

# Slough drug & alcohol rapid needs assessment

(what we learned from the 1<sup>st</sup> Phase of this work)



Dr L Shapo, Public Health Team (Adults)  
Slough Borough Council, 14 Nov. 2023

# Health Needs Assessments form part of Slough Joint Strategic Needs Assessment (JSNA) process

## BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The JSNA document is what we use in Slough to assess the current and future healthcare and wellbeing needs of our residents. These needs could be met by local authorities, Integrated Care Boards (ICB's), the NHS and other partners.
- Local authorities and ICBs have equal and joint duties to prepare JSNAs and joint local health and wellbeing strategies through their Health and Wellbeing Boards.
- The Slough Joint Wellbeing Board has a duty to improve the health and wellbeing for those who live in Slough. The Slough Joint Wellbeing Strategy, developed by the Slough Wellbeing Board is based on the needs identified by the JSNA.
- This document forms part of those resources [Berkshire East JSNA \(berkshirerepublichealth.co.uk\)](https://www.berkshirerepublichealth.co.uk)



# This rapid needs assessment will provide a better understanding of the local picture of substance abuse and reinforce partnership working

## AIMS & OBJECTIVES

The aim of this rapid needs assessment is to (i) improve our understanding on the burden of drug and alcohol substance use in Slough, and (ii) engage more effectively with key partners in a journey that will support our preventative approach as well as improve the current healthcare model locally.

The project will be divided in two phases with separate objectives

**Phase 1:** This initial and important phase will aim to inform and support both the Safer Slough Partnership (SSP) program of work and our commissioning priorities with a specific focus on exploring, analysing and providing local information covering the following areas:

1. Prevention (Prevalence of drug & alcohol substance use – unmet needs | risk factors)
2. Treatment (Drug & alcohol drug treatment – local picture)
3. Health services use
4. Enforcement actions (Drug & alcohol related crimes)

An epidemiological approach was taken to understand the prevalence of problem drug and alcohol use and associated harm in Slough. This will be accompanied by a comparative analysis of service provision and outcomes between different populations. Both elements have been benchmarked against comparator populations (i.e. Berkshire, SE and England) where possible.

**Phase 2:** The aim for the 2<sup>nd</sup> phase would be to share the findings from the 1<sup>st</sup> phase with key partners (including the CDP and the SU group & the SSP). A longer-term objective would be to scope the possibility of developing a drug & alcohol substance use strategy document that will serve us for a period of at least 5 years.

*Note:* The aims/objectives from both phases will be subject of close collaboration with all partners involved in this work and data sharing and close collaboration with Berks East Hub.

## CONTENTS

### Introduction

- Drug and alcohol substance use definitions & their dependency | risk factors

**Policy Context** - [\*From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK\*](#)  
([www.gov.uk](http://www.gov.uk))

**Population** – Slough demographics

### The Local Picture & Response

- Prevalence | Drug-related deaths | MH behaviour disorders | Treatment
- Prevalence | Alcohol-related deaths | Hospital admissions | Treatment

**Drug and alcohol related crime**

**Key findings**

# Substance use dependency main forms



## INTRODUCTION

**Substance (drug) dependency is the medical term used to describe a compulsion to using drugs that continues even when significant problems related to their use have developed.**

**Alcohol dependence**, which is also known as alcoholism or alcohol addiction, **describes the most serious form of high-risk drinking, with a strong - often uncontrollable - desire to drink.** It means drinking at a level that causes harm to your health.

The drug dependency can be either physical or psychological – or both.

**Physical dependence:** A physical condition caused by chronic use of a tolerance forming drug, in which abrupt or gradual drug withdrawal causes unpleasant physical symptoms.

- Physical dependence can develop from low-dose therapeutic use of certain medications such as benzodiazepines, opioids, antiepileptic's, and antidepressants, as well as the recreational misuse of drugs such as alcohol, opioids, amphetamines, and benzodiazepines.
- The higher the dose used, the greater the duration of use, and the earlier age use began are predictive of worsened physical dependence and thus more severe withdrawal syndromes. Acute withdrawal syndromes can last days, weeks or months.

**Psychological dependence:** a state that involves emotional–motivational withdrawal symptoms, e.g., anxiety and anhedonia, upon cessation of drug use or certain behaviours. It develops through frequent exposure to a psychoactive substance or behaviour.

Psychological dependence is not to be confused with physical dependence, which induces physical withdrawal symptoms upon discontinuation of use. However, they are not mutually exclusive.

# Substance use disorders are often multifactorial and differ for everyone

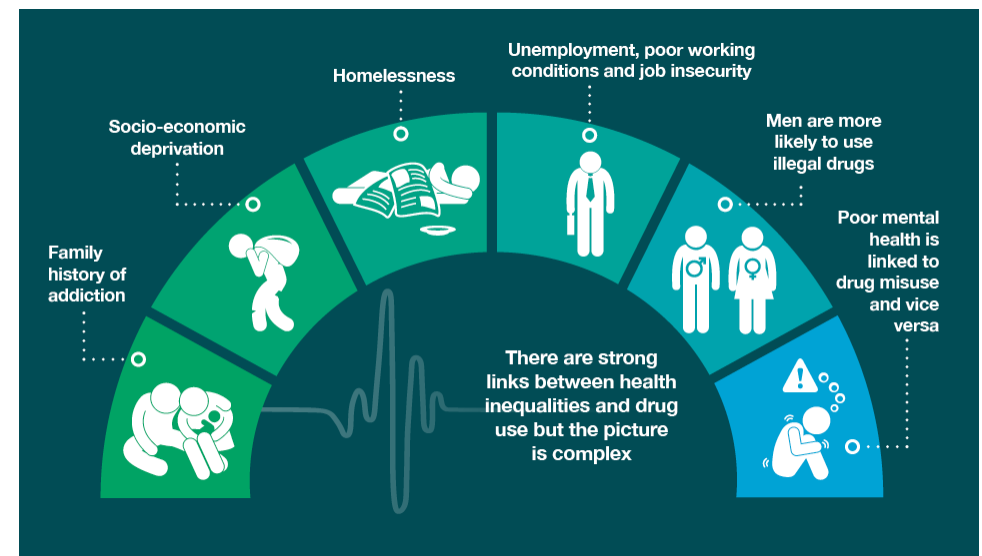
## INTRODUCTION (2): RISK & PROTECTIVE FACTORS

### What causes substance use disorder?

Cultural and societal factors determine what are acceptable or allowable forms of drug or alcohol use. Public laws determine what kind of drug use is legal or illegal. The question of what type of substance use can be considered normal or acceptable remains controversial.

**Substance use disorder is caused by multiple factors** but which of these factors has the biggest influence in any one person cannot be determined in all cases.

- Some **individual risk factors** include a family history of drug use, aggression, a low perception of risk, while some individual **protective factors** include strong social skills, a positive sense of self and religiosity.
- In the **family domain**, risk factors include excessive conflict or abuse, low support and positive family attitudes toward drugs, while some protective factors include positive family bonding, clear rules and trust.
- **Prevention programs** that increase protective factors for children can be effective at reducing the likelihood that they will use drugs or engage in risky behaviour. The goal for these programs is to outweigh the risks with increased protective factors.



[Health matters: preventing drug misuse deaths - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Risk and protective factors - Emotionally Healthy Schools](#)

# Slough has a high proportion of people with an ethnic minority background, and we need to understand more about their risk

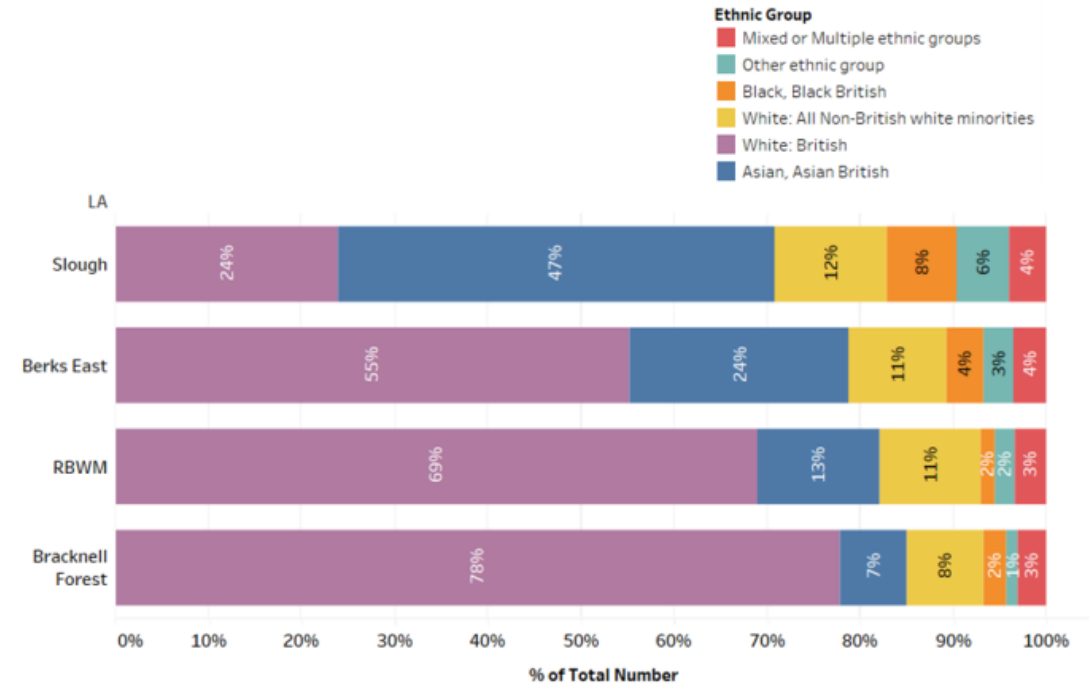
## INTRODUCTION (3): ETHNICITY AND RISKS

Slough has the largest proportion of minor ethnic communities compared to the rest of Frimley ICS local authorities with only 24% of the Slough population being White British.

- Most of the population (47%) are made up of Asian/Asian British ethnic group.

Minor ethnic communities may be at risk of drug use because they often live in disadvantaged and deprived areas, where drug markets thrive. [1]

The Advisory Council on the Misuse of Drugs (ACMD) has previously investigated vulnerability and risk factors to developing drug dependence and vulnerability of specific groups. Following this work, the ACMD has recently agreed to begin a self-commissioned workstream investigating drug use in ethnic minority groups. [2]



Source: OHID (Local Health Indicators)

1. [Drugs and Diversity: Ethnic minority groups UK Drug Policy Commission https://www.ukdpc.org.uk](https://www.ukdpc.org.uk)
2. [Drug use in ethnic minority groups: call for evidence - GOV.UK \(www.gov.uk\)](http://www.gov.uk)



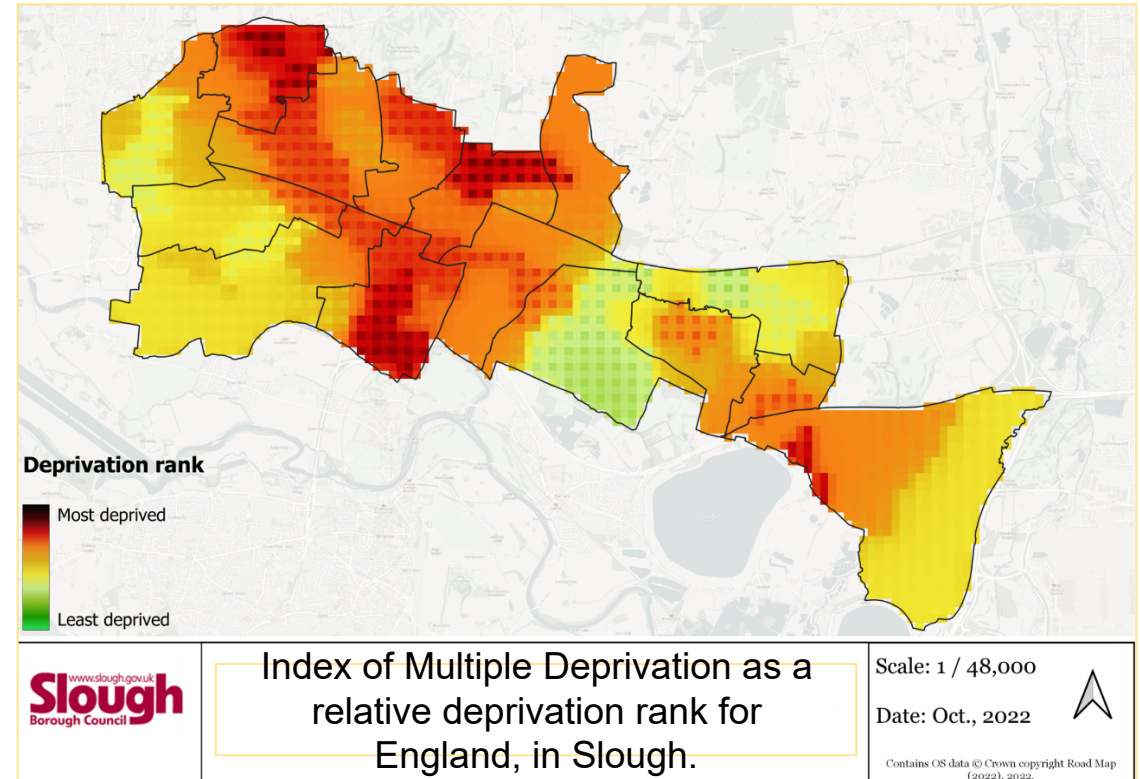
# Substance abuse and the risk among those most socioeconomically deprived

## INTRODUCTION (4)

- **Slough is more deprived than the England average** on the 2019 Index of Multiple Deprivation (IMD).
- 71% of Slough's Lower-tier Super Output Areas (LSOAs) fall below the national average of the IMD.
- There are particularly severe pockets in Britwell, Chalvey, Wexham Lea, and Colnbrook with Poyle.

### Levels of deprivation and substance abuse risk

There is a strong association between socioeconomic position, social exclusion and substance-related harm, with greater harm recorded in people living in more deprived areas and with lower individual resources and socioeconomic capital.



[ACMD - Advisory Council on the Misuse of Drugs - GOV.UK GOV.UK https://assets.publishing.service.gov.uk/gov/uploads/attachment\\_data/file/111111/Vul... \(google.co.uk\)](https://assets.publishing.service.gov.uk/gov/uploads/attachment_data/file/111111/Vul...)



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**Policy Context** - *[From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)*  
([www.gov.uk](https://www.gov.uk))

## Population – Slough demographics

## The Local Picture & Response

- Prevalence | Drug-related deaths | MH behaviour disorders | Treatment
- Prevalence | Alcohol-related deaths | Hospital admissions | Treatment

## Drug and alcohol related crime

## Key findings

# National Combating Drugs Outcomes Framework: From harm to hope, ten years plan

## NATIONAL POLICY CONTEXT

The Safe Slough Partnership is accountable for the local delivery of the National Combating Drugs Outcomes Framework.

The framework sets out the three strategic outcomes of:







- reducing drug use
- reducing drug-related crime
- reducing drug related deaths and harm

The government aim is to deliver these through intermediate outcomes of:

- reducing drug supply
- increasing engagement in treatment
- improving recovery outcomes

This rapid needs assessment will represent an initial assessment of evidence and data to better understand the unmet needs and main local issues of drug and alcohol-related harm.

[Drugs strategy national outcomes framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/drugs-strategy-national-outcomes-framework)

National Combating Drugs Outcomes Framework Our ambition: a safer, healthier and more productive society by combating illicit drugs	
<b>What we will deliver for citizens (strategic outcomes)</b>	<b>Measured by:</b>
 Reducing drug use	<ul style="list-style-type: none"> <li>• the proportion of the population reporting drug use in the last year (reported by age)</li> <li>• prevalence of opiate and/or crack cocaine use</li> </ul>
 Reducing drug-related crime	<ul style="list-style-type: none"> <li>• the number of drug-related homicides</li> <li>• the number of neighbourhood crimes</li> </ul>
 Reducing drug-related deaths and harm	<ul style="list-style-type: none"> <li>• deaths related to drug misuse</li> <li>• hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)</li> </ul>
<b>What will help us deliver this (intermediate outcomes)</b>	<b>Measured by:</b>
 Reducing drug supply	<ul style="list-style-type: none"> <li>• the number of county lines closed</li> <li>• the number of moderate and major disruptions against organised criminals</li> </ul>
 Increasing engagement in drug treatment	<ul style="list-style-type: none"> <li>• the numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol)</li> <li>• continuity of care – engagement with treatment within three weeks of leaving prison</li> </ul>
 Improving drug recovery outcomes	<ul style="list-style-type: none"> <li>• the proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use</li> </ul> <p><b>Key additional components integral to recovery include housing, mental health, and employment</b></p>

*HM Government, From harm to hope: guidance for local delivery partners*

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### The Local Picture & Response

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### Drug and alcohol related crime

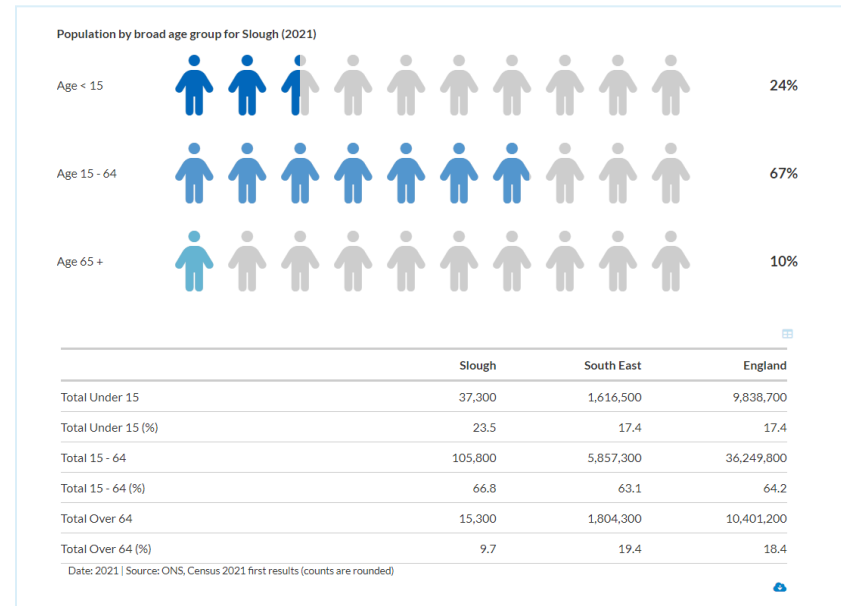
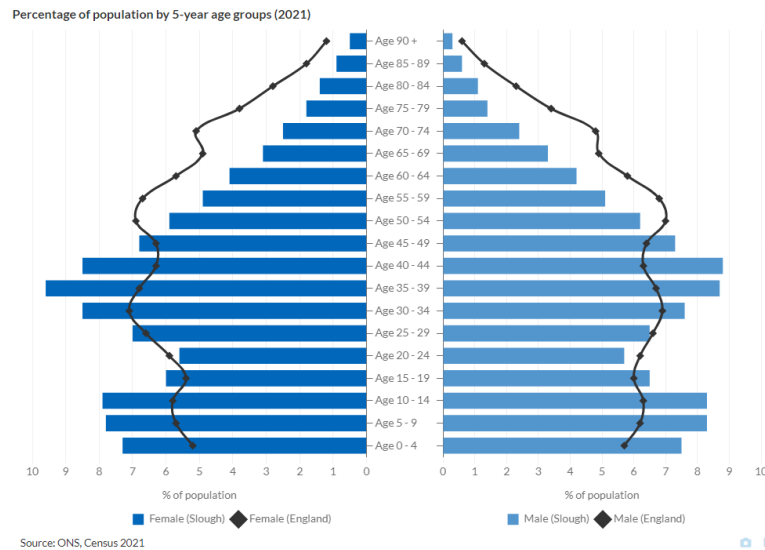
### Key findings

# Slough population composition – why is that important?

## SLOUGH DEMOGRAPHICS

By taking a closer look at how addiction affects various demographic groups, it is possible to discover patterns of substance use that teach us more about the disease of addiction and overall health of our local population

Slough's population is the youngest in UK with the higher percentage of under 18s and the national substance use data suggest (i) an increased trend in YP's substance use (with cannabis remaining the most common substance that YP come to treatment for), (ii) that there is a vulnerability among YP in treatment (with early onset of substance use); and (iii) with over two-fifths of them starting treatment having a mental health treatment need.



[Population - UTLA | Slough | Report Builder for ArcGIS \(berkshireobservatory.co.uk\)](https://berkshireobservatory.co.uk/Population-UTLA/Slough/ReportBuilderforArcGIS)

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**Population** – ~~Slough demographics~~

### The Local Picture & Response

- Prevalence | Drug-related deaths | MH behaviour disorders | Treatment
- ~~Prevalence | Alcohol-related deaths | Hospital admissions | Treatment~~

### Drug and alcohol related crime

### Key findings

# Prevalence of problem drug use (for each category) locally as compared to South-East & England

## LOCAL PICTURE

The rate of overall OCU, opiates and crack usage all appear to be significantly higher in Slough compared to both the South-East region and England rates.

- The overall prevalence of OCU usage in Slough (15 per 1000) is more than double the regional average of 6.6 per 1000 persons aged 15 to 64.

The graphs below present the rate of OCU, opiates and crack usage across Slough, South-East and England

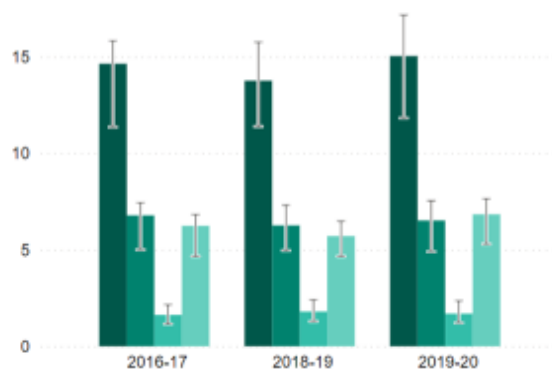
### Slough

2019-20

Substance group	Rate per 1,000 population	RPT lower bound	RPT upper bound	Population estimate (15-64)
OCU	15.0	11.8	17.1	96,828
Opiates only	6.5	4.9	7.5	96,828
Crack only	1.7	1.2	2.4	96,828
Opiates and crack	6.8	5.3	7.6	96,828

Rate per 1,000 population

● OCU ● Opiates only ● Crack only ● Opiates and crack



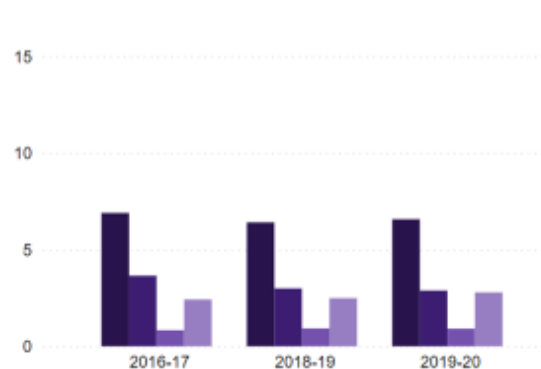
### South East

2019-20

Substance group	Rate per 1,000 population	RPT lower bound	RPT upper bound	Population estimate (15-64)
OCU	6.6			5,554,467
Opiates only	2.9			5,554,467
Crack only	0.9			5,554,467
Opiates and crack	2.8			5,554,467

Rate per 1,000 population

● OCU ● Opiates only ● Crack only ● Opiates and crack



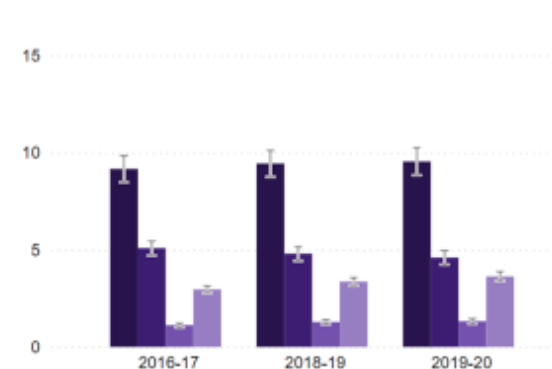
### England

2019-20

Substance group	Rate per 1,000 population	RPT lower bound	RPT upper bound	Population estimate (15-64)
OCU	9.5	8.8	10.3	35,741,156
Opiates only	4.6	4.2	5.0	35,741,156
Crack only	1.3	1.2	1.5	35,741,156
Opiates and crack	3.6	3.4	3.9	35,741,156

Rate per 1,000 population

● OCU ● Opiates only ● Crack only ● Opiates and crack



# Prevalence of Opiates and Crack users (OCU) rates locally by age groups as compared to South-East & England

## LOCAL PICTURE (2)

Prevalence of drug use varies significantly by age in Slough. While drug use affects all ages, it is predicted to affect the younger population for multiple reasons.

- The rate of overall OCU usage is highest among 25- to 34-year-old in Slough and South-East; although the difference in rates between those aged 25-34 and 35-64 in England is negligible.
- However, all age groups in Slough appear to have a higher rate of usage compared to regional and national counterparts.

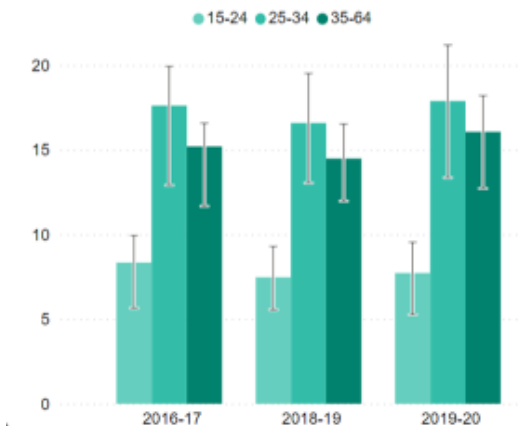
The bar charts compares prevalence of OCU by age in Slough, South-East and England

### Slough

OCU prevalence (2019-20) broken down by age groups

Group	Rate per 1,000 population	RPT lower bound	RPT upper bound	Population estimate
15-24	7.7	5.3	9.5	16,467
25-34	17.9	13.4	21.2	20,756
35-64	16.1	12.7	18.2	59,605

OCU rate per 1,000 population by age groups

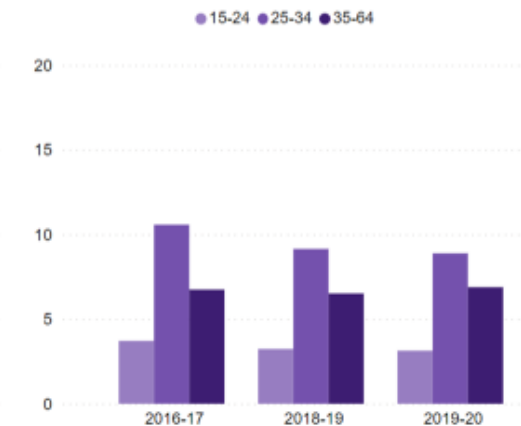


### South East

OCU prevalence (2019-20) broken down by age groups

Group	Rate per 1,000 population	RPT lower bound	RPT upper bound	Population estimate
15-24	3.1			1,016,825
25-34	8.9			1,080,265
35-64	6.9			3,477,377

OCU rate per 1,000 population by age groups

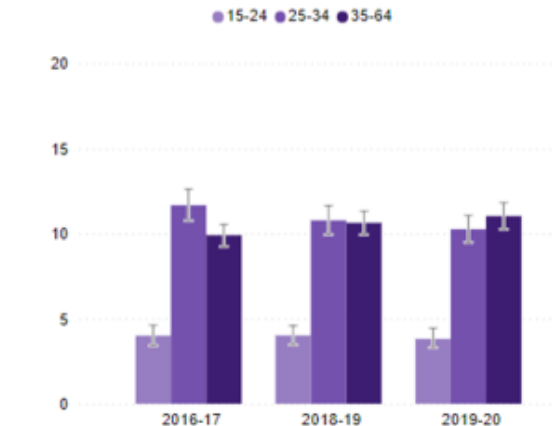


### England

OCU prevalence (2019-20) broken down by age groups

Group	Rate per 1,000 population	RPT lower bound	RPT upper bound	Population estimate
15-24	3.8	3.3	4.5	6,578,095
25-34	10.3	9.5	11.1	7,609,383
35-64	11.0	10.3	11.8	21,553,698

OCU rate per 1,000 population by age groups





# Drugs and alcohol use – unmet treatment need locally as compared to South-East & England

## LOCAL PICTURE (3): TRENDS OVER TIME

The rate of overall unmet need for OCU usage, opiates, crack and alcohol use appears to be significantly higher in Slough across the board when compared to regional and national proportions of unmet need.

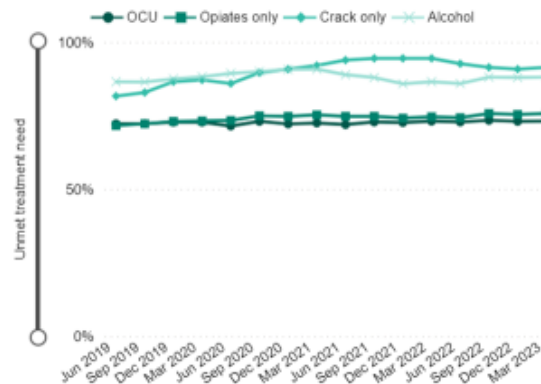
The figures below shows unmet treatment needs among OCU and alcohol users in Slough, South-East and England

- Latest data (March 2023) show that overall, the unmet need for OCU usage in Slough is 73.1%.
- this compared to 58.7% and 57.9% in SE and England, respectively.

### Slough

Apr 2022 to Mar 2023

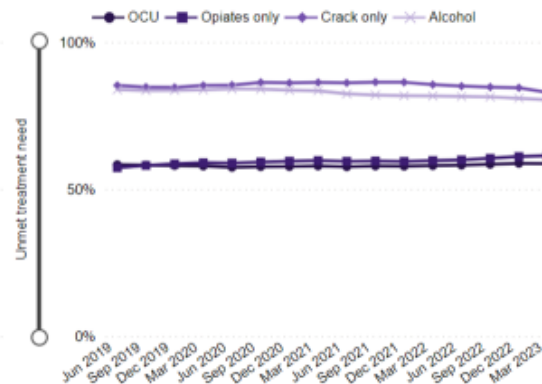
Substance group	Unmet treatment need	Range	Numbers in treatment	Prevalence estimate (most recent*)
OCU	73.1%	66% - 76%	391	1,456
Opiates only	75.7%	68% - 79%	153	631
Crack only	91.4%	88% - 94%	14	164
Alcohol	88.1%	85% - 91%	175	1,470



### South East

Apr 2022 to Mar 2023

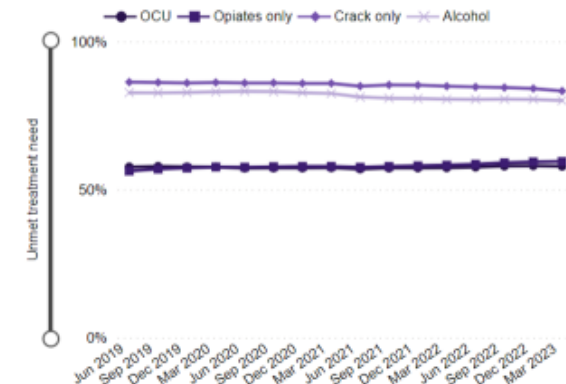
Substance group	Unmet treatment need	Range	Numbers in treatment	Prevalence estimate (most recent*)
OCU	58.7%	-	15,093	36,553
Opiates only	61.4%	-	6,182	16,014
Crack only	82.9%	-	864	5,055
Alcohol	80.4%	-	15,584	79,579



### England

Apr 2022 to Mar 2023

Substance group	Unmet treatment need	Range	Numbers in treatment	Prevalence estimate (most recent*)
OCU	57.9%	55% - 61%	143,580	341,032
Opiates only	59.5%	56% - 62%	66,553	164,279
Crack only	83.3%	81% - 85%	7,878	47,168
Alcohol	80.1%	76% - 84%	119,861	602,391

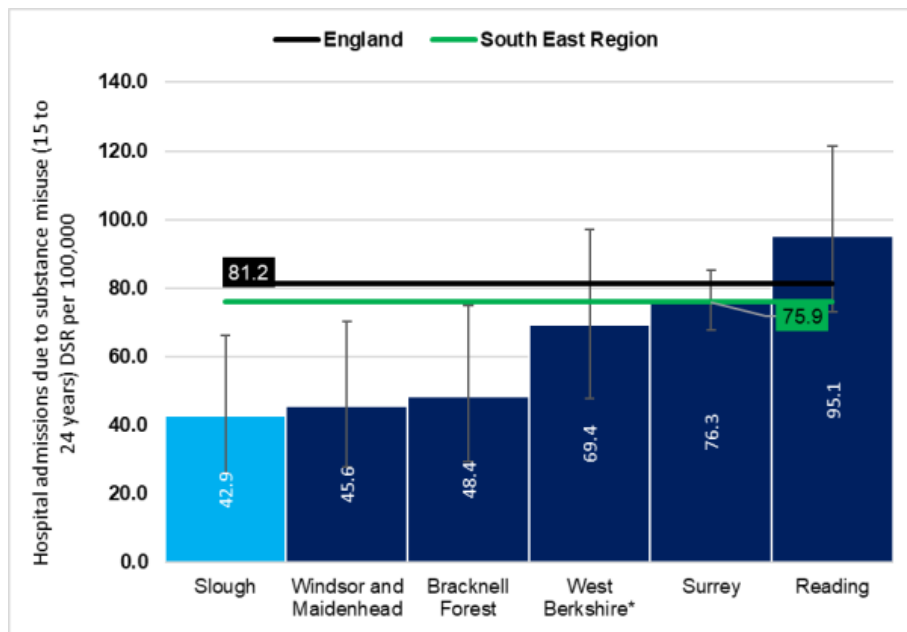


# Slough situation: A&E hospital admissions for substance use

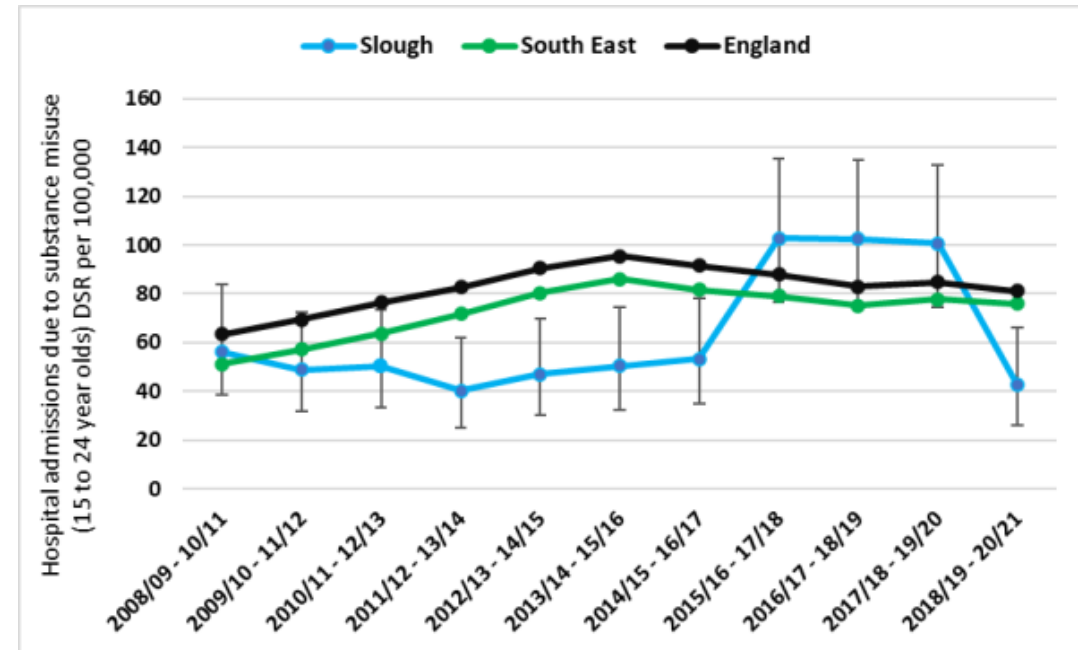
## LOCAL PICTURE (4): EMERGENCY ADMISSIONS

Hospital admissions related to drug use remain a public health concern. These admissions can be an indicator of future drug related deaths as well.

- The directly standardised rate of hospital admissions attributable to substance misuse among young people aged 15 to 24 is the lowest in Slough compared to its South-East neighbours; significantly lower than the South-East and England averages.
- The rate of admissions due to substance abuse among young people in Slough has historically been lower compared to England and the South-East, although there was a noticeable increase in 2015/16 – 2017/18 which was maintained for the next 2 years and eventually dropped back down in 2018/19 – 2020/2
- The drop in 2018/19 -2020/22 can potentially be in relation to COVID-19 pandemic and associated changes to healthcare delivery.



Source: HES 2018/19 – 2020/21 accessed from OHID



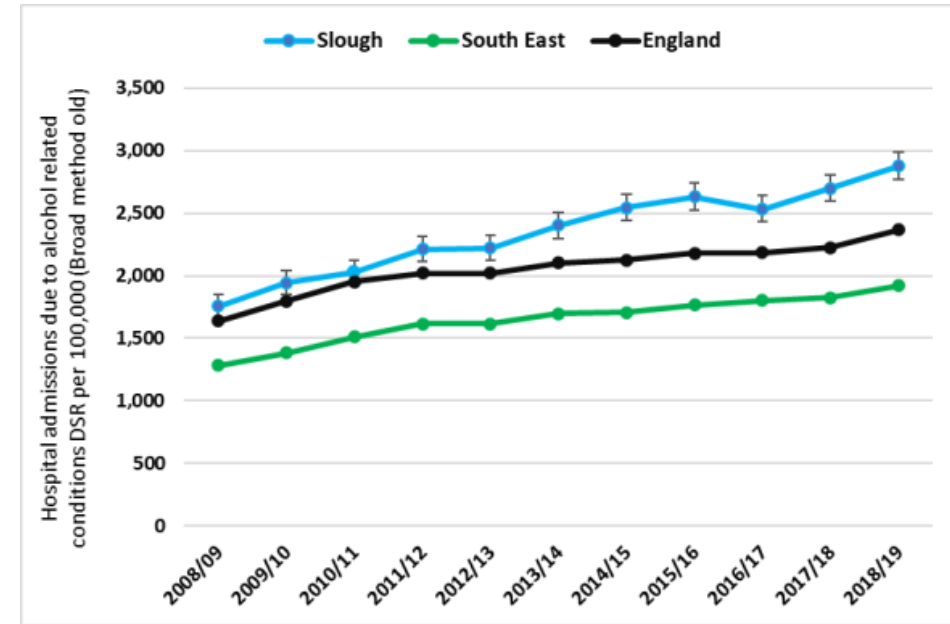
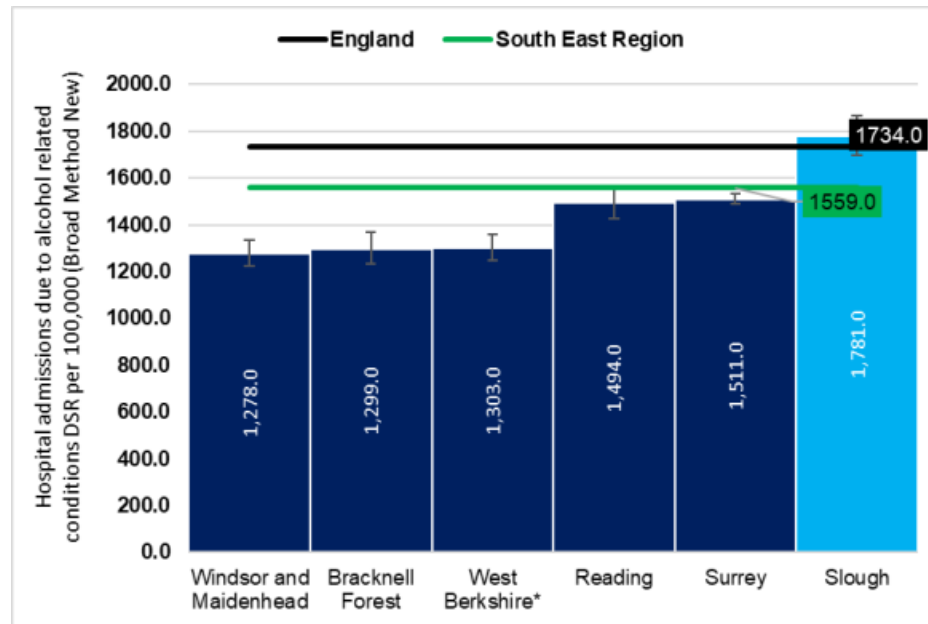
# Slough situation: Hospital admissions due to alcohol related conditions

## LOCAL PICTURE (5): ADMISSIONS

**Alcohol related conditions** is a phrase developed to measure health system pressures related to alcohol. This indicator uses 'alcohol attributable fractions' to estimate number of admissions rather than number of people. Alcohol attributable fraction estimates were recently (NDTMS).

**The directly standardised rate of hospital admissions attributable to alcohol related conditions is the highest in Slough compared to its other neighbouring boroughs**; however, there is a lack of statistically verifiable evidence to suggest that the rates in Slough are significantly higher or lower than regional and national averages.

The latest HES data uses the new broad method of calculation for alcohol related admissions and therefore does not have historical rates. Looking at the time series of rates using the old method, Slough has had significantly higher rates compared to national and regional rates with an increase trend over time. This was updated to account for latest academic evidence and most recent alcohol consumption figures.



Source: HES 2020/21 accessed from OHID

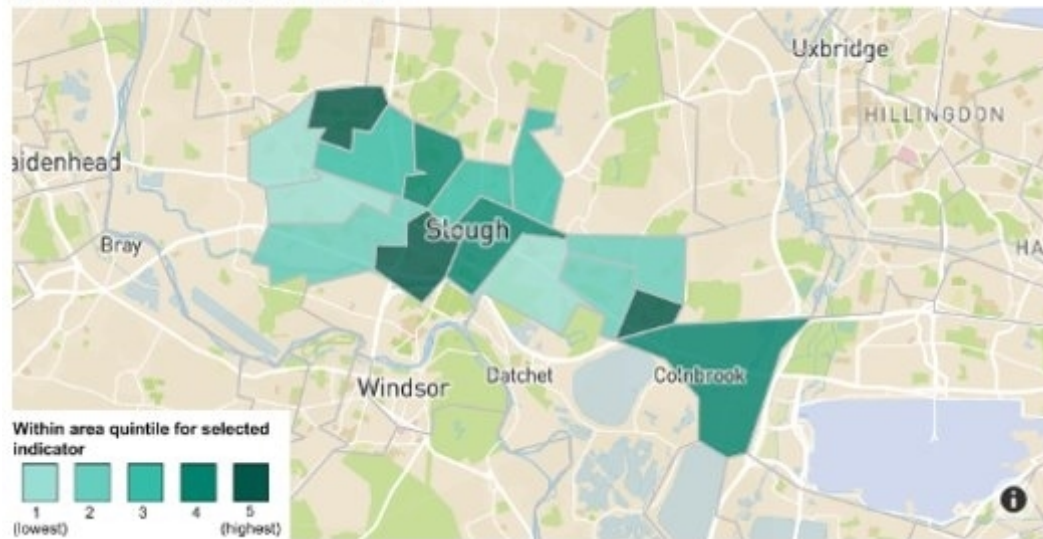
# Slough situation: Alcohol-Related hospital admissions by ward

## LOCAL PICTURE (6): ADMISSIONS

Alcohol use varies among different areas in Slough, and this can lead to the recorded difference in alcohol-related hospital admissions by area.

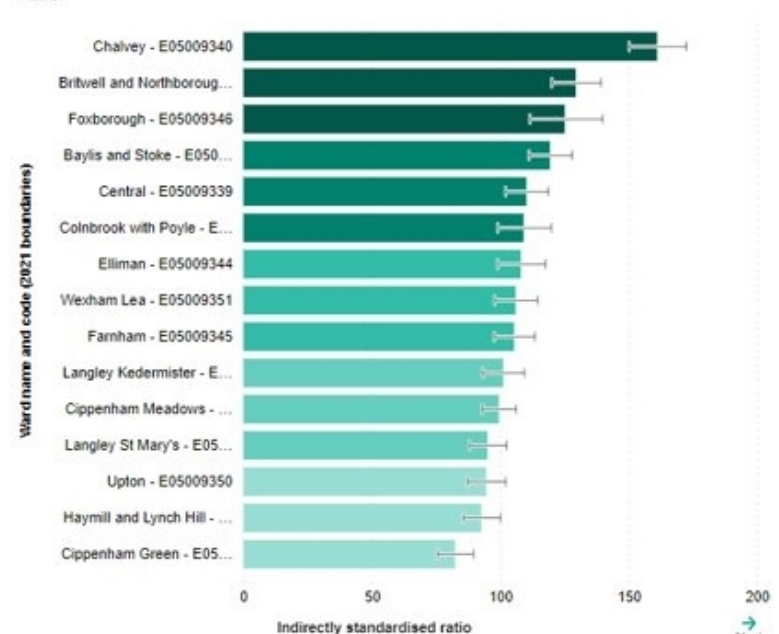
- The directly standardised rate of hospital admissions attributable to alcohol use in Slough is highest in the wards of Chalvey, Britwell and Northborough and Foxborough, where they fall in the top 20% within the borough. The lowest rates are within the wards of Cippenham Green, Haymill & Lynch Hill and Upton with rates within the lowest 20%.
- **It is worth noting that** wards such as Chalvey and pockets of Britwell and Northborough are also among the most deprived areas in Slough, indicating that **the worst rates of hospital admissions attributable to alcohol use are within the most deprived areas to some extent.**

Map showing within area quintile, hospital admissions for alcohol attributable conditions, (broad definition) in Slough, 2016/17 - 20/21



Source: HES 2016/17 - 2020/21 accessed from OHID

Ward values for hospital admissions for alcohol attributable conditions, (broad definition) in Slough, 2016/17 - 20/21



# Sources of referral to substance use treatment is Slough

## LOCAL PICTURE (7): REFERRALS IN 2022/23

The referral to treatment process consists of assisting a patient with accessing specialized treatment, selecting treatment facilities, and helping navigate any barriers such as treatment cost or lack of transportation that could hinder treatment in a specialty setting.

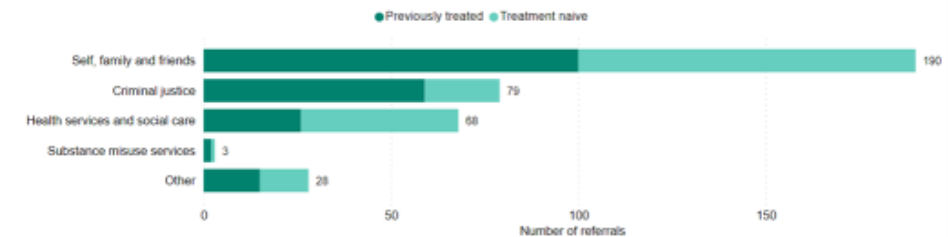
By providing referrals to further assessment and treatment (when appropriate), providers in diverse settings can improve their capacity to serve adolescents who are using alcohol and drugs, while increasing their motivation to take other steps to address their substance use.

### Locally

- The most common source of referral in Slough, England and the South-East is self, family and friends.
- Slough appears to have a higher proportion of referrals from the criminal justice system compared to the South-East and England; most of these referrals were for those who have been previously treated.

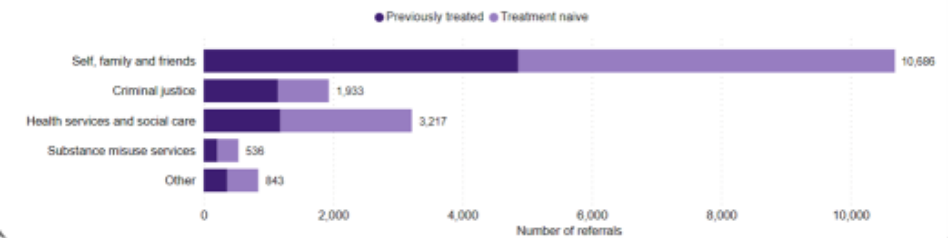
#### Slough

Apr 2022 to Mar 2023



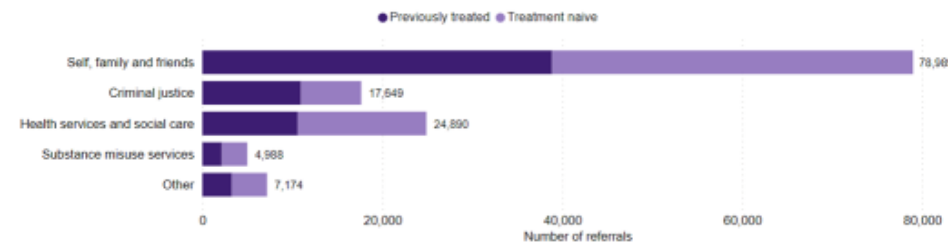
#### South East

Apr 2022 to Mar 2023



#### England

Apr 2022 to Mar 2023



Source: NDTMS Referral sources data



# Slough situation: Alcohol-related deaths

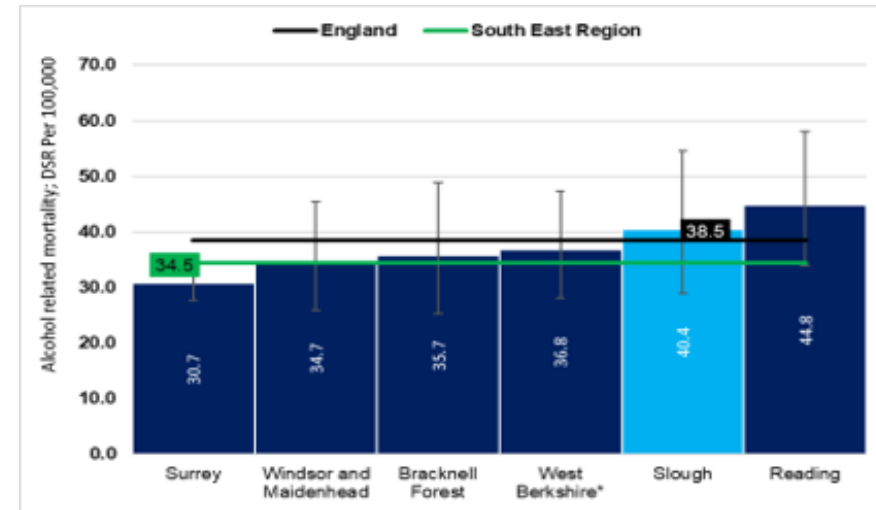
## LOCAL PICTURE (8): MORTALITY

According to OHID, alcohol-related death include deaths related to conditions wholly or partially caused by alcohol. For partially attributable conditions, the decision to include the deaths in the numbers is based on latest academic evidence concerning contribution of alcohol to the condition.

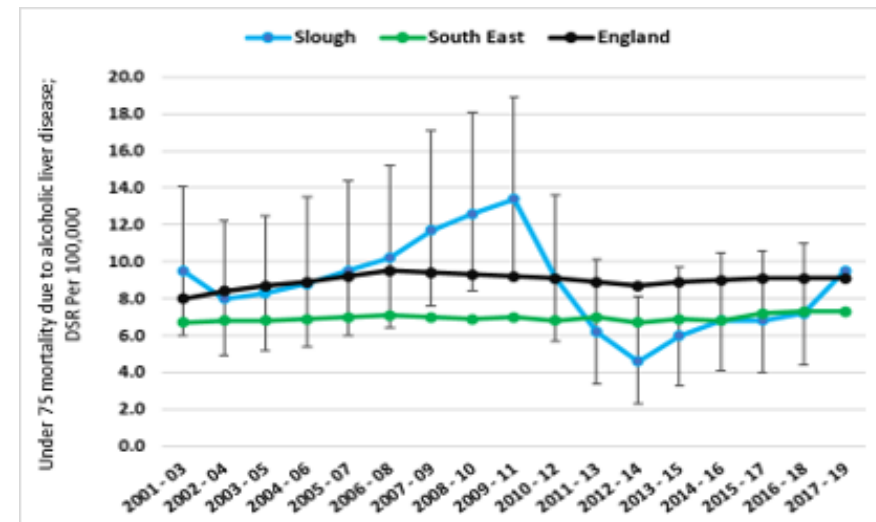
The figure on the right show the standardised ratios per 100,000 for the six local authorities.

The directly standardised rate of mortality attributable to alcoholic liver disease is the highest in Slough compared to its other neighbouring boroughs; however, *there is a lack of statistically verifiable evidence to suggest that the rates in Slough are significantly higher or lower than regional and national averages.*

Due to recent changes in how alcohol-related mortality is calculated there is no trend information but the equivalent for **alcoholic liver disease** appears to show an increasing rate of premature (under 75 mortality) in Slough from 2002-2004 and 2009-2011 followed by a significant decrease for a couple of years; rates have been similar in Slough compared to regional and national rates over the past few years.

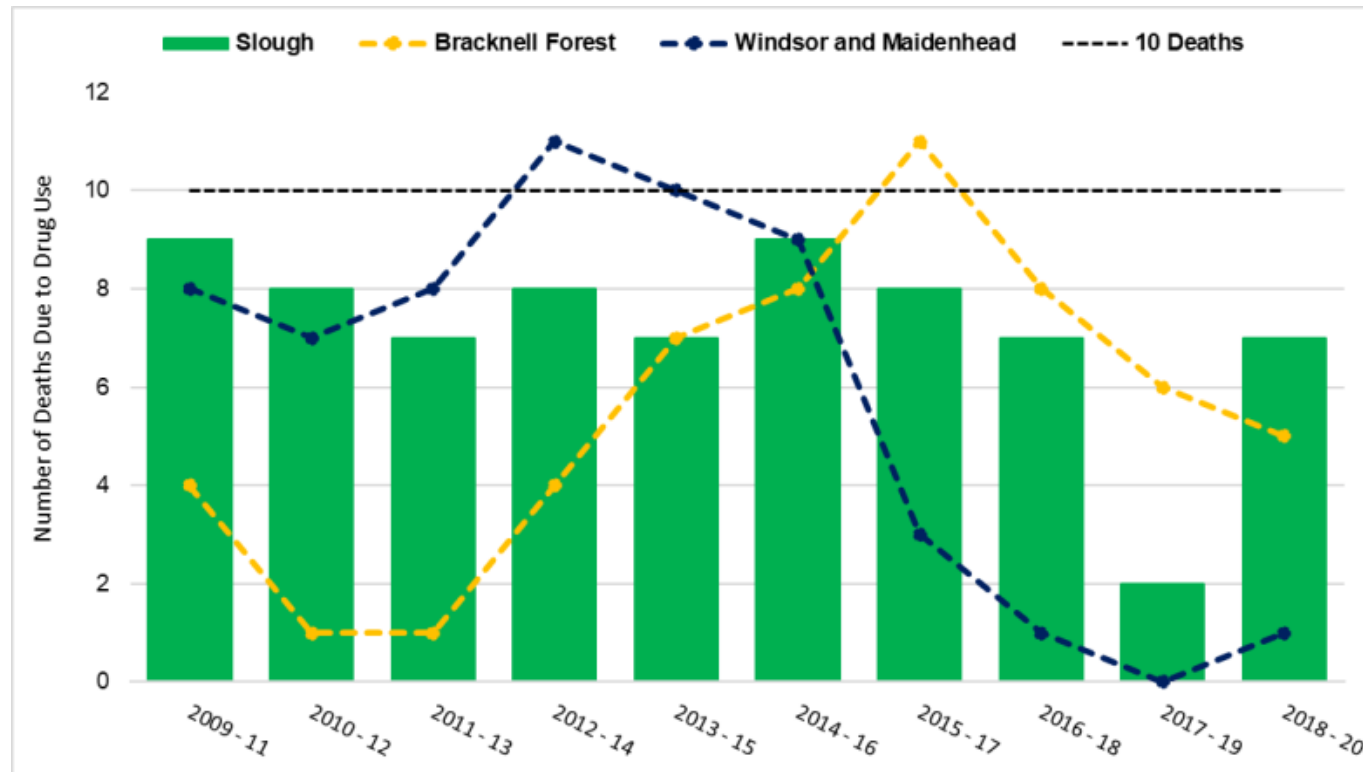


Source: PCMD 2021 accessed from OHID



# Drug-related deaths in Slough

## LOCAL PICTURE (9): MORTALITY



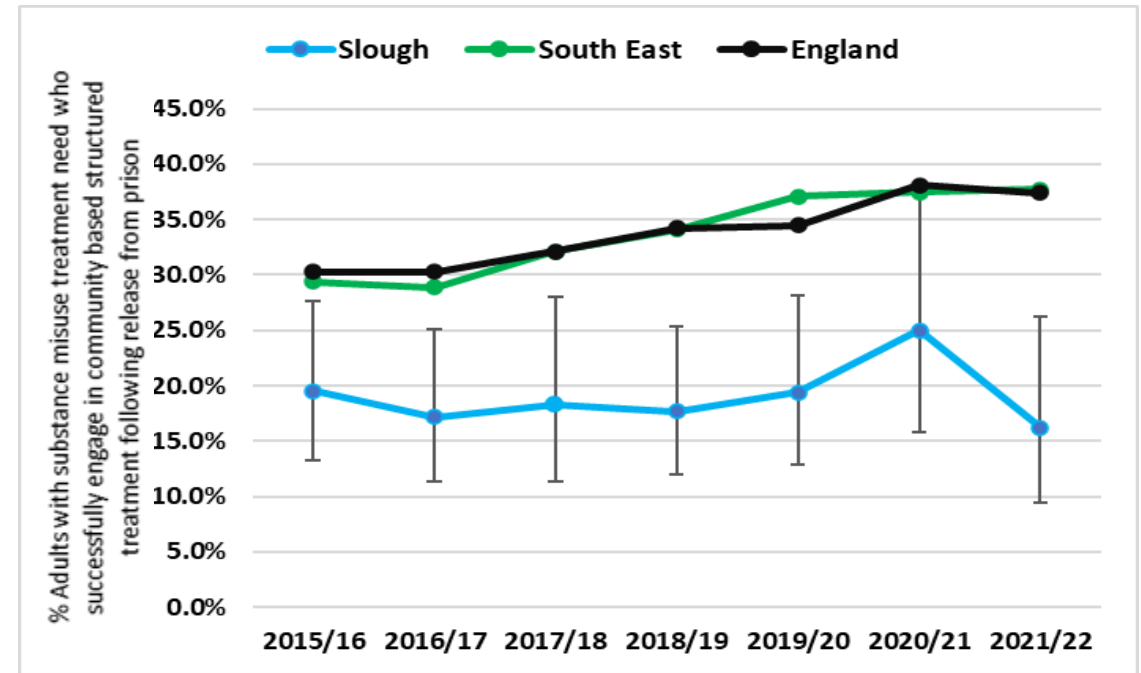
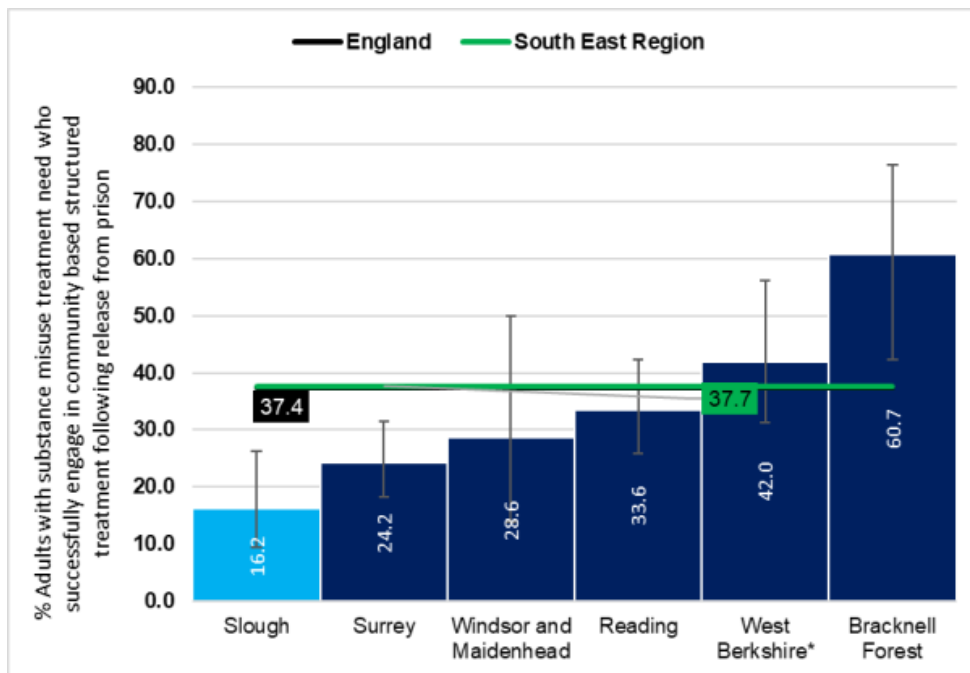
- **Drug use related deaths have been very low in Slough over the past few years.** The numbers are close to Bracknell Forest and Windsor and Maidenhead.
- Numbers are so small (below 10) that cannot be used to derive reliable rates and therefore we are not able to make any meaningful comparisons of rates or trends with England and the South-East region.
- **Despite the low numbers, we should keep an eye on the current trends and any changes related to those considered to be at higher risk** and the additional risk posed by (i) opioid overdose to younger people, and (ii) mixing opioids with synthetic substances.



# There is a low substance use treatment level among adults who successfully engage in community based structured treatment locally

## TREATMENT - CONTINUITY OF CARE

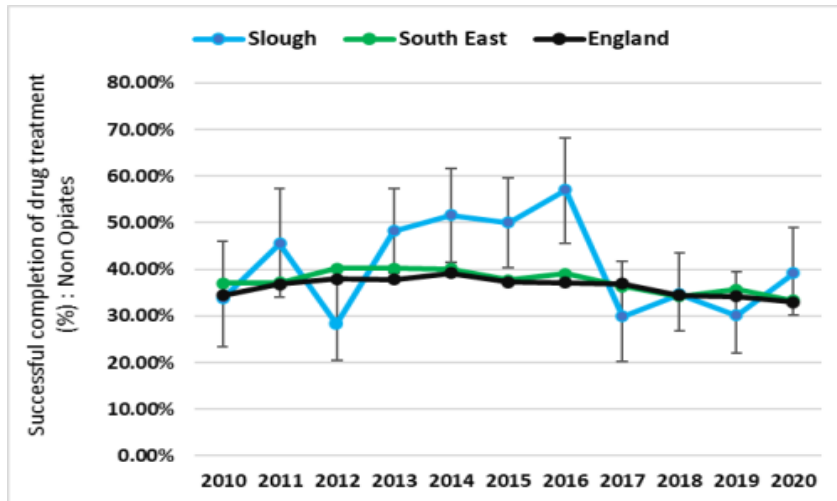
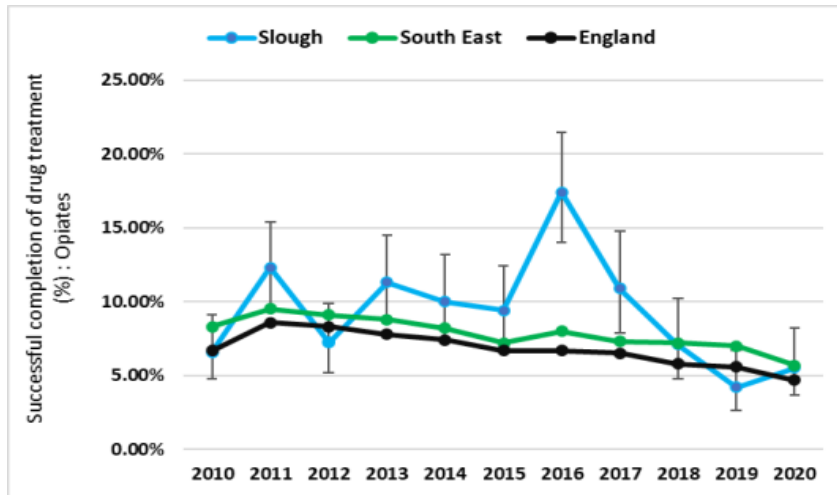
- The proportion of adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison is the lowest in Slough compared to other neighbouring authorities in the South-East; and significantly lower than the South-East and England averages .
- Looking at trends over time it appears the rates in Slough for this metric have historically been significantly lower than both regional and national rates.



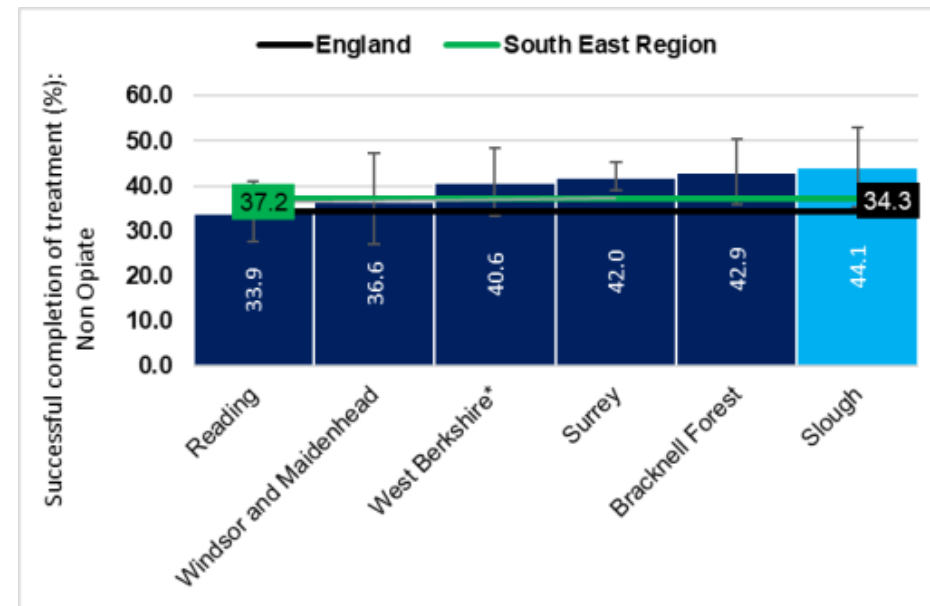
Source: HES 2018/19 – 2020/21 accessed from OHID

# Successful completion of drug treatment (Opiates & non-opiates) for Slough

## TREATMENT (2)



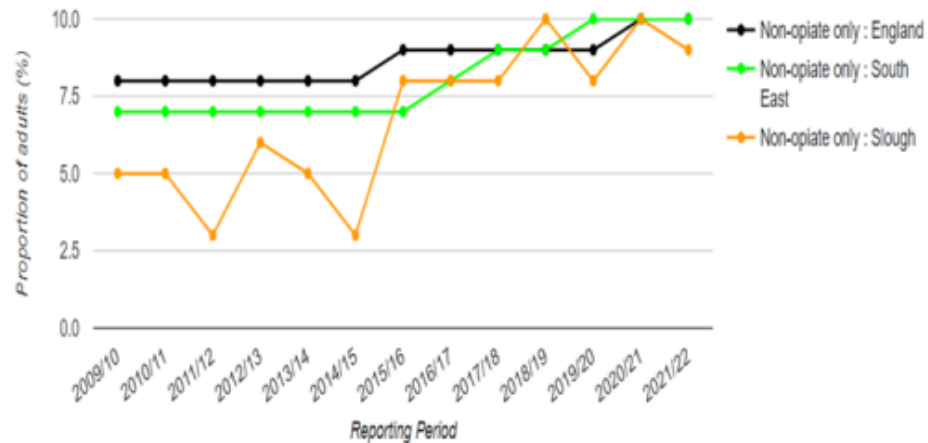
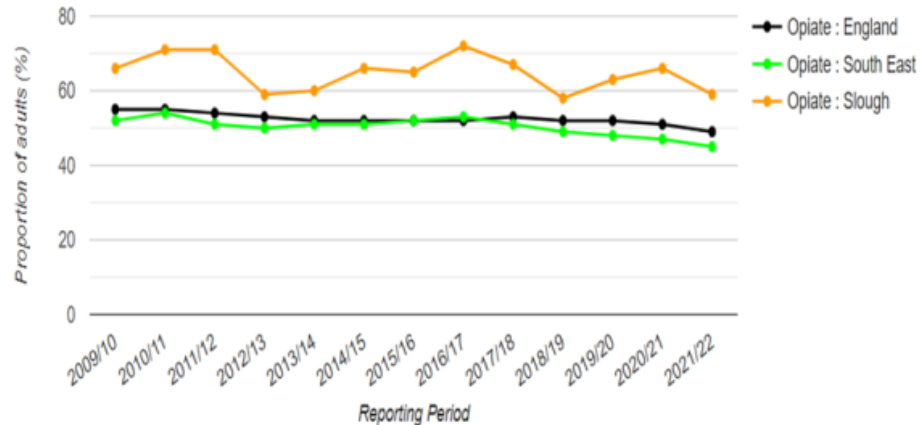
- The proportion of successful completion of drug treatment for opiates in Slough is close to the national and regional rates; historical data shows that in 2016 the proportion of treatment completion was significantly higher, but it has declined since then.
- Slough has the highest proportion of treatment completions for non-opiates compared to its neighbouring authorities but statistically close to regional and national rates.
- The striking increase in the graphs during 2016-2017 are related to service re-commissioning.



Source: NDTMS

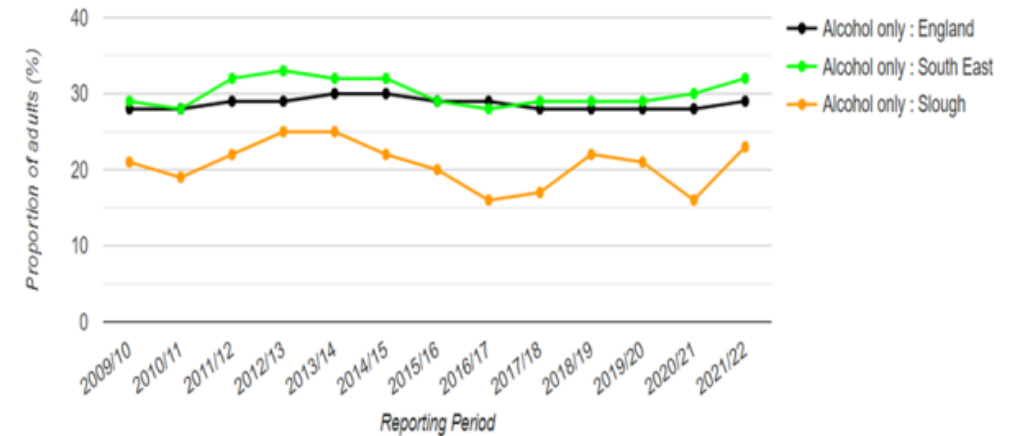
# Substance use: Numbers in treatment (Aged 18 years and over). A story of success locally

## TREATMENT (3)



Source: NDTMS

- The proportion of adults in substance misuse treatment for opiate usage has historically been higher in Slough compared to regional and national rates.
- The proportion of adults accessing treatment for non-opiate usage appear to have been lower than both the South-East region and England but have crept up to become similar rates according to the latest data.
- The proportion of those accessing alcohol use treatment has historically been low in Slough compared to both regional and national rates.



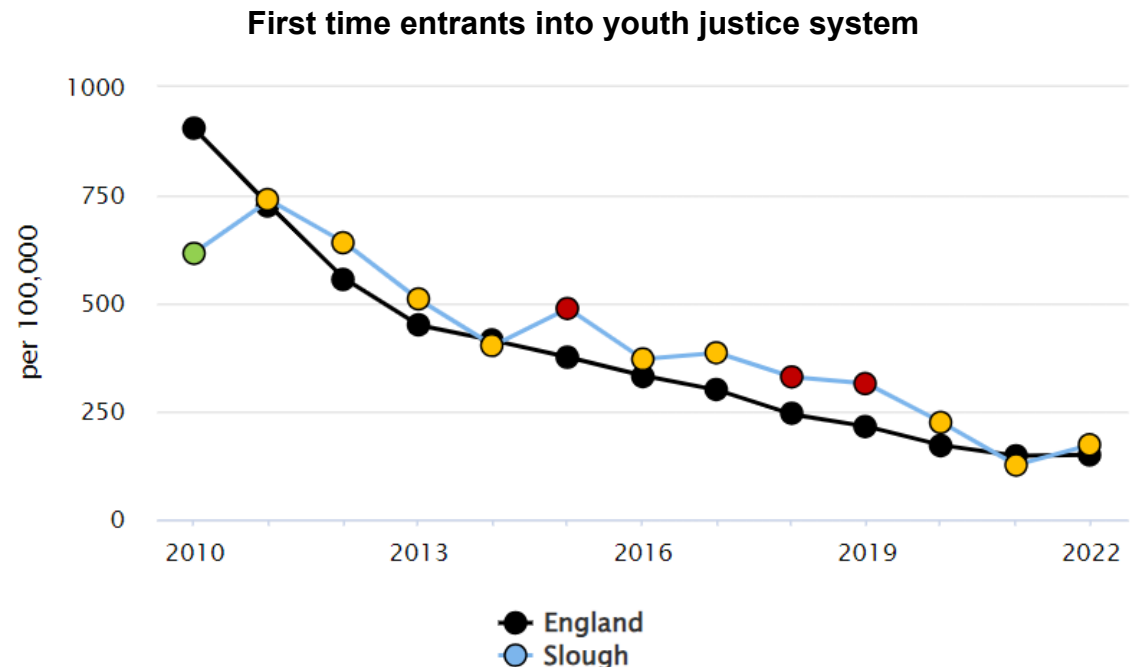
Source: NDTMS

# Referrals to substance use treatment for young people (Youth Justice 2022)

## TREATMENT (4)

**Youth justice are a major source of referral to substance use treatment for young people.** This indicator reflects the rates of juveniles receiving their first conviction, caution, or youth caution per 100,000 across 10- to 17-year-olds.

- **Children and young people at risk of offending or within the youth justice system often have more unmet health needs**, (including mental health needs) than other children. This indicator is included to ensure vulnerable children and young people (aged 10 to 17) at risk of offending, are included in mainstream planning and commissioning.
- As demonstrated, **first time entrants into youth justice system has been progressively decreasing** over the years with Slough having higher rate (172.4 per 100,000) compared to national rate (149 per 100,000).
- This trend could be initially seen as a sign of concern, but **the data** (both nationally and locally) **is only suggesting that there are probably fewer YP referred to the justice system.**

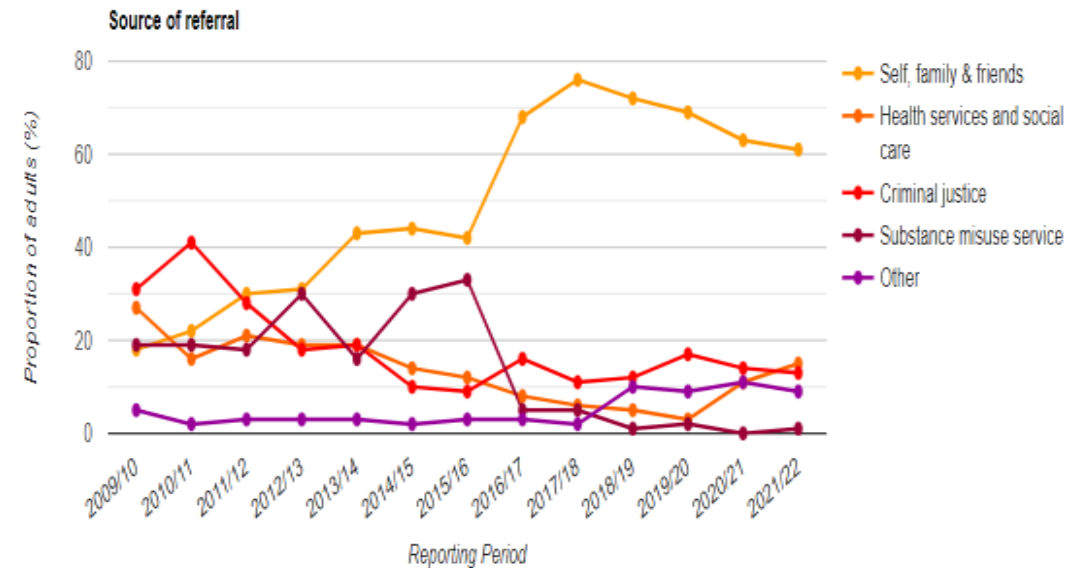
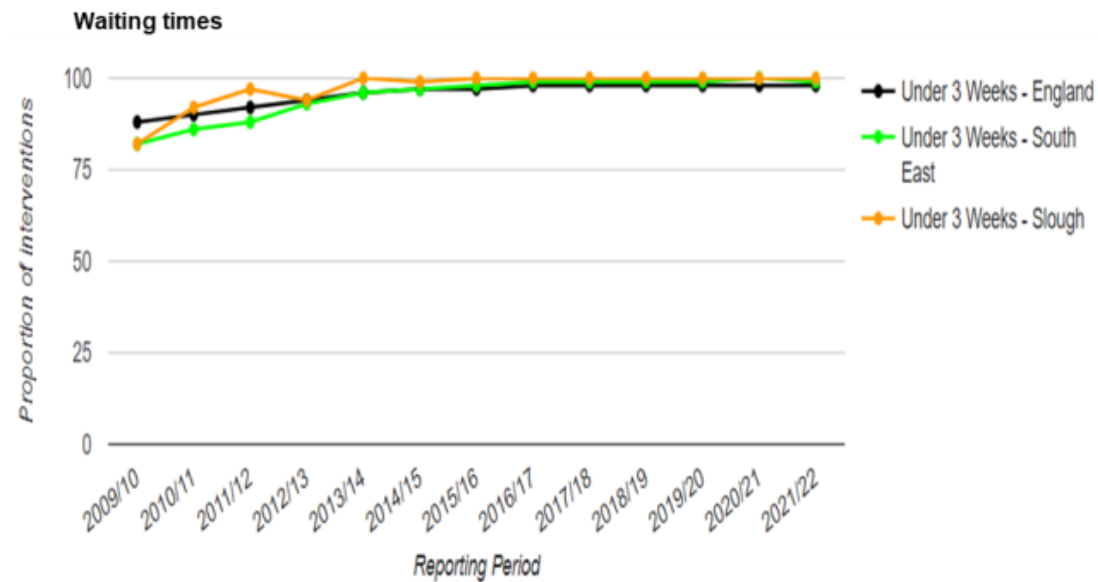


Source: Fingertips

# Treatment Waiting Times and Source of Referral in Slough

## TREATMENT (5)

- **Treatment waiting times under 3 weeks in Slough have increased** from around 80% in 2009/10 to 100% over the last few years; **remaining slightly higher than regional and national averages.**
- The source of referral for treatment in Slough was highest for criminal justice in 2009/10 and 2010/11 but has been significantly overtaken by self, family and friends since 2013/14 from around 30% to the latest proportions of just above 60% in 2021/22.
- Previously, court used to refer to health services for treatment however this has nationally stopped. This can explain the decrease in referrals from the criminal justice system.

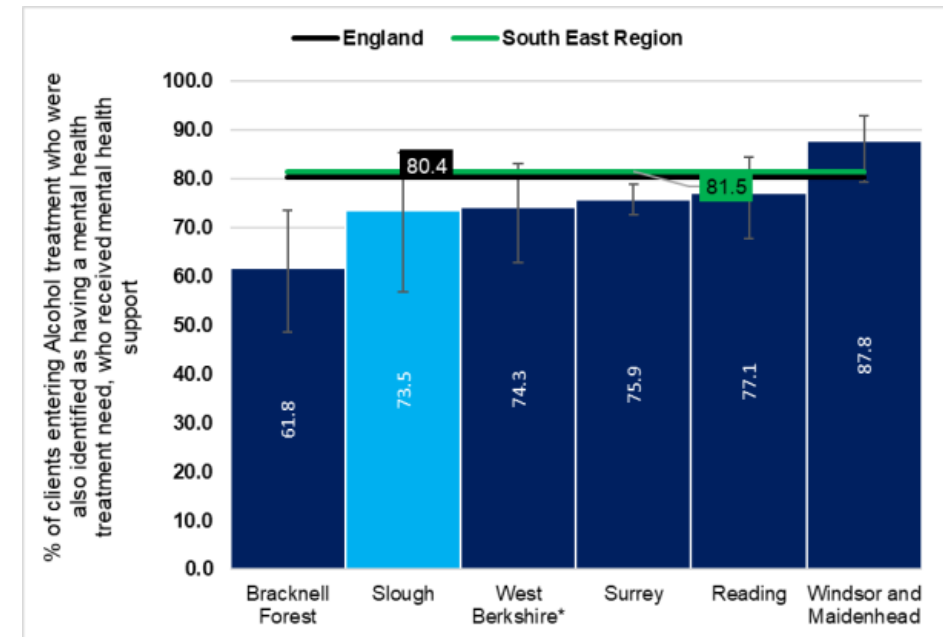
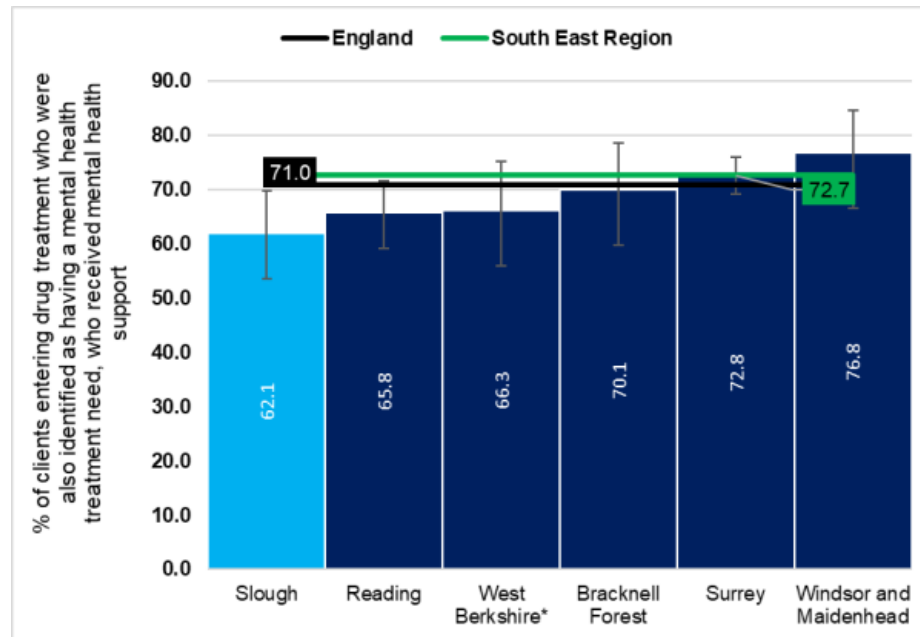


Source: NDTMS

# Treatment for mental health and substance use co-occurrence

## TREATMENT (6)

- The percentage of clients entering drug treatment who were also identified with a mental health condition who received support for their mental health was the lowest in Slough compared to its neighbouring boroughs and significantly lower than both regional and national rates.
- The equivalent for those entering for alcohol treatment was the second lowest in Slough, significantly lower than national rates but statistically is close to regional figures.
- The data presented in graphs indicate people are getting less treatment for mental health conditions co-occurrence, which is concerning.
- **However, the proportion of unmet treatment need for mental health in Slough for adults in treatment for substance use is 25%**; this is higher than both the England and South-East averages which stand at 18%.

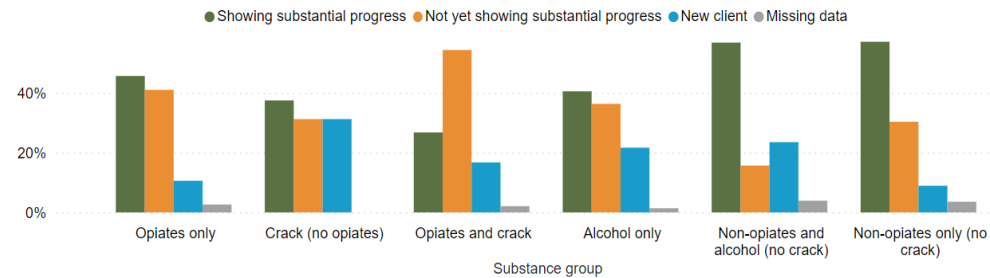


Source: NDTMS

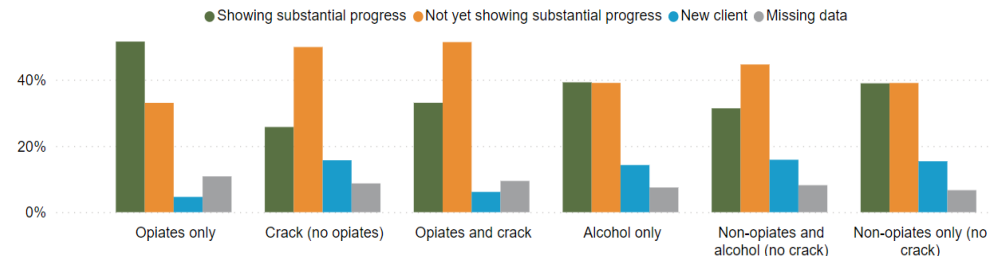
# Treatment progress for each SUD category in Slough

## TREATMENT (7)

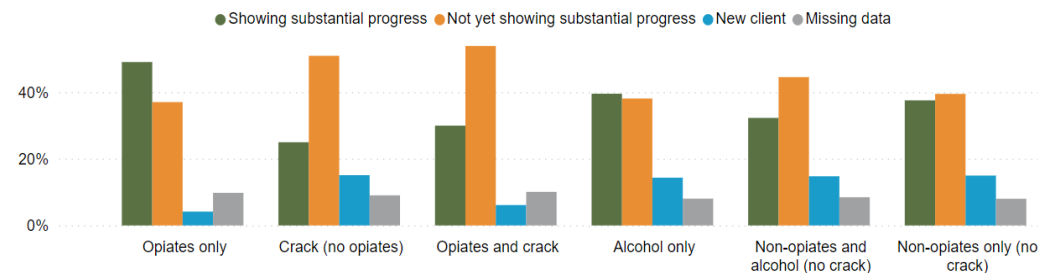
### Slough



### South East



### England



- The proportion of adults in treatment for substance use in Slough are showing substantial progress for Non-opiates and alcohol (no crack) and Non-opiates (around 50%); this is noticeably better than both the England and South-East figures for these substances at under 40% for both.
- There appears to be a higher proportion of new clients in treatment in Slough for almost all substance categories excluding Non-opiates only compared to both South-East and England.
- Slough also has a lower proportion of missing data compared to both England and the South-East, indicating good data quality and recording.



# CONTENTS

## Introduction

- Drug and alcohol substance use definitions & their dependency | risk factors

**Policy Context** - [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)  
([www.gov.uk](https://www.gov.uk))

**Population** – Slough demographics

## The Local Picture & Response

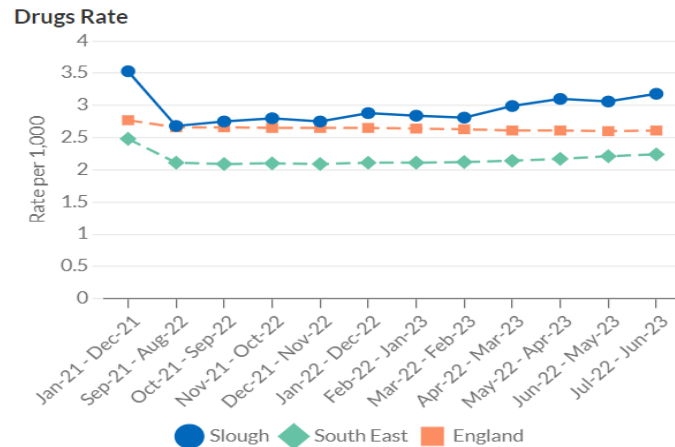
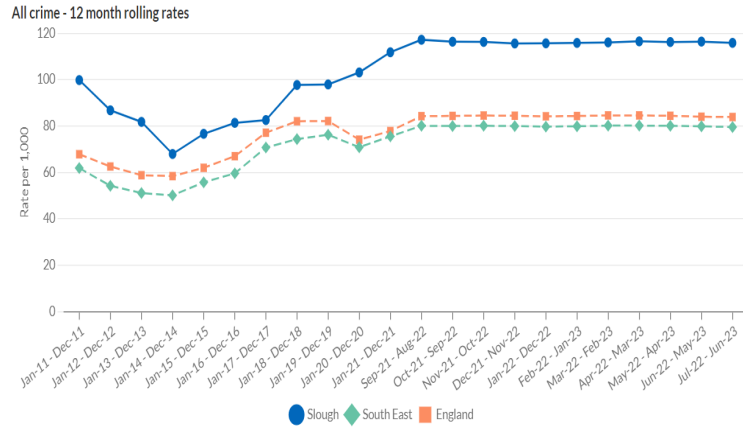
- Prevalence | Drug-related deaths | MH behaviour disorders | Treatment
- Prevalence | Alcohol-related deaths | Hospital admissions | Treatment

**Drug and alcohol related crime**

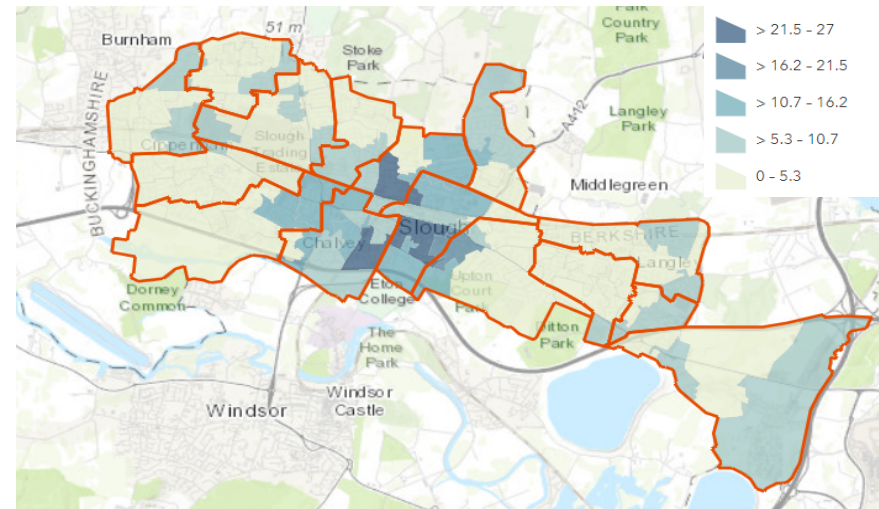
**Key findings**

# Crime-related data for Slough; deprived areas at highest risk

## CRIME

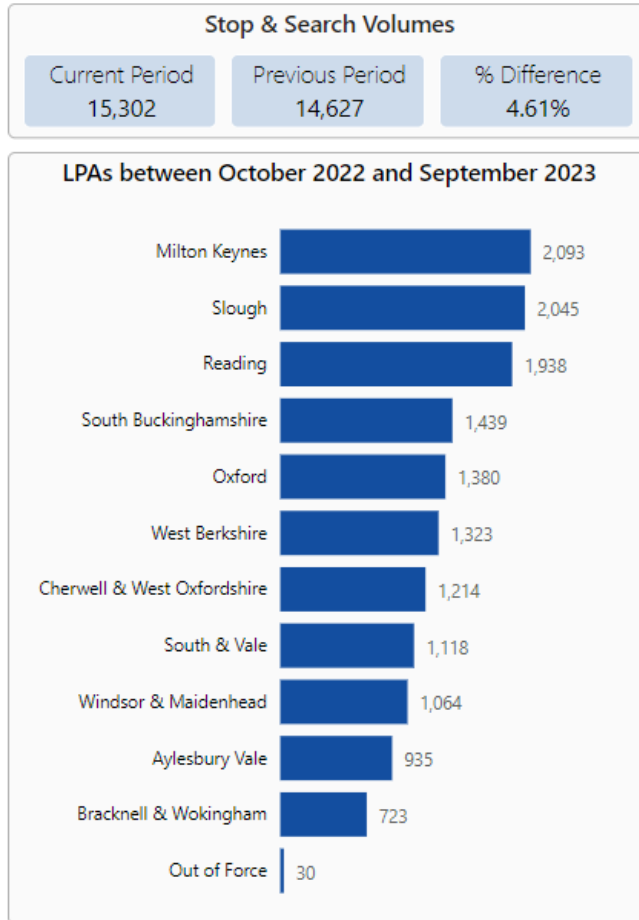


- The rate per 1000 of all crime over the latest 12 rolling month period has consistently been significantly higher in Slough compared to the SE region and England.
- There is a similar story for drugs possessions rate when comparing Slough with SE/England, but much narrower differences compared to national rates; although appearing to widen the gap in recent periods.
- At Ward level, the data show that the drugs possession rate appears to be the highest particularly in pockets of areas within Central, Chalvey and Elliman wards; this is broadly reflective of population density and ethnic minority composition within these wards.



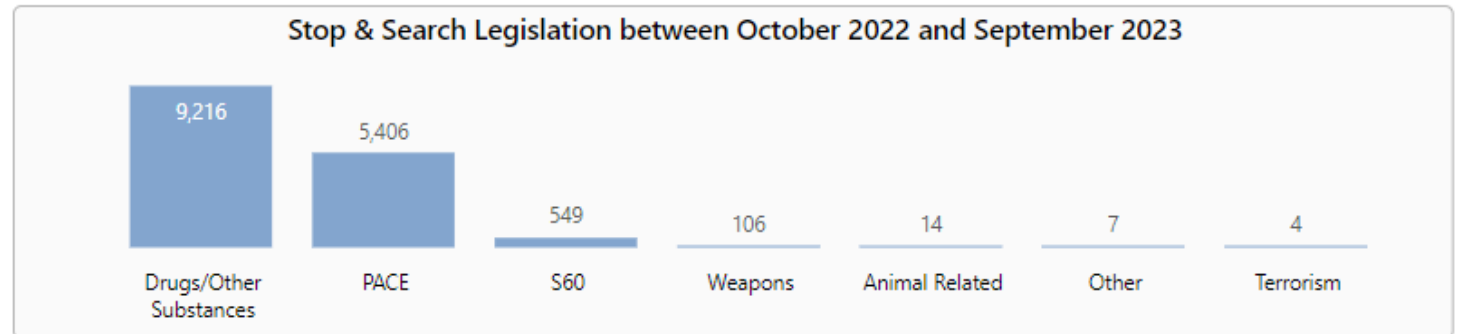
# Stop search data (Forcewide)

## CRIME (2)



**60% of all stop searches forcewide (between Oct. 2022 – Sep. 2023) were drug related (no=9216).**

- Slough is second only to Milton Keynes in the number of overall stop searches recorded. It is noteworthy that the population of Milton Keynes is currently 280,000.
- By comparison, only 158,000 live in Slough, so **a proportionately higher number of stop searches are carried out here.**

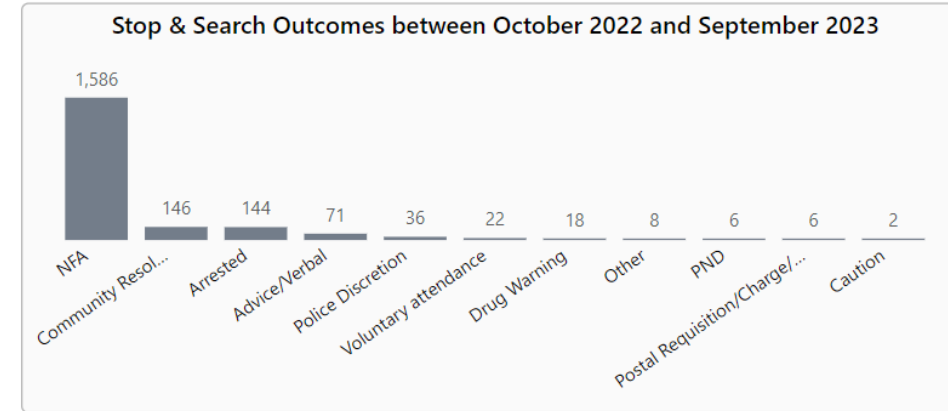
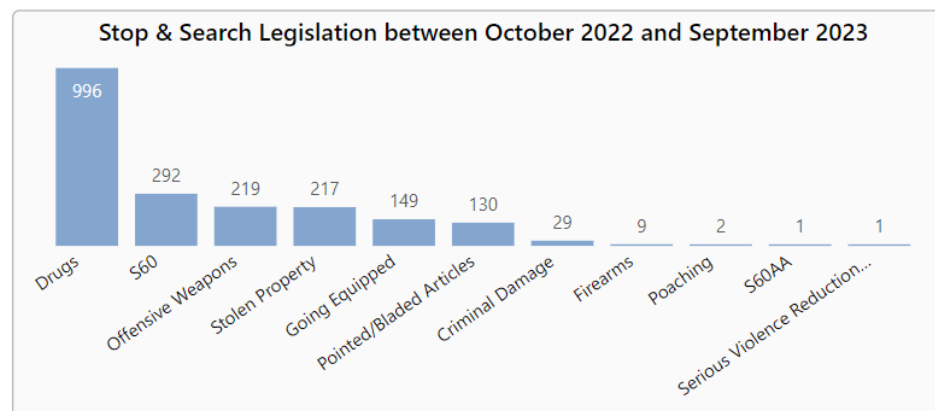
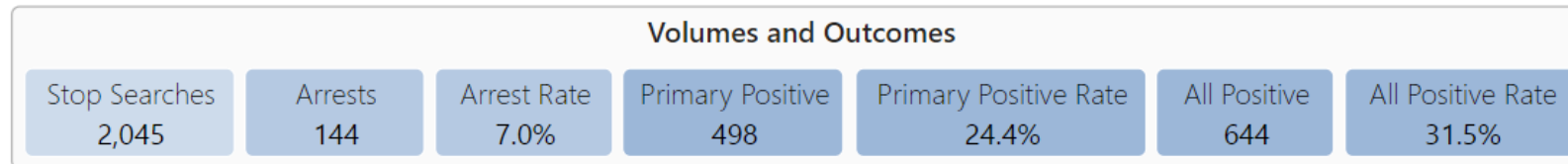


# All Stop Searches in Slough (Oct. 2022 – Sept. 2023)

## CRIME (3)

- 49% of stop searches in Slough were drug related in the period examined. This is lower than the forcewide figure of 60%.
- 31% of stop searches in Slough were related to weapons. This is significantly higher than the remainder of the force (18%).
- 2% of forcewide stop searches were classified as Section 60 searches.
- 14% of Slough stop searches were Section 60 related. This will be as a response to the elevated levels of knife crime reported in the town & may have a bearing on the lower level of drug related searches recorded (though this is not currently clear).
- 31% of stop searches in Slough yielded a positive result.

Explanation of figures below - All stop searches must have the reason for the stop recorded. This is known as the Primary reason and if that were drugs and drugs were found, this would result in a “Primary Positive” outcome. If the Primary reason was drugs but a knife was found instead, this would be recorded under the “All Positive” rate.



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**Population** – Slough demographics

## The Local Picture & Response

- Prevalence | Drug-related deaths | MH behaviour disorders | Treatment
- Prevalence | Alcohol-related deaths | Hospital admissions | Treatment

## ~~Drug and alcohol related crime~~

~~Key findings. What we have learned so far?~~

# Summary: What have we learned so far?

## KEY FINDINGS FROM THE 1<sup>ST</sup> PHASE

- **Aims/Objectives:** Following the key findings and the guidance from the NCDO framework ('From harm to hope strategy', 2021), this rapid needs assessment represent an initial assessment of evidence and data to better understand the unmet needs and main local issues of drug and alcohol-related harm.
- **Socio-demographics:** Slough has a younger population (with a high % of under 18), a large proportion of people with an ethnic minority background and high levels of deprivation. There is evidence to suggest that these socio-demographic factors have a role to play when we look at the substance use picture locally.

### Key Findings

- The rate of overall OCU, opiates and crack usage all appear to be significantly higher in Slough compared to the South-East (SE) and England rates.
- Prevalence of drug use varies significantly by age in Slough. The data show that for multiple reasons, the drugs affect more our younger population.
- The rate of overall unmet need for OCU usage, opiates, crack and alcohol use appears to be significantly higher in Slough across the board when compared to regional and national proportions of unmet need.
- The directly standardised rate of hospital admissions attributable to alcohol related conditions is also the highest in Slough compared to its other neighbouring boroughs.
- The number of drug-related deaths locally are very low and comparable to BFC and RBWM, and, significantly lower compared to SE & England.
- The most common source of treatment referral in Slough is self, family and friends. Slough appears to have a higher proportion of referrals from the criminal justice system compared to the SE and England, but first-time entrants into youth justice system has been progressively decreasing over the years (also following the national trend).
- The proportion of adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison is the lowest in Slough compared to other neighbouring authorities; and significantly lower than the SE and England.
- The successful completion of drug treatment for opiates in Slough is comparable to SE and England; while we have the highest proportion of treatment completions for non-opiates compared to our neighbouring authorities.
- **So what?** The national evidence and our findings suggest the intrinsic links between violence, drug supply and demand, particularly in relation to young people, anti-social behaviour, and deprivation. There is a great opportunity to work in partnership and link up on the local response as well as a unique opportunity for us to develop the substance abuse strategy locally (or at BE level).

# For further information and queries about the SUD needs assessment document

For any further information and feedback about this work please contact Dr Leidon Shapo, PH lead (Adults), SBC

Email: [Leidon.Shapo@slough.gov.uk](mailto:Leidon.Shapo@slough.gov.uk)

For general queries please send an email to our public health email address below:

[publichealth@slough.gov.uk](mailto:publichealth@slough.gov.uk)