



**Change
Grow
Live**



Swindon Substance Use Disorders Treatment and Recovery Service



**Change
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Live**

A (brief!) history of Change Grow Live

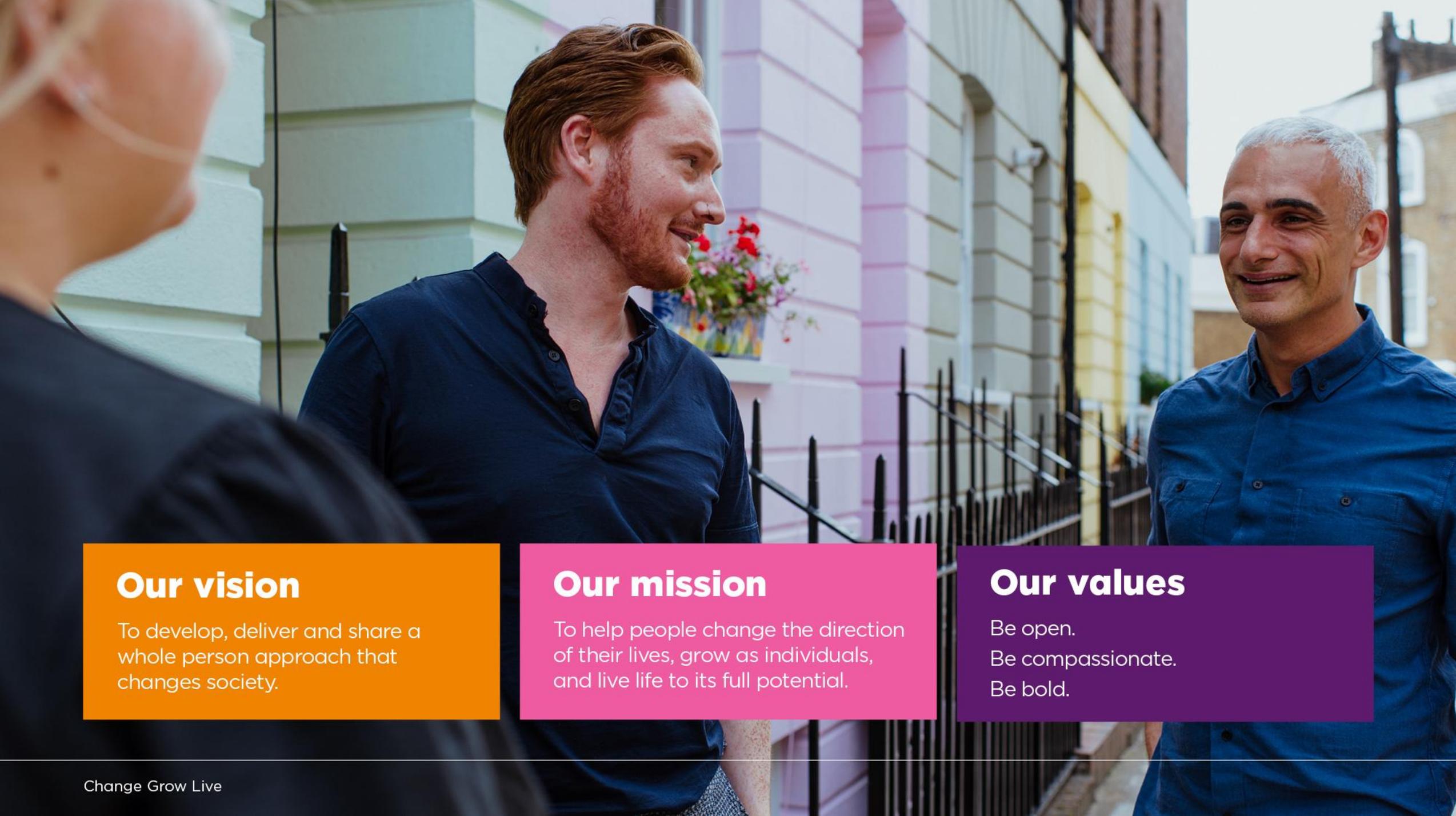
In 1977 a group of magistrates set up supported accommodation for ex-offenders - the Sussex Association For The Rehabilitation of Offenders, or Saro for short.

In the 1990s, we merged with other local organisations, including a domestic violence charity and a residential rehabilitation unit in Brighton and Hove (The St Thomas Fund). The organisation expanded outside of Sussex in the early 2000's as CRI. In the last 20 years we have grown, we are now a nationwide charity that helps tens of thousands of people each day.

In 2016 we adopted a new name: Change Grow Live. We took the name from the phases of our recovery programme: foundations of change, foundations of growth, foundations of life. It reflects how we work and helps to tackle the stigma around seeking help.

Agenda

- Mission and values
- Treatment pathways Alcohol – guest speaker
- Drug interventions
- Opiate Substitute Prescribing
- Harm reduction and overdose awareness
- CGL service provisions & teams
- Referral information and useful links



Our vision

To develop, deliver and share a whole person approach that changes society.

Our mission

To help people change the direction of their lives, grow as individuals, and live life to its full potential.

Our values

Be open.
Be compassionate.
Be bold.

Alcohol Assessment & Treatment Pathways

- Assessment tools – Audit, 12 questions and SADQ (Severity of Alcohol Dependence Questionnaire)
- Referral for Nurse Alcohol Assessment – Weekly Units, SADQ, Bloods, GP Summary/SCR, Prescribed medications, any illicit drug use, Safety Consideration/Mitigation and Recovery Goal.
- GP liaison – Sharing information, concerns and risks, e.g. ECG results, BBV results, Blood test results. Request/recommend prescribing of medication e.g. **Thiamine, Full GP Summary**, blood tests or ECG results
- Multi-disciplinary team meeting – NAA presentation to the MDT, to decide on the most appropriate & safest treatment pathway. E.g. Community Detox, In-Patient Detox, Rehab, Structured Reductions.
- Psychosocial interventions – Group/Workshop Programmes, 1:1, (working alongside clinical interventions)
- Support network and recovery capital.

Alcohol Assessment & Treatment Pathways

Interventions – MI & TIA

- Information, knowledge and Harm Reduction Advice (Tier 1)
- Extended Brief Intervention work (Tier 2) EBI – Non-Dependent. Exploring controlled, safe consumption and health promotion advice.
- Structured Treatment (Tier 3) – Service users who are drinking at harmful or dependent levels, requiring Structured support & Treatment. E.g. Regular engagement with Psychosocial Interventions (PSI), Groups/Workshops, 1:1.
- Detoxification and Rehabilitation (Tier 4) – Community Assisted Detox (CAD), In-Patient Detox/Rehab
- Aftercare/Support – Relapse Prevention & Medication, Mutual Aid Support/Networks, Recovery Support.



Guest speaker

CGL

Journey through recovery

Interventions – drug use

Psychosocial interventions for non-opiate – e.g. cannabis, cocaine, crack cocaine, amphetamines, MDMA

- Diaries and reductions plans
- Exploration of triggers – distraction and avoidance techniques
- Coping with cravings
- Specific worksheets personalised to the service user
- Building Recovery Capital
- Goal setting and SMART targets

Group workshops – e.g. preparing for change, foundations of Change, Growth, Live, Relapse Prevention

All psychosocial interventions and group workshops offered to service users using opiates – in line with stage of treatment. Opiate pathway includes pharmacological interventions – prescribing.



Opiate Substitute Therapy

AIMS OF HARM REDUCTION

- reducing various health, social, crime and other problems directly/indirectly related to drug misuse
- reducing harmful or risky behaviours associated with the misuse of drugs (for example, sharing injecting equipment)
- attaining controlled, non-dependent or non-problematic drug use
- achieving specific personal goals
- achieving abstinence from main problem drugs
- achieving abstinence from all problem drugs (and perhaps alcohol)
- optimising personal physical and mental wellbeing; building social networks, including family and community network; building strengths; and developing resilience in recovery
- coming off all pharmacotherapy for drug use disorders (whether substitution treatments or relapse prevention medications)

Methadone 1mg/1ml (Physeptone)

Full Agonist

CNS depressant - 'start low, go slow'

QTc interval prolongation
(higher doses 100mg+ or in combination with other drugs)

Annual ECG for risk clients

Optimal Therapeutic dose 60mg -120mg

Feels closer to heroin use on mental state (more sedating)



Buprenorphine (Espranor/Subutex/Suboxone)

Partial Agonist / Partial Antagonist

Clients feel clearer headed than with other opiates

Therapeutic dose 8mg-24mg

Client becomes unable to use opiates immediately due to blockade effect

Need to be in withdrawal to take first dose (although Bernese method can make this easier)



Buvidal – Prolonged release Buprenorphine injection

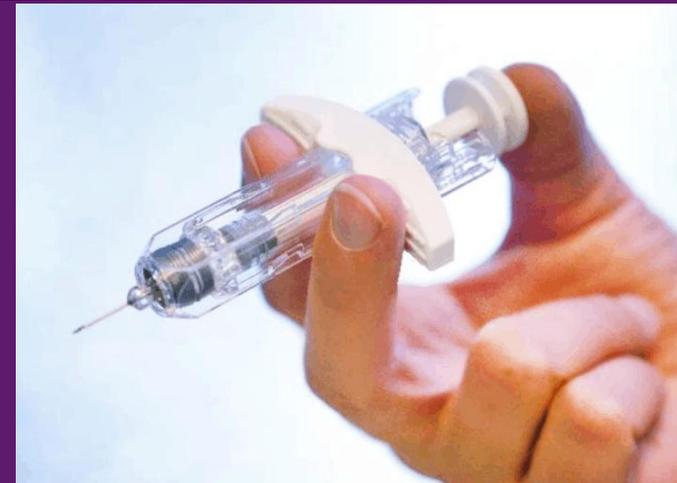
Partial Agonist / Partial Antagonist

Weekly or monthly s/c injection

Removes need for pharmacy attendance

Limited Capacity due to high drug cost
(£250 per month vs £3-10 for Methadone)

Need to monitor LFT's



Same Day Prescribing!

Clients can come to CGL, receive a Personal Assessment with a recovery worker and see a prescriber on the same day.

The drop-in Same Day Prescribing clinic runs daily from 0930-1230 (Wednesday 1300-1400).

CGL will obtain the SCR from the surgery and write to you with the outcome of the appointment.

- Initial Prescriber Assessment
- Titration appointments weekly to optimise dose
- Prescriber review 4-12 weeks after induction
- Prescriber review every 3-9 months (Clinical Risk)



Medication is not the whole answer

OST on its own is only ever partially effective.

The effectiveness of treatment is significantly enhanced with the combination of Psychosocial Interventions alongside more practical support with other difficulties that an individual may have.

When an individual is ready to reduce from their OST the prescription should be gradually withdrawn at a rate the individual is able to tolerate without increasing the risk of relapse.

Research suggests this should be done over a 12-week period but in practice this is often over a longer period and often with periods of a break between periods of reducing doses.

Some individuals find Naltrexone tablets useful in reducing the risk of relapse. This opiate antagonist blocks the effect of opiates and is used for up to 12 months after withdrawal of OST.



**"Addiction Is Not the Problem,
It's the Solution to Pain"**

– Gabor Maté



Harm reduction for service users – overdose awareness

- Injecting (rather than smoking) drugs
- Using more than one drug at a time
- Cash windfalls
- Using alone
- Loss of tolerance to opioids (e.g. if a person has just left prison or detoxified from opioids)
- Differences in the purity of street drugs (e.g. using a different dealer)
- Nitazene & fatal substances mixed in
- Changing their normal drug-taking routine (e.g. using in unfamiliar surroundings or with different people)
- Starting or ending medication-assisted treatment such as methadone or buprenorphine
- Difficult life events such as bereavement or relationship problems
- Certain times of the year (e.g. festive periods, weekends, holidays, pay day)
- Recent history of non-fatal overdose
- Not engaged in a drug treatment programme

SIGNS OF AN OPIOID OVERDOSE. **B.L.U.E.**

BREATHING

Breathing during an overdose is shallow, gurgling, erratic, or completely absent.

LIPS

Lips and fingertips are blue, due to decreased oxygen throughout the body.

UNRESPONSIVE

The victim will not respond to verbal or physical stimulation.

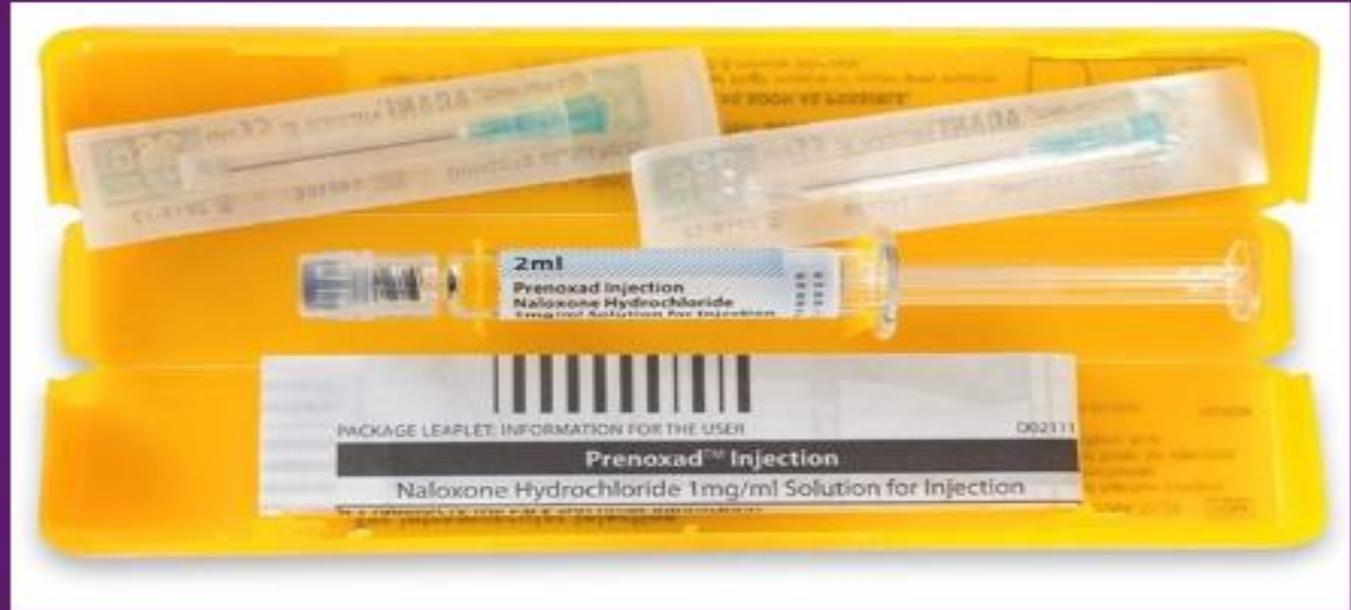
EYES

Pupils are pinpoint, as the opioids constrict the pupils to an unusually small size.

Naloxone (Prenoxad) Opiate Antidote

Naloxone 1mg/1ml
2x Blue Needles
Advice leaflet

Lasts around 20 minutes
Always call Ambulance!



Nitazene overdoses can require repeated administration of Naloxone
(up to 4ml – 2 vials)

Change Grow Live – Service Provision – What we do

- **Needle Exchange**
- **Assessment**
- **Brief Intervention**
- **Group Work and 1:1 (groups can access weekly)**
- **Community detox**
- **Inpatient detox referral (limited numbers)**
- **Residential rehabilitation referral (limited numbers)**
- **Opiate Substitute Prescribing – Physeptone, Espranor, Buvidal (limited numbers)**
- **Abstinence prescribing support**
- **Recovery Coordinator Support**
- **Psychosocial interventions – building recovery capital**
- **Individual Placement Support (IPS)**

CGL Swindon - Team

Assessment Workers

Recovery Co-ordinators / Motivator / Champion

Group Workers

Volunteers

Administration

Family Safeguarding Team

Criminal Justice Team

IPS

Prescribing team – Doctors and NMP

Nursing Team – Nurses and HCA

Leadership (Service Managers, Team Leaders, Quality, Safeguarding, Data, Volunteer TL)

What is IPS?

Individual Placement and Support

Place then Train approach

Based on **8** Key Principles



Get people into competitive employment



Work rapidly



Zero Exclusion



Provide individualised support to clients and employers



Embedded within treatment services



Benefit Support



Be Preference Led



Build relationships with employers based on individual preferences

Professionals Coffee Morning

**4th Wednesday of every
month 11-12:30**

Temple Chambers

Come and see the service, meet the
team and connect over a coffee



How to Refer a Client

Online

www.changegrowlive.org/drug-and-alcohol-service-swindon/referrals

Telephone

01793 328150

In person

4 Temple Chambers
Temple Street
Swindon SN1 1SQ

Monday: 09:30 - 19:00

Tuesday: 09:30 - 17:00

Wednesday: 13:00 - 17:00

Thursday: 09:30 - 17:00

Friday: 09:30 - 17:00

Useful links

<https://www.changegrowlive.org/advice-info/alcohol-drugs/naloxone-overdose-reversal-drug>

<https://www.changegrowlive.org/drugs-contaminated-synthetic-opioids-advice-staying-safe-nitazenes>

<https://www.changegrowlive.org/advice-info/alcohol-drugs>

https://safeguardingpartnership.swindon.gov.uk/info/8/training/92/video_archive

Scroll to: Alcohol Use and the Mental Capacity Act - July 2025