Public Health England

Protecting and improving the nation's health

Young people - substance misuse JSNA support pack: key data

Key data for planning effective young people's substance misuse interventions in 2017-18

Northumberland
(using latest available data)

ABOUT THIS JSNA SUPPORT PACK

While the majority of young people do not use drugs, and most of those that do are not dependent, drug and alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life. It is for these reasons that Local Authorities are strongly encouraged to continue to invest in substance related service provision across the different levels of need from schools to treating young people's substance misuse.

This pack provides key performance information about young people (under the age of 18 years) accessing specialist substance misuse interventions in your area alongside national data for comparison. The data is taken from the National Drug Treatment Monitoring System (NDTMS) which, for young people, reflects specialist treatment activity reported for those with problems around both alcohol and drug misuse.

Although the data provided in this pack focuses solely on specialist interventions, the emphasis within the young people's strand of the drug strategy (2010) is also on protecting young people by preventing or delaying the onset of substance use. The strategy advocates for the provision of good quality education and advice to young people and their parents, and for targeted support to prevent drug or alcohol misuse and early interventions to avoid any escalation of risk and harm when such problems first arise. The data in this pack should therefore be considered in conjunction with the wider health and wellbeing data that are available nationally and locally to support the drug and alcohol strategies.

Evidence suggests that effective specialist substance misuse interventions contribute to improved health and wellbeing, better educational attainment, reductions in the numbers of young people not in education, employment or training (NEET) and reduced risk taking behaviour, such as offending (Department for Education, 2010).[⌂] The data in this pack provides a comprehensive overview of these specialist interventions.

A key national resource is Public Health England's (PHE) National Child and Maternal Health Intelligence Network (ChiMat) website, which provides information and intelligence about the health of young people at local authority and Clinical Commissioning Group (CCG) level. This includes both a substance use and a youth justice hub. The latter supports the effective commissioning and delivery of services for young people and their families, whose behaviour puts them in contact, or at risk of contact with the youth justice system. A significant proportion of the young people known to youth justice disclose concerns relating to substance use and misuse.
http://www.chimat.org.uk/

[⌂] Department for Education (2011) Specialist drug and alcohol services for young people: a Cost Benefit Analysis, retrieved from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182312/DFE-RR087.pdf

VALUE FOR MONEY

Specialist interventions for young people's substance misuse are effective and provide value for money. A Department for Education cost-benefit analysis found that every £1 invested saved £1.93 within two years and up to £8.38 in the long term. Specialist services engage young people quickly, the majority of whom leave in a planned way and do not return to treatment services.

This indicates that investing in specialist interventions is a cost effective way of securing long-term outcomes, reducing future demand on health, social care, youth justice and mental health services, and supporting the Troubled Families agenda and Life Chances strategy.

The data within this pack is based on young people accessing specialist substance misuse services in the community and, where stated, the secure estate.

Local needs assessments can also provide further information about the needs of young people who are not in contact with young people's specialist substance misuse services to help assess if there is unmet need. Information about smoking, drinking and drug use below the threshold for a specialist intervention can be obtained via these links:

National and regional level data on school-aged children in England:
https://www.gov.uk/government/statistics/smoking-drinking-and-drug-use-among-young-people-in-england-2014

National and local authority level data on 15 year olds in England:
http://www.hscic.gov.uk/catalogue/PUB19244/what-about-youth-eng-2014-rep.pdf

Please note that the percentages given in this pack are rounded to the nearest per cent. Totals may not add up to 100 due to rounding. Figures displayed here are based on annual report methodology and so may differ slightly from previously released figures in quarterly reporting or the needs assessment data. Please be mindful that small numbers in this report may lead to large changes in local proportions over time which do not reflect significant change.

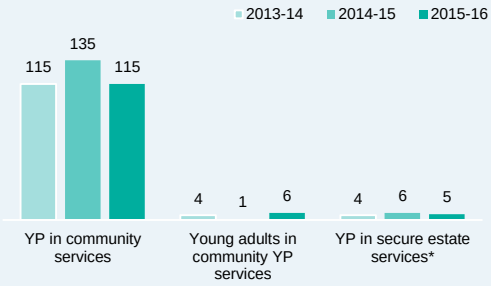
NUMBERS IN SERVICES

Local ● National ●

These figures reflect the number of young people in specialist substance misuse services in your area during 2013-14, 2014-15 and 2015-16; the number of young adults in specialist substance misuse services for young people; and the number of young people who have received specialist treatment within a secure setting.

Reporting into NDTMS by the providers of specialist substance misuse interventions in the secure estate began in young offender institutions (YOIs) in 2012-13 and was then extended to secure training centres (STCs) and secure children's homes (SCHs) from April 2013. Welfare only homes began reporting in April 2015 and are reported as part of the secure estate data.

	2015-16	
	Local	**National**
Number of young people (aged under 18) in specialist services in the community	115	17,593
Number of young adults (aged 18-24) in young people specialist services in the community	6	3,063
Number of young people (aged under 18) in specialist services within the secure estate	5	1,488



** Please be aware that data for the secure estate in 2014-15 only covers activity from 1 April 2014 to 31 October 2014. This is due to the lack of data available as a result of the closure of NDTMS data collection and data submission systems between November 2014 and March 2015.*

CONTINUITY OF CARE

The data below shows the number and proportion of young people known to substance misuse services within the secure estate returning to this local authority and referred directly from the secure estate to community based specialist treatment, and the number and proportion starting at a specialist service within three weeks of their release.

Although the number of children and young people who are detained in secure settings is low, those who are often have complex health needs including substance misuse. The data below indicates how young people's substance misuse services in your local authority have engaged with these young people on their release from a secure environment.

	Local	**National**
Number of young people referred to treatment in this partnership on release from the secure estate	2	111
Number of young people picked up by a community service within three weeks of release	0	5
Proportion of young people picked up by a community service within three weeks of release	0%	5%

REFERRAL SOURCES

Young people come to specialist services from various routes but are typically referred by youth justice, education, self, family and friends, and children and family services. If your performance differs significantly from the national figure, you can use local NDTMS data to identify shifts in the volume and sources of referrals. Changes in universal and targeted young people's services may affect screening, referrals and demand for specialist interventions. There should be clear pathways between targeted and specialist young people's services, supported by joint working protocols and good communication.

Referral sources	**Local**		**National**	*Proportions are of all treatment episode referrals*
	n	**%**	**%**	
Youth justice (incl. the Secure Estate)	35	30%	26%	30% 26%
Education services	14	12%	28%	12% 28%
Self, family and friends	16	14%	12%	14% 12%
Children and family services	34	29%	14%	29% 14%
Other substance misuse services	7	6%	8%	6% 8%
Health and mental health services (excl. A&E)	5	4%	7%	4% 7%
A & E	5	4%	1%	4% 1%
Other	2	2%	4%	2% 4%

PROFILE OF YOUNG PEOPLE IN SPECIALIST SUBSTANCE MISUSE SERVICES

Local ● National ●

Many young people receiving specialist interventions for substance misuse have a range of vulnerabilities. Examples of the types of vulnerabilities / risks young people report having at the start of treatment include: not in education, employment or training (NEET), in contact with the youth justice system, experience of domestic abuse and sexual exploitation. Alcohol and drug use, for example, is associated with early sexual initiation and other risky sexual behaviours.❖

Universal and targeted services have a role to play in building resilience and providing substance misuse advice and support at the earliest opportunity. Specialist services should be provided to those whose use has escalated and/or is causing them harm. There should be effective pathways between specialist services and children's social care for those young people who are vulnerable and age-appropriate care should be available for all young people in specialist services.

Number of young people with each risk/ vulnerability item	Local		National	*Proportions are of all young people entering services for specialist substance misuse interventions and may sum to more than 100% as an individual may have more than one recorded vulnerability*
	n	%	%	
Substance specific vulnerabilities				
Opiate and/or crack user	0	0%	2%	0% 2%
Alcohol users*	4	5%	4%	5% 4%
Using two or more substances**	54	64%	60%	64% 60%
Began using main problem substance** under 15	81	95%	92%	95% 92%
Current or previous injector	1	1%	1%	1% 1%
Wider vulnerabilities				
Looked after child	10	12%	12%	12% 12%
Child in need	0	0%	6%	0% 6%
Affected by domestic abuse	19	22%	21%	22% 21%
Identified mental health problem	13	15%	19%	15% 19%
Involved in sexual exploitation	1	1%	6%	1% 6%
Involved in self harm	15	18%	17%	18% 17%
Not in education, employment or training (NEET)	13	15%	17%	15% 17%
NFA/unsettled housing	2	2%	2%	2% 2%
Involved in offending/antisocial behaviour	21	25%	32%	25% 32%
Pregnant and/or parent	2	2%	2%	2% 2%
Subject to a child protection plan	3	4%	7%	4% 7%
Affected by others' substance misuse	18	21%	23%	21% 23%

** There are no safe drinking levels for under 15s and young people aged 16-17 should drink infrequently on no more than one day a week (CMO, 2009). This measure captures young people drinking on an almost daily basis (27-28 days of the month) and those drinking above eight units per day (males) or six units per day (females), on 13 or more days a month.*

*** substances for young people includes alcohol.*

❖ Department of Health (2009) *Guidance on the Consumption of Alcohol by Children and Young People* , retrieved from:

http://www.cph.org.uk/wp-content/uploads/2013/09/Guidance-on-the-consumption-of-alcohol-by-children-and-young-people.pdf

Jackson, C., Sweeting, H., & Haw, S. (2012). Clustering of substance use and sexual risk behaviour in adolescence: analysis of two cohort studies. BMJ Open, 2(1), pp.1-10

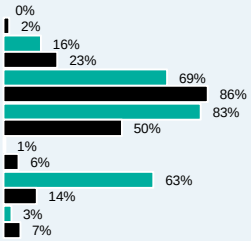
The data below also includes those aged 18 and over in specialist substance misuse services for young people.

Local ● National ●

Specialist services must deliver age-appropriate interventions and promote the safeguarding and welfare of children and young people.[Δ] The local authority may wish to investigate why young adults (18-24s) are being offered support to address their substance misuse within the under-18s service. The needs of 18-24s are different to those of under-18s, as is the legislative framework. A good public health approach should however consider the needs of developing young adults up to the age of 24, a period which includes heightened stages of exposure to health and wellbeing risks. Clear transitions and joint care plans, including with adult services, will help under 18s who require on-going support beyond their 18th birthday.

Age by substance	<=13	14-15	16-17	18-24	Total		National total
	n	n	n	n	n	%	%
Heroin and/or crack	0	0	0	0	0	0%	2%
Stimulants (cocaine, ecstasy, amph, not crack)	2	7	8	2	19	16%	23%
Cannabis	6	39	35	3	83	69%	86%
Alcohol	8	47	42	3	100	83%	50%
Novel psychoactive substances	0	1	0	0	1	1%	6%
Tobacco	6	35	32	3	76	63%	14%
Other drug	0	3	1	0	4	3%	7%
Total (n)	10	56	49	6	121		
Total (%)	8%	46%	40%	5%			
National (%)	6%	35%	44%	15%			

Proportions shown in the graph are of all in treatment



Proportions are of all young people in specialist substance misuse treatment and may sum to more than 100% as an individual may have cited more than one problematic substance.

[Δ] Gilvarry, McArdle, O'Herlihy, Mirza, Bevington & Malcom (2012) *Practice Standards for young people with Substance Misuse Problems* , retrieved from: http://www.rcpsych.ac.uk/pdf/Practice%20standards%20for%20young%20people%20with%20substance%20misuse%20problems.pdf

GENDER DIFFERENCES

Local ● National ●

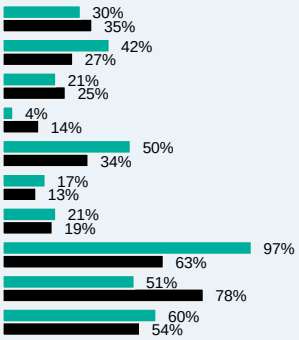
This section shows some areas where, nationally, the presenting needs of girls seem to differ from boys when entering specialist services.

Substance misuse services for young people may need to consider gender differences in the treatment population. There are a number of specific issues facing girls; including increased citation of alcohol as a problematic substance, involvement in self-harm, being affected by domestic abuse, and involvement in sexual abuse including exploitation.[◆] Boys also experience domestic abuse, sexual exploitation and self harm, and this should be explored by services.

Services available need to be tailored to the specific needs of girls and boys within these services and ensure that young people with multiple vulnerabilities or a high risk of substance misuse-related harm get extra support with clear referral pathways and joint working protocols.

	Local				National	
	Females		Males		Females	Males
	n	%	n	%	%	%
Total in treatment *	35	30%	80	70%	35%	65%
Affected by domestic abuse ◊	10	42%	9	15%	27%	18%
Diagnosed mental health problem ◊	5	21%	8	13%	25%	16%
Involved in sexual exploitation ◊	1	4%	0	0%	14%	1%
Involved in self harm ◊	12	50%	3	5%	34%	9%
Not in education, employment or training ◊	4	17%	9	15%	13%	19%
Involved in offending/antisocial behaviour ◊	5	21%	16	26%	19%	39%
Citing alcohol as a problematic substance *	34	97%	63	79%	63%	42%
Citing cannabis as a problematic substance *	18	51%	62	78%	78%	92%
Aged 15 or under *	21	60%	45	56%	54%	45%

Proportions shown in the graph are of all females in treatment



** Proportions are of all males / females in treatment, not new presentations*
◊ Proportions are of all males / females new presentations

◆ Beckett (2016) forthcoming

LENGTH OF TIME IN SERVICES AND INTERVENTIONS DELIVERED

Local National

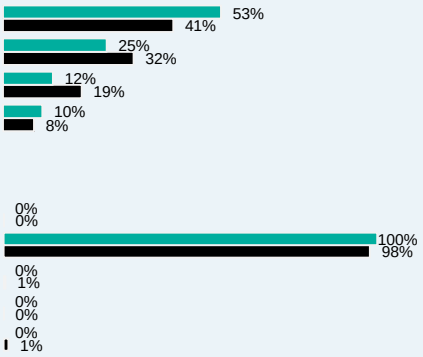
This shows the time young people in your area spent receiving specialist interventions (latest contact). Young people generally spend less time in specialist interventions than adults because their substance misuse is not as entrenched. However, those with complex care needs often require support for longer.

Young people have better outcomes when they receive a range of interventions as part of their package of care. If a pharmacological intervention is required, it should always be delivered alongside appropriate psychosocial support.

Psychosocial interventions are a range of talking therapies designed to encourage behaviour change. In the below table, psychosocial interventions include family interventions and harm reduction as well as other specific psychosocial intervention types.

	Local		National
Length of time in services	**n**	**%**	**%**
0 (zero) to 12 weeks	61	53%	41%
13 to 26 weeks	29	25%	32%
27 to 52 weeks	14	12%	19%
Longer than 52 weeks	11	10%	8%
Interventions	**n**	**%**	**%**
Pharmacological only	0	0%	0%
Psychosocial only*	115	100%	98%
Pharmacological plus psychosocial*	0	0%	1%
Other intervention combinations	0	0%	0%
No named interventions	0	0%	1%

Proportions are of all young people receiving specialist substance misuse interventions



** Psychosocial interventions are a range of talking therapies designed to encourage behaviour change. In the above table, psychosocial interventions include family interventions and harm reduction as well as other specific psychosocial intervention types.*

PLANNED EXITS

Local National

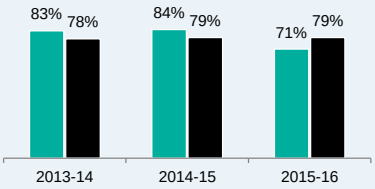
This section shows the number of young people who have left specialist interventions successfully and the proportion of those who then came back to treatment.

Young people's circumstances can change, as does their ability to cope. If they re-present to treatment, this is not necessarily a failure and they should be rapidly re-assessed to inform a new care plan that addresses all their problems.

The re-presentation information is based on planned exits between 1 January 2015 and 31 December 2015. It is included to help with monitoring the effectiveness of specialist interventions (a high re-presentations rate may suggest room for improvement).

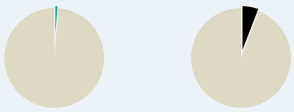
Planned exits	**Local**	**National**
Number of young people leaving specialist substance misuse interventions in a planned way	55	9,209
Proportion of those leaving in a planned way as a percentage of all exits	71%	79%

Proportions are of all planned exits in the financial year



	Local		National
Planned exits with re-presentation	**n**	**%**	**%**
Young people leaving specialist substance misuse interventions in a planned way who re-present to young people's or adult specialist services within six months	1	1%	6%

Proportions are of all exits from 1 Jan 2015 to 31 Dec 2015



RESTRICTED STATISTICS - INFORMATION DISCLOSURE GUIDELINES

You are reminded that the data provided in this document are official statistics to which you have privileged access in advance of release. Such access is carefully controlled and is provided for management, quality assurance, and briefing purposes only. Release into the public domain or any public comment on these statistics prior to official publication planned for late November 2016 would undermine the integrity of official statistics. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including descriptions such as "favourable" or "unfavourable". If in doubt you should consult EvidenceApplicationTeam@phe.gov.uk, who can advise. Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others who have not been given prior access and use it only for the purposes for which it has been provided. If you intend to publish figures from this JSNA pack after official publication you must restrict all figures under 5 and any associated figures to prevent deductive disclosure. For further information please refer to the JSNA disclosure control document entitled "How to apply disclosure control (JSNA)" available on the NDTMS.Net Report Viewer:
https://www.ndtms.net/phereportviewer.aspx

For additional guidance please refer to the NHS Digital Anonymisation standard, ISB 1523 entitled "Anonymisation Standard for Publishing Health and Social Care Data"
http://digital.nhs.uk/isce/publication/isb1523

The restricted status of this data will be lifted after the release of the annual report planned for late November 2016.