



Public Health
England

Protecting and improving the nation's health

Young people's substance misuse data: JSNA support pack

Key data for planning effective young
people's substance misuse interventions
in 2015-16

(using latest available data)

ABOUT THIS JSNA SUPPORT PACK

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

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

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

Evidence suggests that specialist substance misuse interventions contribute to improved health and wellbeing, better educational attendance and achievement, reductions in the numbers of young people not in education, employment or training and reduced risk taking behaviour, such as offending, smoking and unprotected sex. The data in this pack provides a comprehensive overview of these specialist interventions.

A key national resource is the Child and Maternal Health Observatory website (ChiMat) which provides information and intelligence about the health of young people at local authority level. This includes both a substance use and a youth justice hub. The latter supports the effective commissioning and delivery of services for young people and their families, whose behaviour puts them in contact, or at risk of contact with the youth justice system. A significant proportion of the young people known to youth justice disclose concerns relating to substance use and misuse.

www.chimat.org.uk

VALUE FOR MONEY

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

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

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

Your local needs assessment 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 found at:

[Smoking, drinking and drug use 2013 \(hscic.gov.uk\)](http://hscic.gov.uk)

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

NUMBERS IN SERVICES

These figures reflect the number of young people in specialist substance misuse services in your area during 2011-12, 2012-13 and 2013-14; the number of young adults in young people only specialist services; and the number of young people who have received specialist treatment within a secure setting.

Reporting into NDTMS by the providers of specialist substance misuse interventions in the secure estate began in young offender institutions (YOIs) in 2012-13 and was then rolled out to secure training centres (STCs) and secure children's homes (SCHs) from April 2013. This is therefore the first time that data demonstrating demand for specialist treatment across the entire young people's secure estate has been made available.

2013-14

Local National

Number of young people (aged under 18) in specialist services in the community
 Number of young adults (aged 18-24) in 'young people only' specialist services in the community
 Number of young people (aged under 18) in specialist services within the secure estate

CONTINUITY OF CARE

The data below shows the number and proportion of young people known to substance misuse services within the secure estate who have been released back into this partnership and referred directly from the secure estate to community based specialist treatment. It also shows the number of these who started an intervention or were assessed at a specialist service in the community within three weeks of their release from the secure estate.

With the reduced use of custodial disposals for under-18s, the total number of children and young people detained in secure settings is low but those who are placed in these establishments often have complex health needs including substance misuse. The data below indicates how routinely the young people's substance misuse service in your partnership area is able to identify and engage with young people on their release from a secure environment back into the community.

Local National

Number of young people referred to treatment in this partnership on release from the secure estate
 Number of young people picked up by a community service within three weeks of release
 Proportion of young people picked up by a community service within three weeks of release

REFERRAL SOURCES

Local National

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

Referral sources	Local		National	<i>Proportions are of all treatment episode referrals</i>
	n	%	%	
Youth justice (incl the Secure Estate)				
Education services				
Self, family and friends				
Children and family services				
Other substance misuse services				
Health and mental health services (excl A&E)				
A & E				
Other				

Many young people receiving specialist interventions for substance misuse have a range of vulnerabilities. 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 and support at the earliest opportunity. Specialist services should be provided to those whose use has escalated and 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 after 1 Nov 2013
	n	%	%	
Substance specific vulnerabilities				
Opiate and/or crack user				
Alcohol users*				
Using two or more substances**				
Began using main problem substance** under 15				
Current or previous injector				
Wider vulnerabilities				
Looked after child				
Child in need				
Affected by domestic abuse				
Identified mental health problem				
Involved in sexual exploitation				
Involved in self harm				
Not in education, employment or training (NEET)				
NFA/unsettled housing				
Involved in offending				
Pregnant and/or parent				
Subject to a child protection plan				
Affected by others' substance misuse				
*There are no safe drinking levels for under 15s and young people aged 16-17 should drink infrequently on no more than one day a week (CMO, 2009). This measure captures young people drinking on an almost daily basis (27-28 days of the month) and those drinking above eight units per day (males) or six units per day (females), on 13 or more days a month.				
**substances for young people includes alcohol.				
NOTE: owing to a change to the dataset, we are only able to report on the above for those entering services after 1 November 2013 when the new dataset came into effect.				

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

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

Age by substance	<=13	14-15	16-17	18-24	Total		National total
	n	n	n	n	n	%	%
Heroin and/or crack							
Stimulants (cocaine, ecsty, amph. Not crack)							
Cannabis							
Alcohol							
Novel psychoactive substances							
Tobacco							
Other drug							
Total (n)							
Total (%)							
National (%)							

GENDER DIFFERENCES

Local National

This section 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, being affected by domestic violence, and involvement in sexual exploitation.

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

	Local				National		<i>Proportions shown in the graph are of all females in treatment</i>
	Females		Males		Females	Males	
	n	%	n	%	%	%	
Total in treatment*							
Affected by domestic abuse†							
Diagnosed mental health problem†							
Involved in sexual exploitation†							
Involved in self harm†							
Not in education, employment or training†							
Involved in offending/antisocial behaviour†							
Citing alcohol as a problematic substance							
Citing cannabis as a problematic substance							
Aged 15 or under							

† Due to a dataset change, items marked with a '†' are out of all male/female young people in treatment since 1 November 2013

* Proportions are of all males/females in treatment

INTERVENTIONS DELIVERED AND LENGTH OF TIME IN SERVICES

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 personalised package of care. If a pharmacological intervention is required, it should always be delivered alongside appropriate psychosocial support.

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

	Local		National	<i>Proportions are of all young people receiving specialist substance misuse interventions</i>
	n	%	%	
Length of time				
0 (zero) to 12 weeks				
13 to 26 weeks				
27 to 52 weeks				
Longer than 52 weeks				
Interventions	n	%	%	
Pharmacological only				
Psychosocial only*				
Pharmacological plus psychosocial*				
Other intervention combinations				
No named interventions				

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

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

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

The re-presentation information is based on 2013-14 activity data. It is included to help with monitoring the effectiveness of specialist interventions (a high re-presentations rate may suggest room for improvement).

Planned exits	Local	National
Number of young people leaving specialist substance misuse interventions in a planned way		
Proportion of those leaving in a planned way as a percentage of all exits		

Planned exits with re-presentation	Local		National	<i>Proportions are of all planned exits from 1 Jan 2013 to 31 Dec 2013</i>
	n	%	%	
Young people leaving specialist substance misuse interventions in a planned way who re-present to young people's or adult specialist services within six months				

RESTRICTED STATISTICS

You are reminded that the data provided in this document are official statistics to which you have privileged access in advance of release. Such access is carefully controlled and is provided for management, quality assurance, and briefing purposes only. Release into the public domain or any public comment on these statistics prior to official publication planned for 8 January 2015 would undermine the integrity of official statistics. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including descriptions such as "favourable" or "unfavourable". If in doubt, you should consult Jonathan Knight via EvidenceApplicationTeam@phe.gov.uk, who can advise. Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others who have not been given prior access and use it only for the purposes for which it has been provided. If you intend to publish figures from the JSNA after the annual report has been released you must restrict all figures under 5 and any associated figures to prevent deductive disclosure.

The restricted status of this data will be lifted after the release of the Young People's Annual Report on 8 January 2015.