



Title of paper:	Reducing Substance Misuse	
Report to:	Children's Partnership Board	
Date:	26 th September 2012	
Relevant Director:	Peter Moyes	Wards affected: All
Contact Officer(s) and contact details:	Melanie Gardner Strategy and Commissioning Officer Melanie.gardner@nottinghamcity.gov.uk 0115 8761038	
Other officers who have provided input:		
Relevant Children and Young People's Plan (CYPP) objectives(s):		
Stronger safeguarding – With a key focus on ensuring that there are high standards of safeguarding across all agencies and that the Partnership takes a pro-active approach to the elimination of domestic violence.		
Healthy living – With a key focus on increasing the proportion of children and young people who have a healthy weight.		
Reducing substance misuse – Partnership work to lessen the impact on children of parental drug and alcohol misuse and to reduce drug and alcohol misuse amongst children and young people.		X
Raising attainment – Raising the attainment levels and increasing engagement in employment, education and training.		
Improving attendance – Improving rates of attendance at both Primary and Secondary as a key foundation of improving outcomes.		
Summary of issues (including benefits to customers/service users):		
<p>Responsibility of young people's substance misuse has now formally transferred to the Crime and Drugs Partnership. We need a full review of the system to ensure the development of services continue to meet changing need.</p> <p>This would include;</p> <ul style="list-style-type: none"> • Reviewing the effectiveness of current provision for young people's substance misuse prevention and treatment, including performance and value for money • Identifying whether the system is fit for purpose against the need and evidence base • Making recommendations based upon the review about the future model and or retendering of the system 		
Recommendations:		
1	Board Members to note the contents of the report	
2	Board Members to note that the review is being undertaken and support the team in carrying this out	
3	Board Members to note financial risks in budget planning for 2013/14 and commit to this agenda when planning finances	

1. BACKGROUND

This report describes drug and alcohol use by under 18's and its impact upon under 18's. Since 1st April 2012 this agenda has been managed within the Crime and Drugs Partnership, but the agenda is still addressed within the wider children and family context and not in isolation.

Nationally there are two strategies that outline the Government's response to tackling drug and alcohol misuse; The 2010 Drug Strategy: Reducing Demand, Restricting Supply, Building Recovery and the 2012 Government Alcohol Strategy.

Locally we have been working on a Drugs and Alcohol Strategy '*Nottingham Drug Strategy: Prevention, Treatment and Restricting Supply (2012-2015)*' and '*Nottingham Alcohol Strategy*', both of which address young people's drug and alcohol consumption within the themes of Prevention and Treatment whilst considering the national strategies. Enforcement, control and supply in relation to young people's alcohol and drug use are addressed in the strategies and should be seen alongside prevention and treatment. However this report will not focus on enforcement.

We know that there is a real lack of local prevalence data in relation to children and young people's substance misuse and the most recent local needs assessment highlights that we need a full review of the system to ensure the development of services continue to meet changing need. A summary of the Children and Young People's Substance Misuse Needs Assessment can be found in Annex A.

Service provision for this agenda is set around three themes;

- Prevention and Early Intervention
- Treatment
- Impact of Parental Substance Misuse

The DrugAware programme takes the lead for **prevention and early intervention** through an education based programme. **Treatment** is provided by Compass Young People's Service and Head 2 Head for young people with dual diagnosis. What About Me? provide a service for young people **affected by parental substance misuse**.

The enforcement aspect of young people's substance misuse needs to be seen in this context to ensure the whole agenda is joined up and it is important we consider this in moving forward.

Performance

To date performance for operational objective 9 has not been target driven but has been measured through indicators based on the previous years performance. As we move forward with this agenda we need to decide how we present the outcomes we are seeking from the CYPP. The indicators are highlighted in blue. A narrative accompanying the data is provided in numerical order below.

		Outturn 2009/10	Outturn 2010/11	Outturn 2011/12	2012/13 Q1
1.	Drug Offences committed by under 18's	216	250	142	43
2.	Number of new presentations to young people's specialist drug and alcohol treatment	214	209	211	57
3.	Percentage of new alcohol presentations to young people's specialist drug and alcohol treatment	16.0%	16.0%	17.2%	14.9%
4.	Percentage of referrals from Children and Family Services	40.0%	44.0%	44.0%	12.31%

	Percentage of referrals from Education Services				30.76%
	Percentage of referrals from Health and Mental Health Services				1.54%
	Percentage of referrals from Substance Misuse Services				0.00%
	Percentage of referrals from Youth Justice				50.77%
	Percentage of referrals from Family and Friends				4.62%
5.	Percentage of young people leaving treatment in an agreed and planned way*	64.7%	66.0%	75.0%	78%

*Treatment completed drug free (self assessment) or occasional user or transferred to another provider, in custody or not in custody.

1. This is recorded by the Nottinghamshire Police.
2. The number of new presentations to treatment is improving on last year, although we don't know whether that is because more young people are in need of treatment or whether it is because we are getting better at *identifying* those in need of treatment.
3. The percentage of new alcohol presentations to specialist treatment only refers to the number of young people in treatment during quarter 1. The actual number of new presentations with alcohol will only be available from providers and not through the national recording system. This figure also only refers to those young people who have alcohol identified as their primary substance. If we were to include all young people in treatment during quarter 1 with alcohol as their secondary drug this would increase to 59%. Work is underway to improve the referrals from Health, including sexual health, which we feel will impact on increasing the number of young people in presenting with alcohol issues. A research project into the prevalence of alcohol use amongst young people will be completed in December which will help to identify whether we should be seeing more young people in services with alcohol issues.
4. The number of referrals from children and family services appear to be low. This is due to changes to the reporting of referrals by the National Treatment Agency. Previously referrals from education services were included, but as you can see these have been extracted. This now gives a much more accurate figure of the referrals from Children and Family Services. It is important to note that we are working on improving the referrals from other sources (Health in particular). This will have an effect on the perceived percentage of referrals from Children and Family Services.
5. This has continued to improve and now reflects the national picture (79%).

Performance measures in place against operational objective 9 need to be improved as acknowledged in the CYPP year 1 review. The measures do not tell us anything about the impact of parental use on children and young people. Improvements to the current indicators (above) for measuring the reduction of substance misuse by young people will provide us with more robust evidence as to whether the system is having an impact on reducing substance misuse.

This is a new agenda for the Crime and Drugs Partnership and it is acknowledged that more in depth knowledge of the need in relation to current provision and its relationship within the wider Children and Family Services is required. Further involvement of young people in the commissioning process will ensure we have a greater understanding of their views and we can act upon this accordingly.

Funding for this agenda has increased substantially over the last few years and treatment services have been remodelled to reflect this and have grown organically through this process. Alongside this Children and Family services have been restructured significantly. There will also be imminent changes with the Police and Crime Commissioner and the Health and Wellbeing Board which need to be taken into account when planning the future. In order to continue making the right commissioning decisions it is important that we review the system and decide on whether it needs remodelling.

We know that prevention and early intervention is a key factor to ensuring children and young people make informed choices and know where to get support. DrugAware continues to lead the way in the City in relation to drug and alcohol awareness in education settings. Where schools are not signed up to DrugAware we need to support them to do this. By the end of quarter 1 2012/13 there were 54 education providers out of 123 in the City that have achieved DrugAware status.

Not enough is known about what young people are doing in relation to drugs and alcohol locally. Data is available from Children and Families Services for those children and young people that they are in contact with but this largely only includes those that are in contact with services. We have initiated a project to build upon our prevalence data for young people using alcohol, by using partnership data and undertaking consultation with young people and key professionals to understand better the situation locally.

We also know that we need to improve the local indicators for measuring the CYPP objective 9 to ensure that we know whether we are having a real impact on reducing substance misuse amongst young people and the impact of parental use on young people. Outcome data is currently available but is only completed for 16 and 17 year olds that leave treatment in an agreed and planned way. There are plans nationally to improve this data by expanding it to include all ages and by improving the data collected to reflect young people's needs.

A lot is known about those in treatment. We know that overwhelmingly young people present with cannabis and or alcohol issues. We also know that young people referred from Children's Services (45% Children and Family Services including education, excluding looked after children and 42% YOT). There is a gap in referrals from targeted youth support, health services, and other criminal justice routes. Work is underway to strengthen these referral pathways. The Family Support Pathway model should also help to ensure specialist services are accessed appropriately as there should be no wrong door in accessing support.

2. PROPOSAL

To review the Young People's Prevention and Treatment System

This would include;

- Reviewing the effectiveness of current provision for young people's substance misuse prevention and treatment, including performance and value for money
- Identifying whether the system is fit for purpose against the need and evidence base
- Making recommendations based upon the review about the future model and or re-rendering of the system

Recommendations

Board members;

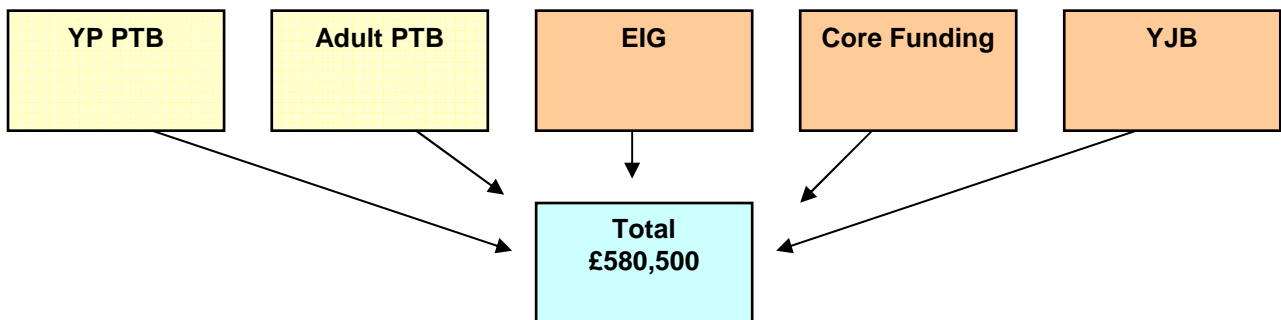
- to note the contents of the report
- to note that the review is being undertaken and support the team in carrying this out
- to note financial risks in budget planning for 2013/14 and commit to this agenda when planning finances

3. KEY RISKS

- The review identifies that the current system does meet the needs and does not need changing, and the required funding for 2013/14 is realised and nothing changes, we have not identified anything new from the review
- The review identifies the current system does meet the needs and does not need changing but required funding for 2013/14 is not realised and we end up having to remodel the system when we know it works
- The review identifies the current system does not meet the needs and the required model needs more funding than we have at present
- The review identifies the current system does meet the needs and the required model is more cost effective and is an opportunity for improving value for money

4. FINANCIAL IMPLICATIONS

The prevention and treatment agenda is jointly funded across The Young People's Pooled Treatment Budget, Adult Pooled Treatment Budget, Early Intervention Grant funding, Core Children and Families Funding and the Youth Justice Board.



The amount of Early Intervention Grant, Core and YJB Funding into prevention and treatment is decided locally. As highlighted above there is a risk that the level of local funding next year will be reduced.

5. LEGAL IMPLICATIONS

There are no legal implications to be considered

6. CLIENT GROUP

All children and young people (0-18years).

7. IMPACT ON EQUALITIES ISSUES

Equality Impact Assessments will be undertaken as per the Nottingham City Council's Policy.

8. OUTCOMES AND PRIORITIES AFFECTED

This affects all priorities with a particular focus on Reducing Substance Misuse.

CONTACT DETAILS

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ANNEX A

Children and Young People's Substance Misuse Needs Assessment 2010/11

Executive Summary

Children and young people's substance misuse should be addressed in the context of the wider children and family agenda and not in isolation. All children and young people are potentially at risk of misusing alcohol and or drugs. However, evidence suggests that young people in certain vulnerable groups are more at risk of misusing substances. Every Child Matters identified the following groups are at increased risk; looked after children, children affected by parental substance misuse, young people in the criminal justice system, persistent truants and excludes; homeless, involved in prostitution, teenage mothers and those not in education, employment or training.

Overall, (excluding children affected by parental use) it is estimated that there are potentially just less than 6000 vulnerable children and young people within the city that because of their vulnerability may be more at risk of using substances. This statistic may be an over estimate as some young people have multiple vulnerabilities and will fall into more than one vulnerable group and subsequently will be double counted.

There is a lack of robust prevalence data for children and young people's substance misuse. Whilst conclusions can be drawn from some national surveys, the estimates of use has its limitations and it is difficult to draw upon an estimate number of users. It is estimated that approximately 1,096, 12-16 year olds drank alcohol every weekend or every week and approximately 3,046 11-17 year olds used drugs within the last year, cannabis being the most prevalent drug used. It is estimated that around 450 (11-15 year olds) will have used drugs in the last year more than 6 times.

Drug and alcohol use by young people has declined but those that are drinking are generally drinking more. Cannabis and alcohol are the most prevalent substances being used, either on their own or together. Young People are more likely to use substances the older they are and there is no significant difference between males and females prevalence. Of those in treatment, cannabis and alcohol are the most used substances (on their own or poly drug use). In Nottingham we have a higher proportion of cannabis and alcohol users in treatment when compared nationally. Young People in the older age bracket (15-17) represent the majority of those in treatment, however females are under represented. There is a lack of prevalence data around ethnicity, however from what we do know young Black people are over represented and Asian young people are under represented in treatment.

There are two specialist substance misuse services, Compass that provide outreach for any young person in need of specialist treatment and Head 2 Head who provide a dual diagnosis service. The number of young people referred into treatment is going down and this is reflective of the national picture. The average length of time in treatment is 5.1 months with 65% successful completions compared to 75% nationally.

Much work has been done to put systems in place to identify, share information and support children and young people affected by parental substance misuse. Based on the Hidden Harm Report calculations we can estimate that there are potentially just under 6000 children and young people affected by parental drug misuse in Nottingham. This is the estimated number of adults dependant on heroin, crack, powder cocaine, amphetamine or tranquillisers as identified in the Adult Drug Treatment Needs Assessment. However this statistic does not take into account parents/carers who are dependant upon other substances including alcohol and adults who are not in treatment. The majority of referrals into the specialist support service for children and young people affected by parental substance misuse (What About Me?) are for children affected by alcohol misuse.

The DrugAware programme continues to be at the forefront of prevention and raising awareness of substances and early intervention with young people. Schools are still achieving the award and Compass Education Link Workers linked to the scheme are proactively engaging with schools and other education providers, including those responsible for vulnerable young people to identify support needed by young people.

Operational Objective 9: Reducing Substance Misuse

*Lessen the impact by parents and reduce use
amongst children and young people*

What does this mean?

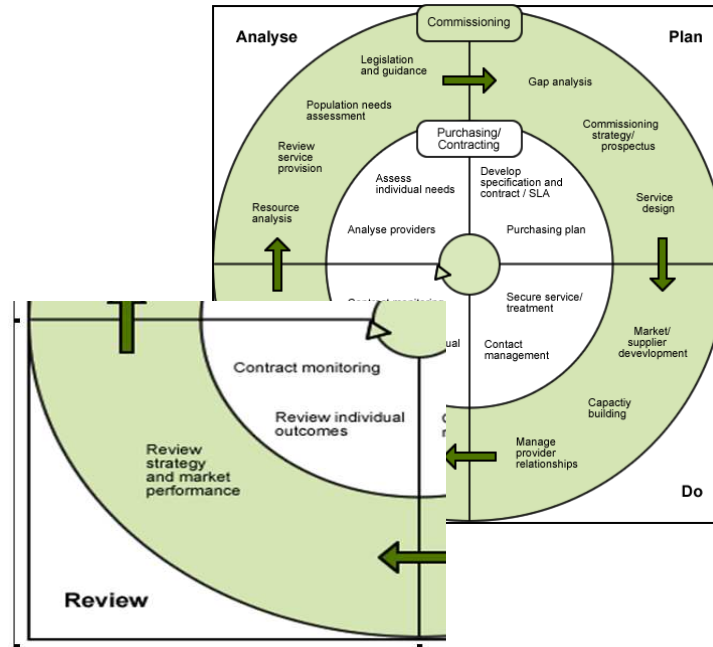
- Prevention
- Specialist treatment for under 18's
- Children affected by parental use
- *What about enforcement?*



Performance

	2009/10	2010/11	2011/12	2012/13 Q1
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Percentage of young people leaving treatment in an agreed and planned way	64.7%	66.0%	75.0%	78%

Proposal



**NOTTINGHAM
CHILDREN'S
PARTNERSHIP**

PROUD OF NOTTINGHAM'S CHILDREN & YOUNG PEOPLE



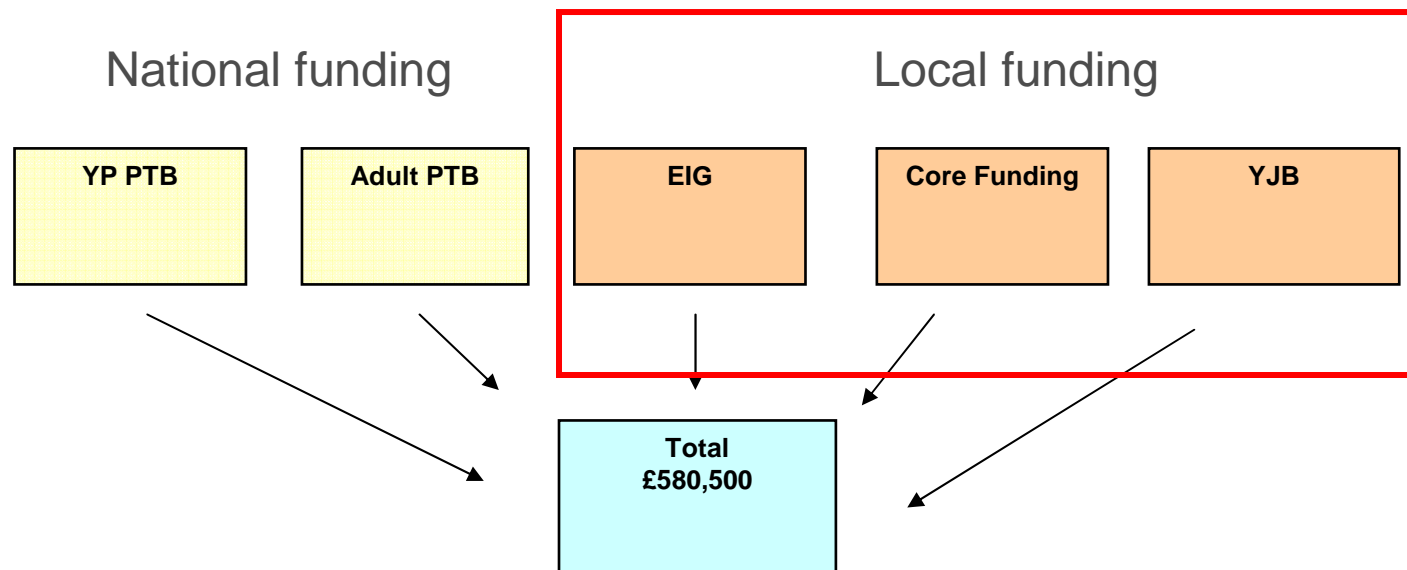
**Nottingham
City Council**

Why?

- Funding risks
- Clarify Need
- Consider Children and Families Structure
- Review local performance indicators
- Commissioning changes



Financial risks



Recommendations

Board Members to note;

- The contents of the report
- The review is being undertaken and support the team in carrying this out
- Financial risks in budget planning for 2013/14 and commit to this agenda when planning finances



Discussion Groups

1. How would you improve the CYPP indicators to show the impact on reducing substance misuse amongst young people and the impact of parental use on young people?
 - What is the outcome we want to see?
 - What indicators will show us this?
2. How can we engage young people more effectively in the commissioning and development of this agenda?
3. Taking into consideration what you know about Children and Family Services. How do you think young people's substance misuse services should be modelled in the future?

Discussion Groups

Feedback and Questions

