-risk population and have been impacted by the Covid-19 pandemic in a number of ways. People who misuse or are dependent on drugs and alcohol may be at increased risk of becoming infected, and infecting others, with Covid-19. They may also be more vulnerable to poor health outcomes due to underlying physical and mental health conditions, which may have worsened due to the pandemic. As with other services, drug and alcohol treatment services have been impacted by the Covid-19 pandemic. Services had to restrict face-to-face contact wherever possible which affected the types of interventions service users were able to receive. Fewer service users were able to access community and inpatient detoxification for alcohol and, beyond drug and alcohol treatment itself, testing and treatment for blood-borne viruses and liver disease were greatly reduced. Reduced access to broader healthcare services, changes to lifestyle and social and economic changes caused by the pandemic and difficulties in treatment access and adherence are all impacts of the covid-19 pandemic that have affected those with substance use needs. The wider systems that substance use treatment providers integrate with, particularly education and youth justice, saw major changes to their service provision that may have led to reductions in the numbers being referred to treatment. It is important to consider how substance use and related harm and the provision of services may have changed in the local area over the course of the Covid-19 pandemic.

Covid-19 and Alcohol consumption

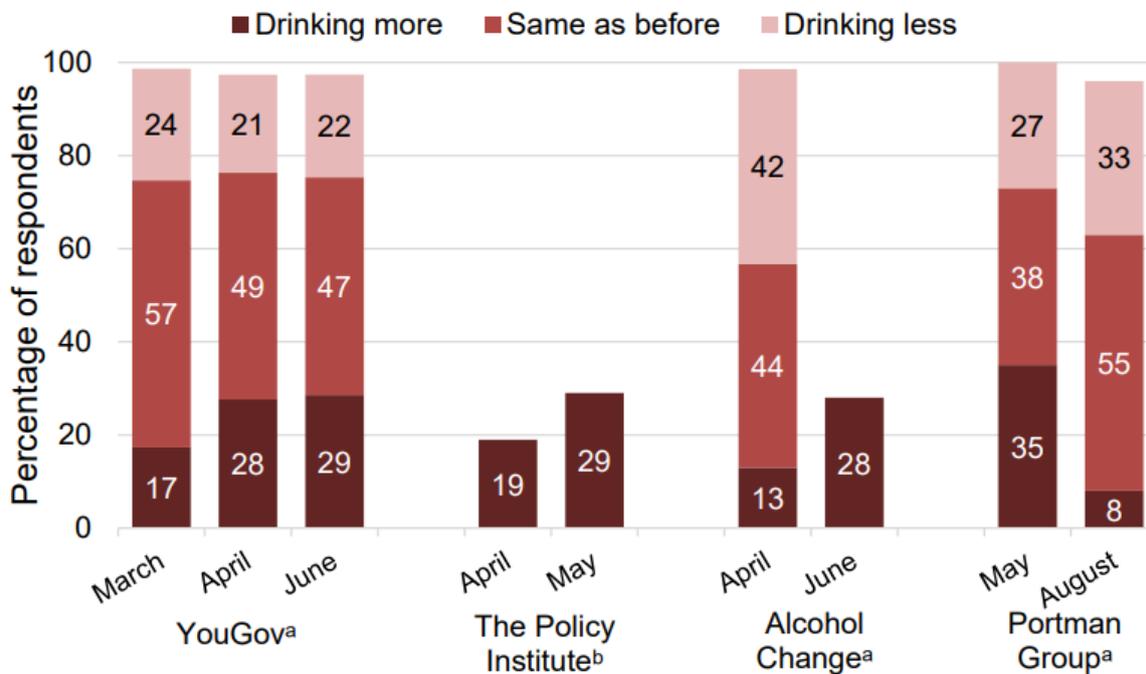
Since the beginning of the Covid-19 pandemic several studies have been conducted to understand how the pandemic has impacted upon drug and alcohol consumption rates. Public Health England (now the Office for Health Improvement and Disparities) published a report in July 2021 which collated data on alcohol consumption and alcohol related harm in England during the pandemic and compared it to data from previous years⁴⁰. The report shows there was an increase in off-trade sales by roughly 25% during the first 31-week lockdown period. It is difficult to ascertain with the data available whether individuals' alcohol consumption has increased throughout the pandemic. Self-reported data suggests the majority of people stated their alcohol consumption was the same as before the pandemic with roughly equal numbers

³⁹ [Recovery JSNA: Substance Use and Misuse Wiltshire Intelligence](#)

⁴⁰ [Monitoring alcohol consumption and harm during the COVID-19 pandemic \(publishing.service.gov.uk\)](#)

indicating either drinking more or drinking less than before the pandemic as shown in figure 8.

Figure 8: Changes in the volume of alcohol consumption before and after the pandemic or lockdown: repeated cross-sectional surveys or polls⁴⁰

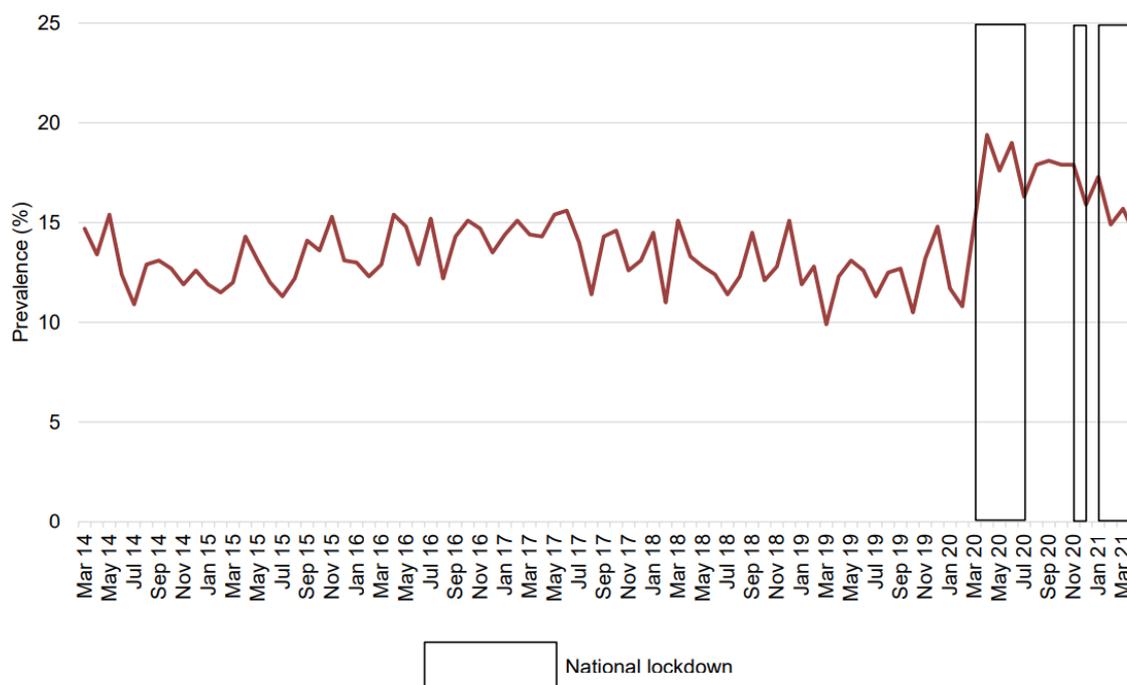


^a Includes 'current' or 'former' drinkers, excludes 'never drinkers'

^b Includes all respondents (including 'never drinkers')

The report does however show that there was an increase in the number of AUDIT (Alcohol Use Disorders Identification Test) respondents drinking at increasing and higher-risk levels around the time social distancing measures were put in place with a 79.6% increase between February 2020 and April 2020 as can be seen in Figure 9. AUDIT is a comprehensive 10 question alcohol harm screening tool to identify whether an individual's alcohol consumption patterns place them at low-risk, increasing-risk or high-risk of harm.

Figure 9: Prevalence of increasing- and higher-risk drinking (AUDIT) in England⁴⁰



There was a rapid decrease in the rate of alcohol specific hospital admissions that coincided with the start of the pandemic however this was not unique to alcohol. All unplanned admissions, irrespective of cause, sharply decreased as the pandemic began and remained significantly lower in 2020 and 2021 than previous years.

In 2020, there was a 20.0% increase in total alcohol specific deaths compared to 2019 (33.0% of these deaths occurred in the most deprived group). Deaths from mental and behavioural disorders due to alcohol increased by 10.8% (compared to a 1.1% increase between 2018 and 2019), and deaths from alcohol poisoning increased by 15.4% (compared to a decrease of 4.5% between 2018 and 2019).

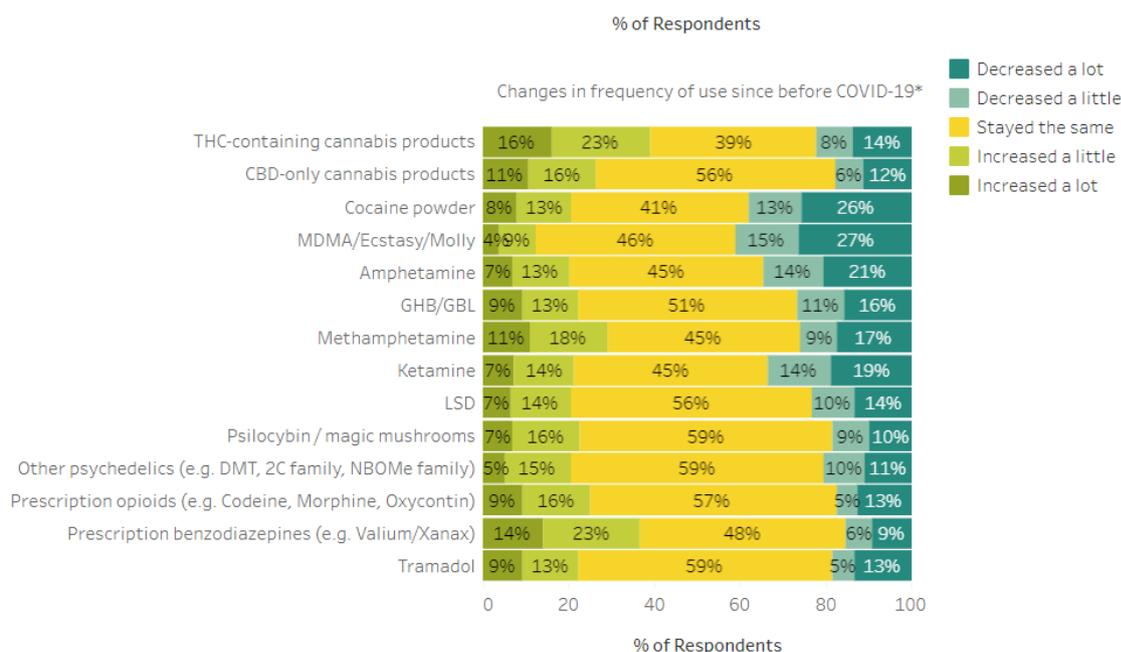
The upward trend in total alcohol specific deaths was brought about by increases in deaths from alcoholic liver disease. Alcoholic liver deaths accounted for 80.3% of total alcohol specific deaths in 2020 and saw a 20.8% increase between 2019 and 2020. From July 2020 onwards, rates of alcoholic liver disease deaths were significantly and consistently higher than baseline. Data from previous years shows a rapid acceleration in deaths from alcoholic liver disease during the year of the pandemic, beyond that of the pre-existing upward trend. For example, the increase in alcoholic liver deaths between 2018 and 2019 was 2.9%. December 2020 rates of alcoholic liver disease deaths were 58.1% higher than the corresponding baseline month (11.7 per 100,000 population compared to 7.4) which was the greatest proportional difference across 2020 and 2021 data compared to monthly baselines⁴¹.

Covid-19 and drug use

⁴¹ PHE 2021 [Monitoring alcohol consumption and harm during the COVID-19 pandemic \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Evidence demonstrating the impact of the Covid-19 pandemic on drug use remains unclear although as more research is published it is likely this will improve. The Global Drugs Survey Covid-19 Edition shows that whilst frequency of drug use remained the same for the majority of respondents, the frequency of use of THC-containing cannabis products and prescription benzodiazepines (e.g., Valium/ Xanax) increased as shown in the Figure 10 below⁴².

Figure 10: Changes in the frequency of drug use since before Covid-19 ⁴³



*Drug types were not shown if global N<500

This differs to the findings of research conducted by the UK Drug Market Monitoring Network which aimed to understand the impact of the pandemic upon drug use and found 43% of drug users reported that their use had increased since the beginning of the pandemic⁴³. Reports of increased use were more common than reports of decreased use for all drug types however there was a more pronounced increase in use for purchase of cannabis products.

Respondents to the survey were asked to compare their experiences of drug use to their experiences before the pandemic; 39% reported overdosing more often, 36% said they were sharing injecting equipment more often and 51% reported that withdrawal was more of a problem⁴³.

⁴² GDS Covid-19 Special Edition Key Findings Report 2020 [GDS COVID-19 Special Edition: Key Findings Report | Global Drug Survey](#)

⁴³ Idridge, J., Garius, L., Spicer, J., Harris, M., Moore, K. & Eastwood, N. (2021) Drugs in the Time of COVID: The UK Drug Market Response to Lockdown Restrictions, London: [Release COVID Survey Interim Findings final.pdf](#)

It is important to understand the impact of covid-19 on substance use to ensure we adapt our response appropriately moving forward.

Recommendations

- For drug and alcohol providers to create a flexible approach to respond to the need of the client, adopting a no wrong door approach to enable easier access to services.
- Coordinating targeted campaigns to be delivered to the public and shared with wider stakeholders regarding infectious diseases that may impact service users.
- Increase access to testing and treatment for blood-borne viruses and liver disease for those with substance use needs.
- Monitor and address alcohol and drug use trends to ensure that appropriate resources are available to those who need them.
- Continue to develop harm reduction strategies to reduce the risk of overdose and other negative consequences associated with substance use.

Impact of Substance use

This chapter explores the impact that substance use can have on individuals, families, communities, and society as a whole. It is widely acknowledged that substance use is associated with a wide range of health and social issues and has significant health and social care costs. As discussed throughout this Health Needs Assessment, many things can be considered both a risk factor for, and an impact of, substance use. Unemployment, homelessness and mental health problems are examples of some factors that have a complex relationship with substance use. These are discussed in more detail in the Risk Factors chapter, whereas here we consider the financial, physical health and social costs of substance use.

Financial Cost

The annual cost of alcohol related harm in England is estimated to be around £21.5 billion, whilst use of illicit drugs costs a further £10.7 billion. These costs are incurred through a combination of lost productivity, crime, policing and pressure on the health service. Of the £10.7 billion attributed to illicit drug misuse:

- 8% is a result of NHS and drug treatment costs
- 10% is a result of enforcement
- 28% is a result of drug related deaths
- 54% is a result of drug-related crime

Research has shown that the combined benefits of drug and alcohol treatment amount to a total saving of £2.4 billion every year across areas such as crime, quality-adjusted life years improvements and health and social care. For every £1 invested in alcohol treatment there is an estimated £3 return, and for every £1 spent on drug treatment the return is around £4.00⁴⁴.

Morbidity and mortality

Alcohol

The World Health Organisation (WHO) places alcohol as the third biggest global risk for burden of disease and alcohol is identified as a causal factor in more than 200 medical conditions⁴⁵, including some cancers such as breast, throat and liver. The health risks associated with drinking alcohol include accidents, injuries, cancer, heart disease and reduced life expectancy and these risks tend to increase with higher consumption⁴⁶.

⁴⁴ <https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

⁴⁵ [Alcohol: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/alcohol-applying-all-our-health/alcohol-applying-all-our-health)

⁴⁶ [Part 3: Drinking alcohol - NDRS \(digital.nhs.uk\)](https://www.digital.nhs.uk/articles-and-blogs/part-3-drinking-alcohol)

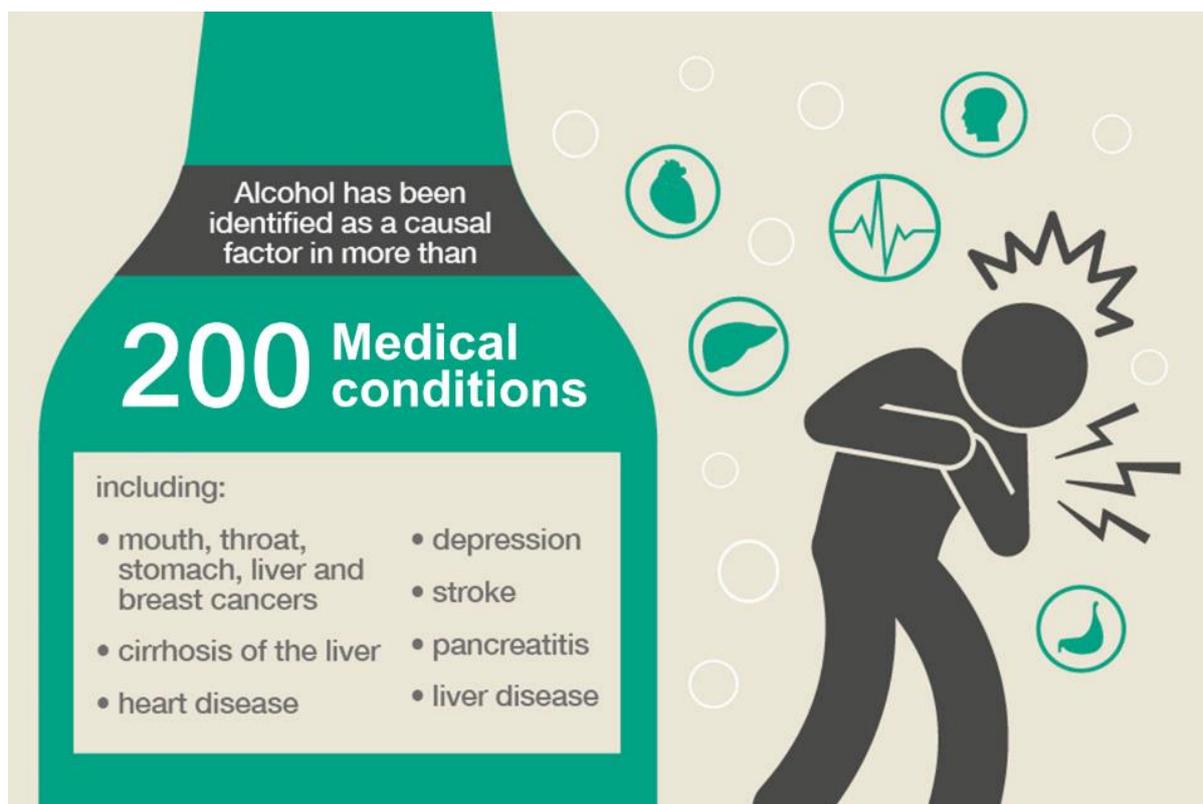


Image source: [Alcohol: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk)⁴⁵

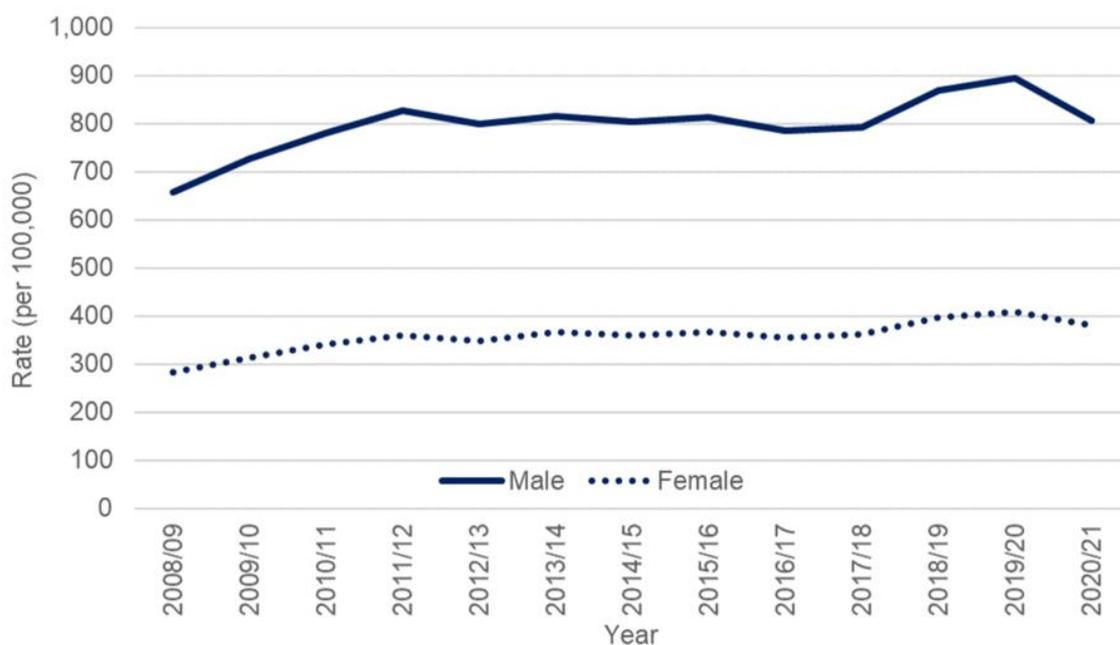
Between 2018-19 and 2020-21 the rate of young people (aged 10-17 years) with hospital admissions for alcohol-specific conditions was 47.2 per 100,000 of the population in Wiltshire, which is significantly higher than rates for England (29.3 per 100,000 of the population⁴⁷ . Nationally, these figures have however been generally showing a downward trajectory since 2006-07 however locally there has been an upward trend since 2016-17. Despite this it is important to consider ways to reduce the number of young people being admitted to hospital for alcohol-specific conditions and how to reduce harm.

In England, there were 318,595 alcohol-specific admissions in 2020/21 (587 per 100,000 population) and 814,595 alcohol-related hospital admissions (1,500 per 100,000) which is a slight reduction from 2019-20 statistics⁴⁸. Figure 11 shows alcohol-specific hospital admission rates by sex in England from 2008-09 to 2020-21 which shows that the female rate in 2020-21 was 380 per 100,000 while the male rate was 806 per 100,000.

Figure 11: Age standardised alcohol-specific hospital admission rates by sex, England 2008-09 to 2020-21 (narrow definition).

⁴⁷ [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk)

⁴⁸ [Local Alcohol Profiles for England: short statistical commentary, February 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)



In Wiltshire, in 2020-21 in general men in Wiltshire were much more likely to be admitted to hospital with an alcohol-specific condition than women, with men aged 45+ years at particularly high risk (figure 12). This gender imbalance was much larger in the more deprived areas; in Wiltshire’s least deprived areas, men and women were almost equally likely to be admitted to hospital for alcohol-specific conditions but in the most deprived areas the gender different was substantial (figure 13)⁴⁹

Figure 12 – Admission episodes for alcohol-specific conditions in Wiltshire: Rate per 100,000 population by age gender 2020-21⁴⁹

⁴⁹ Wiltshire JSNA 2022

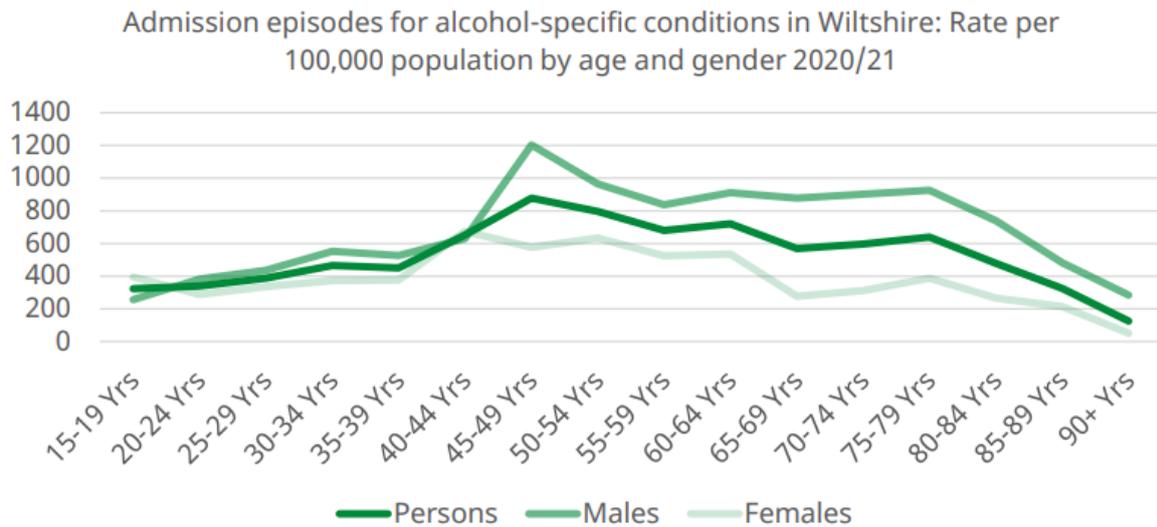
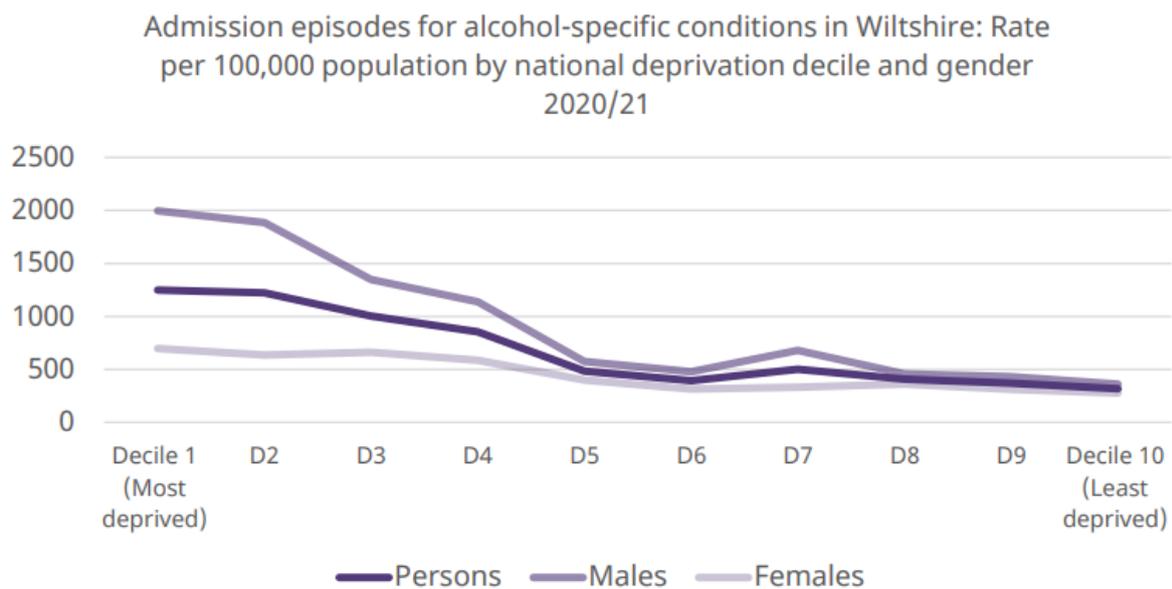


Figure 13 – Admission episodes for alcohol-specific conditions in Wiltshire: Rate per 100,000 population by national deprivation decile and gender 2020-21.



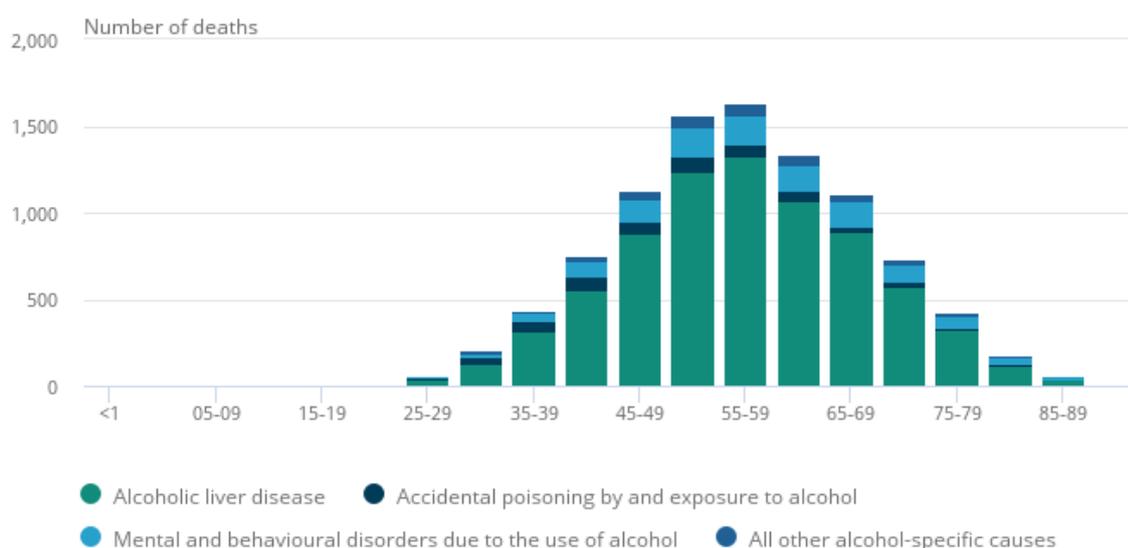
Wiltshire’s alcohol-specific hospital admission rates where there have been ‘no prior admissions’ is just below the England rate (245 per 100,000 versus 248 per 100,000). However, the frequent alcohol-specific hospital admissions rate (where there have been 3+ prior admissions) is significantly higher Wiltshire than for England (157 per 100,000 versus 93 per 100,000) as can be seen in table 6 below. This trend should be monitored and work with local hospitals undertaken to ensure appropriate pathways between hospitals and the local substance use treatment service are in place.

Table 6: Adults (18+) with alcohol-specific hospital admissions in 2021-22 and number of admissions in the preceding 24 months for Wiltshire and England.

Type	Local (n)	Local rate per 100,000	England (n)	England rate per 100,000
No prior admission	1005	245	110,951	248
1 prior admission	10	<5	32,572	73
2 prior admissions	<7	N/A	17,106	38
3+ prior admissions	645	157	41,533	93

In 2021, there were 7,556 alcohol-specific deaths (directly linked to alcohol consumption) in England (13.9 per 100,000 population) and 20,970 alcohol-related deaths (38.5 per 100,000). Approximately 30% of alcohol-specific deaths occur in the most deprived groups⁵⁰. Twice as many men died from alcohol specific conditions than women, and mortality rates were highest amongst those aged 55-59 years as figure 14 below shows⁵¹.

Figure 14: Numbers of alcohol-specific deaths, by five-year age group and individual cause, UK, deaths registered in 2021⁵¹.



Source: Office for National Statistics – Alcohol-specific deaths in the UK: registered in 2021, National Records of Scotland and the Northern Ireland Statistics and Research Agency

The alcohol-specific mortality rate in Wiltshire is slightly lower than the England average at 9.9 per 100,000 population compared to 13.9 per 100,000 population⁴.

⁵⁰ PHE 2021 - [Monitoring alcohol consumption and harm during the COVID-19 pandemic \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)

⁵¹ [Alcohol-specific deaths in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

Drugs

Drug use can cause a range of health-related problems, including⁵²:

- mental health problems such as anxiety, depression, psychosis, personality disorder and suicide
- lung damage
- cardiovascular disease
- blood-borne viruses
- arthritis and immobility among injectors
- poor vein health in injectors
- liver damage from undiagnosed and untreated hepatitis C virus (HCV)
- sexual risk taking and associated sexually transmitted infections (STIs)
- overdose and drug poisoning

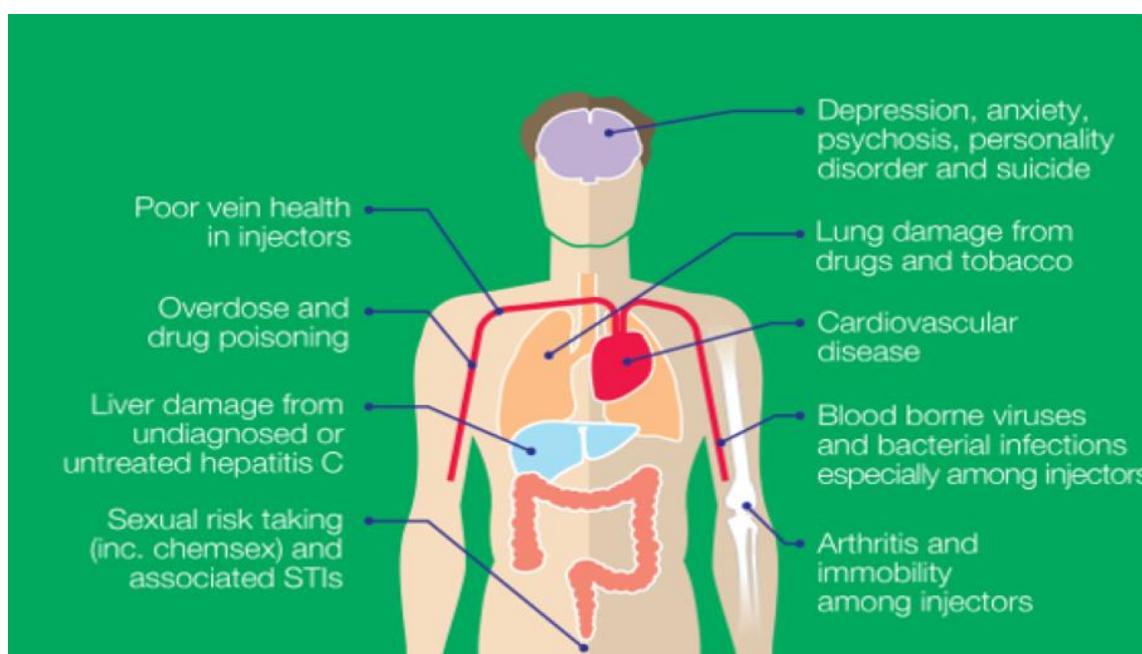


Image source: [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Between 2018-19 and 2020-21 the rate of hospital admissions due to substance use among young people (aged 15-24 years) was 127 per 100,000 of the population in Wiltshire which is significantly higher than rates for England (81 per 100,000 of the population)⁵³. These figures have been generally showing an upward trajectory since 2006-07 locally and therefore it is important to consider ways to reduce the number of young people being admitted to hospital due to substance use and how to reduce harm.

Drug use in the UK is among the highest reported in Western Europe and people who inject drugs (PWID) experience substantially worse health outcomes than the general population. People who inject drugs are at greater risk of contracting blood-borne viruses (BBV) such as Hepatitis C virus (HCV), Hepatitis B virus (HBV) and Human

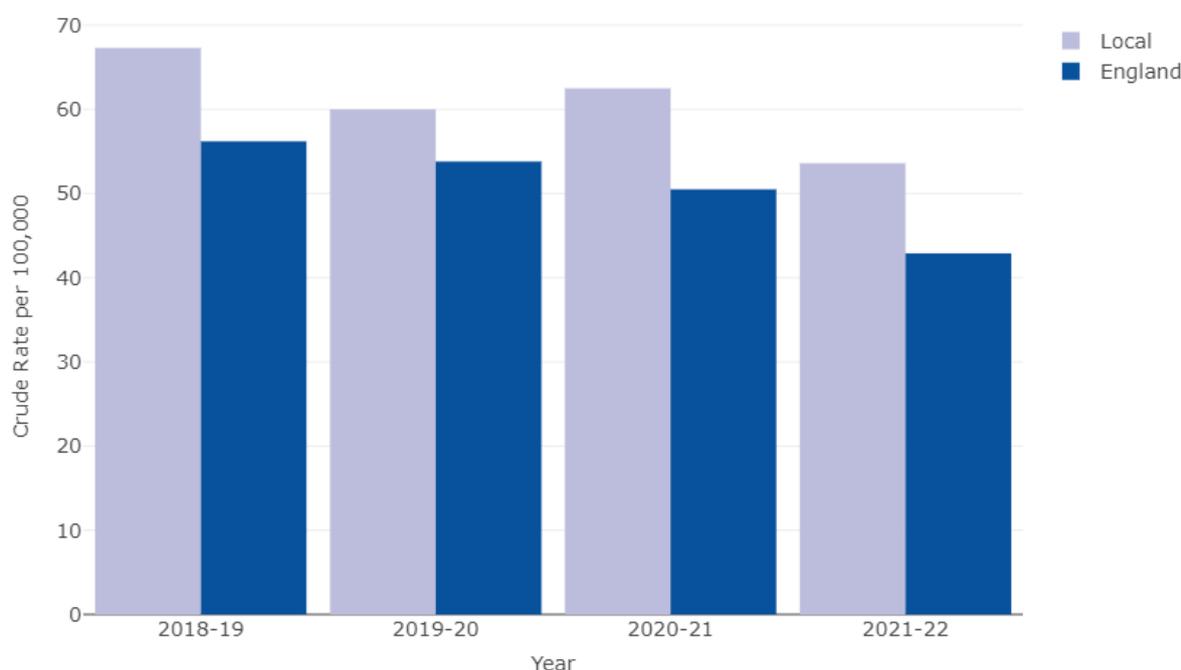
⁵² [Misuse of illicit drugs and medicines: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

⁵³ [Young people substance misuse commissioning support pack 2023-24: Key data \(ndtms.net\)](https://www.ndtms.net)

Immunodeficiency viruses (HIV). Levels of reported sharing and re-use of injecting equipment remain high, which continues to drive transmission of BBVs and increase the risk of bacterial infections. Therefore, services should ensure evidence-based harm reduction interventions that focus on infection prevention, BBV screening and treatment are in place⁵⁴.

In 2021-22 there were 275 (53.6 per 100,000) adult hospital admissions for drug poisoning in Wiltshire. This is significantly higher than the rate for England which, for the same period, was 42.9 per 100,000. Whilst these figures have been generally showing a downward trend since 2018-19, Wiltshire 478,000 admission rates for adults have been consistently higher than for England as show in figure 15⁴.

Figure 15: Hospital admissions due to drug poisoning in Wiltshire and England, 2018-19 to 2021-2022⁴.



Unfortunately, drug use can result in fatality. The rate of deaths due to drug use in Wiltshire is slightly lower than England and the South West's (figure 16). There are inequalities along gender, age and deprivation lines, with men currently around twice as likely as women to die because of drug misuse (figures 17 and 18). People living in the areas of Wiltshire that are in England's most deprived 20% of areas are over three times more likely than the Wiltshire average to die due to drug misuse, at a rate of 12.0 per 100,000 compared with 3.8 per 100,000 (figure 18)⁴⁹.

Figure 16: Deaths due to drug misuse: Rate per 100,000 population. Geographical comparison 2019-2021⁴⁹.

⁵⁴ [Shooting Up: infections and other injecting-related harms among people who inject drugs in the UK, data to end of 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/shooting-up-infections-and-other-injecting-related-harms-among-people-who-inject-drugs-in-the-uk)

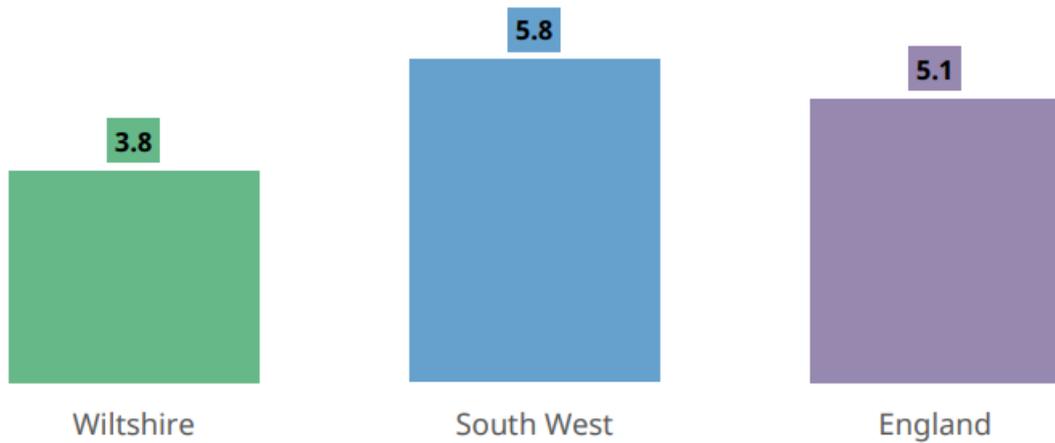


Figure 17: Deaths due to drug misuse in Wiltshire: Rate per 100,000 population by time and gender, 2015-17 – 2019-21.

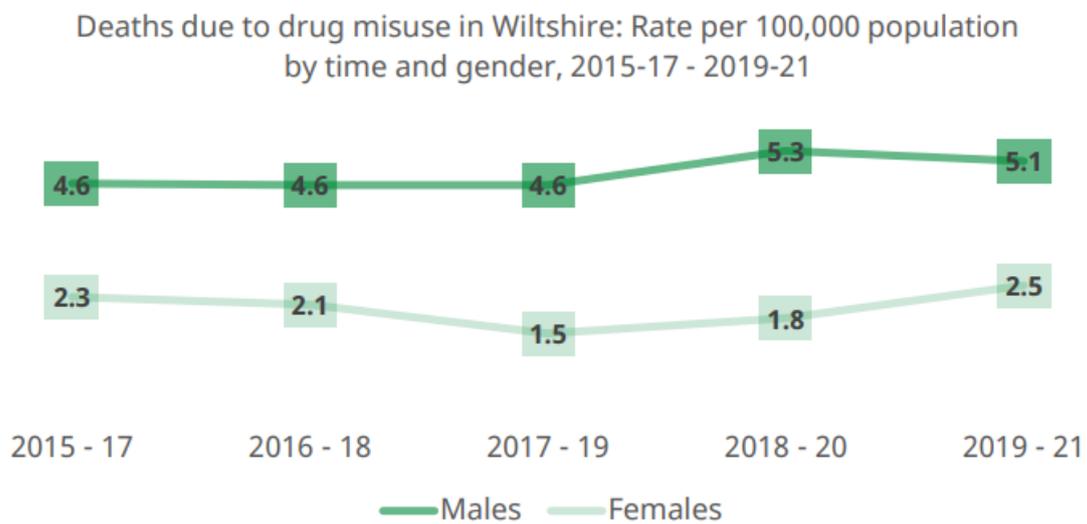
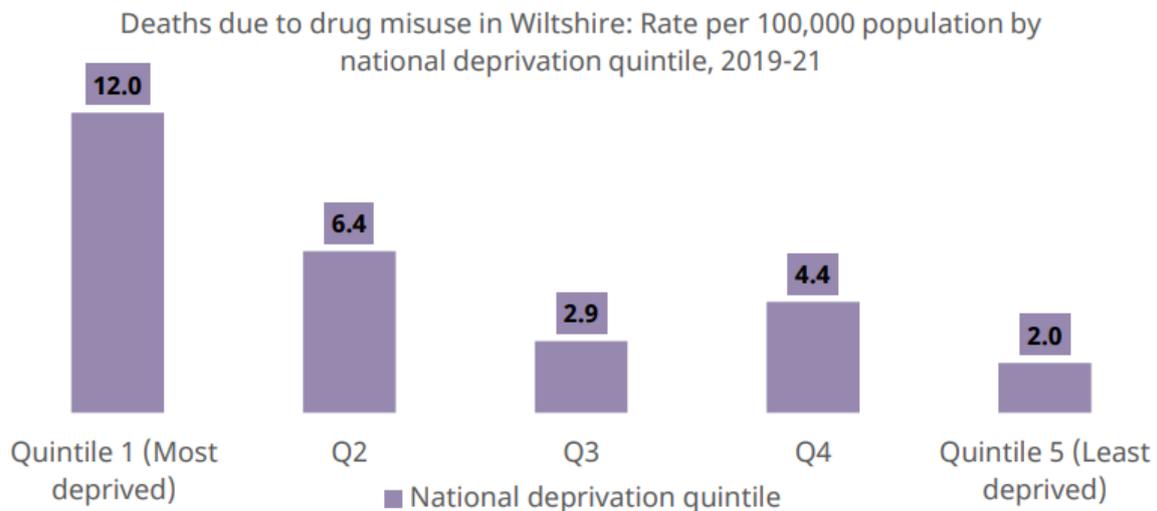


Figure 18: Deaths due to drug misuse in Wiltshire: Rate per 100,000 population by national deprivation quintile, 2019-21.

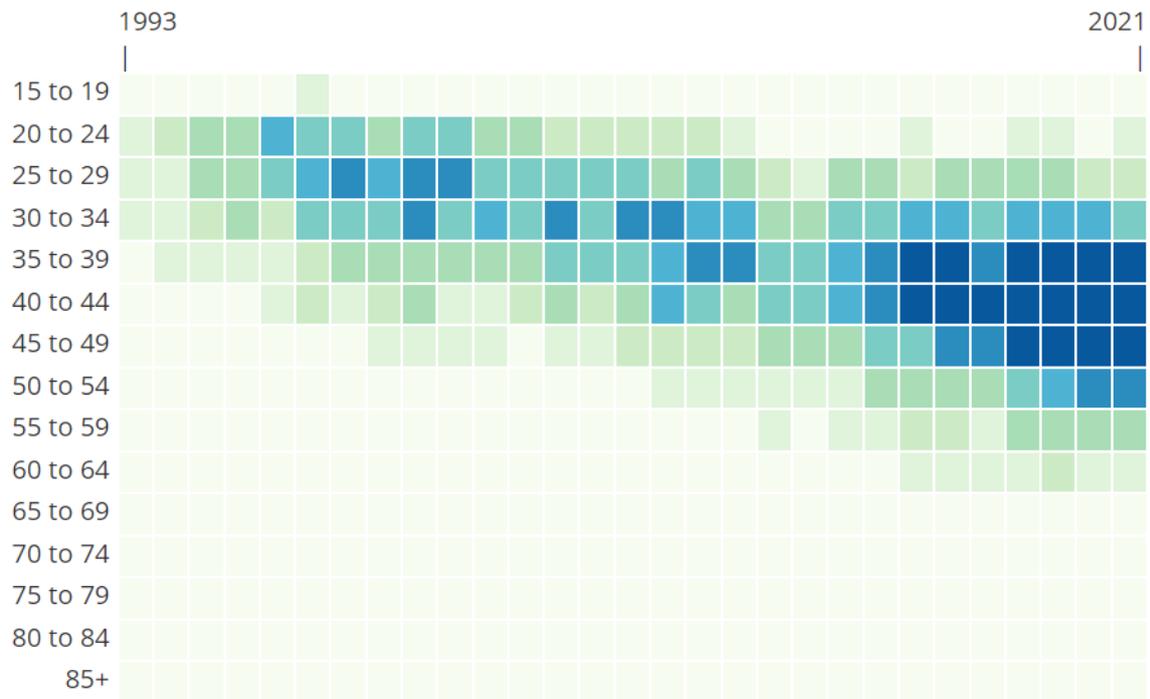
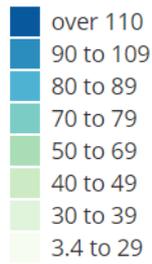


There are further disparities seen in terms of age as in 2021, the highest rate of drug-related deaths was found in those aged 45 to 49 years, closely followed by those aged 40 to 44 years. They are part of the age cohort often referred to as “Generation X”, born between the late sixties and early eighties, who have consistently had the highest rates of drug misuse deaths for the past 25 years. Figure 18 shows “Generation X” have had a higher rate of drug-related deaths. Figure 19 shows the age-specific mortality rates for deaths related to drug misuse in England and Wales between 1993 and 2021 which highlights that the highest proportion of deaths occurred in the 40-44 years age bracket ⁵⁵.

Figure 19: Age-specific mortality rates for deaths related to drug misuse, by age group, England and Wales, registered between 1993 and 2021 ⁵⁵.

⁵⁵ [Deaths related to drug poisoning in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

Deaths per million people



Children and families

Not all children of parents who use alcohol or drugs problematically will experience significant harm, but children growing up in these families are at a greater risk of adverse outcomes.

Research shows that problem alcohol and drug use can reduce parenting capacity and is a major factor in cases of child maltreatment. In 2019 to 2020, Department for Education (DfE) statistics on the characteristics of children in need found that parents using drugs was a factor in around 17% of child in need cases, and parental alcohol use was a factor in 16%.

DfE analysed serious case reviews between 2011 and 2014 also found that parental alcohol or drug use was recorded in over a third (36%) of serious case reviews carried out when a child has died or been seriously harmed.

The harms children experience can cause problems in the short term and later in life. Evidence shows that this includes intergenerational patterns of:

- substance use
- unemployment

- offending behaviour
- domestic abuse
- child abuse and neglect

These problems can then cause further harm, as well as increasing the financial cost to the different agencies who work to support the people who experience harm.

According to the Children's Commissioner for England's data on childhood vulnerability, there were 478,000 children living with a parent with problem alcohol or drug use in 2019 to 2020, a rate of 40 per 1,000.

Parents make up 50% of people starting alcohol and drug treatment in England each year⁵⁶. The proportion of new presentations for alcohol or drug treatment for Wiltshire split by parental status can be found below in tables 7 and 8. This shows in 2021-22 44% of new presentations for alcohol treatment were parents and 40% of new presentations for drug treatment were parents.

Table 7: Numbers and proportion of new presentations to alcohol treatment by parental status for Wiltshire and England, 2021-22.

Family category	Local (n)	Proportion of new presentations	England (n)	Proportion of new presentations	Parental status
Parents living with children	120	27%	12,114	21%	Parent or adult living with children
Parents not living with children	74	16%	7,581	13%	Parent not living with children
Other contact living with children	<5	1%	1,011	2%	Parent or adult living with children
Not parent/ No contact with children	225	53%	35,367	62%	Not a parent
Missing/ Incomplete	25	6%	922	2%	Not known

Table 8: Numbers and proportion of new presentations to drug treatment by parental status for Wiltshire and England, 2021-22.

Family category	Local (n)	Proportion of new presentations	England (n)	Proportion of new presentations	Parental status
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⁵⁶ [Parents with alcohol and drug problems: adult treatment and children and family services - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/parents-with-alcohol-and-drug-problems-adult-treatment-and-children-and-family-services)

Parents living with children	77	17%	11,814	15%	Parent or adult living with children
Parents not living with children	97	21%	13,918	18%	Parent not living with children
Other contact living with children	9	2%	1,631	2%	Parent or adult living with children
Not parent/ No contact with children	251	55%	48,266	63%	Not a parent
Missing/ Incomplete	21	5%	1,080	1%	Not known

Despite this, there is still an unmet support need for many parents. In England, alcohol and drug treatment data shows that an estimated 80% of alcohol dependent parents are not receiving treatment, and 60% of parents who are dependent on heroin are not receiving treatment⁵⁶.

The latest prevalence and unmet need data for Wiltshire show that the estimated unmet treatment need for adults living with children is above the average for England. For instance, it is estimated 84% of alcohol dependent adults living with children are not accessing treatment and 69% of opiate dependent adults living with children are not accessing treatment. Table 9 and 10 show this below split by sex, highlighting that there is substantially more unmet need amongst men.

Table 9: Estimated number of adults with alcohol dependence living with children in Wiltshire and unmet treatment need⁵⁷.

Sex	Estimated number of alcohol dependent adults living with children (2018 to 2019)	Number in treatment (2019 to 2020)	Unmet treatment need
Male	552	58	89%
Female	281	76	73%
Total	833	134	84%

⁵⁷ [Parents with problem alcohol and drug use: Data for England and Wiltshire, 2019 to 2020 \(ndtms.net\)](#)

Table 10: Estimated number of adults with opiate dependence living with children in Wiltshire and unmet treatment need.

Sex	Estimated number of alcohol dependent adults living with children (2018 to 2019)	Number in treatment (2019 to 2020)	Unmet treatment need
Male	215	55	74%
Female	109	46	58%
Total	324	101	69%

Trilogy of risk

Parental mental ill-health, domestic abuse and substance use have been identified as commonly present in the lives of many vulnerable children; this analysis looks to measure the prevalence of this and victimisation of children aged 10 to 15 where these factors are present in the household.

An estimated 751,000 (19.3%) children in England and Wales aged 10 to 15 years were living in households with an adult who reported going through one or more of the aspects associated with mental ill-health, domestic abuse or substance use in the previous 12 months.

Children living in households with an adult who reported going through mental ill-health or domestic abuse were more likely to have been a victim of crime in the previous 12 months than children living in households where the interviewed adult did not report mental ill-health (16.7% compared with 10.8%) or domestic abuse (16.1% compared with 10.7%)⁵⁸.

This indicates the importance of ensuring substance use services work closely with mental health and domestic abuse services where required to support individuals and finding ways to increase the proportion of individuals in treatment in order to reduce the unmet need highlighted.

Impact on Older Adults

Older people are more likely to experience adverse complications from substance use due to coexisting age-related conditions and polypharmacy⁵⁹. Research suggests that older drugs users, particularly opiate/opioid users, have multiple additional risk factors resulting from their deteriorating physical and mental health, difficulty in navigating complex health and social care systems and experience of stigma. Therefore, the general health of older clients should be considered as there is evidence of increased health needs amongst older clients which are likely to get worse over the years and make an individual's ability to engage with services more challenging⁶⁰.

⁵⁸ [Childhood vulnerability to victimisation in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/childhood-vulnerability-to-victimisation-in-england-and-wales)

⁵⁹ [college-report-cr211.pdf \(rcpsych.ac.uk\)](https://college-report-cr211.pdf/rcpsych.ac.uk)

⁶⁰ [Ageing cohort of drug users.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/ageing-cohort-of-drug-users.pdf)

Furthermore, since ageing is associated with a reduction in total body water (and increase in fat to water ratio), and alcohol is water-soluble, for any given alcohol intake, the resulting blood alcohol concentration is likely to be higher in an older person, when compared to that of a younger individual.

Alcohol can result in brain damage via a variety of mechanisms, causing both temporary and permanent cognitive impairment. Older people with a history of harmful alcohol use are also more likely to have cerebrovascular disease or have suffered a traumatic brain injury, including a history of chronic subdural haematoma. Alcohol-related brain damage (ARBD) is caused by a person regularly drinking more than the recommended limit. Research shows that in some cases, men who regularly drink more than 50 units of alcohol a week and women who drink more than 35 units of alcohol a week for a period of five years or more are likely to experience changes in the brain that adversely affect memory or other cognitive (thinking) processes ⁶¹. Alcohol can damage the brain in several ways but most commonly by causing damage to nerve cells and blood vessels, by reducing thiamine (vitamin B1) levels and by increasing risk of head injury (e.g., due to falls). The most commonly encountered forms of alcohol-related brain damage and cognitive impairment are Wernicke-Korsakoff's Syndrome and Alcohol-Related Dementia. In England between 2015-17, hospital admissions for Wernicke-Korsakoff's Syndrome increased by 26% in those aged 16-65, but by 87% in those over the age of 65 ⁵⁹. There is limited data on ARBD but as it can be difficult to diagnose as the most commonly used test used for memory problems or other cognitive problems is the Mini Mental State Examination (MMSE). Generally, tests like MMSE are used to help to diagnose dementia, and they are not specifically tests for ARBD. They measure capabilities with memory, attention and language, but sometimes they are not sensitive enough to diagnose ARBD, especially if they're carried out by professionals who are unfamiliar with ARBD⁶¹. Data does however show that ARBD tends to be more common in people in their 40s and 50s and comprises about 10% of the cases of young onset dementia diagnosed ⁶².

Falls are a serious health issue for older adults. Thirty percent of those over the age of 65 will fall at least once a year, and this proportion rises to 50% for those over 80 ⁶³. Co-existing osteoporosis, age-related cerebral atrophy and sarcopenia increase the chance of serious injury when compared to younger fallers. Falls have significant consequences for the individual including loss of confidence and independence; fractures; traumatic brain injury and mortality. They also result in a significant number of hospital admissions – 2,600 in Wiltshire in 2021/22⁶⁴ – and contribute to an increased need for social care. Substance use can significantly increase an individual's risk of falls as a result of short-term visual impairment, loss of coordination, amnesia, sedation and impaired judgement.

⁶¹ [Alcohol-related brain damage - the road to recovery | Alcohol Change UK](#)

⁶² [Alcohol related brain damage - Dementia UK](#)

⁶³ [Falls: applying All Our Health - GOV.UK \(www.gov.uk\)](#)

⁶⁴ [Public health profiles - OHID \(phe.org.uk\)](#)

Recommendations

- Increase awareness and use of alcohol screening tools and Identification and Brief Advice (IBA) across health, social care, and workplace settings across Wiltshire.
- Capture datasets for workplaces and maternity services.
- To consider ways to reduce the number of young people being admitted to hospital due to substance use, reduce harm, and improve access to harm reduction interventions.
- To provide support for parents with co-occurring substance use and mental health needs. This could include providing targeted interventions for parents with substance use and mental health needs, increasing access to treatment and support, and improving collaboration between health and social care services to ensure that families receive appropriate care and support.
- Raise awareness and reduce stigma surrounding substance use to encourage more parents to seek help and support.
- Substance use services work closely with mental health and domestic abuse services (trilogy of risk) to support individuals. Additionally, finding ways to increase the proportion of individuals in treatment can help reduce the unmet need highlighted in the analysis.
- Develop a comprehensive Drug and Alcohol Related Deaths (DARD) review process including key stakeholders, in line with national ambitions.
- Establish pathways from hospital settings to substance use services.
- Where appropriate consider ongoing support from substance use services as part of the discharge planning from hospitals.
- Ensure appropriate referrals are made to the relevant professionals.

Substance use, risk factors and complexity

A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury. Safeguarding and vulnerability are concurrent themes that span the life course of those using substances. Many of the risk factors discussed below do not occur in isolation and can cause a complex interplay between multiple vulnerabilities. The line is also often blurred between what is a risk factor *for*, and what is a result *of*, substance use. Risk factors can include:

- Substance use from others
- Care status
- Not in education, employment or training
- Domestic abuse
- Mental health
- Sexual exploitation
- Housing problems
- Inequality

Impact of others substance use behaviour

The impact of parental substance use on children has been recognised in the previous [chapter](#) but it is important to recognise it also adds complexity and has the potential to interrupt every aspect of a child's development from conception onward including physical health, education and cognitive ability, relationships and identity and their emotional and behavioural identity.

A combination of parental role modelling, childhood trauma and abuse, along with other social and environmental factors, means that these young people are among the most vulnerable in terms of misusing substances themselves.

In 2021-22, 20% of young people in treatment in Wiltshire reported they felt affected by other's substance use which is higher than the average for England which is 17%³.

Substance use is a major factor in nearly two-thirds of cases where a local authority takes parents to court due to suspected child abuse or neglect. In June 2022 a Family Drug and Alcohol Court (FDAC) pilot was launched in Wiltshire. FDAC is a therapeutic, problem-solving court model which aims to provide parents with intensive support to help them to address their drug and alcohol issues, and to reduce the number of children in care. During the FDAC process the same judge hears the cases throughout and meets with the parent(s) and the FDAC team fortnightly for an informal review so that parents can speak about their progress without lawyers present.

Parents who are subject to the FDAC process participate in a 'Trial for Change' as part of the 26-week proceedings framework, in which they work with the specialist multidisciplinary FDAC team. The team will assess parents and form an intervention plan, providing support tailored to each individual situation. This will include support with drug and alcohol misuse but will also address other issues

affecting the care of their children, such as domestic abuse, mental health and parenting skills ⁶⁵.

The FDAC team, who work within Children's Services, substance use commissioners and the Peer Mentor and Volunteer Team Leader from Wiltshire's adult substance use service, IMPACT Turning Point, are in the early stages of developing an FDAC Parent Mentor scheme. This scheme will provide an additional layer of support for parents who are subject to the FDAC process. Parents will be offered the option of Parent Mentor support as part of their intervention plan. Those who agree to Parent Mentor Support will be allocated a trained Parent Mentor who will have either been through the FDAC process themselves, or through care proceedings wholly or partly due to substance use issues. Parent mentors provide a positive role model, having experienced similar challenges themselves, and demonstrate the varying possibilities of rebuilding ones' lives ⁶⁶.

Children in Need

Children in Need are a legally defined group of children who are assessed as needing help and protection as a result of risks to their development or health. This includes children who are subject to Child in Need Plans, Child Protection plans, Looked After Children, young carers and disabled children.

In 2021/2022 children in need only made up 6% of all young people in substance use treatment in Wiltshire and looked after children only 3%, both of which is a reduction from previous years. This is below the England average of 9% for children in need and 8% for looked after children³.

Although not all children in need are automatically identified as being at the same level of vulnerability as those who are looked after children, some factors can increase vulnerability. This can include⁶⁷:

- significant harm, including physical abuse, sexual abuse, emotional abuse and neglect
- child physical or mental illness or disabilities
- parental physical or mental illness or disability
- parental substance use
- family in acute stress e.g., homeless family, unsupported single parent, death of carer
- domestic violence, inconsistent parenting, family breakdown
- unsafe sexual behaviour
- socially unacceptable behaviour such as disorderly behaviour, offending and truancy.

In addition, many children in need are at risk of becoming looked after. For those children meeting the threshold for intervention from Children's Services, an early help assessment is completed. Early help assessments collect information regarding

⁶⁵ [Wiltshire is launching a new Family Drug and Alcohol Court - Wiltshire Council](#)

⁶⁶ [Practice Resources for the Specialist Team | FDAC](#)

⁶⁷ [Characteristics of children in need, Reporting year 2021 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](#)

parental substance use which is often one of highest risks identified on early help assessment.

In the UK, Looked After Children (LAC) are children up to the age of 18 who are under the legal care of local authorities. Looked after children and young people experience a broad range of poor health outcomes in comparison with other young people and one of the factors which influences this is higher levels of substance use among this group. Looked after children have multiple risk factors for substance use, poor mental health, school failure and early parenthood including parental poverty, absence of support network, parental substance use and abuse or neglect. They are four times more likely to use drugs and alcohol than those in the general population⁶⁸. They also have been found to start using drugs at an earlier age and are likely to use them more frequently and at higher levels than those who are not looked after.

Risks outside the home

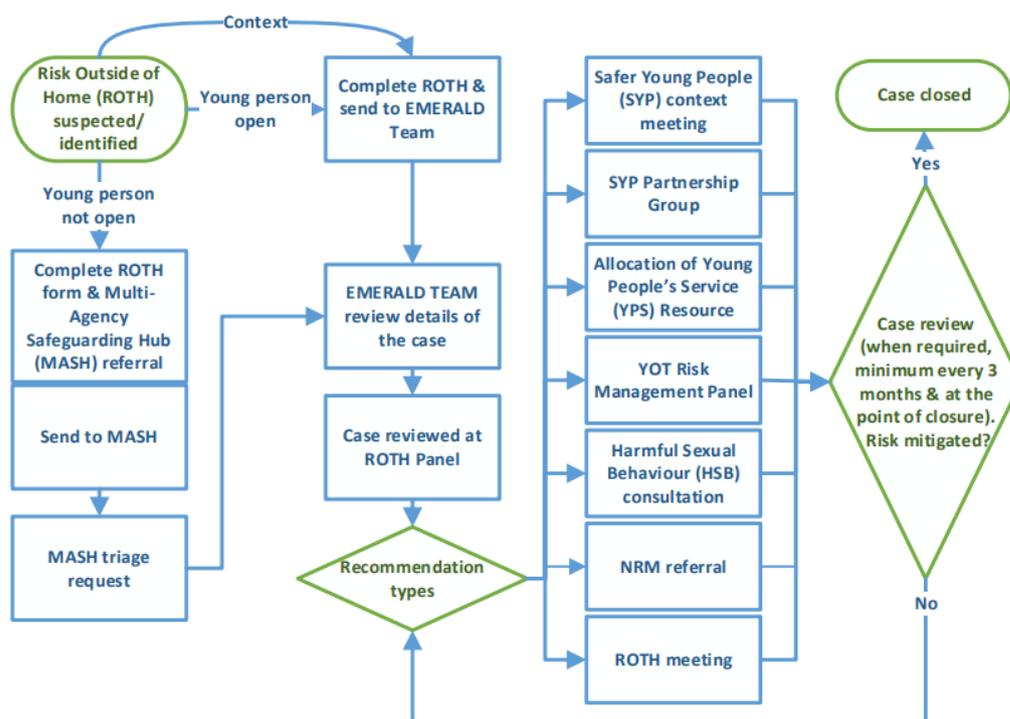
As part of Wiltshire's approach to safeguarding children and young people at risk of harm outside of the home, a screening/assessment tool, the Risk Outside the Home (ROTH) form, was created in May 2022 and is available for multi-agency use. The existing Child Protection system was designed to protect children and young people from risks posed by their families and/or situations where families have reduced capacity to safeguard children or young people in their care, whereas the ROTH process takes a contextual safeguarding approach which extends beyond the traditional child protection concept of a family's 'capacity to protect' and seeks to build the protective capacity of people who manage or shape extra familial contexts; thereby disrupting risk within those settings as well as building safety⁶⁹. Wiltshire Council is currently taking part in a Risk Outside the Home (ROTH) Conference pilot, which launched in 2021.

As well as highlighting concerns for individual young people, the ROTH form allows practitioners from various agencies to flag concerns around the context where young people are at risk, whether this be a physical location such as a park or school route, or within a social peer group with harmful norms or dynamics. This form has been developed as an alternative to the Child Sexual Exploitation (CSE) screening tool as a more holistic assessment. Use of the ROTH forms has helped to identify young people confirmed to be at risk of Criminal Exploitation and County Lines involvement.

Figure 20: Risk Outside the Home Process

⁶⁸ [Supporting Looked After Children and Care Leavers In Decreasing Drugs, and alcohol \(SOLID\): protocol for a pilot feasibility randomised controlled trial of interventions to decrease risky substance use \(drugs and alcohol\) and improve mental health of loo](#)

⁶⁹ [Wiltshire Safeguarding Vulnerable People Partnership \(SVPP\) - Policies and guidance \(wiltshiresvpp.org.uk\)](#)



Not in Education, Employment or Training (NEET)

The Office of National Statistics (ONS) found that in October to December 2021, an estimated 10.2% of all people aged 16 to 24 years were not in education, employment or training (NEET). The proportion is largely unchanged on the quarter and decreased by 1.6 percentage points compared with October to December 2020, and it is down on pre-coronavirus (COVID-19) pandemic levels. An estimated 11.5% of men were NEET, and for women the proportion was 8.8% ⁷⁰.

The Institute of Health Equity (IHE) reviewed the evidence of the impact of being NEET on young people and concluded that there is a definite detrimental effect on physical and mental health, including adopting negative health behaviours like drug and alcohol use, and concluded that this risk is greater for those who become NEET at a younger age or for longer periods. They report that 11% of 16-24-year-olds who had been unemployed said that they had “turned to drugs or alcohol” because of their unemployment. It is likely this will increase with the current economic situation.

The IHE also highlights the importance of introducing strategies to reduce school exclusions as these are often the young people who become NEET. Younger people not in education because of truancy or exclusion also have a significantly higher risk of substance use than those who have not.

The IHE also highlights the importance of introducing strategies to reduce school exclusions as these are often the young people who become NEET. Younger people not in education because of truancy or exclusion also have a significantly higher risk

⁷⁰ [Young people not in education, employment or training \(NEET\), UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

of substance use than those who have not ⁷¹. However, it is difficult to obtain data from these young people to support as they are often excluded from school-based surveys due to not being present.

Six percent of individuals in young people substance use treatment in Wiltshire were identified as NEET in 2021-22. This is lower than the national average of 12% ³.

Sexual Exploitation

There is strong evidence of links between sexual exploitation and problematic substance use. The Independent Inquiry into Child Sexual Abuse highlights that many victims and survivors described how they became reliant on alcohol or drugs during or following their experiences of child sexual abuse. Alcohol use was more commonly reported amongst male than female participants (21% and 15% respectively). Drug use was also reported more often by male participants (15% compared with 10% of female participants). Some victims and survivors were given alcohol and drugs during child sexual abuse; in some cases, this led to dependence. Some victims and survivors reported using alcohol and/ or drugs to escape their memories of the child sexual abuse they had experienced ⁷².

Domestic Abuse

Domestic abuse can be defined as any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality. The abuse can encompass, but is not limited to, psychological, physical, sexual, financial and emotional. Domestic abuse can have a significant impact upon the victim but also the wider family who may witness the abuse⁷³. In 2021-22 approximately 1 in 5 adults in England and Wales reported they had experienced domestic abuse since the age of 16 years ⁷⁴. Young people, particularly those aged 16-19 experience the highest rates of domestic abuse of any age group ⁷⁵ followed by those aged 20-24 years.

It is recognised that perpetrators of domestic abuse often have experienced adverse experiences in their childhood that could influence their harmful behaviour. This can include parental conflict and parental drug or alcohol use, as well as complex needs for the young person themselves including mental health and drug or alcohol use⁷³.

In Wiltshire, the domestic abuse support service is commissioned to deliver specialist support to victims, families and perpetrators living with and impacted by the effects of

⁷¹ [Institute of Health Equity. \(2014\). Local action on health inequalities: Reducing the number of young people not in employment, education or training \(NEET\). Health Equity Evidence Review 3: September 2014.](#)

⁷² [The Report of the Independent Inquiry Into Child Sexual Abuse - October 2022 | IICSA Independent Inquiry into Child Sexual Abuse](#)

⁷³ [Untitled \(safelives.org.uk\)](#)

⁷⁴ [Domestic abuse prevalence and trends, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

⁷⁵ [Safe Young Live: Young People and domestic abuse \(safelives.org.uk\)](#)

domestic abuse. Current data collected does not include how many individuals are referred or signposted to substance use services by the domestic abuse service. The substance use service is engaged with the domestic abuse service and has referred individuals into the service for support however these figures are low and further work to develop these relationships are required.

A representative from the adult substance use service attends weekly Multi-Agency Risk Assessment Conferences (MARAC) meetings, where cases of high-risk domestic abuse are discussed due to the overlap between the two areas.

Between April and September 2022 there were 404 cases discussed at MARAC, of which 302 cases (75%) identified substance use as a risk factor. In 26% of all cases discussed the victim's substance use was identified as a risk factor and 73% of cases identified the perpetrator's substance use as a risk factor. The data captured does not highlight what proportion of individuals discussed at MARAC are known to the substance use service however mechanisms to collect this information have been developed.

Furthermore, a psychologist funded through the Department of Levelling Up, Housing and Communities is now in post, within the substance use service but employed specifically to work with clients who have substance use, domestic abuse and mental health support needs. This is because the overlap between these three areas, often referred to as the trilogy of risk, has been highlighted as significantly increasing risks for individuals and each element intensifying the other areas.

Mental Health

The relationship between mental health and substance use is complex – mental health problems can be both a risk factor and an impact of substance use. Research suggests three possibilities that could explain why substance use and mental health needs may occur together⁷⁶ :

- Common risk factors can contribute to both substance use and mental health. For instance genetic risk factors or environmental risk factors such as stress or trauma.
- Mental health needs can contribute to substance use needs. For instance people with anxiety, depression or post-traumatic stress disorder may use drugs or alcohol as a form of self-medication however use of substances may make mental health symptoms worse over time.
- Substance use can contribute to the development of mental health needs as substance use can trigger changes in the brain structure and function that make a person more likely to develop a mental health need.

The co-occurrence of mental health and substance use is reflected in data from our substance use treatment services as of those in treatment with the young people substance use service in Wiltshire in 2021/22, 24% had experience of self-harm and 50% were identified as having a mental health treatment need. In the adult substance

⁷⁶ [NIMH » Substance Use and Co-Occurring Mental Disorders \(nih.gov\)](#)

use service in 2021/22, 65% of clients entering treatment were identified as having a mental health treatment need³.

National research indicates these figures may be substantially higher showing that mental health problems are experienced by the majority of clients in community substance use treatment (70% of drug clients and 86% of alcohol clients). Death by suicide is also common, with a history of alcohol or drug use being recorded in 54% of all suicides in people experiencing mental health problems. Other evidence tells us that people with co-occurring conditions have a heightened risk of other health problems and early death. This demonstrates the importance of mental health, substance use and primary and secondary care services working collaboratively to support individuals⁷⁷.

Housing Needs

Recent figures from the National Drug Treatment Monitoring System (NDTMS) reported 7% of new presentations to adult alcohol treatment in Wiltshire in 2021-22 had a housing problem and 2% had an urgent housing problem or were homeless – this is in line with figures for England. These figures are higher for those entering drug treatment in Wiltshire in 2021-22 with 16% reporting having a housing problem (compared to 13% for England) and 5% reporting having an urgent housing problem or being homeless (compared to 7% for England)⁴.

This has been identified by the Office of Health Improvement and Disparities as an area of concern which has led to the Rough Sleeping Drug and Alcohol Treatment Grant being rolled out in 4 phases across England. Wiltshire is currently in phase 3 of the grant funding, which is to provide wrap around support for those at risk of homelessness or experiencing homelessness. Data will be reviewed and provided locally and nationally as the project is initiated.

Unemployment

As with mental health and housing problems, the link between unemployment and substance use is not straightforward. Substance use problems may lead to loss of employment, or difficulty in securing work, but similarly unemployment and its relationship with wider socioeconomic deprivation may predispose individuals to substance use. As previously stated, drug use is most prevalent amongst those who are economically inactive, or unemployed. Hazardous drinking, by contrast, is most common amongst those in employment, however those drinking at the most harmful levels, or with probable dependence, are less likely to be in stable, well-paid roles⁷⁸.

⁷⁷ [Better care for people with co-occurring mental health, and alcohol and drug use conditions \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

⁷⁸ [Office for National Statistics. \(2019d\). Young people not in education, employment or training \(NEET\), UK: May 2010.](#)

Cost-of-living

It is also important to consider the impact of the cost-of-living crisis upon individuals who use substances. The cost-of-living crisis has pushed many households in poverty, more poverty and housing insecurity. This economic stress can impact upon mental wellbeing which may lead to individuals choosing to self-medicate by using substances. Substance use is closely linked to health inequalities, with those already experiencing poverty and economic stress more likely to suffer the negative health outcomes associated with excessive substance use ⁷⁹. Recent research into the impact of the cost-of-living crisis upon recovery and addictive behaviours found that 32% of individuals surveyed reported they or someone close to them had experienced a relapse of which 61% reported experiencing anxiety, stress or trauma related to the cost of living and 56% reported anxiety, stress or trauma related to economic uncertainty and rising inflation. Further to this, the research found that 5% of adults who were not in any form of substance use treatment or support prior to the cost of living said they increased the amount of alcohol they were drinking since the cost-of-living crisis started of which 25% stated they were experiencing addiction related problems such as relationship difficulties, managing work, sleeping problems, physical symptoms of withdrawn and debt ⁸⁰.

⁷⁹ [How the cost of living crisis affects alcohol harm - Institute of Alcohol Studies \(ias.org.uk\)](https://www.ias.org.uk/news/how-the-cost-of-living-crisis-affects-alcohol-harm)

⁸⁰ [final-approved-detailed-findings-151122.pdf \(actiononaddiction.org.uk\)](https://www.actiononaddiction.org.uk/wp-content/uploads/2022/11/final-approved-detailed-findings-151122.pdf)

Recommendations

- Substance use service to work with children services and other relevant stakeholder to ensure children in need and look after children are able to access support for substance use.
- Support Children's Social Care to develop their Family Drug and Alcohol Court parent mentor scheme
- Young people substance use service to be involved in the Risk Outside The Home conferences to inform outreach provision and where to direct resources.
- Substance use service to ensure links with domestic abuse and mental health services and continue engagement in multi-agency meetings.
- To ensure consistent recording of housing needs within substance use services to enable accurate assessment of housing needs within the treatment population.
- Continue to develop work to support individuals rough sleeping or at risk of rough sleeping through the Rough Sleeping Drug and Alcohol Treatment Grant and ensure strong links with the local authority housing team.
- To raise awareness within Wiltshire businesses and employers about employee wellbeing, substance use and where employees can access support.
- Substance use services to ensure employment, education and training opportunities are explored with clients of all ages.

Prevention of harm

A public health response to substance use should include health promotion, health protection and prevention of ill health. Traditionally, commissioned responses to substance use have focused heavily on the treatment element of substance use support, however, with the recommissioning of services in Wiltshire, the aspiration is

to re-balance the heavy focus of the traditional 'treatment' arm of the service with an increased focus on prevention and early intervention.

Alcohol Audit-C screening and Identification and Brief Advice

Audit and Audit-C are screening tools designed to help health and social care professionals identify an individual's level of risk from their alcohol use. The Audit contains ten questions to ask an individual, whereas the Audit-C is a briefer assessment tool and only consists of three questions.

Identification and Brief Advice (IBA) is an intervention developed to support health and social care professionals to address and support individuals with their alcohol consumption, it is designed as an early prevention tool to help reduce alcohol consumption and prevent the risk and consumption escalating. IBA is designed to be used in conjunction with a screening tool such as Audit or Audit-C, to help the professional to identify those at risk from increasing risk alcohol consumption/behaviour and deliver brief advice; it also supports professionals to identify those already at high risk from their alcohol use and those who may have developed a physical dependency upon alcohol.

When implemented well, IBA has a good return on investment too. It is estimated that for every £1 invested in alcohol treatment there is a return on investment to society of £3, which increases to £26 over a ten-year period. Alcohol IBA can also save the NHS £27 per patient per year ⁸¹.

There is good evidence to support the effectiveness of alcohol screening and IBA delivery, especially in primary care settings⁸² as it can reduce weekly drinking by 12%, reducing risk of alcohol related illness by 14% and absolute lifetime alcohol related death by 20%. Nationally, there is a drive to increase the number of frontline professionals who have the skills and confidence to use alcohol screening tools and deliver IBA, Wiltshire is no exception to this ambition, with 'increased use of Audit-C' featuring on the 2021-23 Wiltshire Substance use Implementation Plan. Wiltshire's ambition is to see widespread use of Audit-C and IBA across multiple different health and social care settings, including but not limited to hospitals, health centres, criminal justice settings, housing support services, children's social care, adult social care, and workplaces.

Access and development of online IBA models have the potential to reach individuals who may ordinarily not access or find it difficult to access health and social care support services. There has been limited evaluation completed of online IBA modules, however this method has been shown to be acceptable to student populations. This method of online delivery could be helpful in providing equitable access to IBA/early intervention support to more rural communities across Wiltshire. In 2022, 82 professionals, including social workers, probation staff and health improvement coaches were trained in the use of AUDIT-C and IBA delivery by Wiltshire Public Health.

⁸¹ PHE 2016 report

⁸² <https://alcoholchange.org.uk/publication/delivering-alcohol-iba-broadening-the-base-from-health-to-non-health-contexts>

Workplace wellbeing

It is estimated that Wiltshire had 254,900 adults in employment in 2021-22, with 219,600 of these being employees and 33,800 being self-employed⁸³. It is estimated that lost productivity due to alcohol use costs the UK economy more than £7 billion each year⁸⁴; there is no localised data to estimate the cost of lost productivity due to alcohol or drug use within Wiltshire. Workplaces themselves can impact and exacerbate the problem too. Workplace stress, culture, norms, and social habits can impact and influence an individual's relationship with alcohol and/or drugs.

Staff who misuse drugs and/or alcohol are more likely to take time off work, display poor performance and increase the risk of accidents. Most alcohol-related workplace incidents are not caused by very heavy drinkers but by more moderate drinkers, most people are unaware of the number of units they consume or how long alcohol remains in the body, which is why alcohol can have such a significant impact on absence from work and low productivity whilst at work. These observations, amongst other measures, reinforce the ambition to upskill professionals across the workplace to be aware of the Audit-C tool and how to deliver alcohol identification and brief advice, which should include occupational health teams; other measures to support employees and workplaces could include a substance use (alcohol/drug) support policy, employee assistance programmes and educational/awareness-raising events.

During the Covid lockdowns and restrictions, we saw most people turning to new ways of working from home. It is difficult to say what impact the Covid lockdowns have had on people's drinking habits and relationships with drinking alcohol whilst at home, however there is some research that suggests that individuals tended to start drinking later in the day during the initial lockdown of March 2020 with fears that this would impact individuals' productivity the following day⁸⁵. The research also found that moderate drinkers didn't really increase or decrease the amount of alcohol they were drinking during the lockdown, but that the heaviest drinkers may have increased their consumption. The research also highlights an increase in alcohol related harm during the pandemic.

Midwifery services, primary care and hospitals

Wiltshire has six community hospitals which offer a range of services, including two minor injury units. Wiltshire only has one hospital that offers urgent care within its boundaries, which is Salisbury District hospital. Wiltshire offers a number of maternity services based in different locations across the county. Due to the very nature of roles within areas like primary care, urgent care, outpatient wards, perinatal, maternity and midwifery services, these staff and professionals are ideally placed to deliver early interventions and brief advice to patients who may benefit from early access to screening for their alcohol use.

Table 11 shows the number of Audit-Cs that were completed by Wiltshire GP surgeries during 2022. An Audit-C is a condensed version of the Alcohol Use Disorder Identification Test and comprises of 3 questions about an individual's alcohol consumption patterns. An Audit-C test is a useful tool to use to highlight whether an individual is drinking at low-risk, increasing-risk or high-risk levels. Please note this is

⁸³ <https://www.nomisweb.co.uk/reports/lmp/la/1946157357/report.aspx?town=wiltshire>

⁸⁴ (<https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-in-the-workplace>

⁸⁵ <https://www.sheffield.ac.uk/news/lockdown-measures-linked-increase-drinking-home>

'activity data' as opposed to representing individual patients, which means that a patient could have been screened more than once.

Table 11: The number of Audit-C tests completed by Wiltshire GP surgeries 2022-23.

Q1 2022	Q2 2022	Q3 2022	Q4 2022	Total
5915	6024	6189	7825	25953

Research suggests that early brief interventions may be effective when delivered by non-substance use specialists in primary care settings but that referrals to specialist substance use services may also be needed. Locally ⁸⁶, there is no dataset available to highlight the level of substance use during pregnancy in Wiltshire. There are numerous risks associated with substance use during pregnancy, moreover there is no known or recommended safe alcohol consumption level in pregnancy. In September 2022 there were seven pregnant women receiving treatment for their drug and/or alcohol use through the commissioned substance use service.

A study in 2019 demonstrated the impact of offering Audit-C screening to all hospital patients. This research identified that 1 in 7 admitted patients had harmful alcohol use. These findings support national ambitions to incorporate the use of Audit-C screening into patient treatment pathways. This approach may go some way in helping to understand the picture of high-frequency attendees to A&E departments and reducing their impact on the hospital setting as well as preventing hospital admissions in the first place⁸⁷.

Needle exchange

Needle and syringe exchange services are a free and confidential service for people who inject drugs, providing sterile injecting equipment. They are designed to reduce the spread of blood borne viruses (BBV) and ensuring safe disposal of used equipment. Needle exchange programmes have been shown to be cost effective, especially in terms of reducing HIV transmission ⁸⁸. Within Wiltshire, there is a pharmacy needle exchange programme, currently with 46 pharmacies signed-up to deliver it, as well as the current commissioned service delivering an outreach-based service too. Needle exchange services are available to anyone who injects drugs, which may include opiates, stimulants and performance enhancing substances. These services will also offer free, confidential advice around reducing your risks of harm and safe injecting practices.

In 2022, Wiltshire Public Health purchased three needle exchange dispensing machines for three homeless/supported accommodation services in Trowbridge, Salisbury and Chippenham. These machines are free to use by anyone in need of the service and offer 24-hour access to clean equipment.

⁸⁶ Wilson et al., 2020 (<https://www.bmj.com/content/bmj/369/bmj.m1627.full.pdf>)

⁸⁷ Subahni et al., 2020 https://gut.bmj.com/content/69/Suppl_1/A44.1

⁸⁸ <https://www.ncbi.nlm.nih.gov/books/NBK453605/>

Needle exchange services should also be completed with health promotion advice including BBV testing and treatment as well as overdose awareness interventions such as providing naloxone. Naloxone is a life-saving drug that reverses the effects of opioids, such as heroin, morphine, methadone and buprenorphine. Naloxone can be administered before emergency help arrives, helping to reverse an overdose in the critical moments after an overdose occurs. Naloxone is distributed for free by the commissioned service in Wiltshire, who also offer training and its safe use.

The current outreach provision offers several important services, in addition to the needle exchange and naloxone distribution. The outreach team mobilises themselves across numerous sites over Wiltshire, including visiting other services such as probation offices, as well as visiting town centres, car parks and engaging with specific cohorts such as Wiltshire's boating community. They offer an extension of the hub-based services, engaging with vulnerable members of society to offer free advice and support, as well as providing practical items like foil, blankets, water, condoms and sunscreen in hot weather.

Recommendations

- Increase the use of Alcohol Audit-C screening and Identification and Brief Advice (IBA) across different health and social care settings and other stakeholders.
- Train frontline professionals in Wiltshire in the use of Alcohol Audit-C screening and IBA delivery to increase the number of professionals who have the skills and confidence to use alcohol screening tools and deliver IBA.
- Develop and promote online IBA models to provide equitable access to IBA/early intervention support to more rural communities across Wiltshire.
- Promote workplace wellbeing in Wiltshire by upskilling professionals across the workplace to be aware of the Audit-C tool and how to deliver IBA, including occupational health teams. This should also include implementing a substance use (alcohol/drug) support policy, employee assistance programmes, and educational/awareness-raising events.
- Monitor substance use during pregnancy in Wiltshire and develop referral pathways to specialist services when necessary to ensure pregnant women using substances receive appropriate care and support.
- Upskill all frontline professionals on the possible signs of the harms related to substance use and be able to provide harm reduction advice and appropriate referrals.
- Develop a data collection system to track individual patient screenings using the Alcohol Audit-C tool and improve data reporting to better understand the impact of alcohol use on healthcare services and patient outcomes.

Substance use and criminal justice

This chapter considers the complex relationship between substance use and criminal activity. Whilst substance use may be directly related to crime, such as drug related offences, acquisitive offences, or alcohol- and drug-related violence; contact with the criminal justice system and substance use are also linked indirectly through their mutual association with social deprivation. This chapter focuses on the prevalence of substance use related crime both locally and nationally and considers the provisions currently in place in Wiltshire to mitigate these issues.

Continuity of Care

Wiltshire has one Category 3 men's prison, HMP Erlestoke. From January 2022 to March 2022 there were 85 new entrants to the prison, 10 of which began an intervention for substance use. In total, 34 new substance use interventions started during the same time period (new entrants, those transferred from other establishments and existing prisoners), of these 34, 17 were opiate users, 9 were non-opiate users, 4 were alcohol and non-opiate users and 4 were alcohol only users⁸⁹

During April 2022, 11 individuals were released from prison and engaged in structured drug and alcohol treatment within Wiltshire. Individuals who are released from prison and engage in structured drug and alcohol treatment are supported by the Criminal Justice Team (CJT), a team within Wiltshire's adults' drug and alcohol service, IMPACT Turning Point. The CJT supports individuals who are using substances and are involved with the criminal justice system, this can include those who are subject to Alcohol Treatment Requirements (ATRs), Drug Rehabilitation Requirements (DRRs) or Out of Court Disposals (O OCD), those who have served time in prison or are 'in and out' of prison on a regular basis and individuals who are open to Probation services. During April 2022 the CJT had 65 individuals on their caseload, of these 20 were subject to ATRs, 12 were subject to DRRs, 11 were prison releases who were on licence, 14 were high risk Probation clients and 8 had completed their order and were awaiting allocation to a Recovery Worker.

The CJT carry out in-reach sessions at Melksham Custody Suite, HMP Erlestoke and HMP Bristol. In-reach sessions at Melksham Custody Suite involve conversations with detainees about their circumstances, any potential substance use and the reasons for their arrest. IMPACT report that they have conversations with around 2-5 individuals per visit, however there are obstacles faced during these visits such as difficulties engaging detainees in what can be a busy and fast-paced environment. During April 2022 Turning Point had in-reach conversations with 29 detainees at Melksham Custody Suite, 5 of which expressed a want to engage further at the point of contact, however only 2 of these expressions of interested resulted in successful referrals. This was due to lack of contact after the in-reach conversation.

Since May 2022 the CJT have been carrying out monthly in-reach sessions at HMP Erlestoke. The in-reach sessions held at HMP Erlestoke are supported by the Head of

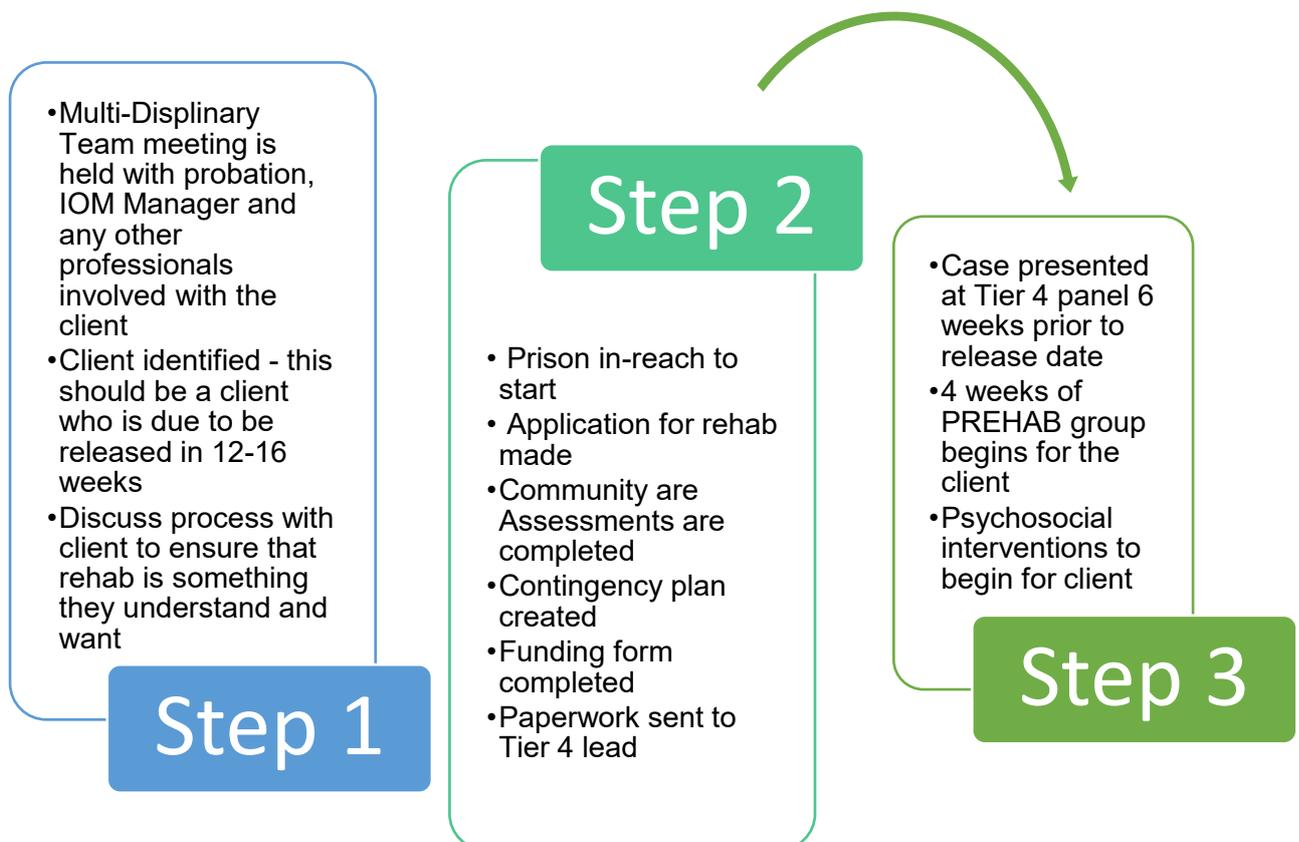
⁸⁹ [NDTMS - Quarterly prison reports](#)

Reducing Re-Offending and the Prison Senior Management Team (SMT) who invite and escort prisoners to each session. Between May 2022 and August 2022 3 in-reach sessions were held at HMP Erlestoke, these 3 sessions resulted in conversations with 9 individuals with 4 triages completed; 2 of which remain in treatment, 2 of which have returned to prison.

The CJT are working towards developing processes to deliver in-reach at local courts, however this has been challenging due to courts currently operating virtually as a result of the Covid-19 pandemic and there have been difficulties establishing links with the relevant contacts.

Wiltshire's adult substance use service is developing a Wiltshire prison-to-rehab pathway (figure 21). This will ensure that individuals who have detoxed from drugs and/or alcohol whilst serving a prison sentence are able to access a rehab placement upon release from prison to continue their recovery. This will include individuals released from prisons outside of Wiltshire, returning to the Wiltshire area upon release. As this process is currently in the development stage, the below Prison to Rehab Process infographic is subject to change.

Figure 21: Provisional Wiltshire Prison to Rehab Process.



County Lines and Local Lines

County Lines is the transportation of illegal drugs from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable people who are coerced by gangs. The 'County Line' is the mobile phone line used to take the orders of drugs. The gangs are likely to exploit children and vulnerable adults to move (and store) drugs and money and they will often use coercion, intimidation, physical and sexual violence and weapons⁹⁰.

A branded mobile phone line is established in the market, to which orders are placed by introduced customers, commonly controlled by a third-party remote from the market. The group exploits young and vulnerable persons to achieve the storage and/or supply of drugs, movement of cash proceeds and to secure the use of dwellings, with these individuals regularly travelling between the hub and the market. The group is inclined to use intimidation, violence, and weapons. Wiltshire Police report that some of the more established lines may have drug addict 'distribution lists' of up to 100 users, equating to up to £7,200 worth of deals each day.

There are currently 5 known active lines in Wiltshire County, however due to the current low levels of intelligence surrounding drugs lines in Wiltshire it is difficult to determine the exact number. Wiltshire Police report that this is due to limitations around policing powers and the numbers needed to disrupt lines and gather intelligence⁹¹.

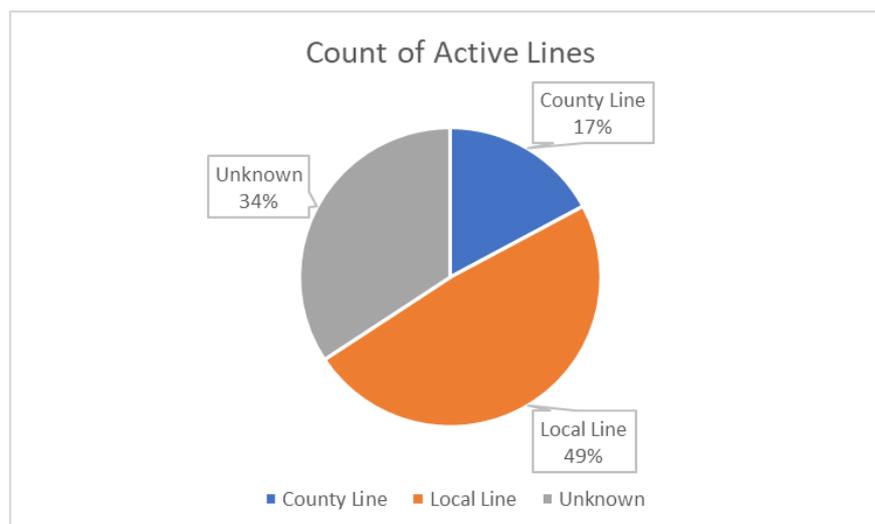
While Wiltshire was once the worst hit county nationally for County Lines, Wiltshire Police report that this has now been overtaken by the impact of Local Lines which are currently dominating the drug market. As of May 2022, Local Lines accounted for 49% of the drugs lines within Wiltshire, while 17% of drugs lines were County Lines and the remaining 34% were unknown/unclassified due to lack of intelligence (see figure 22). Local Lines are managed within the same area they impact; drugs are obtained elsewhere and sold within the local area. Like County Lines, the sale of drugs through Local Lines does not have direct involvement with the drug suppliers, and children and vulnerable adults are often exploited to move and store drugs and money through the use of coercion, intimidation, violence and weapons. Wiltshire Police report that Local Lines are typically more violent than County Lines due to personal rivalries dating back many years and heightened defence of turf.

Wiltshire has seen a rise in the locally named 'franchise model' of drug network. This method involves one network establishing multiple named drugs lines within a community. Each line is run by different individuals, but the overarching operation is the same upstream. Individuals within the network work their way up until they are handed their own line. These lines band together to eliminate competition in the drugs market and to protect and support one another, often through violence. Wiltshire Police report that it is extremely difficult to evidence the collaboration between these lines and many of the links are inferred rather than proven.

Figure 22: Percentage of active lines in Wiltshire as of May 2022⁹²

⁹⁰ [National Crime Agency \(2019\) County Lines](#)

⁹¹ [Youth Violence Gang Culture Problem Profile Sep 22 SANITISED.pdf](#)



At the time of the previous Substance use Health Needs Assessment in 2019, Wiltshire Police estimated the drug line markets to be around £27,000 a day in Wiltshire County only. Due to lack of intelligence submitted around drugs lines in Wiltshire, it is difficult to distinguish an accurate comparison, however it is believed that this number is now much higher ⁹².

The risk emanating from County Lines has increased recently due to the increase in crack-cocaine usage both locally and nationally and the increase in local Wiltshire young people involved in this trade. It is inferred these increases are and will be driving up serious violence incidents in the local area. A total of 47 children were identified last year as involved or at high risk of involvement with the heroin and crack-cocaine market. 38 out of these children were local to Wiltshire, 9 were out of area. Many of these children do not perceive themselves as being exploited, making interventions difficult. Others may feel trapped with no choice but to carry on due to large debts and the threat of violence.

County Lines and Local Lines may also use the method of cuckooing addresses in the imported area(s), this is the act of forcibly occupying the home of a vulnerable individual in order to establish a base for illegal drug dealing. People exploited in this way will quite often be exposed to physical, mental and sexual abuse. As of April 2022, there were no known cuckooed addresses in Wiltshire County, however this may be due to lack of intelligence submitted ⁹².

Social Media and the Drug Market

Wiltshire's children and young people's (CYP) drug and alcohol service, Motiv8, reports an increase in drug dealers using social media platforms such as TikTok, Snapchat, WhatsApp and Telegram to recruit drug runners and to advertise the drugs they are selling, particularly psychedelics. Motiv8 reports that photographs of drugs are uploaded to these platforms in a bid to 'glamourise' the use and sale of illegal substances. Motiv8 do not currently collate data around the number of children and

⁹² Wiltshire Police

young people being promoted to in this way, but they report anecdotally that they have seen an increase in the number of CYP dealing drugs within Wiltshire, this is likely to be partly due to the County Line model and the increase in reach via social media platforms.

Drug and Drink Driving

In the National Crime Survey for England and Wales 2019/20 5.0% of drivers reported that in the last 12 months they had driven when they thought they might have been over the legal alcohol limit. 0.4% reported driving when they thought they might have been affected or under the influence of illicit substances.

In 2021, there were a total of 1,253 injury collisions (slight, serious and fatal) in Wiltshire and 76 (6.06%) of those were collisions in which a positive breath test was taken. This is an increase of approximately 2% since 2014-16 when this percentage was 4.37%⁹².

In 2021 there were 409 drug drive arrests in Wiltshire, 296 (72.37%) of which resulted in a charge, and 661 drink drive arrests, of which 477 (72.16%) resulted in a charge. These numbers are significantly lower than they were the previous year. In 2020 there were 723 drug drive arrests, 396 (54.77%) of which resulted in a charge, and 673 drink drive arrests, 489 (72.65%) of which resulted in a charge. When interpreting this data, we should be mindful that an individual may be arrested for one offence but charged for another as individuals will always be charged with the higher offence.

The increase in arrests during 2020, the year that the Covid-19 pandemic began, is believed to be due to a number of reasons; there were fewer cars on the road, so it was easier for police to identify if a driver was displaying behaviours that might indicate that they were under the influence of drugs or alcohol, there were more resources available due to some other crime areas being significantly reduced during lockdowns; this meant that police were able to give more focus to areas of crime such as drink and drug driving.

Youth Offending and Substance use

Wiltshire's Youth Justice Service (YJS), formerly known as the Youth Offending Team, works with children and young people (CYP) who are involved in offending behaviour. This involves working with the child or young person, their parents or carers, volunteers and the local community. The YJS is made up of staff from a range of local services, including police, probation services, education and children's social care.

During April 2022 Wiltshire YJS had 116 individuals on their caseload, 15 of which had committed drug related offences.

If a young person working with the YJS is identified to be experiencing issues with substance use, support to address this will be incorporated into their intervention plan and they will be referred to Motiv8, Wiltshire's CYP's drug and alcohol service. If the young person refuses a Motiv8 referral the YJS case manager will complete this work with them directly. In 2021 the YJS made a total of 13 referrals to Wiltshire young people substance use service, however there is not currently a reporting mechanism

in place within the YJS to determine how many CYP with substance use issues were offered and refused a referral to Motiv8.

Conclusion

This chapter has identified a number of strong working practices which address substance use related crime within Wiltshire. These include but are not limited to; the provision of outreach in local and neighbouring custody suites and prisons, the multi-agency engagement with the Prison Release Panel, the development of the prison to rehab pathways and the education and support delivered to children and young people (CYP) by our CYP's drug and alcohol service and by the Youth Justice Service.

Recommendations

- Youth Justice Service and Probation to improve recording of substance use related crimes.
- Wiltshire Police to improve recording of drink and drug driving offences.
- Wiltshire's adult substance use service to improve joint-working with local courts.
- Wiltshire's adult substance use service to identify improvements to the custody in-reach.
- To increase the numbers engaging with substance use services on release from prison, in line with national ambitions around continuity of care.
- Wiltshire young people substance use service to provide education for young people, parents, carers and professionals around county and local lines and the influence of social media to recruit drug runners and advertise the sale of drugs.

Dame Carol Black review and Drug Strategy

In February 2019 Professor Dame Carol Black was appointed to lead a major 2-part review into drug use and its continuing impact on society, in particular, the way in which the drugs market fuels crime and serious violence, and how services are supporting individuals impacted by substance use. In July 2021, Dame Carol Black published the second part of her review which focused on prevention, treatment, and recovery from drug addiction. The report highlighted 32 recommendations for improving national drug policy and made further recommendations for significant changes to the ways in which services are commissioned. Research from the report finds that around 3 million people used illicit drugs in 2021 and that the total cost to society of illegal drugs is around £20 billion per year, with only £600 million being spent on treatment and prevention. Dame Carol Black makes recommendations for a 'whole-system approach', including the requirement of Local Authorities to develop better joined-up working between housing services, health partners, criminal justice, and employment support services. This second part of Dame Carol Black's review concludes that current provisions for prevention, treatment and recovery are inadequate and fail to make significant changes in the lives of the people impacted by substance use across the UK ⁹

On the 27th of July 2021 the Government published its initial response to Dame Carol Black's review, outlining its next steps. The Government acknowledged the problems identified in existing provisions as highlighted by Dame Carol Black and announced it would be taking the following steps in response; the Government will create a new multi-agency drugs combating unit that will sit across multiple areas of the Government and will develop a national outcomes framework, produce an annual report for parliament and appointed Dame Carol Black as the ongoing independent advisor on drugs; £80 million of new money to be invested into treatment and recovery services; a commissioning quality standard will be drafted to support future commissioning and enhancement of the treatment and recovery system; training and development of the workforce including set occupational standards for frontline staff; increasing drug testing on arrest and encouraging diversion into treatment; and finally to publish a new drug strategy by the end of 2021, drawing on the latest evidence and recommendations from Dame Carol Black's review ⁸.

In December 2021 the Government published its new ten-year drug strategy, 'From harm to hope: a 10-year drugs plan to cut crime and save lives'. At the core of the strategy is the focus on three key areas:

- breaking and disrupting drug supply chains,
- reducing the demand for recreational drugs, and
- delivering a world-class treatment and recovery system.

The expected outcomes from these three key areas of the strategy are that this will help to close 2,000 more county lines, disrupt 6,400 more OCGs, reduce overall drug

use to historic lows over the next decade, prevent 1,000 drug related deaths and deliver around 54,500 new high-quality drug and alcohol treatment places. To support these aspirations, the Government has announced that there will be an additional, ring-fenced, investment of around £780 million nationally, over the next three years, in addition to the current annual Public Health Grant spend of £670 million for drug and alcohol services ¹⁰

Universal Drug Treatment Grant (UDTG)

In January 2021, the government announced a new package of funding to help tackle drug related crime and reduce drug related deaths. This came in the form of an additional £80m for drug treatment, aimed at creating greater capacity across the substance use and criminal justice agenda including greater support for prison leavers and diversionary activity community sentences ⁹³.

Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) and Inpatient Detoxification Grant (IPD)

As part of the government's response to the independent Dame Carol Black review and the 2021 Drug Strategy, the Department of Health and Social Care announced it would be investing an additional £780m between 2022 and 2025. This additional funding will be provided to all local authorities over the three years and is aimed at improving services in line with the ambitions from the Drug Strategy and recommendations from the Dame Carol Black review. Part of this additional funding, the IPD element, is for local authorities to gain access to additional inpatient detoxification bed spaces through regional or sub-regional consortium arrangements. Funding allocations for all local authorities can be found [here](#) ⁹⁴.

Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG)

In 2022 an additional 20 local authorities were invited to be recipients as part of phase three of the RSDATG grant, including Wiltshire, taking the total number of areas involved to 83. The grant's intentions are to offer enhanced drug and alcohol treatment and wrap around support for people sleeping rough or at risk of sleeping rough. Funding allocations for participants can be found [here](#) ⁹⁵.

Conclusion

This chapter has summarised the key parts of the Dame Carol Black review, the Harm to Hope drug strategy and the various government grants that Wiltshire has been in receipt of to support the implementation of the aims and ambitions of the drug strategy. The chapter has highlighted the key areas of focus nationally which helps to inform local planning and service development.

⁹³ <https://www.local.gov.uk/publications/must-know-treatment-and-recovery-people-drug-or-alcohol-problems>

⁹⁴ <https://www.gov.uk/government/publications/extra-funding-for-drug-and-alcohol-treatment-2022-to-2023>

⁹⁵ <https://www.gov.uk/government/publications/rough-sleeping-drug-and-alcohol-treatment-grant-2022-to-2024-funding-allocations>

Recommendations

- To increase the size, quality, and competency of the Wiltshire treatment service.
- Work with criminal justice partners, including police, probation, and youth offending, to help with disruption activity.
- Work with the commissioned substance use service provider to ensure appropriate capacity and treatment pathways to support increase in demand for treatment, including for those who use 'recreational' drugs.
- Working with stakeholders to develop comprehensive plans for the grant spends to compliment core contract delivery.
- Establish monitoring arrangements with the providers, to ensure the grants are spent in accordance with local ambitions and national objectives.

Wiltshire Substance Use Provision

The current substance use commissioned service model in Wiltshire consists of several different contracts as outlined in figure 23 and the subsequent sections below.

Figure 23: Current commissioned substance use services model



Young People substance use service – Motiv8

The current Young People's service – Motiv8, is commissioned until March 2023 and provides for children and young people, up to their 18th birthday, who are resident within the Wiltshire Unitary Authority with problematic substance use, and for children, young people and families affected by parental substance use. Motiv8's primary objective is to improve the health, welfare and life chances of those vulnerable to, or experiencing, substance use. This is achieved by working directly with young people in an integrative partnership with, where appropriate, other service providers to create a balance between education, prevention and earlier intervention, health interventions and therapeutic interventions. Engagement with the service is on a voluntary basis and children and young people need to choose to receive support from Motiv8.

Motiv8 also provides advice and support to parents and carers of young persons with substance use needs and can refer to additional parental/carer support as appropriate.

The service provider will refer young people, whose needs cannot be met, onto appropriate specialist care, for example, in cases where a young person requires inpatient and/or residential services.

The service may extend provision beyond an individual's 18th birthday up to the age of 19 years should specific conditions apply, namely that:

- the young person continues to require substance use services;
- the young person's needs are assessed and do not meet the threshold for adult drug and alcohol services;
- or the young person's needs are assessed and agreed as being best met within a young person's service.

The above criteria may be applied in regard to looked after young people and those with learning difficulties or disabilities where the age range extends to 24 years. For those that are transitioning to adult services, the service should ensure that a comprehensive and a timely transition plan is in place.

The service is divided into two distinct areas:

- Tier 2 - non-structured interventions
- Tier 3 - structured treatment

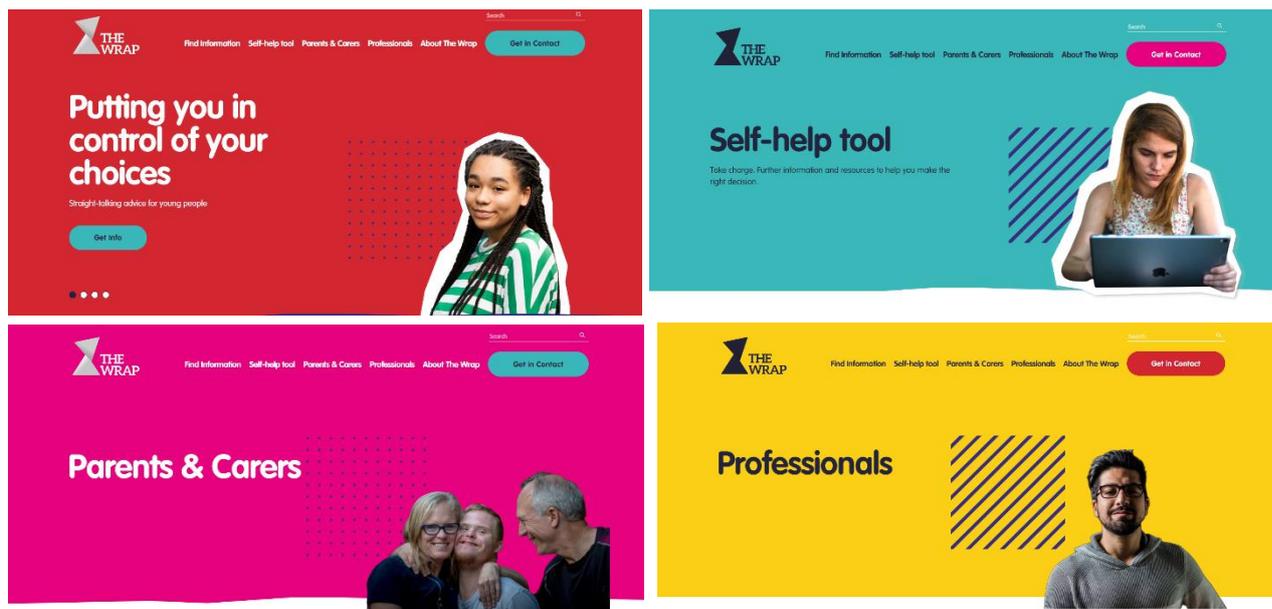
Motiv8 is not an 'emergency service' and is not expected to provide crisis level interventions to children, young people and their families. However, it is expected to react quickly and support a multi-agency response to new and emerging risks such as changes in hazardous substance use and child protection concerns.

The service includes a harm reduction team whose roles include:

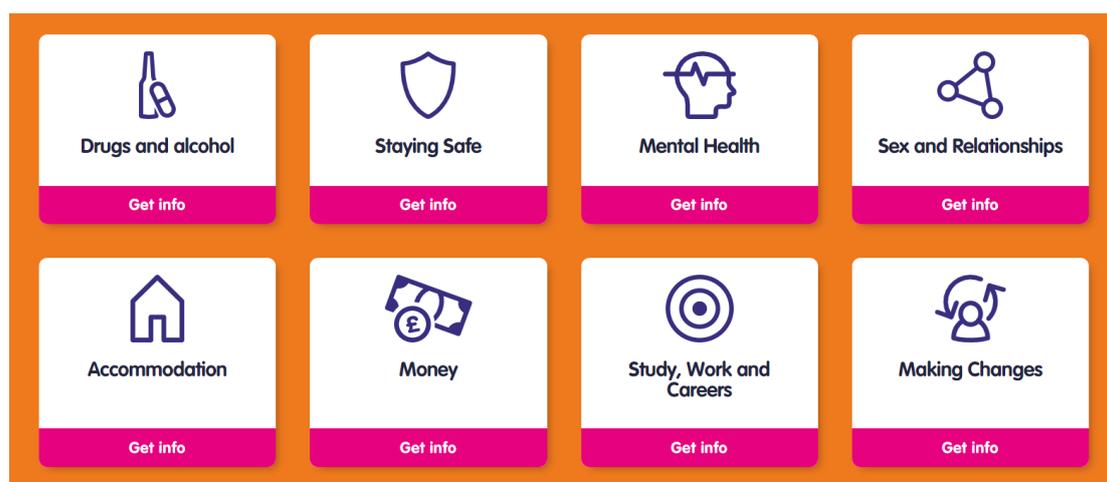
- Provision of training on drug and alcohol education and appropriate screening tools to organisations such as schools, youth services, young offending teams, looked after children teams etc.
- Working with police, health care services, youth services and the voluntary/community sector to reduce harm
- Promoting the service
- Provision of outreach services
- Delivery of targeted group work to those at risk and using substances
- Raising awareness within schools, colleges etc.
- Provision of brief 1:1 interventions
- Provision of advice and guidance
- Referral to partnership agencies
- Performing initial assessments

In total, 6,532 young people were engaged in preventative and harm reduction advice for 2021/22. This was conducted through school assemblies, youth club provision and outreach. Outreach is run by the Motiv8 Manager and a team of volunteers and currently occurs every other Friday.

DHI have produced [the Wrap](#), a free online educational resource that provides straight-talking, confidential advice to people aged 11-18 as well as advice and guidance for parents and carers and professionals. The Wrap brings together up-to-date, relevant information created in partnership with young people, self-help tools and advice on where to find support. Between 1st April 2021 and 30th September 2022, the Wrap had over 26,742 page views, had an average of 389 monthly users and over 1,015 individuals benefited from the online tools and resources relevant to their struggles after submitting a self-help query.



(Image source: <https://www.thewrapdhi.org.uk/>)



(Image source: <https://www.thewrapdhi.org.uk/>)

Working alongside the Harm Reduction Team is the Treatment Team who provide:

- Comprehensive assessments
- Psychosocial interventions
- Family work – non-structured and signposting
- Structured treatment
- Prescribing
- Multi-agency working including the Early Help Assessments
- Identification of a need for residential treatment

In 2021-22 there were 225 young people in treatment across Wiltshire and there were 143 new presentations to the young people's drug and alcohol treatment service. Of

the 225 young people in treatment, 94 (42%) were female and 131 (58%) were male. The gender split of young people in treatment in Wiltshire is comparable to national figures where 37% of young people in treatment are female and 63% male.

The age of young people in treatment in Wiltshire displayed in table 12 is comparative to the ages of young people in treatment nationally. However, there is a smaller proportion of young people aged 17 in treatment in Wiltshire (16% of all in treatment) in comparison to nationally (25%), indicating a need to increase the proportion of individuals aged 17 years into treatment ⁹⁶.

Table 12: Age of young people in treatment within young people services 0-17years - Wiltshire and National, 2021-22⁹⁶

Age	Local (n)	Proportion of all in treatment	National (n)	Proportion of all in treatment
Under 13	<5	1%	230	2%
13-14 years	65	29%	2,467	22%
Aged 15	65	29%	2,908	26%
Aged 16	56	25%	2,586	24%
Aged 17	37	16%	2,796	25%
All ages	225	100%	10,987	100%

Interventions delivered

There are several types of interventions offered:

- Harm reduction interventions are designed to decrease negative consequences of drug and/or alcohol use.
- Pharmacological interventions involve using medication-assisted treatment to support individuals with their substance use
- Psychosocial interventions are structured psychological or social interventions used to address substance use
- Multi-agency working involves working with partners from different organisations to help support individuals with substance use

The proportion of those receiving the different forms of intervention offered is outlined below in table 13.

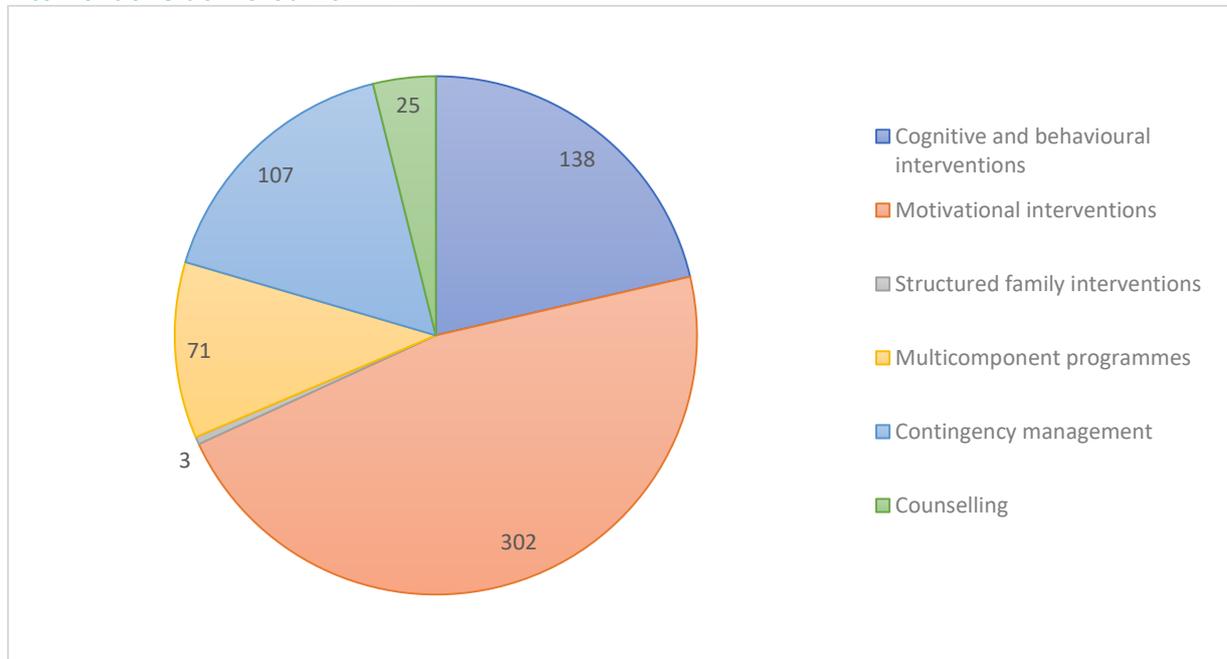
Table 13: Intervention type breakdown for Wiltshire young people 2021-22 ⁹⁶

Intervention type	Number receiving intervention	Percentage receiving intervention
Harm reduction	216	96%
Pharmacological	0	0%
Psychosocial	215	96%
Multi-agency working	188	84%
No intervention recorded	<5	1%

⁹⁶<https://www.ndtms.net/NDTMSReports/GetYPAActivityReports?ReportName=YPA%20Partnership%20Activity&ReportDescription=YPA%20Partnership%20Activity&Width=100&Height=1200>

Of all of the psychosocial interventions delivered the majority were motivational interventions followed by cognitive and behavioural interventions and contingency management as can be seen in figure 24 below.

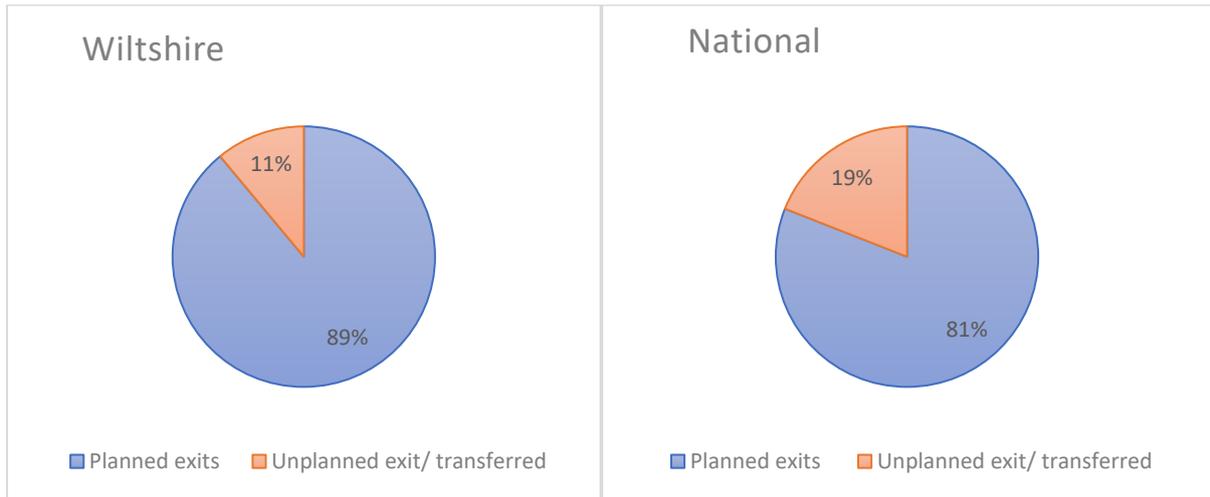
Figure 24: Psychosocial intervention breakdown for Wiltshire young people - Number of interventions delivered 2021-22



Outcomes - Treatment exits and discharge reasons

In 2021-22, 89% of exits from treatment in Wiltshire were planned exits, with the individual successfully completing treating either drug free or as an occasional user, and 11% were unplanned exits/ transferred, see figure 24 below. During the same period, nationally 81% of exits from treatment were planned and 19% unplanned or transferred. In comparison to 2020-21 data, planned exits from treatment have decreased slightly from 93% to 89% and unplanned exits/ transfers have increased from 7% to 11%. However, compared to the national average, there is still a higher proportion of young people exiting treatment drug free in Wiltshire than nationally (40% compared to 33%) and a smaller proportion of young people are dropping out of treatment in Wiltshire than nationally (5% compared to 12%).

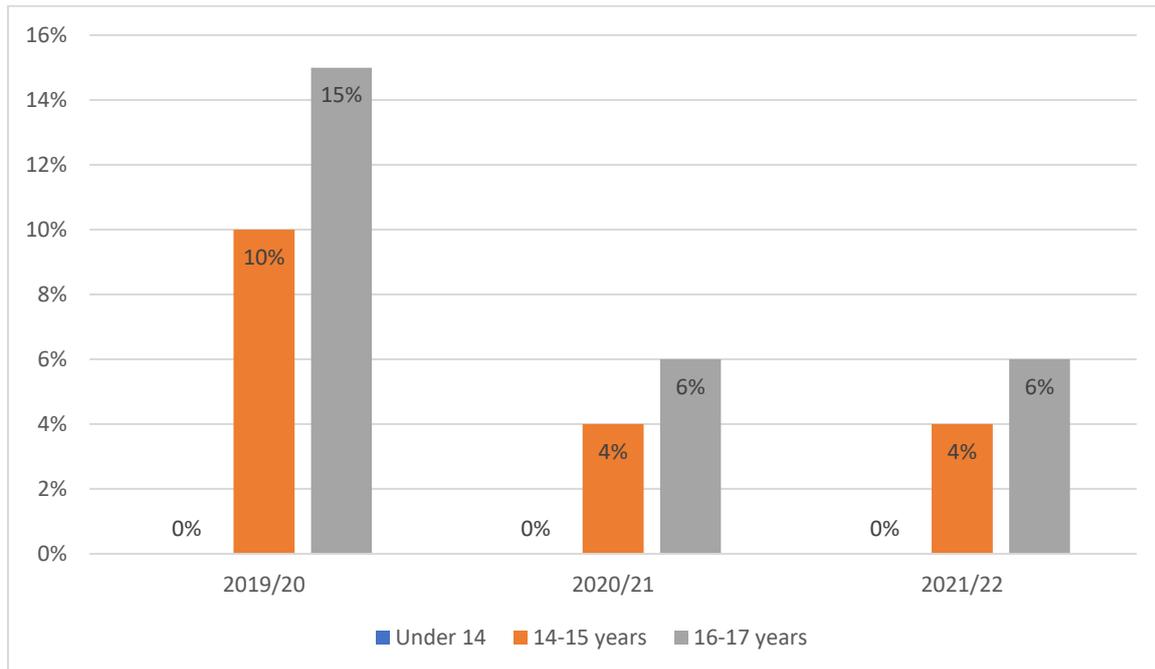
Figure 25: Young people treatment exits, Wiltshire and National data 2021-22



Unplanned or transferred exits from treatment can be for a range of reason such as treatment being incomplete due to the individual dropping out, being retained in custody, treatment being declined, moving to another area or being transitioned to adult services. Of the 11% of unplanned/ transferred exits from treatment in Wiltshire in 2021-22, 5% of them were due to individuals dropping out of treatment, 4% due to individuals being transferred to other areas and 2% being transitioned to adult services. In 2021/22 there were 4 people transitioned from Motiv8 to IMPACT, the substance use service.

The figure below shows the proportion of young people who dropped out or left treatment in between 2019-20 and 2021-22, demonstrating the proportion of young people dropping out increases by age with the highest proportion of people dropping out/ leaving treatment being aged 16-17 years. This could explain why there are a lower proportion of those aged 17 years in treatment in Wiltshire in comparison to national data and indicates there is a need to consider ways in which to increase the proportion of this age group accessing services.

Figure 26: Proportion of young people who dropped out/ left treatment by age for Wiltshire, 2019-20 to 2021-22.

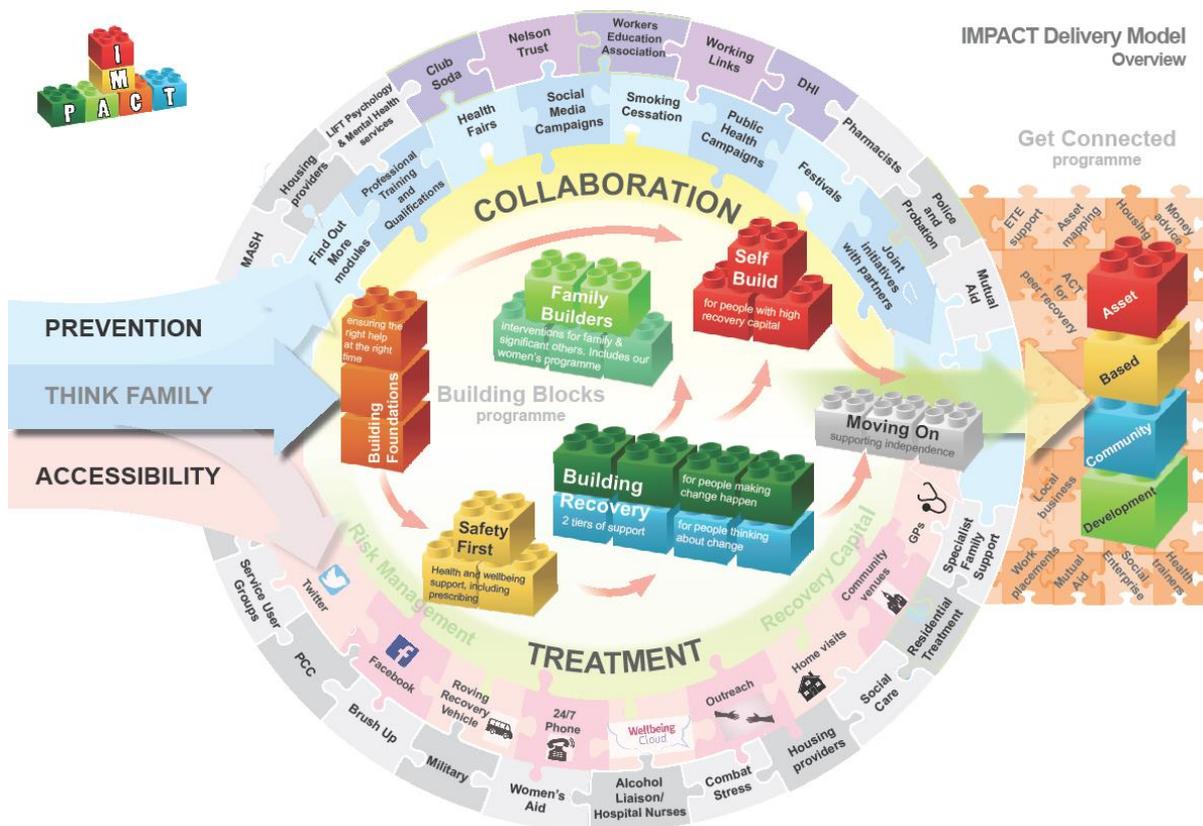


The transition between young people and adult services is an area where many young people disengage from the system. The average age of users in the adult service is 35-39, however, national evidence suggests the most common initial drug use occurs aged 15-19, suggesting a wide gap between initial use and presentation later, or disengagement from the young people service before re-presenting to adult services many years later with higher dependency needs. In 2021-22 there were <5 successful transitions into the adult service from Motiv8. This highlights a need to consider ways to better support individuals transitioning between services and reduce barriers in order to prevent individuals dropping out.

IMPACT – Adult substance use service

The current substance use service for adults in Wiltshire is known as 'IMPACT'. The service is delivered as a joint service across both Wiltshire and Swindon with hubs in Salisbury, Trowbridge and Swindon. This service has been in place since April 2018 and is commissioned until 31st March 2023. The delivery model for this service is illustrated below.

Figure 28: IMPACT adult substance use service delivery model 2018-2023.



The IMPACT model was built around four key themes:

Prevention – working with Wiltshire and Swindon communities to reduce the need for the Wiltshire and Swindon Substance use Services (WSSMS). In turn this will reduce the reliance on other key services such as Adult Social Care, Hospitals and emergency services. This work will include generating key preventative messages within Wiltshire and Swindon community areas.

Accessibility - when people require assistance from WSSMS, the service will be easily accessible. This means understanding how people want to access services, such as establishing a network of satellite sites to meet customers using community buildings, coffee shops etc. This also requires the service to consider alternative ways to engage with the service including the use of social media and other online communication platforms. In addition, WSSMS should operate a key hour’s telephone service.

Collaboration – the expectation is that WSSMS will promote collaboration and work with other agencies to achieve the best outcomes for the customer. This means understanding and complementing co-requisite services such as social care, health, police, probation voluntary and community sector etc. This network of partners should always be growing and strengthening.

Treatment – when the customer requires treatment, they should be accessing the evidence-based interventions. This service includes key elements such as harm reduction, pharmacological (prescribing) and psychosocial interventions.

Outcomes

Locally, rates of successful completion (without re-presentation) have remained stable for alcohol and alcohol and non-opiate, have increased significantly for non-opiate and declined slightly for opiates⁹⁷.

Table 14: Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months 2020 and 2021 data⁹⁸.

	2020 proportion of all in treatment	2021 proportion of all in treatment	Trend 2020 compared to 2021	Top quartile range for comparator local authorities
Opiate	10.6%	8.5%	↓	6.37% - 11.05%
Non-opiate	25%	44.2%	↑	46.15% - 60.84%
Alcohol	42.4%	41%	↑	44.72 - 54.10%
Alcohol and non-opiate	34.4%	34.4%	↑	42.45 - 56.00%

Research has shown that clients who are retained in treatment for at least 12 weeks have better treatment outcomes⁹⁹ (In Wiltshire, non-opiate clients are those least likely to stay until 12 weeks of treatment and in Wiltshire our retention rates are slightly worse than the national average for this treatment group with only 77% of non-opiate clients being retained for 12 weeks or more in Wiltshire compared to 85.7% nationally¹⁰⁰).

Supported housing scheme (Julian House)

In April 2018 Julian House were commissioned to provide drug and alcohol supported accommodation. The scheme consists of 3 different shared house properties of varying sizes and facilities in Trowbridge and Salisbury with a total of 15 units. This scheme offers short term support of no more than 2 years (on average 6 months) to those exiting treatment in need of accommodation.

⁹⁷ <https://www.ndtms.net/NDTMSReports/GetDOMESReports?ReportName=Diagnostic%20Outcomes%20Monitoring%20Executive%20Summary%20CDSP&ReportDescription=Diagnostic%20Outcomes%20Monitoring%20Executive%20Summary%20CDSP&Width=100&Height=1200>

⁹⁸ Source - DOMES report [NDTMS - GetReport](#) Q4 2021-22

⁹⁹ Dacosta-Sanchez, 2022 [Retention in treatment and therapeutic adherence: How are these associated with therapeutic success? An analysis using real-world data - Dacosta-Sánchez - 2022 - International Journal of Methods in Psychiatric Research - Wiley Online Library](#)

¹⁰⁰ DOMES Outcomes Monitor Exec Summary CDSP 2021-22 [NDTMS - GetReport](#)

The aim of the service is to empower clients to develop their skills, resilience and independence, as a stepping-stone to sustained recovery and move-on to their own tenancy whilst remaining substance free. Each resident is allocated a dedicated keyworker who will put a plan in place to help residents in their recovery from addiction and with accessing other agency support such as mental health, employment and training.

Local data shows between October and December 2022 there were an estimated 75 individuals known to the Wiltshire Council Rough Sleeping Team as being at risk of rough sleeping and a further 109 known rough sleepers. Forty-three percent of the 75 individuals at risk of rough sleeping were known to have substance use needs and 25% of the 109 rough sleepers. This indicates that there is a high proportion of those rough sleeping and at risk of rough sleeping with substance use needs and therefore a requirement for appropriate outreach, engagement, and accommodation provisions to support this cohort.

Shared Care and pharmacy services

Wiltshire's shared care services operates from a network of GP practices and pharmacies. The GP shared care scheme allows clients to have their clinical/medical needs addressed through their GP and psychosocial interventions provided through the adult substance use service. The approach is declining in numbers, this is mainly because commissioned services such as the adult substance use service now have the skills and expertise to offer a full service rather than having to have a supported clinical offer. A review of Wiltshire's GP shared care scheme was completed in 2021, this concluded that numbers in the scheme had decreased steadily since 2018 from 24 patients to only 5 in 2021. Approximately 9% of drug and alcohol treatment nationally is provided through a shared care arrangement, at the time of the review, Wiltshire's shared care numbers equated to just 1.25% of the treatment population.

The shared care offer also extends to a number of services provided by pharmacies, this includes supervised consumption, needle exchange and naloxone. The supervised consumption service allows clients to either collect or take opiate substitutes. The prescriptions for this are written by the adult substance use service or very occasionally the GP.

The pharmacies also play a pivotal role in the county's needle exchange service. This community-based service compliments the outreach-based exchange service offered by the adult substance use service. The scheme offers clean needles and injecting paraphernalia for steroid, opiate, or crack use, and includes sharp boxes for the return of used needles.

Since April 2019 the scheme has also extended to offer naloxone through the pharmacy network. Naloxone is an opiate blocking drug that can stop the effects of an opiate overdose. Naloxone is widely distributed by the adult substance use service from treatment hubs and through outreach activity.

Inpatient Detox and Residential Rehabilitation facilities

Wiltshire has a framework of providers for drug and alcohol detox and rehabilitation services in place until March 2023. The framework has 26 different units available, each with varying specialisms.

The rehab process is split into three sections. Detox is the clinical phase of becoming abstinent, carried out in a medical setting with supervision. The 'primary' part of the process is around understanding the personal reasons for the substance use and finally the 'secondary' is looking at ways to make sure the recovery carries on in the community.

There are national ambitions to increase the proportion of individuals accessing inpatient detoxification and residential rehabilitation. In order to help achieve this, Wiltshire has been awarded an Inpatient Detoxification (IPD) grant which has increased the inpatient detox provision available to clients in Wiltshire.

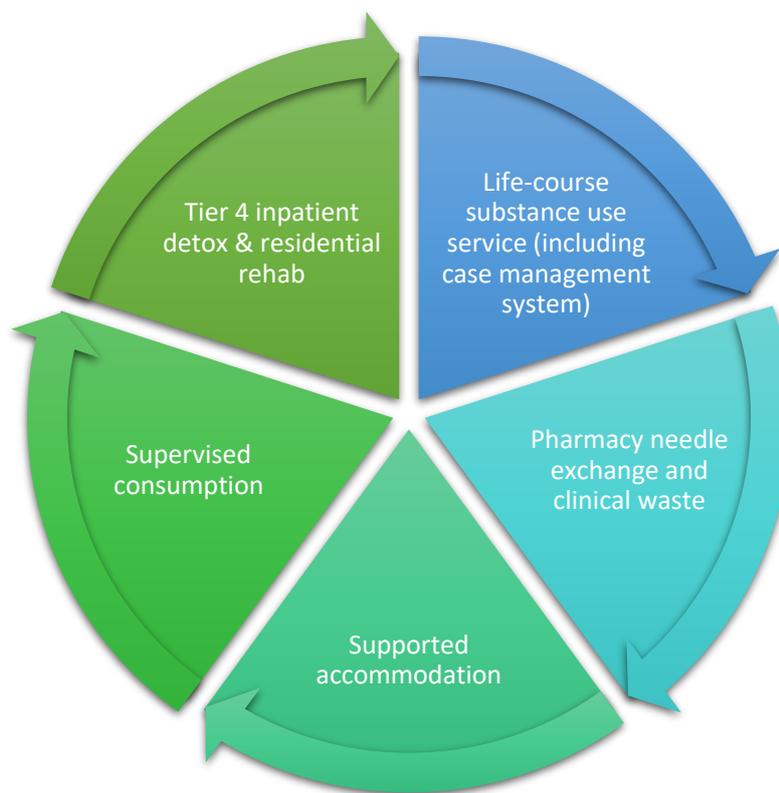
There is a national ambition to have 2% of all clients in treatment accessing residential rehab. Whilst Wiltshire was exceeding this in 2019-20, there was a significant reduction in uptake of residential rehab and availability of bed spaces, in part due to the Covid-19 pandemic. In March 2022 Wiltshire residential rehab uptake was at 0.80% significantly lower than the national ambition and lower than the England uptake at the same time of 1.11%. From other data presented in this health needs assessment it is evidence that this is not reflective of need and considerable work is required in this area to meet the 2% national ambition.

Commissioning intentions

With the current service provision arrangements due to cease on the 31st March 2023 and based on the findings from this health needs assessment as well as multiple other forms of needs analysis, a new service specification has been developed and a recommissioning process is underway to ensure commission a new service to go live from 1st April 2023.

The new service provision will bring all substance use contracts under one contract. The service will deliver a life-course substance use service for Wiltshire residents of any age to access as well as providing supported accommodation, needle exchange, clinical waste and supervised consumption and access to inpatient detox and residential rehabilitation facilities. Including the other elements of the contract under one contract again should help to increase efficiencies in the service, create more consistency and improve the experience for service users (see figure 28).

Figure 28 – Wiltshire life-course substance use service model



Key principles of new service model:

- Adopting a balanced approach to prevention and early intervention and treatment
- Offering a flexible, person-centred approach to supporting all clients across the life-course
- Offering an equitable accessible service with attention on reducing barriers to access
- Being innovative and responsive to emerging needs
- Adopting a no wrong door approach to ensuring individuals can access treatment at any point
- A ripatetic service model which supports clients in the community

This new service model and the key principles have been developed from the findings during the production of this health needs assessment. Of key importance to the new service model is increasing accessibility of service users and enabling a more flexible and person-centred approach. This approach should help to reduce barriers to accessing the service, encouraging more people into treatment, which will help to reduce the unmet needs discussed through this health needs assessment.

This health needs assessment has found individuals aged 17+ years accounted for the highest proportion of dropouts from the young people substance use service and therefore a life-course model has been commissioned in order to reduce the need for

transition points between young people and adult services allowing for great continuity for service users with an ambition to increase referrals and reduce dropout rates for this age group.

Conclusion

This chapter has outlined the current commissioned services model and what each service consists of, highlighting areas where the current services could be strengthened. The information throughout this health needs assessment has been used to inform future commissioning intentions enabling an appropriate service model to be developed based on the Wiltshire population needs.

Recommendations

- Increase efforts to meet the national ambition of having 2% of all clients in treatment accessing residential rehab. This could involve exploring ways to increase availability of bed spaces, promoting the benefits of residential rehab to clients, and addressing any barriers to accessing this type of treatment.
- Ensure that the new substance use service that will be commissioned from April 2023 is designed with a focus on prevention, early intervention, and treatment, and that it offers a flexible, person-centred approach that is accessible to all clients across the life-course.
- Mobilise the new life-course service model to reduce barriers to accessing treatment, particularly for individuals aged 17+ years who accounted for the highest proportion of dropouts from the young people service.
- Monitor and evaluate the new substance use service to ensure that it is meeting the needs of service users and addressing any unmet needs identified in this health needs assessment. This could involve gathering feedback from service users, tracking key performance indicators, and adjusting the service model as needed.

Service User and stakeholder feedback

Service user feedback – Young people service

Wiltshire’s current young people’s substance use service regularly collect service user feedback from individuals engaged with the service. Feedback can be collected at any stage of treatment but is routinely collected at the end of treatment. Parents of young people in treatment are also asked to provide feedback on how engagement with the service has impacted on a young person’s behaviour. The feedback received is regularly shared in internal and partnership meetings and is used to inform practice and help shape the training which is delivered by the service. The service is currently working to broaden the ways in which young people can provide feedback and are exploring developing a feedback section on [the Wrap](#).

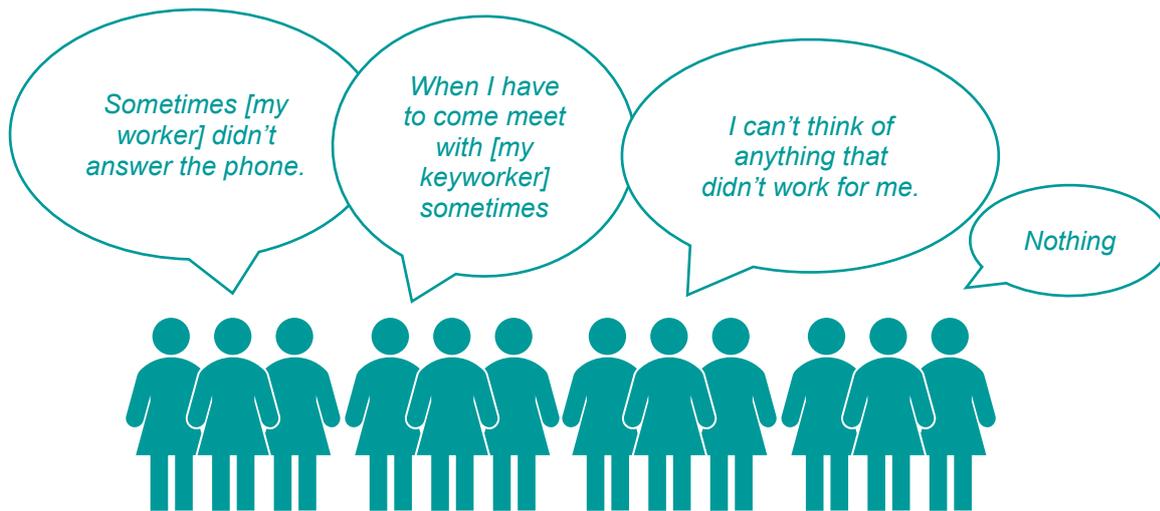
Headline data from 2022/23 Quarter 1 Service User feedback survey:

- 100% of service users they felt they were **treated respectfully** and **listened to**.
- 100% of service users agreed staff were **friendly** and **welcoming**.
- 100% of service users said they felt **comfortable** talking to their keyworker.
- 100% of service users felt as though their experience at Motiv8 was positive.
- 96% said they **would recommend the service** to friends and 4% responded ‘not sure’.
- 88% said they felt they had **achieved their personal goal**, 12% responded ‘not sure’.

When asked what worked well young people responded:



When asked what didn't work so well young people answered:



When asked for any suggestions on how to improve the service, the majority of young people felt they didn't have any ideas or suggestions for improvements. One young person recommended increasing the age range of the service so that people over 18 years can access the service. Another young person said:



Service user feedback – Adult service

A survey was conducted by commissioners in 2021 with the support of the adult substance use service to which 86 service users responded. There was a wide spread of service users across the county who responded but with higher numbers in Salisbury (13), Trowbridge (12) and Chippenham (10). Fifty-seven percent were male and 43% were female. There was a good distribution of service users who responded from different age groups, however 46% of responses came from those aged 45-65 years. Fifty-six percent were accessing treatment for alcohol and 33% were accessing treatment for opiate prescribing.

The survey highlighted a number of strengths of the current service:

- 74% agreed they had a **good relationship** with their keyworker.
- 61% have been able to easily **access treatment hubs**.
- 73% feel the service meets their **individual needs**.
- 87% said they **feel safe** in treatment.
- 83% said they feel **listened to** in treatment.
- 87% agreed they **would recommend** the service.

A number of considerations should also be made based on the survey responses:

- **A blended approach to support**
 - 21% said they have **not found online support helpful** during their treatment – although 58% stated they would like to see online support options increase.
 - 65% said they would like **face to face support to be increased**.
- **Service flexibility/ person-centred approach**
 - 29% did not feel the service helped them to achieve their specific treatment goals.
 - Approximately 50% of respondents said they would like to see **more flexibility** in the service e.g., where appointments are held, appointment times.
 - 60% said they would like to see **more treatment hubs** across the county.
- **Increase awareness of family support provision**
 - 31% said they were **not aware of the family support** available through the service.

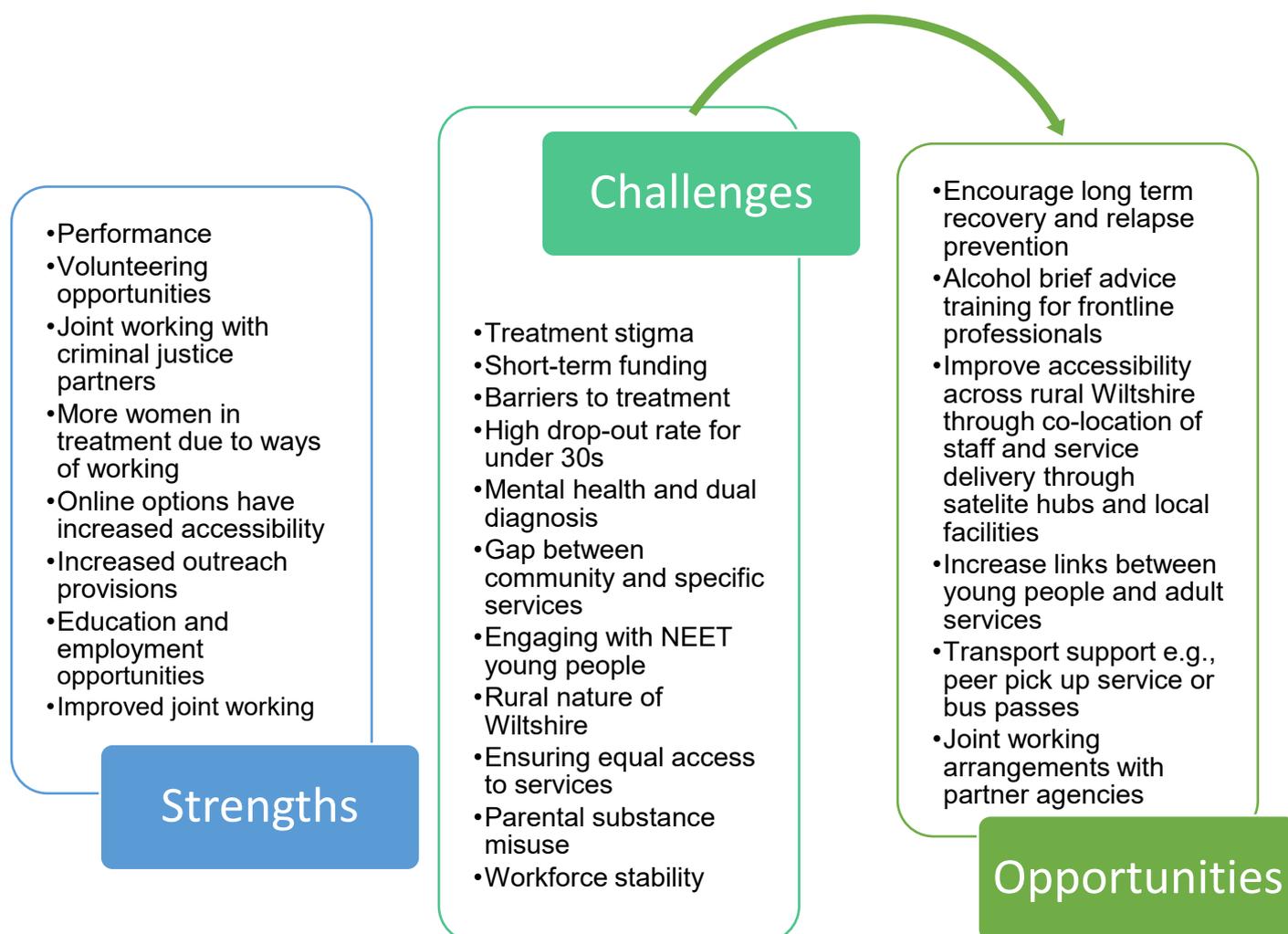
When asked to provide any other feedback respondents said:



Feedback from stakeholders (both within and outside of the commissioned service)

A stakeholder workshop was held with professionals both from within and outside of the commissioned services in 2021. This chapter captures comments from various professionals made during the workshop however these were not recorded verbatim. There were a number of activities during the workshop where four key questions were discussed.

Question 1: What are the strengths and challenges of our current provision across Wiltshire?



There were several strengths of the current service provision recognised by stakeholders. The work the engagement and prevention (outreach) team within the adult drug and alcohol service have completed across Wiltshire was particularly celebrated during discussions with the team being described as ‘invaluable’ and helping to increase awareness of service and support available.

A number of challenges were identified by stakeholders including the rural nature of Wiltshire and limited transport links making it difficult for individuals to get to appointments at hubs which generated some discussion around opportunities to improve the accessibility of the service across rural Wiltshire by exploring:

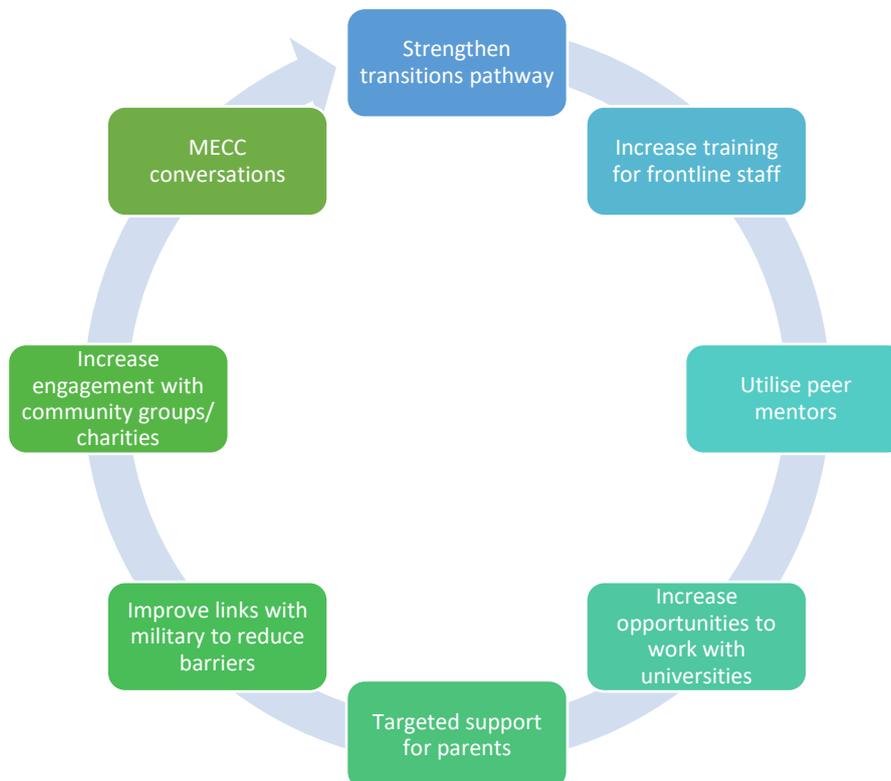
- transport support for clients such as a peer pick up service or provision of bus passes.
- moving to a less hub-focussed service model which enabled delivery of services in the community through satellite hubs and local facilities.
- co-location of drug and alcohol workers with partner agencies to further increase accessibility.

Stakeholders highlight that engaging with young people who are not in education, employment or training (NEET) presents a challenge and has become more problematic since the beginning of the pandemic. Stakeholders also recognised that transitions between young people and adult services can be challenging, noting that there are vast differences between the expectations and treatment style of the young

people and adult service and not everyone is ready to move into the adult service at 18 years. Further to this, it was highlighted there is a proportionally higher dropout rate for under 30s within the adult service. Therefore, opportunities to broaden the scope of the young people's service and strengthen links between the young people's service and adult service were highlighted.

Question 2: How can we overcome barriers to those harder to reach individuals across Wiltshire, helping them to engage in treatment?

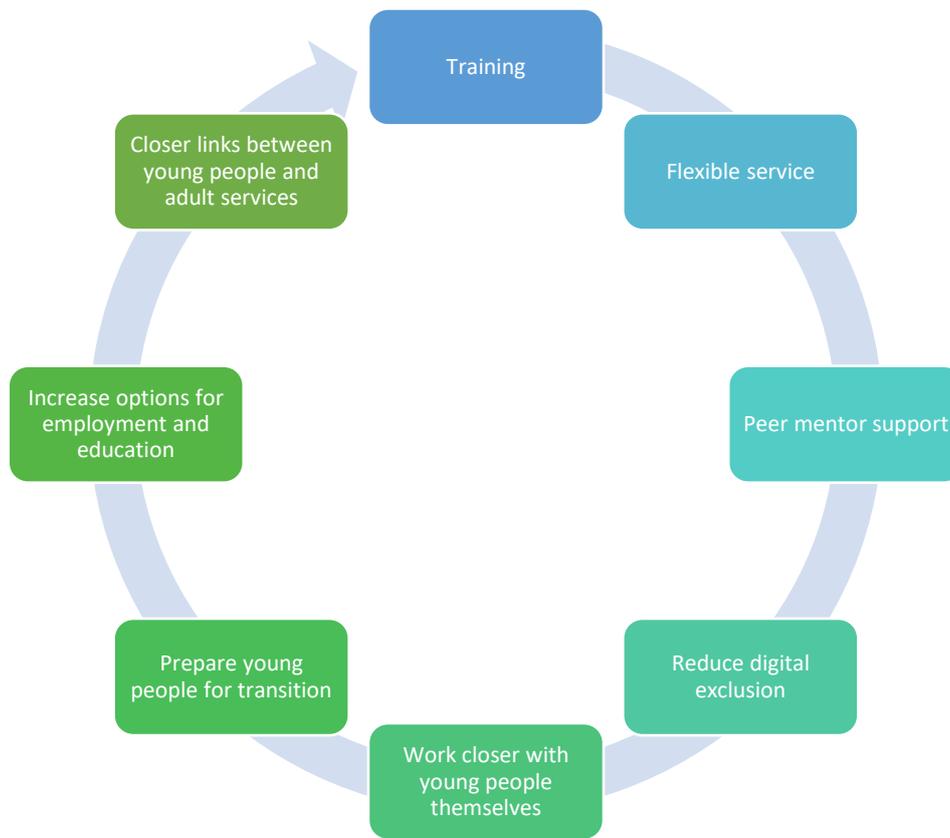
Stakeholders highlighted a number of ways in which barriers to accessing treatment could be overcome in order to help engage individuals into treatment, these included:



It was highlighted that national statistics demonstrate there is a cohort of individuals aged 20-24 years entering treatment with adult services that have quite severe drug addictions and that there is a need to explore how to engage with these individuals at an earlier opportunity. A way in which this could be achieved is by strengthening the transitions pathway between young people and adult services. It was suggested that peer mentors could be utilised to support young people through any transitions between services in order to help reduce the likelihood of individuals dropping out and disengaging.

Peer mentors were also recognised as being valuable to support individuals to collect scripts and attend appointments.

Question 3: What can we do to further support young people transitioning from young peoples to adult services, preventing them from dropping out of treatment?



Stakeholders highlighted a number of key areas to improve support for young people transitioning between young people and adult services in order to prevent them from dropping out of treatment. One of these key areas was a recommendation to improve and increase training of professionals. A need for specific training on brief interventions for social care staff was also highlighted during the stakeholder events as well as the need for a crib sheet for frontline professionals which clearly outlines referral pathways and what support is available.

It was recognised that service must be flexible to meet individual needs. Stakeholders felt closer links between young people and adult services are needed, allowing for more cross over between the two services so that the transition period is not rigid and instead is based upon individual need.

Another key consideration highlighted during the stakeholder events is how we work more closely with young people themselves to gain a more in depth understanding of what the barriers to engagement are.

Question 4: How can services work closer and more collaboratively, focussing on early engagement before referral to treatment services, during treatment and at the discharge stage from structured treatment?



Stakeholders recognised the importance of collaborative, partnership working and whilst current joint working arrangements have been recognised as a strength of Wiltshire services, there were a number of suggestions for how this could be further improved, for instance by:

- Increasing the training available across the partnership
- Working together to establish joint referral processes, joint outreach and visits and undertaking collaborative care plans
- Ensuring greater partnership working through co-location of staff and working alongside each other in community hubs

Conclusion

Service users from both the adult's and young people's services identified several aspects of the services which they valued. Having keyworkers to talk to, learning more about drugs and alcohol and being able to get out to have their appointments in places that suited them were all positive aspects that young people identified about the service. Adult service users identified the support they received from keyworkers and the programme they followed as being positive aspects of the service.

Feedback from young people indicated that they would like to have more options for getting out and doing activities and more face-to-face appointments – both of these options have been somewhat limited as a result of Covid restrictions but are now areas that can be explored. Feedback from Adult service users indicated having flexibility for appointments to be held in a way that suits the individuals' needs, having more continuity of care and recovery options and retaining the same keyworker throughout treatment as being areas that could be strengthened.

A number of suggestions were made during the stakeholder workshop with regards to how some service challenges could be addressed including strengthening the links between young people and adult services, exploring options to improve accessibility across the country, increase the training available to frontline professionals, utilise

knowledge of peer mentors with lived experience and increase engagement with community groups and charities to enhance support available.

Recommendations

- To facilitate regular awareness and educational training to professionals to further their knowledge on substance use.
- Deliver Alcohol Identification and Brief Advice training provision and develop a crib sheet for frontline professionals.
- Broaden the age of the young people service, improve links between young people and adult service.
- Increase accessibility of the service through satellite hubs and community facilities.
- Develop a mechanism to capture the voice of all service users to inform the development of the service.

Evidence Base for what works

Evidence reviews and guidance have been produced by a range of UK organisations including the Office of Health Improvement and Disparities (OHID), The National Institute for Health and Care Excellence (NICE), The Department of Health and Social Care (DHSC), The Home Office, The UK Health Security Agency (UKHSA) and The Advisory Council on the Misuse of Drugs (ACMD). See [Appendix 1](#) for a list of key documents from these and other organisations.

Summary of recommendations

The local demographic profile should be used to inform service planning and prevention strategies. Attention should be paid to the aging population, areas of deprivation, and the substantial and growing military and ex-military presence. Policies and programs should be developed to cater to the needs of the older adults. Targeted interventions are needed for drug and alcohol services, particularly for the younger age group. Inclusion and diversity policies should be implemented to ensure minority groups are not excluded. Programs and policies that promote healthy living and well-being are needed, particularly for those in the most deprived areas. Regular identification and brief advice training for partners and frontline professions should be established. Harm reduction strategies should be implemented to reduce the risk of overdose and other negative consequences associated with substance use during health protection matters. Support for parents with co-occurring substance use and mental health needs should be provided. Substance use services should work closely with mental health and domestic abuse services to support individuals. Professionals should receive regular awareness and educational training on substance use. Accessibility of services should be increased through satellite hubs and community facilities.

Efforts should be increased to meet the national ambition of having 2% of all clients in treatment accessing residential rehab. The new substance use service that will be commissioned from April 2023 should be designed with a focus on prevention, early intervention, and treatment, and offer a flexible, person-centred approach that is accessible to all clients. The service model should be designed to reduce barriers to accessing treatment, and the service should be monitored and evaluated to ensure that it is meeting the needs of clients. Alcohol Audit-C screening and Identification and Brief Advice (IBA) should be increased across different health and social care settings, and frontline professionals should be trained in their use. Online IBA models should be developed and promoted, and workplace wellbeing should be promoted by upskilling professionals and implementing a substance use support policy. Substance use during pregnancy should be monitored, and a data collection system should be developed to track individual patient screenings using the Alcohol Audit-C tool.

Recommendations

- Use knowledge of the local demographic profile to inform service planning and prevention strategies. Particular attention needs to be paid to the local ethnic profile, the aging population, areas of deprivation and the need of the substantial and growing military and ex-military presence.
- Given the projected increase in the population of Wiltshire and the expected increase in the number of older adults, it is recommended that the local authority develop policies and programs that cater to the needs of this group.
- The high proportion of people in treatment for drug and alcohol services particularly in the younger age group, calls for the need for more targeted interventions to address this issue.
- The fact that Wiltshire is considered less deprived than many other local authority areas in England may lead to complacency. It is important to continue monitoring deprivation indicators and addressing areas of concern, such as the Barriers to Housing and Services domain.
- The lower proportion of ethnic minorities in Wiltshire, compared to the total southwest region and England, highlights the need for inclusion and diversity policies that ensure that minority groups are not excluded.
- The fact that healthy life expectancy is below or very close to state pension age for both males and females indicates the need for programs and policies that promote healthy living and well-being, particularly for those in the most deprived areas.
- Consideration should be given to ensuring appropriate education and awareness raising about the risks of alcohol amongst young people.
- Public Health teams should ensure services such as drug and alcohol services and sexual health services are working collaboratively.
- Regular Identification and Brief Advice training for a range of partners and frontline professions should be established to enable earlier identification of problematic drinking and ensure pathways to support and treatment are offered.
- Consideration should be given to ensuring appropriate education and awareness raising about the risks of drugs and alcohol amongst young people and adults.
- Public Health teams should ensure services such as drug and alcohol services and sexual health services are working collaboratively to support young people and adults.
- To ensure that the model is accessible.
- For drug and alcohol providers to create a flexible approach to respond to the need of the clients. Remembering the no wrong door approach.
- Provide education and resources to individuals to the public regarding health protection manners.
- Increase access to testing and treatment for blood-borne viruses and liver disease for those with substance use needs.
- Monitor and address alcohol and drug use trends during the pandemic to ensure that appropriate resources are available to those who need them.
- Continue to development harm reduction strategies to reduce the risk of overdose and other negative consequences associated with substance use during the pandemic.

- Increase awareness and use of alcohol screening tools and IBA across health, social care, and workplace settings across Wiltshire.
- Capture datasets for workplaces and maternity services
- It's important to consider ways to reduce the number of young people being admitted to hospital for alcohol-specific conditions and how to reduce harm.
- It's important to consider ways to reduce the number of young people being admitted to hospital due to substance use, reduce harm, and improve access to harm reduction interventions.
- Review the support that is on offer and provide an enhanced level of support for parents in treatment with co-occurring substance use and mental health needs.
- substance use services work closely with mental health and domestic abuse services to support individuals. Additionally, finding ways to increase the proportion of individuals in treatment can help reduce the unmet need highlighted in the analysis.
- DARD to continue to be developed.
- Ensure appropriate referrals are made to the relevant professionals.
- To increase the size, quality, and competency of the Wiltshire treatment service
- Work with Criminal Justice partners to offer support to individuals engaged with through police disruption activities.
- Work with the commissioned treatment provider to ensure appropriate capacity and treatment pathways to support increase in demand for treatment, including for those who use 'recreational' drugs.
- To facilitate regular awareness and educational training to professionals to further their knowledge on substance use.
- IBA training provision and crib sheet for frontline professionals
- Broaden scope of YP service, improve links between YP and adult service – highlight in feedback from both YP SU's and stakeholders.
- Increase accessibility of service through satellite hubs and community facilities
- Youth Justice Service to improve recording of substance use related crimes amongst clients.
- Wiltshire Police to improve recording of drink-driving data.
- Wiltshire's Adults Drug and Alcohol Service to improve joint-working with local courts
- Wiltshire's Adults Drug and Alcohol Service to identify improvements to the custody and prison in-reach to reduce the number of individuals disengaging after in-reach session is carried out
- Wiltshire CYP Drug and Alcohol Service to formalise education for CYP around County Lines and the use of social media to recruit drug runners and advertise the sale of drugs. Education for parents and carers should also be considered.
- Increase efforts to meet the national ambition of having 2% of all clients in treatment accessing residential rehab. This could involve exploring ways to increase availability of bed spaces, promoting the benefits of residential rehab to clients, and addressing any barriers to accessing this type of treatment.
- Ensure that the new substance use service that will be commissioned from April 2023 is designed with a focus on prevention, early intervention, and

treatment, and that it offers a flexible, person-centred approach that is accessible to all clients across the life-course.

- Consider how the new service model could be designed to reduce barriers to accessing treatment, particularly for individuals aged 17+ years who accounted for the highest proportion of dropouts from the Motiv8 young people service. This could involve offering a peripatetic service model that supports clients in the community, as well as reducing the need for transition points between young people and adult services.
- Monitor and evaluate the new substance use service to ensure that it is meeting the needs of clients and addressing any unmet needs identified in this health needs assessment. This could involve gathering feedback from service users, tracking key performance indicators, and adjusting the service model as needed.
- Increase the use of Alcohol Audit-C screening and Identification and Brief Advice (IBA) across different health and social care settings, including primary care, hospitals, criminal justice settings, housing support services, children's social care, adult social care, outpatient wards, perinatal, maternity, and midwifery services and workplaces. This will help identify individuals at risk of increasing their alcohol consumption and deliver brief advice.
- Train frontline professionals in Wiltshire, including social workers, probation staff, Midwifery staff and health improvement coaches, in the use of Alcohol Audit-C screening and IBA delivery to increase the number of professionals who have the skills and confidence to use alcohol screening tools and deliver IBA.
- Develop and promote online IBA models to provide equitable access to IBA/early intervention support to more rural communities across Wiltshire.
- Promote workplace wellbeing in Wiltshire by upskilling professionals across the workplace to be aware of the Audit-C tool and how to deliver IBA, including occupational health teams. This should also include implementing a substance use (alcohol/drug) support policy, employee assistance programmes, and educational/awareness-raising events.
- Monitor substance use during pregnancy in Wiltshire and develop referral pathways to specialist drug and alcohol services when necessary to ensure pregnant women with substance use disorders receive appropriate care and support.
- Develop a data collection system to track individual patient screenings using the Alcohol Audit-C tool and improve data reporting to better understand the impact of alcohol use on healthcare services and patient outcomes.

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Appendices

Appendix 1

Evidence base for what works:

[Alcohol and drug misuse prevention and treatment guidance](#) – OHID

[UK drug strategy: From harm to hope](#) – Home Office, DHSC, MoJ, DWP, DfE and DLUHC

[Drug misuse prevention: targeted interventions](#) – NICE

[Alcohol-use disorders: diagnosis, assessment and management of harmful drinking \(high-risk drinking\) and alcohol dependence](#) – NICE

[Alcohol and drug prevention, treatment and recovery: why invest?](#) – PHE

[Drug misuse prevention review](#) – ACMD

[Commissioning quality standard: alcohol and drug services](#) - OHID

