

# Alcohol and Substance Misuse: Children and Young People

## Tower Hamlets Joint Strategic Needs Assessment 2010-2011

### Executive Summary

Drug misuse is when a person regularly takes one or more substances to change their mood, emotion or state of consciousness<sup>1</sup>. Studies have established that increased risk of substance misuse in young people is found alongside high levels of crime, deprivation or substance misuse in the wider population<sup>2</sup>.

In Tower Hamlets the number of young people in treatment for alcohol and drugs has fallen since 2007. In 2006/07 there were 157 young people were in treatment, in 2009/10 there were 109 young people in treatment during the same period (a reduction of 44%). Tower Hamlets has a high rate of alcohol specific admissions compared to the rest of London and is above the regional average of 39.3 per 100,000 at 49.1 per 100,000.

There are a series of national guidance on effective interventions both for those at risk of substance misuse and those who already are misusing, including pharmacological management and school based interventions. Locally we have a Tower Hamlets Substance Misuse Plan for Children and Young People; this is currently being updated, as is the Needs Assessment. We also have a Hidden Harm strategy in place.

### Recommendations

*These recommendations are taken from the Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12:*

- Evaluation of current threshold criteria for specialist substance misuse services, with an aim to produce a standardised threshold policy for Tower Hamlets.
- Further consideration of family based interventions as currently there are limited interventions locally and there is an evidence base for success.
- Evidence would suggest that Tower Hamlets could benefit from early intervention work targeted at younger children aged 11 and 12 years.
- Explore the escalation of 'Class A Other' substances (specifically cocaine) in Tower Hamlets.
- Implement and monitor equality data, explore the future impact of a demographic shift in Tower Hamlets.
- Improve data share protocols amongst drug service providers to improve the quality of our local understanding.
- Further analysis of the needs of Looked After Children (LAC) and relating substance misuse issues.
- Further work on 'outcome based accountability'. Are drug services making a difference in Tower Hamlets and how can we effectively measure this?

<sup>1</sup> NHS Choices <http://www.nhs.uk/conditions/drug-misuse/pages/introduction.aspx>

<sup>2</sup> Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12

## 1. What is alcohol and substance misuse?

Drug misuse is when a person regularly takes one or more substances to change their mood, emotion or state of consciousness<sup>3</sup>. It is also about the effect the substance creates on health and social functioning which can range from non-problematic to dependent. For some people, the amount of alcohol they drink means that they face a real risk of developing alcohol-related problems. These problems may be physical, psychological (e.g. depression) or social (e.g. domestic abuse). Drinking levels of alcohol that can cause these types of problems is known as alcohol misuse<sup>4</sup>.

For Children and Young People (CYP) there are a number of risk factors which could contribute to a likely increase in abusing drugs and alcohol. Studies have established that increased risk of substance misuse is found alongside high levels of crime, deprivation or substance misuse in the wider population<sup>5</sup>. Particular risks associated with pregnancy, motherhood and parenting have been emphasised<sup>6</sup>.

Pupils who have been excluded from school report a significantly higher incidence of illegal drug use, underage drinking and smoking than their non-excluded counterparts. Children who are Looked After also form part of a higher 'at risk' population group<sup>7</sup>. According to the UK Drug Policy Commission (2010), a number of factors may increase drug use among disabled young people and adults. Young people with a disability may find it difficult to participate in school culture or have communication issues leading to drug use to deal with distress, frustration, isolation, exclusion and bullying<sup>8</sup>.

## 2. What is the local picture?

The improper consumption of alcohol by young people not only impacts on young people, but also their families and the wider community.

### **Profiling those in treatment for alcohol and substance misuse**

<sup>3</sup> NHS Choices <http://www.nhs.uk/conditions/drug-misuse/pages/introduction.aspx>

<sup>4</sup> NHS Choices <http://www.nhs.uk/conditions/alcohol-misuse/Pages/Introduction.aspx>

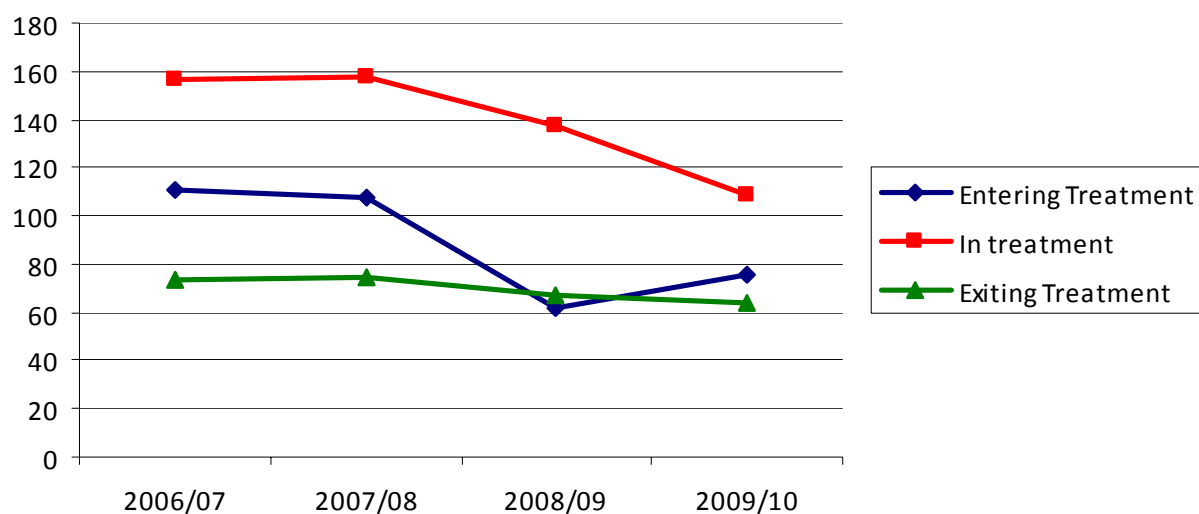
<sup>5</sup> Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12

<sup>6</sup> Looking beyond risk parental substance misuse, 2006 <http://www.scotland.gov.uk/Resource/Doc/135124/0033445.pdf>

<sup>7</sup> Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12

<sup>8</sup> [http://www.ukdpc.org.uk/resources/disabled\\_policy\\_briefing.pdf](http://www.ukdpc.org.uk/resources/disabled_policy_briefing.pdf)

Service Provision: NDTMS data



Source: Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12

The graph above uses data from the NDTMS<sup>9</sup> needs analysis tool to illustrate the number of young people accessing treatment in Tower Hamlets and the trend over time<sup>10</sup>. The data shows that we have seen a decrease from 111 young people entering treatment in 2006 to 76 in 2009, a reduction of 46.1%.

The number of young people in treatment has also fallen since 2007. In 2006/07 there were 157 young people in treatment, in 2009/10 there were 109 young people in treatment (a reduction of 44%). The number of children exiting treatment, however, has shown little significant change, with 74 young people in treatment in 2006 and 64 young people within the previous financial year<sup>11</sup>. Reflecting the national trend, this suggests that demand is

<sup>9</sup> National Drug Treatment Monitoring System

<sup>10</sup> The current data tools provided by the NTA only provides a detailed breakdown of data from 2009/10, this provides contextual information on the young people accessing treatment, i.e ethnicity or problem drug type.

<sup>11</sup> Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12

<sup>12</sup> National Treatment Agency for Substance Misuse (2010) *Substance Misuse Among Young People: the data for 2009-10*. [http://www.nta.nhs.uk/uploads/nta\\_substance\\_misuse\\_among\\_y\\_p\\_0910.pdf](http://www.nta.nhs.uk/uploads/nta_substance_misuse_among_y_p_0910.pdf)

<sup>13</sup> North West Public Health Observatory

<sup>14</sup> Incidents of self harm and accidental ingestion could not be separated from the data and are included in the figures. It is believed that the alcohol related data is more robust as the drug overdose figures will also include some incidents of self harm using prescription medication and accidental ingestion in the very young (i.e. the under 5's).

<sup>15</sup> London Analysts Support Site

<sup>16</sup> Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12

<sup>17</sup> Home Office (2003) *Substance use by young offenders: the impact of the normalisation of drug use in the early years of the 21st century* <http://www.yjb.gov.uk/en-gb/practitioners/Health/Substancemisuse>

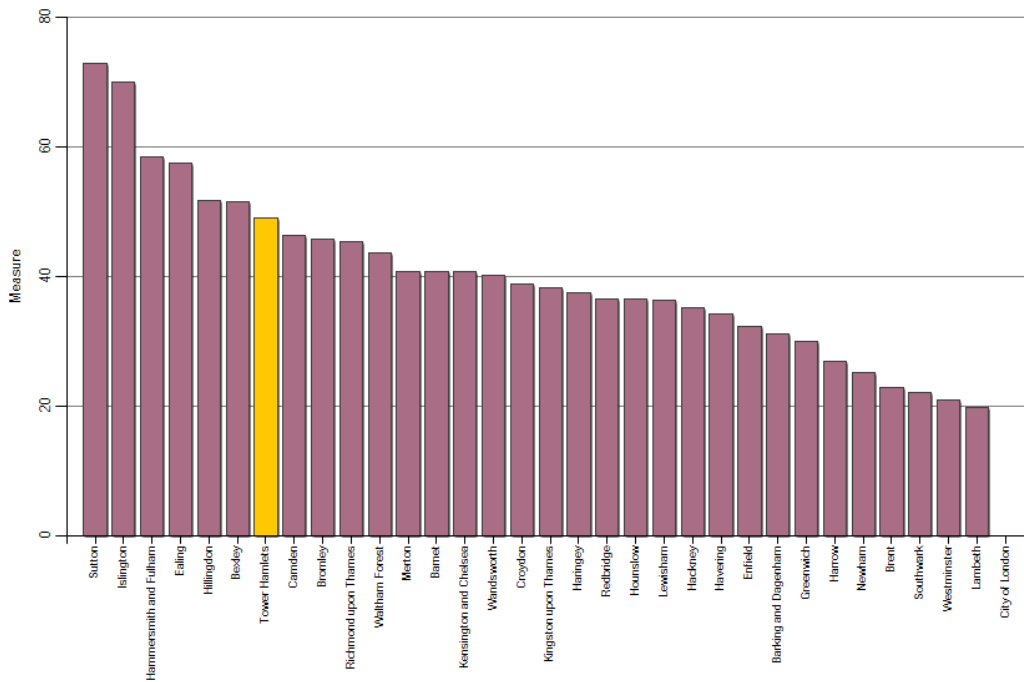
<sup>18</sup> Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12

<sup>19</sup> Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12

<sup>20</sup> Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12

stabilising following the sharp rise in the number of young people coming into substance misuse services between 2005 and 2008. The evidence continues to show, overall, that drug and alcohol use among young people is falling; however, the increased availability of services in recent years ensures young people who need help are getting it<sup>12</sup>.

### Alcohol specific hospital admissions



Source: Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12

Alcohol specific admissions are those where alcohol is a contributing factor in all cases. Examples include alcohol poisoning, alcoholic gastritis and alcoholic liver disease. Alcohol specific hospital admissions provide a measure

of the direct impact of alcohol on health.

Data supplied on Tower Hamlets by the North West Public Health Observatory shows that between 2006/07 and 2008/09, there were 49.1 young people admitted for alcohol specific conditions per 100,000. As shown by the graph above, Tower Hamlets has a high rate of alcohol specific admissions compared to the rest of London and is above the regional average of 39.3 per 100,000. It is, however significantly better than the national average where 64.5 young people were admitted to hospital per 100,000 of the population for alcohol specific conditions.

The data shows drug related admissions over the last seven years has been very small. Although admissions were reduced in 2008/09 there are no perceptible trends in increasing or decreasing numbers of admissions. It was 42.9 per 100,000 from the latest available data<sup>13</sup>.

#### **Ambulance pick ups**

Data on ambulance call outs<sup>14</sup> from the LAAS<sup>15</sup> database shows that in Tower Hamlets between April 2009 and March 2010, 4.4% of all ambulance callouts for the total population were for alcohol related illness or a drug overdose. As a percentage of all 0-18 callouts, Tower Hamlets has a higher proportion of both alcohol related illness and drug overdoses than either Newham or Hackney. At 20 alcohol related callouts per 10,000 young people, Tower Hamlets has twice the rate of Hackney at 10 callouts per 10,000. Tower Hamlets also has a higher rate of drug overdose call outs than comparators, though the difference in the figures is lower than those for alcohol<sup>16</sup>.

#### **Drug related crime & alcohol related offences**

Research has shown<sup>17</sup> that young people in the youth justice system tend to use illegal drugs earlier and in larger quantities than other young people, even after controlling for other factors. In Tower Hamlets, the Youth (YOS) Offending Service is the second highest referrer of young people into specialist treatment for substance misuse after Children's and Family Services and accounted for over a quarter of all young people referred into treatment in 2009/10.

In 2009/10, the YOS supervised 273 young people, 266 of these were screened for substance misuse issues and 154 (57.9%) were assessed as having substance misuse problem related to their offending. 51 of the young people were under supervision for committing a substance misuse related offence<sup>18</sup>.

#### **Hidden harm – parental alcohol and substance misuse**

Hidden Harm refers to children and young people who are affected by parental substance misuse. It is estimated that 2 million children and young people in the UK are affected by parents drug or alcohol misuse<sup>19</sup>.

It is challenging to estimate the exact number of children and young people affected locally, monitoring has recently been put in place to capture the number of children that adult service users have so that more robust data can be collected<sup>20</sup>. There are no early results as yet.

### 3. What are the effective interventions?

The Chief Medical Officer guidance on young people and alcohol consumption makes clear that an alcohol-free childhood is the healthiest option<sup>21</sup>. The guidance recommends that children do not drink, at least up to the age of 15 years. The guidance for older young people states:

***“If 15 to 17 year olds do consume alcohol, they should do so infrequently and certainly no more than one day a week. Young people aged 15 to 17 should never exceed recommended adult daily limits and, on days when they drink, consumption should usually be below such levels.”***

A key report<sup>22</sup> identifies some important themes in reducing the risk of harmful drinking amongst young people including:

- Children who first use alcohol in a home environment and learn about its effects from parents are less likely to misuse alcohol than those who begin drinking outside the home and experiment with peers.
- Delaying the time of a young person’s first drink may reduce the risk of harmful drinking.
- Having adults who retain good relationships with a young person, characterised by appropriate levels of support and control, is likely to be a protective factor.

#### **NICE Guidelines**

##### **School based interventions on alcohol – PH7<sup>23</sup>**

- Schools-based education and advice which focuses on alcohol education is advocated. It should be delivered as an integral part of the PSHE education curricula and be tailored for different age groups and take different learning needs into account. This should increase knowledge of the potential damage alcohol use can cause, provide the opportunity for young people to explore attitudes and perceptions of alcohol and help develop confidence and decision-making.
- For those who are thought to be drinking harmful amounts of alcohol, offer brief one-to-one interventions and where appropriate make a different referral to external services.

##### **Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people - PH4<sup>24</sup>**

The community based interventions are defined as interventions or small-scale programmes delivered in community settings such as schools and youth services.

- Develop and implement a strategy to reduce substance misuse among vulnerable and disadvantaged people under 25.
- Use existing screening and assessment tools to identify those who are under 25 misusing – or at risk of misusing – substances.
- Work with parents or carers, education and welfare services and other specialist services to provide support and referral where appropriate.
- Offer a family based programme of structured support over 2 or more years, drawn up with parents/carers of young person.
- Offer the children group-based behavioural therapy over 1-2 years, before and during the transition to secondary school.
- Offer one or more motivational interviews, according to the young person’s needs.

<sup>21</sup> Donaldson, L (2009) *Guidance on the consumption of alcohol by children and young people*, Department of Health

<sup>22</sup> [http://www.education.gov.uk/consultations/downloadableDocs/Review%20of%20existing%20reviews%20\(Full\).pdf](http://www.education.gov.uk/consultations/downloadableDocs/Review%20of%20existing%20reviews%20(Full).pdf)

<sup>23</sup> <http://www.nice.org.uk/nicemedia/live/11893/38407/38407.pdf>

<sup>24</sup> <http://www.nice.org.uk/nicemedia/live/11379/31939/31939.pdf>

**NTA guidance****Pharmacological Management<sup>25</sup>**

- Pharmacological management of substance-related need should be based on a holistic assessment of the child or young person's needs and tailored to those needs, not delivered as a 'one model fits all' programme.
- Effective pharmacological management could reduce self-harm and suicidal behaviour.
- Pharmacological management should be delivered alongside specific psychosocial interventions to provide comprehensive care for substance misuse.
- Pharmacological management should be delivered alongside mental health services for those children and young people with mental health needs.

There is compelling evidence that the variation in therapist competence and performance is a significant and probably the single largest, contributor to variance in outcomes in psychosocial interventions<sup>26</sup>.

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<sup>25</sup> [http://www.nta.nhs.uk/uploads/guidance\\_for\\_the\\_pharmacological\\_management\\_of\\_substance\\_misuse\\_among\\_young\\_people\\_1009.pdf](http://www.nta.nhs.uk/uploads/guidance_for_the_pharmacological_management_of_substance_misuse_among_young_people_1009.pdf)

<sup>26</sup> The British Psychological Society (Jan 2010) *A framework and toolkit for implementing NICE-recommended treatment interventions*. National Treatment Agency for Substance Misuse

#### 4. What is being done locally to address this issue?

Locally we have a Tower Hamlets Substance Misuse Plan for Children and Young People, this is currently being updated. The Substance Misuse Needs Assessment 2010/11 for Children and Young People is currently being finalised and should be available shortly. The local Alcohol and Drugs Harm Reduction Strategy has been drafted and gone through public consultation. A revised strategy is now undergoing consideration for adoption through partner agencies.

The recommendations from a local Tower Hamlets report last year covered three main areas for tackling alcohol misuse among young people<sup>27</sup>:

- Effective promotion of information about sensible drinking and the problems associated with alcohol misuse to young people and parents
- Strong enforcement and prevention of young people purchasing alcohol
- An improved focus on health and education in schools and youth clubs.

The Tower Hamlets Young People's Substance Misuse Plan aims to reduce take-up of alcohol and ensure access to treatment through four tiers of service provisions:

- Tier 1 - Drug Prevention Strategy
- Tier 2 - Targeted prevention and early intervention
- Tier 3 - Treatment
- Tier 4 - Specialist services including detox and rehab

##### **Tier 1 and tier 2 services**

Tier 1 and Tier 2 services currently face significant changes to its funding and structures at the time of writing this. It is anticipated that the integrated youth support service will be taking on this role.

Work is being carried out, through a dedicated schools lead, to meet the requirements of School based interventions on alcohol – PH7.

##### **Licensing**

In addition to the effective interventions at individual and family levels, there is a requirement to tackle the purchasing of alcohol by young people. There has been growing national and local concern about the purchasing of alcohol illegally by young people and around 250 of the 820 outlets selling alcohol in the borough are off licenses (as of March 2009). The licensing team conducts test purchases with the involvement of volunteers from the police cadets to establish whether a particular premises is selling alcohol to minors, appropriate action is then taken.

##### **Hidden Harm – parental alcohol and substance misuse**

Tower Hamlets Partnership has carried out considerable work around Hidden Harm. The Hidden Harm strategy's vision focuses on partnership working, robust protocols and training of staff<sup>28</sup>. Furthermore, there are services that exist to support children affected by parents who substance misuse.

##### **Treatment services**

<sup>27</sup> Smashed, Alcohol Abuse among young people: Tower Hamlets Council, 2009

<sup>28</sup> 2010/2011 Tower Hamlets Adult Substance Misuse Needs Assessment



Tower Hamlets offers two types of intervention to young people in treatment. The majority of interventions delivered in specialist services to young people in England are psychosocial in nature<sup>29</sup>. 89% of young people in treatment in Tower Hamlets receive a psychosocial intervention. Psychosocial interventions can include;

- Cognitive behavioural therapy
- Brief interventions and motivational interviewing
- Multi-systemic therapy

There are two treatment services in Tower Hamlets: Lifeline and Child Adolescent Mental Health Services (CAMHS) Specialist Substance Misuse Service (CSSS). In line with national guidelines, they both provide specialist treatment for young people under the 19 years who have a serious and complex drug or alcohol problem. CSSS work with young people experiencing psychological or physical health problems in addition to substances misuse/dependency that require multi-agency care-planning and care co-ordination or may require referral to in-patient services.

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<sup>29</sup> National Treatment Agency for Substance Misuse (2009) *Young people's specialist substance misuse treatment: Exploring the evidence*.

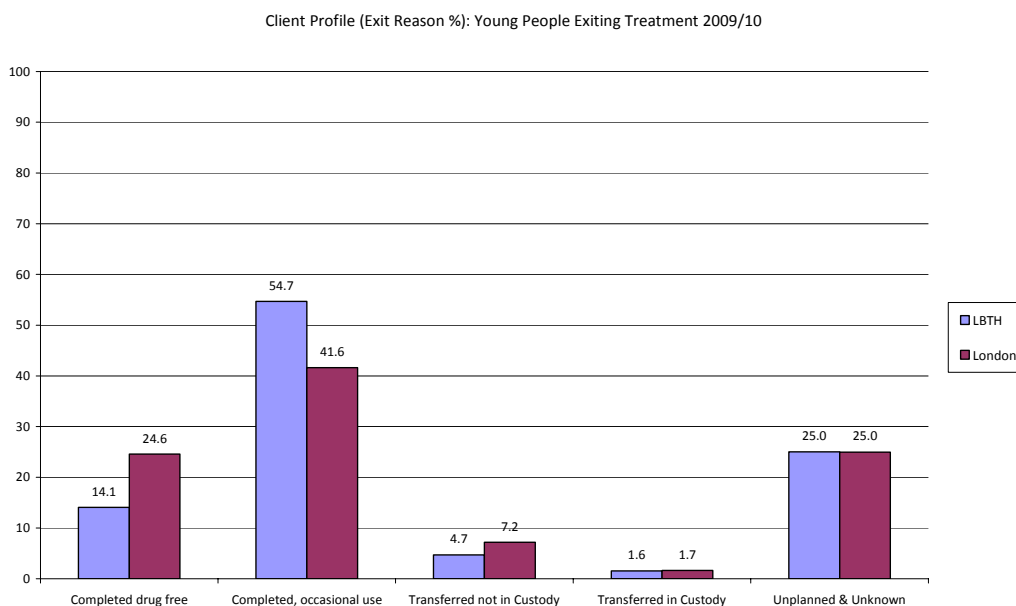
## 5. What evidence is there that we are making a difference?

### Treatment naïve

This refers to young people that have experienced a previous treatment journey. It could be suggested that the number of young people recorded as non-treatment naïve is a measure of the treatment quality and this group is relatively low in Tower Hamlets. 22.4% of all young people entering treatment in Tower Hamlets were recorded as non-treatment naïve. This is above the rate for London, where 19.2% (3.2 percentage points) were recorded as non-treatment naïve<sup>30</sup>.

### Exiting treatment

The graph below shows that Tower Hamlets has a slightly higher percentage of young people exiting treatment in a planned way when benchmarked against other local authorities in London<sup>31</sup>. Planned exits are important in order to ensure that we know what support the individual has accessed and will continue to access, including ensuring that the support is holistic and meets all their needs.



Source: Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12

### Schools work

Learning that health and body functions can be affected by drugs (including alcohol, tobacco, volatile substances and medicines) is a compulsory part of science in the National Curriculum. It is for individual schools to consider whether and how they might wish to extend the provision for drug education beyond this. As part of their Healthy Schools Status, schools in Tower Hamlets deliver drug education through well-planned PSHE education and citizenship provision. 77 schools currently provide drug education through PSHE, of which 55 are in the process of evaluating and renewing their status<sup>32</sup>.

<sup>30</sup> Although this may not be statistically significant, the percentage difference allows for benchmarking against the rate for London.

<sup>31</sup> 2010/2011 Tower Hamlets Adult Substance Misuse Needs Assessment

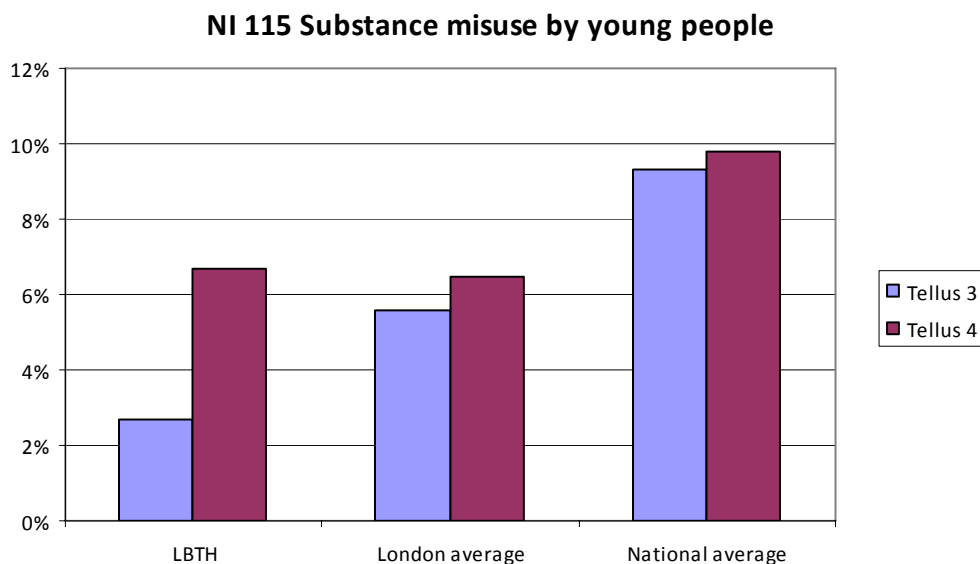
<sup>32</sup> Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12

## 6. What is the perspective of the public on support available to them?

Tellus was a national survey which gathered the views of children and young people in Years 6, 8 and 10, on their life, school and local area. The Tellus survey directly informed National Indicator 115: Substance misuse by young people between 2006 and autumn 2009.

Source: *Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12*

Source: *Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12*



Source: *Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12*

From this chart we can see that there was an increase between T3 and T4 of 4 percentage points to 6.7% in the proportion of young people who reported using substances frequently. This increase was greater than both the London and national average and saw Tower Hamlets exceeding the London average on this indicator by 0.2 percentage points. The percentage of young people that say they used misused substances remained below the national average national average of 9.8%<sup>33</sup>.

During the process of the needs assessment 2011/12 young people were asked through focus groups if they thought drugs were readily available in the borough. A significant majority of participants reported that they had been offered drugs in the past, and all of the young people said that they thought drugs were a problem in the borough<sup>34</sup>.

The drug and alcohol consultation groups that were held in December 2010 with the Youth Involvement Team generated many interesting comments on alcohol and drugs. The general feeling amongst the groups was that peer pressure and being restricted by adults are the main fundamental reasons behind taking drugs, with all the other reasons also coming into effect at different stages.

The BME specific groups found that: there was a 50/50 divide on whether their school had or does deliver drug and alcohol awareness sessions. All agreed that at secondary school level the frequency (or if it happened at all) varied dependent upon the school. Those in college and sixth form stated awareness sessions did not occur at

<sup>33</sup> Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12

<sup>34</sup> Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12

all, nor was it discussed.

All participants stated they would not ask for information at school and would look for the information elsewhere (e.g. internet). All of them would not feel comfortable asking for help at school for the following reasons:

- They won't know enough about it;
- They have to tell your parents if they think it's a high risk issue;
- Everyone else will know;
- You lose control – the teacher may pass your information onto others and then it's out of your hands;
- You'll be stigmatised. Once you're labeled it will follow you throughout your time at school.

Some of the comments made by young people in this setting were: 'everyone drinks' – i.e. interestingly, there was no differentiation between ethnic groups when it came to drinking alcohol<sup>35</sup>.

## 7. What more do we need to know?

- What has been the impact of tier 1 and tier 2 services, as we have recorded low numbers of young people *entering* treatment? Is there a direct relation between tier 1 and 2 services and the numbers of young people entering treatment services?
- TOP<sup>36</sup> data for outcomes on young people – there is a need to have access to all of this information on NDTMS.
- Unmet need regarding cocaine usage which has been reported as a growing concern in qualitative research carried out locally – is it an issue?
- Alcohol Concern<sup>37</sup> believes more research into the efficacy of IBA with young people is needed and cautions against making an assumption of its success based on an adult centred evidence base. The context within which younger people use alcohol is very different to that of adults; this must be reflected in the identification tools, resources, advice and interventions delivered.

## 8. What are the priorities for improvement over the next 5 years?

*These recommendations are taken from the Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12:*

- Evaluation of current threshold criteria for specialist substance misuse services, with an aim to produce a standardised threshold policy for the London Borough of Tower Hamlets.
- Further consideration of family based interventions as currently there are limited interventions locally and there is an evidence base for success.
- Evidence would suggest that Tower Hamlets could benefit from early intervention work targeted at younger children aged 11 and 12 years.
- Explore the escalation of 'Class A Other' substances (specifically cocaine) in Tower Hamlets.
- Implement and monitor equality data, explore the future impact of a demographic shift in Tower Hamlets.
- Improve data share protocols amongst drug service providers to improve the quality of our local understanding.
- Further analysis of the needs of Looked After Children (LAC) and relating substance misuse issues.

<sup>35</sup> Draft Young People's Alcohol and Substance Misuse Needs Assessment 2011/12

<sup>36</sup> Treatment Outcomes Profile

<sup>37</sup> Right Time, Right Place Alcohol Harm reduction strategies with Children and Young People

- Further work on 'outcome based accountability'. Are drug services making a difference in Tower Hamlets and how can we effectively measure this?

## 9. Key Contacts

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<b>Date updated:</b>	March 2011	<b>Updated by:</b>	Rakhee Lahiri, Public Health Strategist	<b>Next Update Due:</b>	March 2012
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<b>Date signed off by Senior JSNA Leads:</b>	<i>Date factsheet signed off by senior JSNA leads from Public Health and LBTH</i>	<b>Signed off by (Public Health Lead):</b>	<i>e.g. Director or Associate Director</i>	<b>Date signed off by Strategic Group:</b>	<i>Date factsheet signed off by Strategic Group</i>	<b>Sign off by Strategic Group:</b>	<i>Name the relevant Strategic Group</i>
		<b>Signed off by (LBTH Lead):</b>	<i>e.g. Director of Adults/CFS</i>				