4.1.09 Childhood Drug and Alcohol Misuse

Introduction: why is this important?

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.

The emphasis within the young people's strand of the drug strategy (2010) is on protecting young people by preventing or delaying the onset of substance misuse as well as ensuring that specialist treatment interventions are available for those who need them.

Evidence suggests that specialist substance misuse treatment interventions contribute to improved health and wellbeing, better educational attendance and achievement, reduction in the numbers of young people not in education, employment or training and reduced risk taking behaviour, such as offending, smoking and unprotected sex.

While cannabis and alcohol are the most common substances that young people say they have a problem with when they present to specialist substance misuse services, some will present with class A drug problems (such as heroin and cocaine).

What do the facts and figures tell us?

Prevalence data for trends in alcohol and drug use among young people from the 'Smoking, drinking and drug use among young people in England' survey shows a whole population decrease in the prevalence of drug and alcohol use among school aged pupils aged 11-15 years of age. The survey also finds that young people who truant or have been excluded from school are much more likely to have experimented with substances including tobacco.

Despite the recent decline, the proportion of children in the UK drinking alcohol remains well above the European average. The UK continues to rank among the countries with the highest levels of consumption among those who drink, and British children are more likely to binge drink or get drunk compared to children in most other European countries.

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 long term. Specialist services quickly engage young people, 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.

Many young people receiving specialist treatment interventions for substance misuse have a range of vulnerabilities (**Table 1**). They are more likely to be not in education, employment or training (NEET), have contracted a sexually transmitted infection (STI), experiencing domestic violence, experiencing sexual exploitation, be in contact with the youth justice system, be receiving benefits by the time they are 18, and half as likely to be in full-time employment.

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

Table 1

Percentage of young people with each risk/vulnerability item	Local	National
Substance specific vulnerabilities		
Opiate and/or crack user	8%	2%
Alcohol User	6%	4%
Using two or more substances	29%	61%
Began using main problem substance under 15	98%	93%
Current or previous injector	2%	1%
Wider vulnerabilities		
Looked after child	15%	12%
Child in need	6%	6%
Affected by domestic abuse	35%	21%
Identified mental health problem	41%	18%
Involved in sexual exploitation	14%	5%
Involved in self harm	35%	17%
Not in education, employment or training (NEET)	17%	17%
NFA/unsettled housing	2%	2%
Involved in offending/antisocial behaviour	39%	32%
Pregnant and/or parent	1%	2%
Subject to a child protection plan	10%	7%
Affected by others' substance misuse	20%	21%

Table 2 shows the age of young people presenting to specialist treatment and **Table 3** shows the substances used. The age range of young people presenting to treatment is consistent with national presentations.

Following national trends, the majority of young people presenting to specialist treatment do so because of their Cannabis use. However, whilst nationally, over half (52%) of all young people presenting to treatment report alcohol use, only a quarter (25%) do so in Bradford. This may be because of the following reasons:

- Many young people may access support for alcohol use through universal or targeted services
- Over a third of (secondary school) aged children are recorded (2011 census) as Muslim (by religious category) and may therefore be less likely to consume alcohol

Table 2

Treatment Presentations by Age	<=13	14-15	16-17	18-24
Total (%)	4%	36%	47%	13%
National (%)	6%	35%	45%	14%

Table 3

Treatment Presentations by Substance	Total %	National %
Heroin and/or crack	14%	2%
Stimulants (cocaine,ecsty,amph, not crack)	13%	22%
Cannabis	78%	85%
Alcohol	25%	52%
Novel psychoactive substances	4%	5%
Tobacco	1%	11%
Other drug	4%	7%

Table 4 shows some areas where, nationally, the presenting needs of girls seem to differ from boys when in 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, and involvement in sexual exploitation.

Table 4

	Local		National	
	Females %	**Males %**	**Females %**	**Males %**
Total in Treatment	35%	65%	35%	65%
Affected by domestic abuse	37%	35%	26%	18%
Diagnosed mental health problem	49%	37%	22%	15%
Involved in sexual exploitation	31%	5%	12%	1%
Involved in self harm	51%	28%	33%	9%
Not in education, employment or training	11%	20%	13%	20%
Involved in offending/antisocial behaviour	34%	41%	20%	38%
Citing alcohol as a problematic substance	46%	14%	66%	44%
Citing cannabis as a problematic substance	69%	85%	77%	91%
Aged 15 or under	49%	44%	54%	44%

Table 5 shows that 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.

Table 5

Length of time in services	**Local %**	**National %**
0 (zero) to 12 weeks	45%	42%
13 to 26 weeks	35%	32%
27 to 52 weeks	13%	18%
Longer than 52 weeks	8%	8%
Interventions		
Pharmacological only	0%	0%
Psychosocial only	86%	98%
Pharmacological plus psychosocial	12%	1%
Other intervention combinations	0%	0%
No named interventions	2%	2%

Table 6 shows the number of young people who have left specialist interventions successfully and the proportion of those who 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 need to be rapidly be re-assessed to inform a new care plan that addresses all their problems.

Table 6

Planned exits	**Local %**	**National %**
Proportion of those leaving in a planned way as a percentage of all exits	74%	79%
Planned exits with re-presentation		
Young people leaving specialist treatment interventions in a planned way who re-present to young people's or adult specialist services within six months	5%	6%

What strategies, policies and best practice have been developed locally and nationally?

- Alcohol Strategy 2010
- Bradford Joint Health and Wellbeing Strategy: Good Health and Wellbeing: 2013-17
- Bradford Health Inequalities Action Plan 2013-17
- Children and Young People's Plan 2016-2018
- Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery
- Drug Strategy Annual Review 2015: A Balanced Approach

What challenges have been identified in a local context?

Drug and alcohol use is reducing nationally and locally and this is reflected in a reduction in the number of young people in specialist treatment. Despite this reduction, Bradford has a high number of young people presenting to treatment using heroin and/or crack, 14% compared with 2% nationally (**Table 3**).

These young people have specific vulnerabilities and require intensive support and assertive engagement. This means that specialist services in Bradford are more likely to have smaller caseloads to reflect the input and risks associated with this client group.

What do our stakeholders tell us?

Consultation with key stakeholders has identified the following:

- A noticeable number of young people accessing Young Peoples Substance Misuse (YPSM) provision are 18 years and over. Young people's services have worked with this client group as their workers have been better able to meet (older) young people's needs than adult workers
- There is a small but significant number of young people identified being involved in sexual exploitation, services work closely with the Police and Children's Social Care to support this cohort
- There is a small but increasing number of young people from newly settled communities, this client group is more likely to present with Class A drug use and a number of risk factors/vulnerabilities
- Young People in care and leaving care are of particular concern and services are in place to respond to this need
- Close attention must be paid to monitor any increase in the use of novel psychoactive substances (NPS) amongst young people

Young people's specialist treatment services have seen a particular gender difference in how young people use and experience NPS. While there are a wide range of drugs within this category, young males presenting with NPS use are typically using Spice with a significantly smaller number having tried Black Mamba. Young males often experience considerable negative physical and psychological affects in the short term as a result of using Spice, with a smaller but troubling number experiencing enduring psychological affects requiring integrated work. This is in direct contrast to young females with NPS experience, who are typically cannabis users who cite experimental single use with a reluctance to continue, stating that they do not enjoy the effects.

Recommendations: What do we need to do? How do we ensure this remains a priority?

- Information is needed on the drug and alcohol use patterns of new migrants specifically those from Eastern European countries and specific interventions developed
- More information is needed to understand why locally, young people are less likely to present to specialist for their alcohol use
- More information is needed to understand the specific needs of young females.
- Ensure that young people's substance misuse continues to be a priority within the Children and Young People's Plan and within Public Health
- Targeted vulnerable young people who are more likely to use alcohol and substances problematically to access to treatment services
- Review of Children and Young People's Substance Misuse services is underway in 2016

References

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