

## **Newcastle JSNA: Substance Misuse and Young people**

### **What do we know?**

#### **Overview**

The majority of the information contained in this assessment has been sourced from the Young People's Drug & Alcohol Services Local Needs Assessment Newcastle upon Tyne December 2007.

- For many young people drug and alcohol use is a part of growing up, but for a small proportion of young people experimental and recreational use becomes problematic and we may see these young people in treatment services.
- Recent trends show an increase in problematic alcohol use with a corresponding drop in the use of illicit substances.
- Evidence suggests that there has been a drop in opiate use in under 18s. Whether this is being replaced with other drugs such as alcohol or benzodiazepines is a matter of speculation, even though there is some anecdotal evidence. Tighter enforcement and controls may be playing a part in this as well as cultural influences.
- The use of Cannabis remains fairly stable and is popular as a primary drug of choice and as an additional substance for many young people who access treatment services.

#### **Facts and Figures**

The highest number of referrals into the young people's drug treatment system in Newcastle comes from the Youth Offending Team (YOT). There is considerable evidence which links youth crime with the use of substances and being intoxicated or high.

The rates of offending for males and females are similar until the age of 13 when there is a dramatic change. At 13 there is a substantial increase in the number of young people who commit offences. Young male offending peaks at 17, compared to girls at the age of 16. Younger offenders tend to commit more impulsive, opportunistic offences, motivated by material possessions, the "buzz" or excitement associated with committing the offence and respect on the street. The 10-17 age category shows the highest proportion for theft of a motor vehicle,

criminal damage, robbery and violence against the person crimes. Of those arrested by the police and on a probation order and engaged with the YOT the vast majority are white (around 85-95%).

## **Trends**

- ◆ The main drug use being treated is Alcohol 52% and Cannabis at 34%.
- ◆ We see very low levels of under 18's accessing treatment for class A drugs, no crack or cocaine as their first drug of choice. Yet data collected from adults in drug treatment from NDTMS suggests that many young people have first used class A drugs between the age of 12 and 17. There is also a trend for young people to start using these drugs earlier.

## **Adult Drug Use**

It is important when looking at young people's drug misuse to also look at adult drug use, as it gives us an insight into current trends and issues in drug use and drug treatment.

Between April 2006 and March 2007 there were 1488 people accessing drug treatment in Newcastle. The adult needs assessment highlighted a decline in under 24 year olds accessing drug treatment, with a significantly low number of 18 and 19 year olds accessing drug treatment compared to previous years. 18 year olds account for 0.6% of the treatment population and 19 years olds for 1.6% of the drug treatment population.

Data from adult treatment services shows that 82% of adults in treatment report opiates as their main problem drug. The adult needs assessment also found that a significant number of DIP (Drug Interventions Program) clients reported Cocaine as their problem substance, at higher levels than heroin.

## **Age of first Use**

By looking at National Drug Treatment Monitoring System (NDTMS) data for Adult Drug users we can also get an insight into young people's drug use. For adults in drug treatment recorded age of first use of the problem drug, shows that 30.6% report age of first use at 15-17 years old.

## **Vulnerable Groups**

Every Child Matters<sup>1</sup> focuses attention on drug use amongst vulnerable groups. There is clear evidence of a significantly increased propensity towards drug use in these groups, which include:

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<sup>1</sup> Every Child Matters: <http://www.everychildmatters.gov.uk/>

- Looked After Children,
- Truants and Excluees,
- Young Offenders,
- Young Homeless,
- Children whose parents use drugs and alcohol.

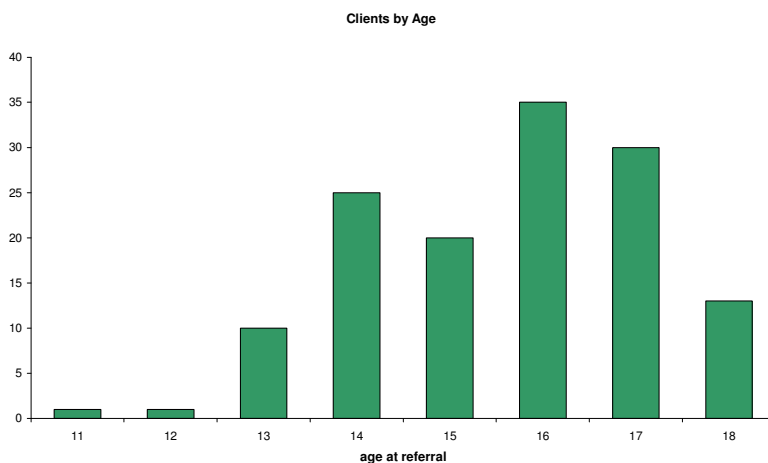
There is no definitive list of 'vulnerable groups', also there is significant overlap between them, with a young person perhaps being looked after, truanting and a young offender. However, multiple vulnerabilities are likely to have an impact on the individual's propensity to use substances and their risk to develop problems in this area. It is important to note that the link between vulnerability and drug or alcohol use is correlational not causal.

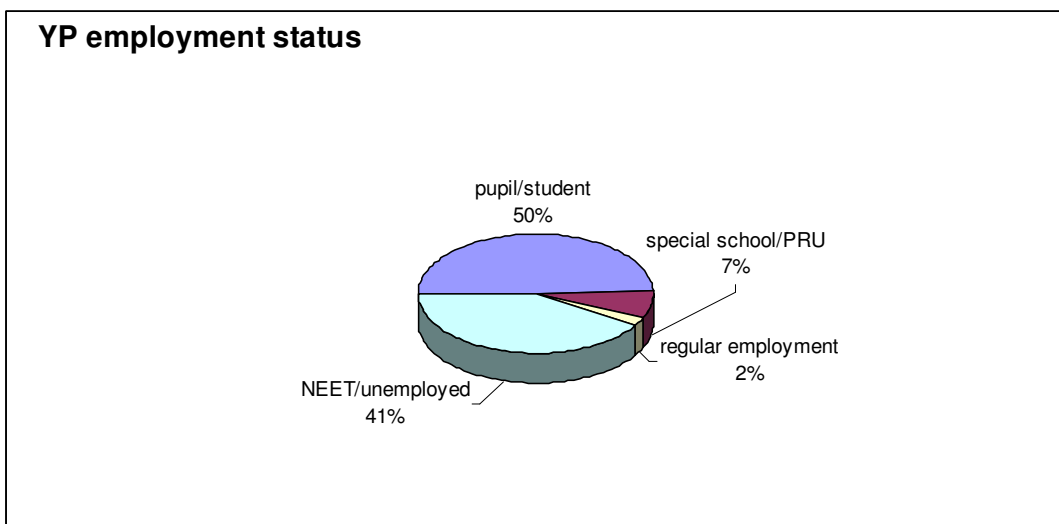
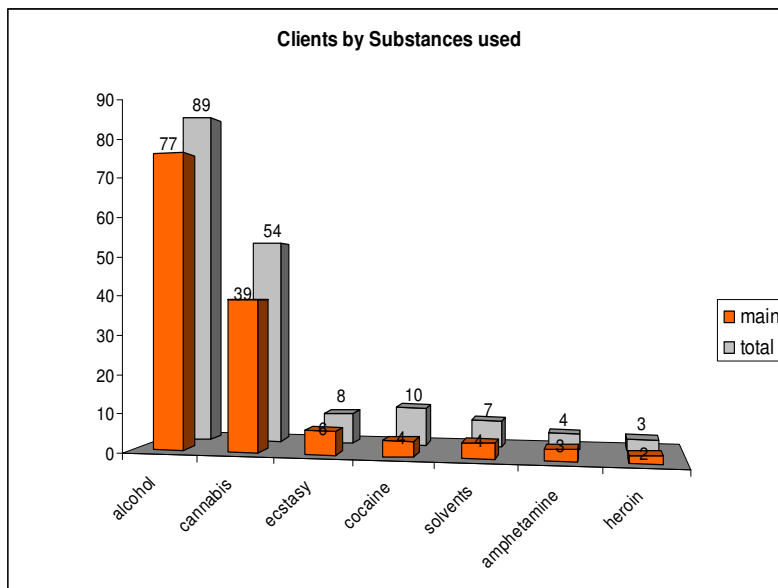
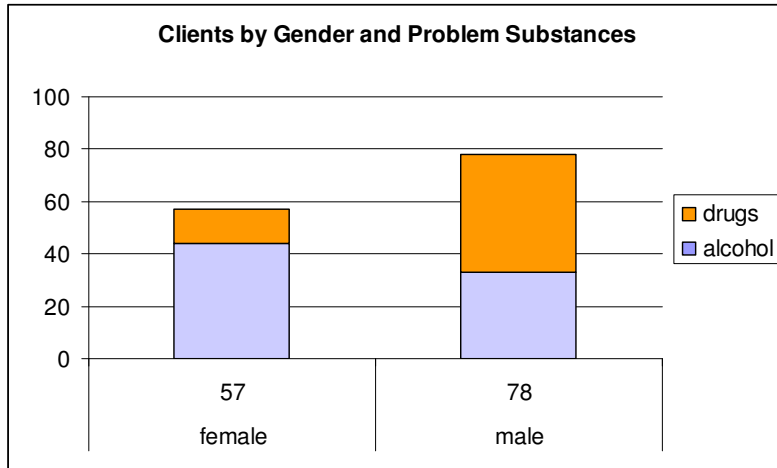
However someone can belong to more than one vulnerable group and it is recognized that there is overlap between the vulnerable groups and those young people that fall into more than one vulnerable group have an increased risk of substance misuse.

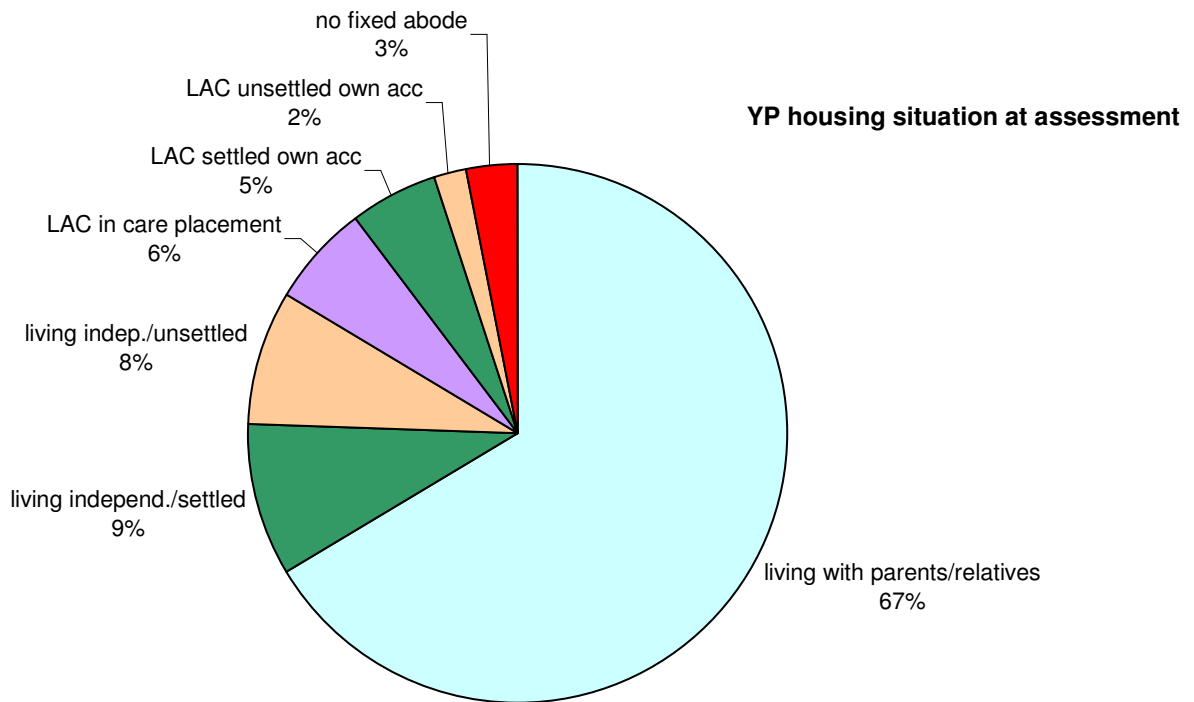
The prevalence data provided by the NTA suggested that 28% of young people fall into the definition of vulnerable. This equates to around 8000 young people aged 10-18 years old in Newcastle, based on population estimates. It is estimated that 24% will engage in frequent drug use and 16% will have used Class A drugs in the last 12 months.

### Young People in Treatment

**D'n'A – Client Statistics 1<sup>st</sup> April 2008 – 26<sup>th</sup> September 2008. Total referrals = 135. Young People entered treatment = 99, re-referred or previous involvement=19**







## Targets

PSA 14 The proportion of young people frequently using illicit drugs, alcohol or volatile substances.

PSA 25 The number of drug users in effective treatment (includes over 16s)

National indicators relating to these targets include

- NI110 young people's participation in positive activities
- NI111 first time entrants to the Youth Justice System 10-17
- NI114 Rate of permanent exclusions from school
- NI115 substance misuse by young people
- NI117 16-18 yr olds who are not in education training or employment

## Performance

### **2008/09 Quarter 1 Progress report**

#### **National Treatment Agency Deputy Regional Manager and Regional Partner comments**

##### **Introduction**

There is evidence of strong partnership working and commitment of the substance misuse agenda; commissioning and planning systems appear to be well structured and managed.

##### **Treatment Interventions**

Some aspects of comprehensive treatment intervention do not appear to be readily available but there is evidence of plans being in place to address this deficit.

Harm Reduction service development is referenced within planning grids.

Family work is well developed in Newcastle with the development of Changing Trax, a specialist family intervention service and a recent proposal to further enhance the Family Intervention Project.

There is a pathway to access Tier 4 as and when the need arises.

##### **Referral source**

A relatively even spread of referrals, between children and families at 48% and criminal justice services primarily YOS at 35%. However there would appear to be very low referrals from health, mental health and self referrals. Continuous marketing and refreshed integrated pathways with CAMHS, primary care, school nursing etc should improve referral sources. Planned developments within primary care in respect of alcohol screening and brief intervention could also have a positive impact together with universal screening and referral via CAF development.

##### **Access to assessment and treatment**

Red rated at 84% indicates an average performance in this area which will need to be discussed with partners and improvement plans implemented.

##### **Care planning**

An excellent performance at 100% of all young people in treatment with a care plan.

##### **Planned discharge**

An amber performance indicates that 70% of all young people leaving treatment do so in an agreed planned way. This requires partnership analysis and improvement; as a quality outcome indicator it reflects upon retention in treatment and transitional arrangements.

##### **Outcome monitoring (Treatment Outcome Profile)**

Based on June data, TOP completion for young people aged 15-18years: performance in Newcastle Upon Tyne is fairly consistent with only 40% of all young people who enter treatment receiving a TOP, 33% of young people receive a TOP at review and only 25% upon treatment exit.

The latter also is a possible reflection of the performance of planned discharges. The partnership will need to improve performance throughout the treatment planning process. It may be of help to explore the quality of care planning in relation to the consistency of TOP.

##### **General progress**

There is a positive planned integration of both planning / commissioning systems and operational delivery with that of Children's Services, and the emerging Children's Trust arrangements presently indicated as red showing that progress has slowed.

A focus on quality improvement and evaluation (indicated as lavender) is helpful whilst alternative ways could be explored to undertake evaluation / audit and contract review with a consideration to value for money via outcome monitoring, cost, user feedback and achievement of targets.

Financial reporting quite comprehensive showing partner contribution and activity based costing

**Conclusion**

A very good performance overall.

Young people's summary performance management report 2008/09 Quarter

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<b>Name of Partnership:</b>	<b>Newcastle upon Tyne</b>	<b>Partnership code:</b>	<b>A07B</b>
<b>Region:</b>	<b>North East</b>	<b>Quarter</b>	<b>1</b>

Key	Red	Less than 90%	Green	90% or more
Percentage of young people requiring specialist substance misuse treatment catered for in a young person's service				100%

Key	Red	Less than 5	Green	5 available
<b>Services available in partnership area:</b>				
Psychosocial Interventions				Yes
Specialist Harm Reduction				No
Family Work				Yes
Pharmacological intervention				Yes
Access to residential substance misuse treatment				Yes

Key	Red	Less than 20%	Green	20% or more
<b>Referral source</b>				

Percentage referred from children and family services	48%
Percentage referred from Health and Mental Health Services	2%
Percentage referred from Substance misuse services	5%
Percentage referred from criminal justice services	35%
Percentage referred from family, friends or self	9%

Key	Red	Less than 90%	Amber	90-99%	Green	100%
Percentage of young people assessed as requiring specialist substance misuse treatment who commence treatment within 15 working days of the referral						84%

Key	Red	Less than 90%	Amber	90-99%	Green	100%
Percentage of young people in specialist substance misuse treatment who have a care plan within 2 weeks of treatment start date specifically related to their substance misuse treatment needs						100%

Key	Red	Less than 90%	Amber	90-99%	Green	100%
Percentage of young people starting a new treatment journey with a history of injecting who are offered a personal Hepatitis C test with appropriate pre and post test counselling						

Key based on national performance	Red	Bottom quartile 0 to < 52.5%	Amber	Second and third quartiles 52.5% to < 88.5%	Green	Top quartile 88.5% +
Percentage of young people leaving treatment in an agreed and planned way						70%

## Local views

TellUs 2 Questionnaire Summer 2007	Newcastle Av. %	National Av. %
Which of these drugs, if any have you taken in the last four weeks? (Tick all that apply) (Year 8& 10 only)		
I have never taken any drugs	74	80
I haven't taken any drugs in the last four weeks	16	7
Cannabis	7	9
Solvents	1	3
Other drugs (e.g. Cocaine, LSD, Ecstasy, Heroin, Speed, magic mushrooms)	3	3
prefer not to say	6	6
What do you think of the information and advice you get on the following things? (Need more information/better information and advice) (Year 8& 10 only)		
Alcohol	21	27
Drugs	27	31
What do you think of the information and advice you get on the following things? (It's good enough) (Year 8& 10 only)		
Alcohol	79	73
Drugs	73	69

There are a range of methods used to involve young people, parents and carers in developing services, ranging from focus groups, questionnaires, agenda days and secret ballots. The main issues highlighted are:

- Drinking and drug use in children and young people was seen as a problem
- For those not receiving help the main issue was not that their child/young person was not getting help but that the family or carer was not getting any help or support. That there was little involvement of families in the child/young persons drug treatment so parents and carers did not know or understand what was happening to their child.
- The fear of involving social services was also raised, as well as people feeling embarrassed or not knowing where to go or who to ask for help.
- Drug and alcohol education should be improved, should start from a younger age and role play and drama groups should be used as a method of raising awareness.
- Young people should be involved in designing leaflets and more information of the effects of taking drugs and alcohol later in life should be used

- Services should be near the monument, in a hidden place, needs to be well advertised

It is a priority to continue working alongside Investing in Children and the Youth Engagement Strategy, so that young people can be involved in the development and regular reviewing of all aspects of service provision. Building on the work of a number of young people's groups which have discussed issues around drugs and alcohol over the last 3 years, it is now timely to establish a more formal forum for listening to and acting on the views of young service users.

## National and local strategies

### National policy

- Drugs: Protecting Families and Communities. The 2008 drug strategy<sup>2</sup> and Reaching Out: Think Family, Cabinet Office, 2007<sup>3</sup> and Think Family: Improving the life chances of families at risk, Cabinet Office, 2008<sup>4</sup>
- Hidden Harm – responding to the needs of children of problem drug user Advisory Council on the Misuse of Drugs (ACMD), 2003<sup>5</sup> and Hidden Harm Three Years On, ACMD, 2007<sup>6</sup>

### Newcastle's Strategies

- The Children's Plan: Building brighter futures, DCSF, 2007
- Aiming high for young people: A ten year strategy for positive activities, HM Treasury/DCSF, 2007

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<sup>2</sup> Drugs: Protecting Families and Communities. The 2008 drug strategy <http://drugs.homeoffice.gov.uk/drug-strategy/overview/?view=Standard>

<sup>3</sup> Reaching Out: Think Family, Cabinet Office, 2007 [http://www.cabinetoffice.gov.uk/~media/assets/www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force/think\\_families/think\\_families\\_full\\_report%20pdf.ashx](http://www.cabinetoffice.gov.uk/~media/assets/www.cabinetoffice.gov.uk/social_exclusion_task_force/think_families/think_families_full_report%20pdf.ashx)

<sup>4</sup> Think Family: Improving the life chances of families at risk, Cabinet Office, 2008 [http://www.cabinetoffice.gov.uk/~media/assets/www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force/think\\_families/think\\_family\\_life\\_chances\\_report%20pdf.ashx](http://www.cabinetoffice.gov.uk/~media/assets/www.cabinetoffice.gov.uk/social_exclusion_task_force/think_families/think_family_life_chances_report%20pdf.ashx)

<sup>5</sup> Hidden Harm – responding to the needs of children of problem drug user Advisory Council on the Misuse of Drugs (ACMD), 2003 <http://drugs.homeoffice.gov.uk/publication-search/young-people/hidden-harm-summary?view=Binary>

<sup>6</sup> Hidden Harm Three Years On, ACMD, 2007 <http://drugs.homeoffice.gov.uk/publication-search/acmd/HiddenHarm20071.pdf?view=Binary>

- Guidance for schools on the duty to promote well-being, DCSF, spring 2008
- Drug education review, DCSF, 2008
- Youth Crime Action Plan, DCSF/Home Office/Ministry of Justice (MoJ), summer 2008

### **Newcastle Current Strategies and Priorities**

- The Newcastle Plan for Children and Young People 2006 – 2009 aims to provide young people's substance misuse services which
  - engage young people
  - are able to respond to their complex needs
  - involve all the relevant children and young people's agencies and services
  - are supported through an integrated targeted youth support model
  - have effective links with locality arrangements.
- Young People's Drug & Alcohol Services Local Needs Assessment Newcastle upon Tyne December 2007.
- The Children's Services Workforce Reform Strategy and The Parenting Support Strategy which highlights the need to improve confidence and skills of staff working with families where there are drug and alcohol problems, either parental or young people
- Newcastle upon Tyne Young People's Substance Misuse Treatment Plan 2008/09.

### **Current Activity and Services**

**D'n'A**, which is the main commissioned treatment service in Newcastle, is the result of the integration of specialist and targeted treatment services which started in the summer of 2005. There is a **CAMHS** element to this service, which provides specialist mental health and medical interventions. Coordination and information sharing between the different elements of the service has improved considerably. The team including a worker from **NECA (North East Council on Addictions)** provides much of its support to young people through flexible outreach methods.

**Newcastle Safeguarding Children's Board** has a statutory responsibility for ensuring that children and young people are safe from harm through co-ordinating and ensuring the effectiveness of arrangements in Newcastle. D'n'A

partnership agencies work closely with the Board, on issues in relation to training of staff, serious case reviews and strategic development.

The most popular young people's service in Newcastle is **Streetwise**. It is based in the City Centre and provides open access and evening opening and we hope to replicate some of this good practice. Streetwise provides a confidential counseling service, youth work around drug and alcohol issues and a sexual health clinic.

**Positive Futures** is a commissioned service which is delivered by **the YMCA** and provides positive sporting activities and health workshops for young people who are most at risk of developing substance misuse problems or getting involved in crime. At the moment the project only works in the East End of the city but due to its success we are hoping to move and expand it to other areas of the city.

**The Schools Drug and Alcohol Advisor** – this post provides support to schools around all issues to do with substance misuse including training for staff, consultancy advice on dealing with drug related incidents, curriculum support on drug education and parenting advice and information.

### **PROPS**

PROPS provides individual and peer group support, advocacy and respite to parents, carers and siblings of adult drug users. It also provides support to young carers affected by parental substance misuse. PROPS have developed holistic ways of working with families and been instrumental in taking forward CAF processes with some families. The engagement of the family on their own terms is a priority and they have successfully facilitated links between families and other agencies including schools.

For the year 07/08 PROPS provided 1394 individual sessions and 236 people attended support groups. Volunteers working at PROPS have provided a total of 4,076 hours of work. PROPS also work closely with Children's Services in completing CAFs with families and this good practice has been acknowledged nationally. This provides a good base from which other agencies in adult services can develop their knowledge, confidence and involvement in the CAF process.

### **The Changing Trax Project**

Changing Trax is currently being evaluated however early indications suggest that family functioning has been improved in most of the families that this model has been applied to and all but one child has been able to remain at home safely.

Research suggests that the application of this model is cost effective and the direct alternative to providing more expensive solutions such as removing children from their family of origin.

The savings in adult services is yet to be calculated, however if substance misusing parents are helped to attend and remain in treatment, they will be better placed to secure employment, health costs will be reduced as well as the cost to society both financially and socially in relation to crime

A future area for development for Changing Trax would be to identify further funding to provide a monitoring function post-crisis intervention to monitor and support parents to maintain positive changes. Although follow up review visits are provided, it is recognised that after working with the family intensively for 4 – 6 weeks sometimes 15 hours a week, some families will need some extra support for a longer period.

Expanding the current service to include a maintenance worker to provide follow up support and securing the future funding of the project and eventual mainstreaming is a priority.

Moreover future consideration could also to be given to the possibility of service expansion to encompass wider issues of compromised parenting such as learning disability and mental health

**The ‘Strengthening Families Programme’** is the early intervention aspect of the Changing Trax project which works with families who are not in sufficient state of crisis to justify the support of the crisis intervention programme. However there are still significant risks to the child in terms of future health and well-being, increased risk of becoming involved in crime, anti social behaviour and problem drug use. It is a highly structured group work programme lasting for 7 weeks. All sessions last for 2 ½ hours per week and are highly interactive using DVD material, role-plays, discussions and learning games. Time is spent separately with young people and parents and also together. Referrals have been received from a number of different agencies including children’s social care and education. The programme works in partnership with RESPECT and a number of different agencies and services who have agreed to their staff being trained and released to deliver the programme. There is a strong evidence base from the USA and other parts of the UK, which shows improved behaviour in young people and improved family relationships. The evidence suggests that the programme has long-term positive effects on families and these actually increase in time.

‘What is this telling us’?

What are the key inequalities?

Every Child Matters<sup>7</sup> focuses attention on drug use amongst vulnerable groups. There is clear evidence of a significantly increased propensity towards drug use in these groups, which include:

- Looked After Children,
- Truants and Excldees,
- Young Offenders,
- Young Homeless,
- Children whose parents use drugs and alcohol.

There is substantial evidence which indicates a correlation between deprivation and problematic drug and alcohol use.

Young people from BME groups are currently not accessing specialist services.

What are the key gaps in knowledge / services?

#### **Access to Treatment**

- Need to increase number of referrals from YOT – this is well on track now.
- Universal Services not using screening tool
- Young people from BME groups not accessing specialist services
- More appropriate premises needed for specialist services
- Need for a range of early interventions to ensure the engagement of young people in treatment
- Need to improve links and understanding between specialist service and mainstream children's services and Safe Newcastle
- Need to increase numbers of self referrals
- Need to use NDTMS data to ensure that any young people accessing adult services receive the same standard of care as other young people

#### **Treatment system delivery**

- Need to improve appropriate information sharing between D'n'A partner agencies
- Need to further integrate substance misuse interventions with care packages in other areas of children's services
- Need for a range of interventions to ensure the retention of young people in treatment
- Need to improve early identification of Class A drug users
- Need to review D'n'A service policies
- Need to improve consistency of delivery across D'n'A

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<sup>7</sup> Every Child Matters: <http://www.everychildmatters.gov.uk/>

- Identified gaps around harm reduction, accessible needle exchange for young people
- Identified gaps around follow up to admission to A&E Department
- Information gap around contribution of school health advisors to drug and alcohol treatment
- Need to integrate CAF fully into working practices
- Increased expertise around alcohol treatment
- Needs for Dual Diagnosis work to be better understood and care coordinated
- Gaps in expertise around specific substances, such as Benzodiazepines, Steroids
- Gap in delivery across children's services with young people over 16 with substance misuse problems and related complex problems such as housing
- Limited T4 provision.

### **Leaving Specialist Treatment**

- Need for systematic follow up of each client after 3 and 6 months
- Need for transitions protocols across all adult services
- Need to address specific issues around alcohol and transition
- Improve referral back down the tiers
- Reduce unplanned exits
- Development of methods for young people to evaluate the service they receive and feedback to staff.
- Identify resources to commission external evaluation of service

### **What are the risks of not delivering our targets?**

- Young people who access treatment services will not receive a fully integrated and care coordinated response.
- Young people will not move into adult treatment when necessary and in a planned and supported way and will therefore not be retained in adult treatment.
- If we do not listen to young people's views on the treatment they receive we will not be able to improve the quality of the service we provide.
- If we do not improve our commissioning processes and work strategically with all partners we will not provide good value for money
- If we do not evaluate services we will not be confident about how effective we are being and we will not be able to provide the evidence for ongoing funding for the service
- Children and young people will continue to be at risk from the harmful effects of substance misuse.
- If we do not provide a pathway for young people into treatment from A&E we will be missing an opportunity to provide early intervention and treatment for those young people who may not otherwise access treatment services.

## **Is what we are doing working?**

**PROPS** For the year 07/08 PROPS provided 1394 individual sessions and 236 people attended support groups. Volunteers working at PROPS have provided a total of 4,076 hours of work. PROPS also work closely with Children's Services in completing CAFs with families and this good practice has been acknowledged nationally. This provides a good base from which other agencies in adult services can develop their knowledge, confidence and involvement in the CAF process.

**The Changing Trax Project** is currently being evaluated however early indications suggest that family functioning has been improved in most of the families that this model has been applied to and all but one child has been able to remain at home safely.

Research suggests that the application of this model is cost effective and the direct alternative to providing more expensive solutions such as removing children from their family of origin.

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**The 'Strengthening Families Programme'** There is a strong evidence base from the USA and other parts of the UK, which shows improved behavior in young people and improved family relationships. The evidence suggests that the programme has long-term positive effects on families and these actually increase in time.

## **What is coming on the horizon?**

We expect to see significant increases in numbers of referrals to D'n'A over the next 2 years.

## **What should we be doing next?**

1. The development of more strategic systems for decision making and commissioning including the aligning of young people's substance misuse commissioning with adult commissioning and also with key areas of work in Children's services such as Teenage Pregnancy and Anti Social Behaviour.
2. Improve access to treatment and harm reduction services by increasing referrals from sources such as the Youth Offending Team, Accident and Emergency Services
3. Increase the amount of work treatment services are doing with families.
4. Increase the amount of screening which is being carried out in universal services and Increase the number of staff from Children's Services who are accessing training on substance misuse

5. Work with housing providers for 16 and 17 year olds to ensure that young people accessing housing provision with substance misuse problems are adequately supported to develop stability in their lives.