



Public Health
England

Protecting and improving the nation's health

Young people - substance misuse commissioning support pack 2020-21: key data

Planning comprehensive interventions for young people

Wirral

(using latest available data)

About this commissioning support pack

While the majority of young people do not use drugs, and most of those who do are not dependent, drug and alcohol misuse can have a major impact on young people's health, their education, 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 in this pack focuses solely on specialist interventions, the emphasis within the Reducing Demand section of the 2017 Drug Strategy^{*} is also on preventing the onset of substance use by building resilience and confidence amongst young people to prevent the range of risks they face. The strategy advocates for the provision of good quality education and advice to young people, 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).^o The data in this pack provides a comprehensive overview of these specialist interventions.

The National Child and Maternal Health Intelligence Network at Public Health England (PHE) provides information and intelligence about the health of children and young people at local authority and Clinical Commissioning Group (CCG) level to help commissioners and other healthcare professionals improve their services. This includes information about alcohol and other substance use. More broadly, information is available about young people's mental and physical health and their health behaviours. These can help inform the effective commissioning and delivery of services for young people and their families. For further information on these resources, see:

<https://www.gov.uk/guidance/child-and-maternal-health-data-and-intelligence-a-guide-for-health-professionals>

^{*} HM Government (2017) *2017 Drug Strategy*. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

^o Department for Education (2010) *Specialist drug and alcohol services for young people: a Cost Benefit Analysis*. Available at:

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^o 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.

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 is available from the Smoking, Drinking and Drug Use Amongst Young People Survey:

<https://www.gov.uk/government/statistics/smoking-drinking-and-drug-use-among-young-people-in-england-2018>

National and local authority level data on 15 year olds in England:

<https://www.gov.uk/government/publications/the-wellbeing-of-15-year-olds-analysis-of-the-what-about-youth-survey>

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 the methodology used in the national statistics publication and so may differ slightly from previously released figures in periodic reporting. 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 2016-17, 2017-18 and 2018-19; 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.

The number of young people in specialist substance misuse treatment in the secure estate includes provision in young offender institutions, secure training centres, secure children's homes and welfare only homes.



Continuity of care

Local ● National ●

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	0	137
Number of young people picked up by a community service within three weeks of release	0	12
Proportion of young people picked up by a community service within three weeks of release	0%	9%

Routes into treatment

Local ● National ●

Young people come to specialist services from various routes but are typically referred by education, youth justice, children and family services and self, family and friends. If your performance differs significantly from the national figure, local NDTMS data can be used 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.

Source of referral into treatment	Local		National	Proportions are of all treatment episode referrals
	n	%	%	
Education services	█		32%	█
Youth justice (incl. the Secure Estate)	16	28%	20%	
Children and family services	14	25%	17%	
Self, family and friends	8	14%	12%	
Health and mental health services (excl. A&E)	█		9%	
Other substance misuse services	11	19%	8%	
Other	█		2%	
A & E	█		1%	

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.^{*,^o}

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 in the year 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			3%	
High risk alcohol users*			3%	
Using two or more substances**	28	72%	57%	
Began using main problem substance** under 15	36	92%	77%	
Current or previous injector			1%	
Wider vulnerabilities				
Looked after child	9	23%	10%	
Child in need	10	26%	10%	
Affected by domestic abuse	12	31%	21%	
Identified as having a mental health treatment need ***	20	51%	33%	
Affected by sexual exploitation ^o			4%	
Involved in self-harm	6	15%	17%	
Not in education, employment or training (NEET)	15	38%	15%	
NFA/unsettled housing			1%	
Involved in offending/antisocial behaviour	18	46%	30%	
Pregnant and/or parent			2%	
Subject to a child protection plan	6	15%	8%	
Affected by others' substance misuse	13	33%	23%	
Co-occurring substance misuse and mental health issues ***				
Identified as having a mental health treatment need	20	51%	33%	
Receiving treatment for their mental health need(s)	17	85%	70%	

* 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.

Department of Health (2009) Guidance on the Consumption of Alcohol by Children and Young People. Available at: <http://www.ias.org.uk/uploads/pdf/News%20stories/doh-report-171209.pdf>

** Substances for young people includes alcohol.

*** Please note that from 2017-18, YP identified as having a mental health problem has been removed from the NDTMS and introduced a new field to capture those identified as having a mental health treatment need. For further information on co-occurring mental health conditions, see: <https://www.gov.uk/government/publications/people-with-co-occurring-conditions-commission-and-provide-services>

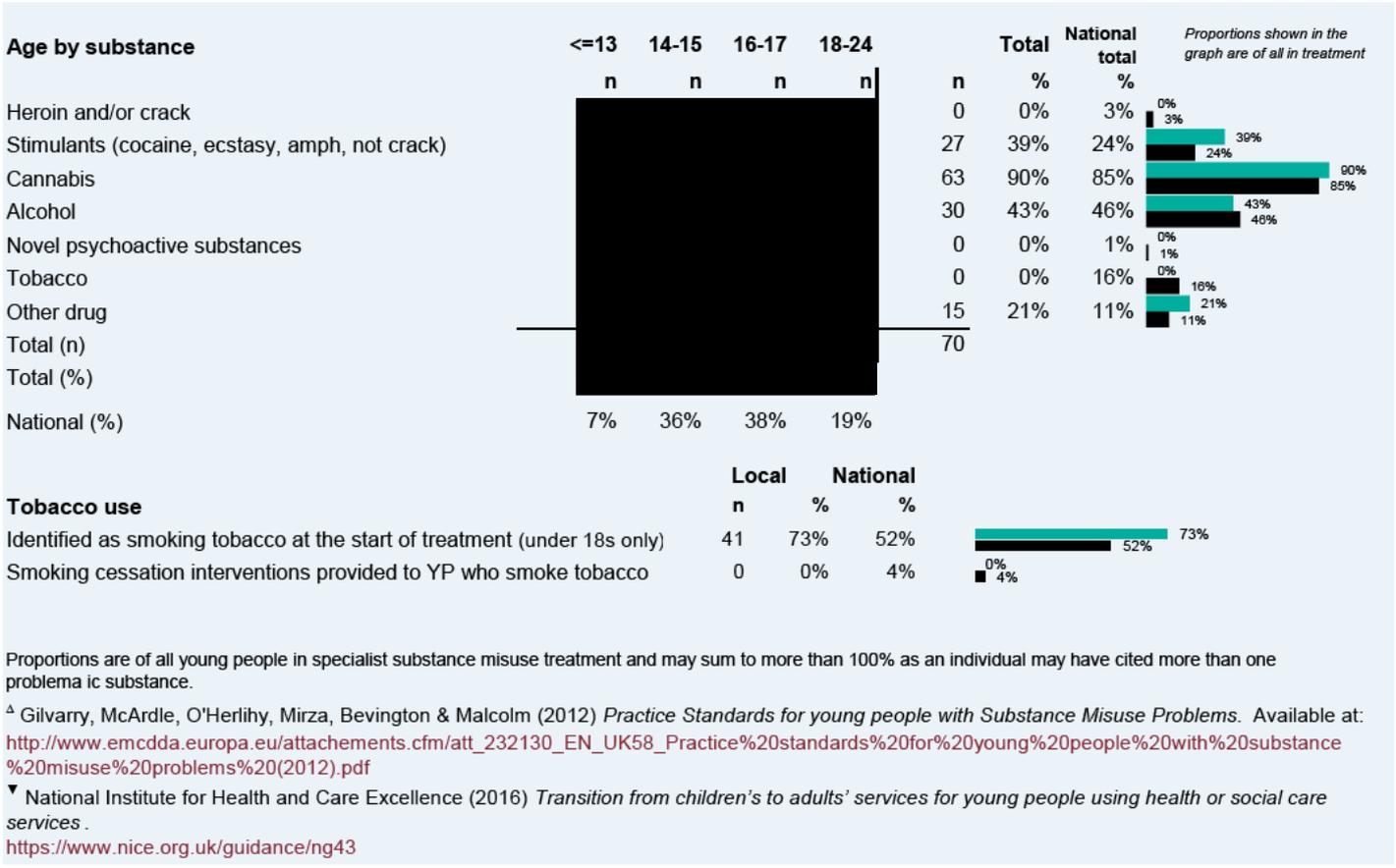
^o Public Health England (2017) *Child Sexual Exploitation: how Public Health can support Prevention and Intervention*. Available at: <https://www.gov.uk/government/publications/child-sexual-exploitation-prevention-and-intervention>

^o 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.

Specialist services must deliver age-appropriate interventions and promote the safeguarding and welfare of children and young people.^Δ Services should be based on developmental need rather than age. The needs of 18-24s are different to those of under-18s, as is the legislative framework. Every effort should be made to assess the risk of children and young people interacting with older service users. Clear transitional arrangements and joint care plans will ensure continuity of care.[▼]

Services should screen and record the smoking status of all service users, offer advice on effective methods to quit to all smokers (stop smoking medicines and behavioural support) and act on the individual's decision. To do this effectively recording systems, access to stop smoking aids and treatment pathways should be optimised.



Differences of young people by sex

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 sex 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 affected by 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.

	Females		Local Males		National Males	
	n	%	n	%	%	%
Total in treatment *		27%		73%	34%	66%
Affected by domestic abuse ◊		46%		23%	27%	17%
Identified as having a mental health treatment need ◊		54%		50%	42%	28%
Affected by sexual exploitation ◊		23%		4%	11%	1%
Involved in self-harm ◊		23%		12%	29%	11%
Not in education, employment or training ◊		46%		35%	12%	17%
Involved in offending/antisocial behaviour ◊		8%		65%	18%	37%
Citing alcohol as a problematic substance *		67%		27%	59%	38%
Citing cannabis as a problematic substance *		67%		100%	80%	92%
Aged 15 or under *		40%		29%	58%	51%

* Proportions are of all males / females in treatment, not new presentations
 ◊ Proportions are of all males / females new presentations
[♦] Public Health England (2017), *Child Sexual Exploitation: how Public Health can Support Prevention and Intervention*. Available at: <https://www.gov.uk/government/publications/child-sexual-exploitation-prevention-and-intervention>

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.

Length of time in services	Local		National	Proportions are of all young people receiving specialist substance misuse interventions
	n	%	%	
0 (zero) to 12 weeks	15	27%	44%	
13 to 26 weeks	22	39%	32%	
27 to 52 weeks	14	25%	18%	
Longer than 52 weeks	5	9%	7%	
Interventions	n	%	%	
Pharmacological only	0	0%	0%	
Psychosocial only*	56	100%	99%	
Pharmacological plus psychosocial*	0	0%	0%	
Other intervention combinations	0	0%	0%	
No named interventions	0	0%	1%	

* 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.

Drug misuse and dependence: UK guidelines on clinical management: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628634/clinical_guidelines_2017.pdf

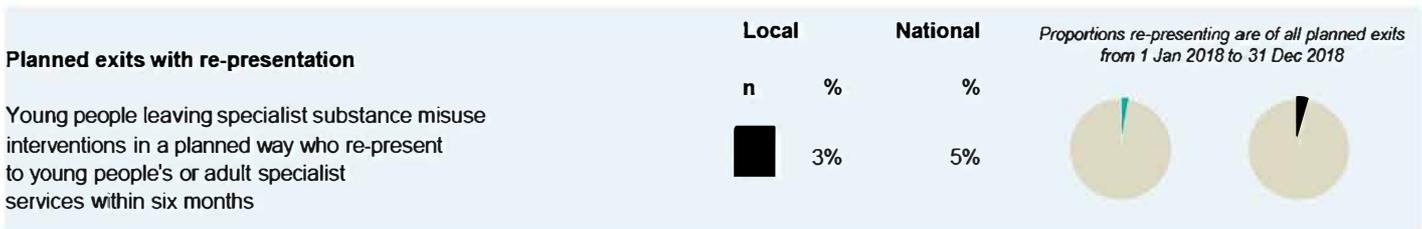
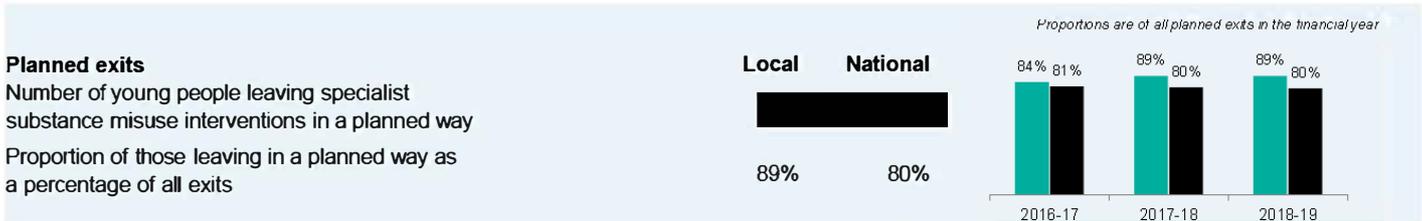
Planned exits

Local ● National ●

This section shows the number of young people who have left specialist interventions successfully and the proportion that return to treatment, commonly referred to as re-presentations.

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 2018 and 31 December 2018. It is included to help with monitoring the effectiveness of specialist interventions (a high re-presentations rate may suggest room for improvement).



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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 data support pack you must restrict all figures under 5 and any associated figures to prevent deductive disclosure. For further information please refer to the data disclosure control document entitled "How to apply disclosure control to restricted statistics from NDTMS" available on the NDTMS.Net Report Viewer.

<https://www.ndtms.net/ReportViewer>

For additional guidance please refer to the NHS Digital Anonymisation standard, ISB 1523 entitled "Anonymisation Standard for Publishing Health and Social Care Data".

<http://content.digital.nhs.uk/isce/publication/isb1523>