

Agenda item:

Overview and Scrutiny Committee on 17 March 2008

Report Title: Support to Pupils with Drug and/or Alcohol Problems	
Report of: Chair of Overview and Scrutiny Committee	
Wards(s) affected: ALL	
1. Purpose 1.1 To consider whether to commission a review into the support given to pupils with drug and/or alcohol problems	
2. Recommendations That the Committee consider whether to commission a review into pupils with drug and/ or alcohol problems and if so, to consider at this stage, if there are any specific areas they wish to be looked at.	
Contact Officer: Carolyn Banks Principal Scrutiny Support Officer, Tel 0208 489 2965	
3. Executive Summary 3.1 The attached paper sets out the position regarding the support given to pupils with drug or alcohol problems and In Paragraph 8 makes suggestions as to what the review could be concerned with.	
4. Reasons for any change in policy or for new policy development (if applicable) 4.1 N/A	
5. Local Government (Access to Information) Act 1985 5.1 The background papers relating to this report are : <ul style="list-style-type: none"> • Every Child Matters: Change for Children Young People and Drugs • Public Health Intervention Draft Guidance • Haringey Drug and Alcohol Services Directory • The 2005/6 Annual Report of Haringey Drugs Education Team Counselling and Vulnerable Young People's Worker • National statistics on smoking drinking and drug use among young people (2006) • BMJ paper on Improving school ethos may reduce substance misuse and teenage 	

pregnancy

- Young Persons Substance Misuse Commissioning Review - Haringey DAAT
- Drug Education in Schools _Ofsted
- The Government's updated government alcohol strategy – June 2007

These can be obtained from Carolyn Banks – Principal Scrutiny Support Officer on 020 8489 2965, 7th. Floor, River Park House, e-mail: carolyn.banks@haringey.gov.uk

6. Introduction

- 6.1 On 2 July 2007 the Overview and Scrutiny Committee asked for a one-off feasibility report on the practicability of undertaking a scrutiny review into the support given to pupils with drug and/or alcohol problems.
- 6.2 Although the term “drugs” refers to controlled drugs within the meaning of the Misuse of Drugs Act 1971, it is used in this paper to cover a wider range of substances including glue sniffing or the use, for example, of Khat. Prevention is an important part of any service so, although not specifically asked for this paper also covers prevention strategies.
- 6.3 Although this paper does not deal with young people who smoke, it must be stressed that in Haringey this is regarded as a key issue. The Children and Young People's Service and its partners are introducing a number of initiatives, mainly through the Teaching and Primary Care Trust, to train and support schools in providing education programmes. The Council's Schools Drug Advisor is also being trained as a Smoking Cessation Adviser so that they can pilot a smoking cessation service in schools. It is also anticipated that national developments; like the implementation of smoke-free legislation and raising to 18 the age at which young people can buy tobacco will also help to reduce the number of young people who smoke.

7. The importance of this issue

Drugs

- 7.1 Reducing young people's use of drugs is central to the government's drugs strategy and is part of the Every Child Matters programme.
- 7.2 The Home Office has worked with the former Department for Education and Skills and the Department of Health to produce a “cross-government” approach to the development of universal, targeted and specialist services to prevent drug harm and to ensure that all children and young people are able to reach their potential. Its main aims are;

- To prevent young people becoming tomorrow's drug users.
- To reduce the supply of illegal drugs.
- To increase the number of individuals accessing effective drug treatment.
- To reduce drug related crime.

7.3 The Government's main approach to substance misuse and young people: is:

1. To reform delivery and strengthen accountability. They propose to achieve this by closer links between the updated national drug strategy and Every Child Matters; Change for Children Programme.
2. Ensuring provision is built around the needs of vulnerable children and young people. This approach envisages more focus on prevention and early intervention of those most at risk through assessments; care planning and intervention by all agencies providing services for children, including schools (See the Haringey's model which is attached as Appendix A).
3. Building service and workforce capacity by developing a range of universal, targeted and specialist provision to meet local needs with workforce training to support this.

7.4 The Government's approach is being implemented nationally and, at local level, partners are expected to make significant progress in a number of selected high focus areas, such as deprived/high crime areas where drug misuse problems are prevalent.

Alcohol

7.5 The Government's 2004 Alcohol Harm Reduction Strategy did not set specific targets. It's objectives for young people are focussed on educating them towards making responsible choices about alcohol.

7.6 The updated strategy, however, identifies drinkers under the age of 18 as a particular group at risk. It also identifies the tension between the widely benign experience of alcohol and the damage caused by regular heavy drinking or binge drinking. Amongst young people excessive drinking was associated with a range of harms, including anti social behaviour, accidents, physical and mental health problems, youth offending, teenage pregnancy and poor school performance including exclusion.

7.7 Because unhealthy patterns of drinking during adolescence can accelerate the harmful effects of drinking in adulthood, the Royal College of Physicians has suggested that risk free drinking does not exist for this age group. Alcohol Concerns also recommends that the Government's Alcohol Harm Reduction Strategy should include the objective of stopping children aged under 15 from drinking any alcohol.

7.8 In so far as this Council is concerned, one of the priorities in the Council's Plan is to encourage lifetime well being at home, work, play and learning.

Clearly the central component for this is to reduce drug and alcohol misuse. The vision set out in Haringey's Children and Young People's Plan includes wanting children to have healthy lifestyles, enjoy sport and recreation and choosing not to take illegal drugs. The Plan also envisages that one of the major steps in 2007/8 will be to increase drug and alcohol abuse preventive work, especially for vulnerable groups.

8. The size of the problem

8.1 A 2006 Survey by the National Centre for Social Research and the National Foundation for Educational Research in 2006 showed the following encouraging trends;

- 35% of pupils reported that they had been offered drugs (42% in 2001)
- 24% of pupils said they had used drugs (29% in 2001)
- 17% said they taken drugs in the last year (20% in 2001)
- the proportion of pupils who have never drunk alcohol has risen from 39% in 2003 to 45% in 2006
- only 21% of pupils reported having drunk alcohol in the last seven days (26% in 2001).

8.2 A summary of the survey is attached as Appendix B. The most worrying figures are that;

- The proportion of pupils taking class A drugs remained at about 4%
- The Government estimated that 20,000 young people become adult problem drug users
- Over 50% of young offenders in custody reported Class A drug use in the past year.

8.3 The Home Office has developed a tool kit for estimating the prevalence of problematic drug use among young people deemed vulnerable. Using this formula which uses absence, truancy and permanent exclusion data the number of young pupil drug users in the borough is estimated as 176. It should be noted that this figure is calculated from the vulnerable groups only. It does not include other children and young people outside of this category who may well have a substance misuse problem. Local services provide specialist, targeted and universal services and are structured to encourage young people who need it, into treatment.

9. Local actions proposed by Government

1. All partner agencies including those in the voluntary community sector should be fully engaged in integrating planning and producing coherent local strategy and framework for services addressing drug misuse and alcohol issues.
2. The establishment of effective joint planning and commissioning of local drug and alcohol misuse services for children and young people. Haringey Drug and Alcohol Action Team has established a Young Persons Joint Commissioning Group – which is chaired by an Assistant Director of Children’s Service.
3. Local partners to consider transferring accountability for children and young people’s drug misuse services to Directors of Children Services

10. Addressing Young People’s Drug Misuse and Alcohol Issues

The way in which such issues can be addressed:

- 1. Education about the dangers** – Schools must provide Alcohol and Drugs Education as an integral part of both the National Science and Personal, Social and Health Education (PSHE) curricula in line with the former DfES guidance. This education must be tailored for different age groups and their learning needs and be in accordance with a written drug and alcohol policy which is developed in consultation with parents. This is further supported through the healthy schools assessment criteria.
- 2. Early Identification and Assessment of pupils with alcohol or drug problems** School teachers and nurses should identify and offer advice and support to such pupils. It is essential that all vulnerable pupils in key risk groups are assessed early for drug misuse problems. Particular at risk groups include children with problems, persistent truants and school excludees, looked after children and young people in contact with the criminal justice system.
- 3. Support to pupils with alcohol or drug problems** – Counselling, advice and support. Ideally a lead professional should be in charge of the care management of each pupil who need support in line with Every Child Matters but this does have resource implications.

11. The Position in Haringey

- 11.1 In Haringey the Drug and Alcohol Action Team has been responsible for commissioning specialist services for young people with substance misuse problems. The money was taken from the Adult Pooled Treatment Budget, From April 2008 commissioning responsibility will move to the Children and Young People’s Services – in that the post holder will be based in the Children’s Service but still retain a functional link to the Drug and Alcohol Action Team and its Partnership Board.
- 11.2 In recent years Haringey Drug and Alcohol Action Team and its partners have made considerable progress in providing services aimed at reducing drug

and alcohol abuse amongst its pupils. They are, however, continually looking at what needs to be done to make the service better and a recent mapping exercise into substance misuse identified the following areas where further work was necessary;

- In order to achieve a coordinated commissioning plan and service delivery structure for the Borough some far reaching changes were necessary. Whilst there were many good examples of good practice interventions being delivered across the Borough these tended to be delivered in isolation rather than through joint working.
- There were still different approaches to screening and assessing young people's substance misuse needs across the different services although work is being undertaken to implement a standard approach across all children's and young people's services.
- Under 19s referred to specialist services should follow the Children and Young People's Service's single route for referral through the Common Assessment Framework, following which they will be assessed using the DUST screening process, followed by appropriate intervention or onward referral to specialist provision.
- There was a lack of knowledge of what services, diversionary activities and targeted interventions were available There was inconsistent knowledge about substance misuse issues and the affects on young people and their families There was no clear referral or integrated care pathways for young people who were identified as having drug or alcohol problems.
- Levels of understanding about confidentiality were inconsistent and information shared between agencies could be improved.
- Baseline screening and referral data could be improved.
- Young people should be more involved in service development.
- The mapping report also noted a number of gaps that prevented "a coherent pathway of seamless support to young people from point of identification of substance misuse issues to appropriate through care and aftercare". This Mapping Exercise was then further built on by an extensive review of the Drug and Alcohol Action Team's commissioned substance misuse services – which resulted in the re-tendering of services so that they now more closely meet government guidelines and target the most vulnerable group.
- Similar comments could also be made about preventing alcohol abuse.

12. Who could be Involved in the review

The Home Office, Department for Children, Schools and Families, Haringey's Children and Family Services, NHS, local schools, Police, Probation Service, Haringey Drug and Alcohol Action Team, Young Person's Substance Mis-use Co-ordinator, Youth Offending Team, and Charities such as the NSPCC, Parents Centre, Adfam, In-Volve, HAGA (Haringey Advisory Group on Alcohol) and COSMIC.

13. Conclusions

- 13.1 One reason for undertaking this review is that it would complement the recent scrutiny work on school exclusions, although as the data reported to that review panel showed, there were few exclusions where drugs and alcohol mis-use were cited as the reason for the exclusion.
- 13.2 If the Committee wish to look further into this issue it is suggested that they first instruct the officers to submit a full report on the action being taken in Haringey to combat drug and alcohol misuse by young people. This will enable an informed decision to be taken about a possible review. The Drug and Alcohol Action Team Commissioning Review, 2006 and their Young Person's Needs Assessment and Treatment Plan 2008 can also be a useful starting point for such a review.
- 13.3 If such a review were to be undertaken it is strongly recommended that Haringey's Youth Council should be invited to participate in it. One way of doing this would be if its Chair and possibly one other member of the Youth Council were co-opted onto the scrutiny panel.
- Any review should concentrate on those areas where members could assist in the continual progress made by the Council and its partners towards providing excellent services.
- 13.5 Any review would need to be carefully focussed but Members could consider looking at some of the following issues;
- How to improve the ethos of the school and promote social inclusion – Recent research has indicated that improving school ethos may reduce substance misuse etc. The argument that positive ethos can effect health is supported by high quality, randomised trials in the USA and Australia. In the USA boys (but not girls) in the intervention schools responded to the new school ethos, with a 34% reduction in a combined measure of alcohol, tobacco and cannabis use. In Australia a trial in 26 schools found that, over time, students were less likely to report smoking, drinking and alcohol use in the intervention schools as against comparison schools.

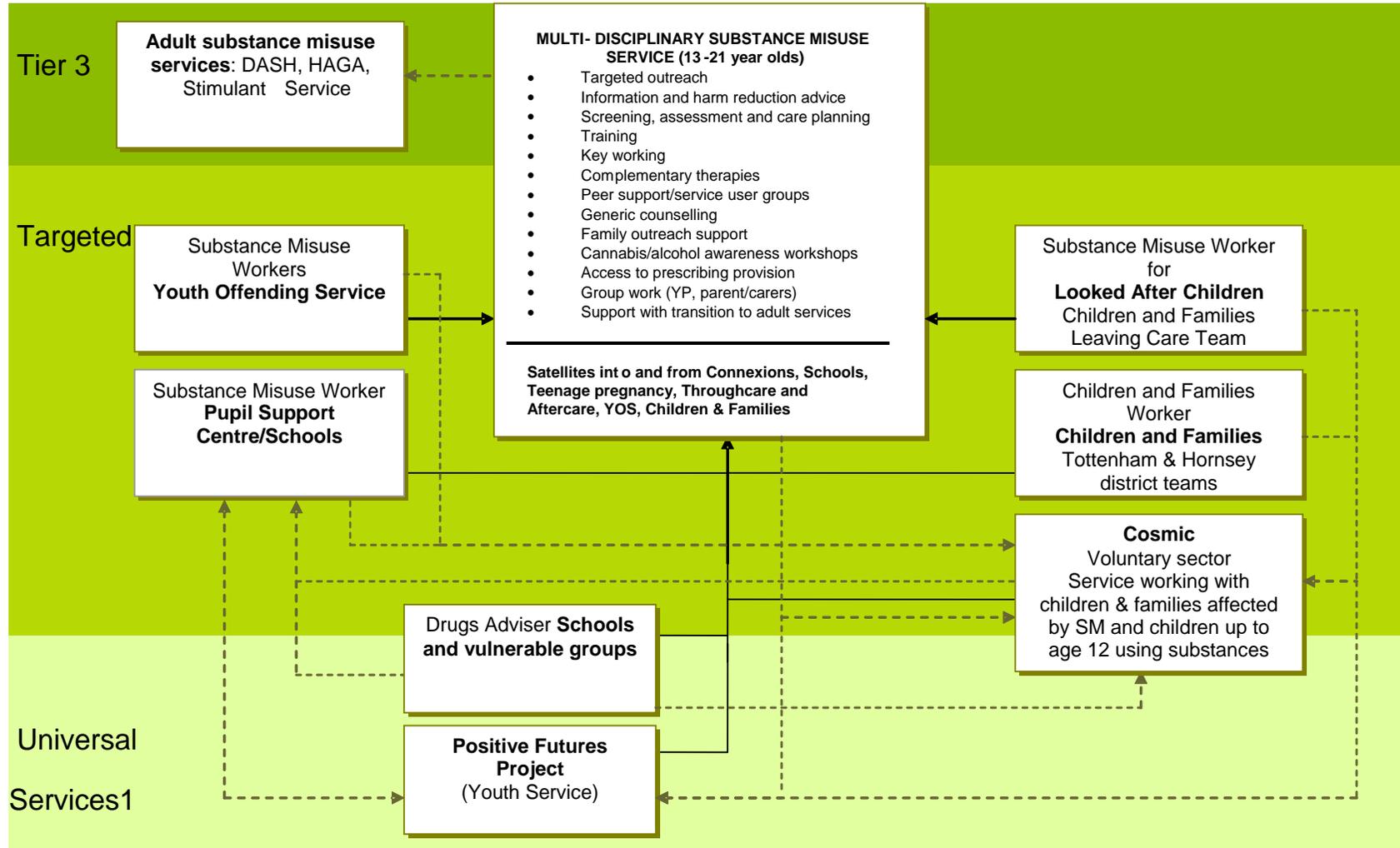
Interventions that took place to improve the school ethos included:

- Teacher training to encourage teachers to integrate teaching of social skills (anger management, negotiation, stress management etc) into the mainstream curriculum
- Improving student/ teacher and teacher/parent communications
- Developing, in conjunction with parents and pupils, effective policies and procedures for dealing with bullying.
- Encouraging all pupils self-esteem and their participation in the life of the school

Much of this work is already done in many Haringey schools but it might be possible to build on it. Efforts in this area will also be in accordance with a recent recommendation of the Government Advisory Council on the Misuse of Drugs that there should be a reassessment of the role of schools in preventing drug misuse.

- The impact on children and young people living in households where drugs and/or alcohol misuse are present in the adults of the household.
- Making greater use of youth service to help and assist vulnerable young people
- The progress in developing partnerships between schools, local authorities, Primary Care Trusts, parents and children's services with integrated information systems to help track interventions with individual pupils.
- How early are children assessed as being at risk as a result of drug or alcohol misuse problems? This is important because support can only come once the pupil has been identified and assessed.
- The involvement of specialist at early planning stage,
- The care management in place to cope with those who need support.
- The clear processes which the local authority and its partners have for tackling these issues and providing specialist treatment where that is required.
- The way in which young people are involved in service developments.

.Appendix A -Haringey Treatment



Key:
 ----> referral routes
 ———> referral routes to the tier 3 multi-disciplinary service

Smoking, drinking and drug use among young people in England in 2006

Summary of main findings

Edited by Elizabeth Fuller

A survey carried out for The Information Centre for
health and social care by the
National Centre for Social Research and the
National Foundation for Educational Research

Smoking, drinking and drug use among young people in England in 2006

This is a summary of the main findings from the latest in a series of surveys designed to monitor smoking, drinking and drug use among secondary school pupils aged 11 to 15. The National Centre for Social Research (NatCen) and the National Foundation for Educational Research (NFER) carried out the survey on behalf of The Information Centre for health and social care (IC). Information was obtained from 8,200 pupils in 288 schools throughout England in the autumn term of 2006.

A full report, including detailed survey findings and a description of the survey background and the methodology, is available at <http://www.ic.nhs.uk/pubs/sdd06fullreport>

Smoking

Two fifths (39%) of pupils have tried smoking at least once. The proportion of pupils who have never smoked increased from 47% in 1982 to 61% in 2004 and has remained at a similar level since.

In 2006, 9% of pupils smoked regularly (at least once a week). This has remained at the same level since 2003, and is equivalent to the current target to reduce the prevalence of regular smoking among 11 to 15 year olds to 9% by 2010 (set in the 1998 White Paper, *Smoking Kills*). Girls are more likely to smoke regularly than boys, and older pupils more likely than younger ones. One fifth (20%) of 15 year olds said they smoked at least once a week, compared with only 1% of 11 year olds. Compared with white pupils, black pupils and those of mixed ethnicity were less likely to smoke regularly.

Certain patterns of behaviour were associated with regular smoking. Pupils who had drunk alcohol recently were more likely to be regular smokers than those who had not; regular smoking was also more likely among pupils who had taken drugs compared with those who had not. Pupils who had truanted from school or had been excluded at some time in their lives were also more likely to be regular smokers than pupils who had never truanted or been excluded.

Families were an important influence on pupils' smoking. Those who lived with other smokers were more than twice as likely to smoke regularly, compared with those living in non-smoking households. The proportion of pupils who smoked regularly also increased with the number of other smokers at home. A quarter (25%) of pupils who lived with three or more other smokers were regular smokers themselves, compared with 4% of pupils who lived in a non-smoking household. Although most pupils said their families would disapprove of their smoking, pupils who smoked were more likely to think their families would take a lenient view of their smoking than pupils who did not smoke.

The pupils covered by this survey are all below the minimum legal age for buying cigarettes, currently 16 years old. Nevertheless, about two thirds (65%) of pupils who smoked identified shops as one of their usual sources of cigarettes. There is evidence to suggest that pupils are finding it increasingly difficult to buy cigarettes from shops. The proportion of pupils who had tried (17% in 2006) has fallen since the early 1990s, and pupils who do try to buy cigarettes from shops are increasingly likely to be refused. In 2006, 53% of pupils who had tried to buy cigarettes from a shop reported being refused at least once in the last year,

compared with 29% in 1993. However, it is still the case that pupils who tried to buy cigarettes from shops were more likely than not to be successful; less than a quarter (22%) of those who had tried said they had been refused on the most recent occasion.

A high proportion of pupils who smoke regularly see themselves as dependent on the habit. 69% said they would find it hard not to smoke for a week, and 77% said they would find it hard to give up altogether. Around two in five regular smokers (43%) said they would like to give up.

The report also includes findings on pupils' patterns of cigarette consumption, beliefs and attitudes, and school policies concerning adults and children smoking at school.

Drinking alcohol

More than half of pupils aged between 11 and 15 have had at least one alcoholic drink in their lifetimes. This increases with age from 21% of 11 year olds to 82% of 15 year olds. However, the proportion of pupils who have never drunk alcohol has risen in recent years, from 39% in 2003 to 45% in 2006.

About one in five (21%) of pupils reported having drunk alcohol in the last seven days. Boys and girls were equally likely to have drunk alcohol in the last seven days, and the proportion who had done so increased with age from 3% of 11 year olds to 41% of 15 year olds. White pupils were more likely to have drunk alcohol recently than those from minority ethnic groups.

The proportion of pupils who drank in the last seven days has fallen from 26% in 2001. During this period, average consumption among pupils who did drink has remained at broadly similar levels. Among pupils who drank alcohol in the last seven days, boys drank more than girls, an average of 12.3 units a week for boys, 10.5 for girls. The pupils who drank alcohol in the last seven days drank on an average of 1.8 days in the week; about half (49%) of them consumed an average of more than four units on the days they did drink; 22% consumed three or four units; and 28% consumed an average of two units or less.

The patterns of behaviour associated with having recently drunk alcohol (in the last seven days) were not unlike those related to regular smoking. Pupils who smoked regularly were more likely than those who had not to have drunk alcohol recently. Similarly, pupils who had taken drugs were more likely to have drunk alcohol recently than those who had not. Pupils who had ever truanted from school were more likely to have drunk alcohol in the last seven days. However, pupils who had been excluded from school were no more likely to have drunk alcohol than those who had not been excluded.

Pupils are more likely to be given alcohol than to buy it, most commonly by family or friends. However, about half of pupils who said they currently drank also bought alcohol, despite it being illegal to sell alcohol to anyone under the age of 18. They were most likely to buy alcohol from friends or relatives (20% of current drinkers) or off-licences (18%). Relatively few pupils who drank alcohol bought it from shops or supermarkets (13%) or pubs and bars (7%).

As pupils grow older, the context in which they drink changes. Eleven year olds who drank alcohol were most likely to drink with their parents (55%) or other family members (29%), and most likely to drink at home (62%). By the age of 15, pupils who drank were most likely to drink with friends of both sexes (66%). They were less likely than younger pupils to drink at home (34% of 15 year olds who drank) and more likely to drink in other locations; 40% drank at parties with friends, 37% outside (on the street, in a park or somewhere else), and 35% in someone else's home. Relatively few pupils of any age who drank (9%) reported that they did so in pubs or bars.

On balance, families were more likely to steer pupils towards sensible drinking than to discourage them from drinking altogether. Around half of pupils (53%) said their families didn't mind them drinking, as long as they didn't drink too much. 45% of pupils said their families didn't like them drinking. (Additionally, a small minority said their families let them

drink as much as they liked.) Attitudes changed as pupils grew older; among 11 year olds, 67% said their families didn't like them drinking, compared with 32% whose families didn't mind them drinking within limits. By the age of 15, 71% of pupils thought their families didn't mind them drinking sensibly, and the proportion who said their families didn't like them drinking declined to 26%. Pupils' own behaviour tended to conform with their families' views. 75% of pupils who had never drunk alcohol said their families wouldn't like them to drink. In contrast, 80% of those who had drunk alcohol in the last week said their families didn't mind them drinking, as long as they didn't drink too much.

A fifth (20%) of pupils said they had been drunk in the last four weeks, although their definitions of drunkenness are likely to include a range of states from mild tipsiness to full-scale incapacity. Older pupils were more likely to report having been drunk; 37% of 15 year old boys and 47% of 15 year old girls had been drunk at least once in the last four weeks, compared with 5% of 11 year old boys and 4% of 11 year old girls. Some pupils actively try to get drunk; among those who had drunk alcohol in the last four weeks, about a third (35%) had deliberately tried to get drunk.

The report also includes findings on pupils' patterns of drinking, attitudes and beliefs, and school policies concerning alcohol.

Drug use

In 2006, 35% of pupils reported that they had ever been offered drugs, a decrease from 42% in 2001.

The prevalence of drug use had also declined since 2001. In 2006, 24% of pupils said they had ever used drugs, and 17% had taken any drugs in the last year. In 2001, the corresponding proportions were 29% and 20%. Pupils were most likely to have taken cannabis in the last year (10%, an overall decrease from 13% in 2001). 5% of pupils had sniffed glue or other volatile substances in the last year and 4% had taken poppers. Other drugs had been taken by less than 2% of pupils in the last year. The proportion of pupils who had taken any Class A drugs in the last year has stayed at around 4% since 2001.

The proportions of pupils who had taken drugs increased with age. Although boys and girls were equally likely to have taken drugs in the last year, boys (10%) were more likely than girls (8%) to have taken drugs recently (in the last month). Black pupils and those of mixed ethnicity were more likely than white pupils to have taken drugs recently.

Recent drug use was associated with regular smoking and recent drinking. Pupils who had been excluded also had an increased risk of recent drug use compared with pupils who had not, and the same was true of pupils who had truanted from school compared with those who had not.

The proportions of pupils who took drugs at least once a month (4%) was lower than in recent years. Older pupils were more likely to say that they usually took drugs at least once a month; 8% of 15 year olds said this, compared with 1% of 11-12 year olds.

The report also presents findings about pupils' awareness of individual drugs, patterns of use, drug use among vulnerable pupils, attitudes and beliefs, and school policies on drug use.

Smoking, drinking and drug use

These findings show a consistent pattern of differences between the prevalence of smoking, drinking and drug use; drinking alcohol is the most prevalent of the three and is also seen as more acceptable for pupils in this age group by parents and pupils themselves.

Pupils are more likely to have ever drunk alcohol (55%), than to have smoked (39%) or tried drugs (24%). By the age of 15, 89% of pupils will have done at least one of these things.

Less than half of pupils who tried each of these had done them recently; 21% of pupils had drunk alcohol in the last week, 12% had smoked in the last week and 9% had taken drugs in the last month.

While more than half of pupils felt that their parents would take a tolerant attitude towards their drinking (55%, although in most cases only as long as pupils didn't drink too much), just 2% thought their parents would tolerate their smoking. (Parental attitudes to drug use were not asked about in 2006.) Similarly, when asked about what was OK for someone of their age, 56% thought drinking alcohol was OK to try once and 36% thought it OK for someone of their age to drink alcohol once a week. Smoking was less acceptable; 37% thought it OK for someone of their age to try smoking once, and 18% thought it was OK to smoke once a week. Different types of drug use were asked about separately. Cannabis was considered the most acceptable, but even so, just 9% thought it OK for someone of their age to try cannabis once and 5% OK to take once a week.

The proportions of pupils who smoke, drink alcohol or take drugs each increase with age. There are no consistent patterns of behaviour according to sex or ethnicity. If a pupil smokes, drinks alcohol or takes drugs, he or she is more likely to do one of the other two as well. Pupils who have truanted from school at any time are more likely to smoke regularly, and to have drunk alcohol or taken drugs recently. Regular smoking and drug use are also more prevalent among pupils who have been excluded from school, compared with those who have not.

The report also includes findings about sources of helpful information about smoking, drinking and drug use, and a comparison of schools' policies.

About the National Centre for Social Research

The National Centre for Social Research (NatCen) is an independent institute specialising in social survey and qualitative research for the development of public policy. Research is in areas such as health, housing, employment, crime, education and political and social attitudes. Projects include ad hoc, continuous and longitudinal surveys, using face to face, telephone and postal methods; many use advanced applications of computer assisted interviewing. NatCen has approximately 300 staff and a national panel of over 1,200 interviewers complemented by 200 nurses who work on health-related surveys.



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