

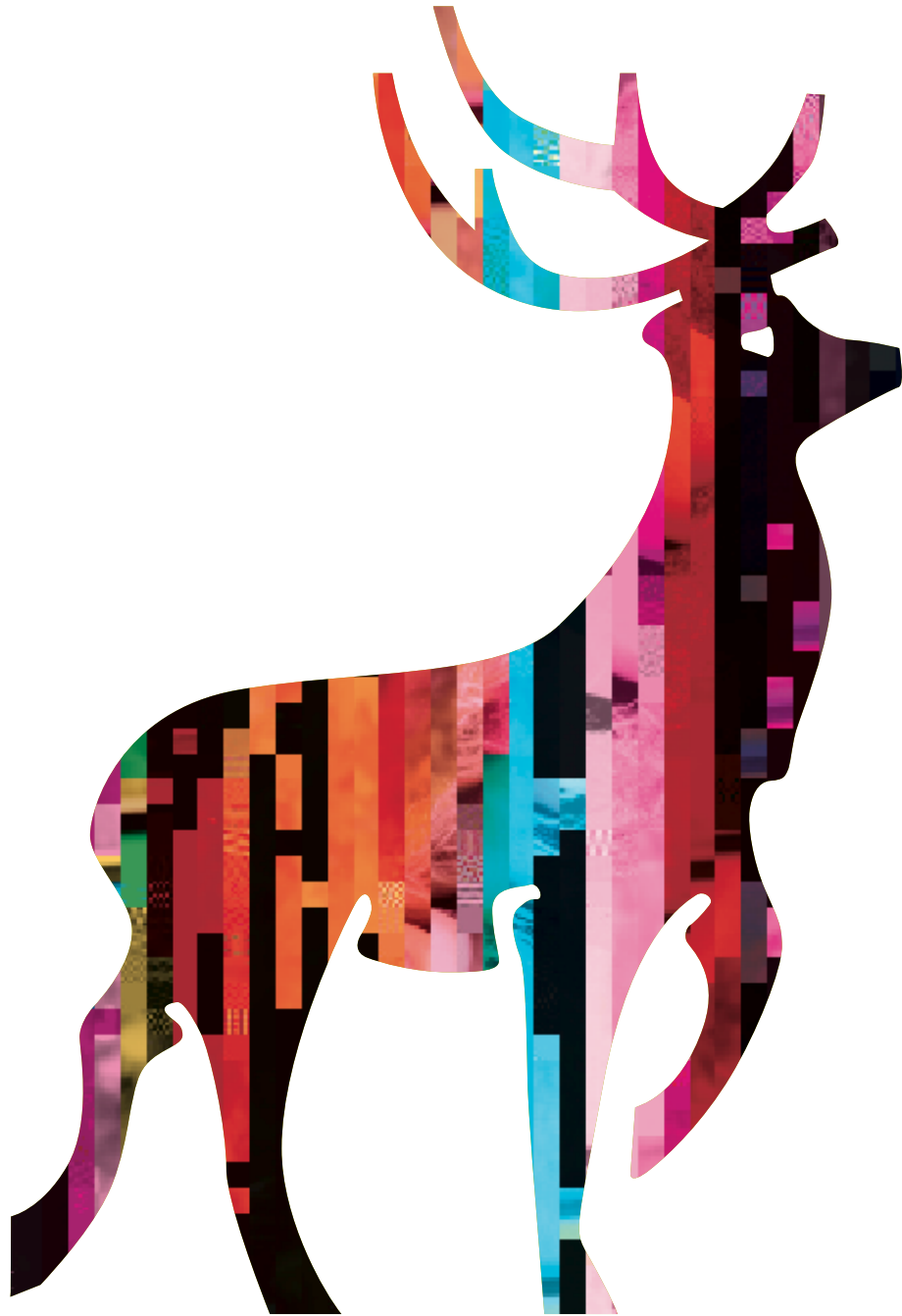


Hertfordshire Young People's Substance Misuse Review

Executive Summary | November 2015

TONIC

The Challenge



The Brief

- Hertfordshire County Council (HCC) commission drugs, alcohol and tobacco education, prevention and treatment services for children and young people
- HCC want an effective whole system approach to reducing harm from children's substance misuse
- To help achieve this, HCC commissioned TONIC to review existing drug and alcohol services, including the role played by specialist and universal services for young people and their families

Our Approach

We engaged over **200** service users, young people, parents, commissioners, providers and partner agencies in a series of workshops, interviews and focus groups

We also:

- Conducted a literature review to find evidence of what works
- Collated relevant data and conducted analysis for a refreshed needs assessment
- Developed a proposed whole system approach
- Carried out a cost benefit analysis of our proposal

The National Picture

Young people's use of drugs alcohol and tobacco - is a rapidly changing issue, with different service models being developed across the UK, and no overall best practice whole system approach

Although overall prevalence of alcohol, drug and tobacco use by young people has been falling, these population-level figures mask:

- Increased use among certain vulnerable groups
- A comparatively high prevalence level compared with other developed countries
- High costs of related harm
- Changing patterns of substance use that include e-cigarettes and legal highs (NPS)

Amongst 11-15 year olds in England

5% are regular smokers 

8% drink regularly 

6% have taken an illegal drug (mostly cannabis) in the last month 



The annual cost of substance misuse to UK society is high

£15.4bn 
for drug misuse
(with £0.5bn cost to NHS)

£18-25bn 
from alcohol misuse
(with £2.7bn cost to NHS)

£13.74bn 
from smoking
(with £2.7bn cost to NHS)

£42.5m 
Annual cost of children in care
because of substance misusing parent


The National Picture



Some young people face increased risks of developing problems with drugs or alcohol – including those truanting or excluded from school, looked after children, young offenders, those at risk of involvement in crime and anti-social behaviour, with mental health problems, and whose parents misuse drugs or alcohol. These vulnerable groups need targeted support to prevent substance misuse or ensure early intervention when problems first arise

Substance use affects young people in the short term and long term



Drinking too much, too young is a significant risk to young people's health and development 

+16,000

Ambulance call outs for under 18 drinking

+13,000

Hospital admissions linked to young people's drinking each year


Last year over

18,000

young people accessed substance misuse treatment 

86% for cannabis 

51% for alcohol 

Tobacco use is the major cause of preventable death in England, harming smokers and the people around them through secondhand smoke 

Evidence of What Works

Effective prevention does not mean doing more - it means refocusing resources on what has been shown to work. It also means working collaboratively across sectors and settings, recognising that positive youth outcomes are most likely when prevention efforts are integrated and sustained

Universal Prevention

- Should incorporate a mixture of life skills, motivational work, social norms and social competence components
- “Unplugged” and “Good Behaviour Game” are programmes that should be further considered
- Generic programmes show as much promise as specific programmes
- Substance: Several programmes that have largely been evaluated outside of the UK have tried to assimilate core components of these models which are then essentially marketed under differing brand names
- Resilience, communication skills, coping strategies, motivation, clarification over social norms, assertiveness skills, and access to services are all vital components irrespective of the particular programme chosen

Targeted Prevention

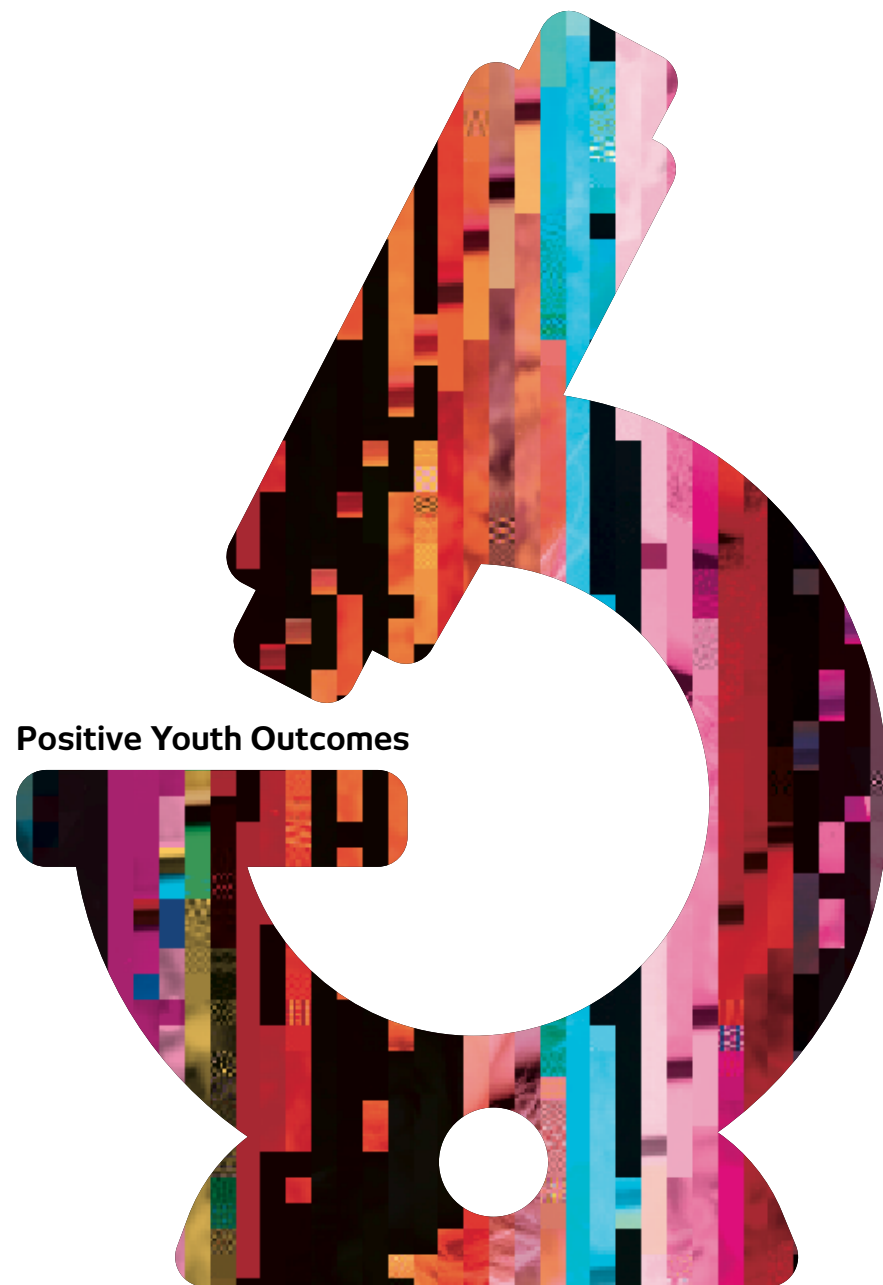
- Programmes show more effective outcomes for higher risk groups
- Consideration should be given to adapting programmes for BME communities – making them culturally sensitive, as well as affording consideration to gender differences

Treatment

- No single intervention type has been shown to be more effective than others - CBT, MI, MST have all shown positive outcomes and could be used in combination or individually depending on the young person’s presenting need or preference
- Treatment should be responsive and, where possible, involve school, family as well as the young person

Enforcement

- Partnership working and community engagement is critical in disrupting street level drug markets, e.g. working with retailers, local communities, schools and religious groups
- Targeted policing and enforcement is more beneficial than ‘sweeping’ enforcement or simply increasing police presence



Evidence of What Works

Target social norms and influences as part of universal prevention

Positive Youth Outcomes

“Must Do” Actions

- Ensure facilitators and practitioners are adequately trained and motivated
- Involve family where possible and appropriate in both treatment and prevention
- Be part of an holistic classroom/school environment approach to ensure young people feel valued
- Target social norms and influences as part of universal prevention
- Use an approach that has multiple components
- Provide a booster/follow-up session
- Make interventions interactive and dynamic; e.g. role plays, active discussion
- Be responsive to gender and ethnicity

“Should Do” Actions

- Use Motivational Interviewing techniques or interventions
- Use cognitive based / problem-solving interventions
- Use interventions that draw on a range of theoretical models

- Target high risk groups of young people
- Target early childhood education: improving cognitive and problem solving skills as part of general curriculum
- Offer group and 1:1 treatment opportunities
- Offer young people / families opportunities to practice skills learnt in interventions
- Activities should be available in formal and informal settings to reduce stigma
- Design school policies with involvement of all stakeholders – including young people and partner agencies

“Things to Avoid”

- Use of scare tactics
- Delivering drug information in isolation
- Focusing solely on substances
- Using ex-users or police/external agencies to deliver interventions without aligning with a whole school approach, and considering quality and consistency of message
- Undermining parents’ vital role in whole family interventions

Needs Assessment: Hertfordshire

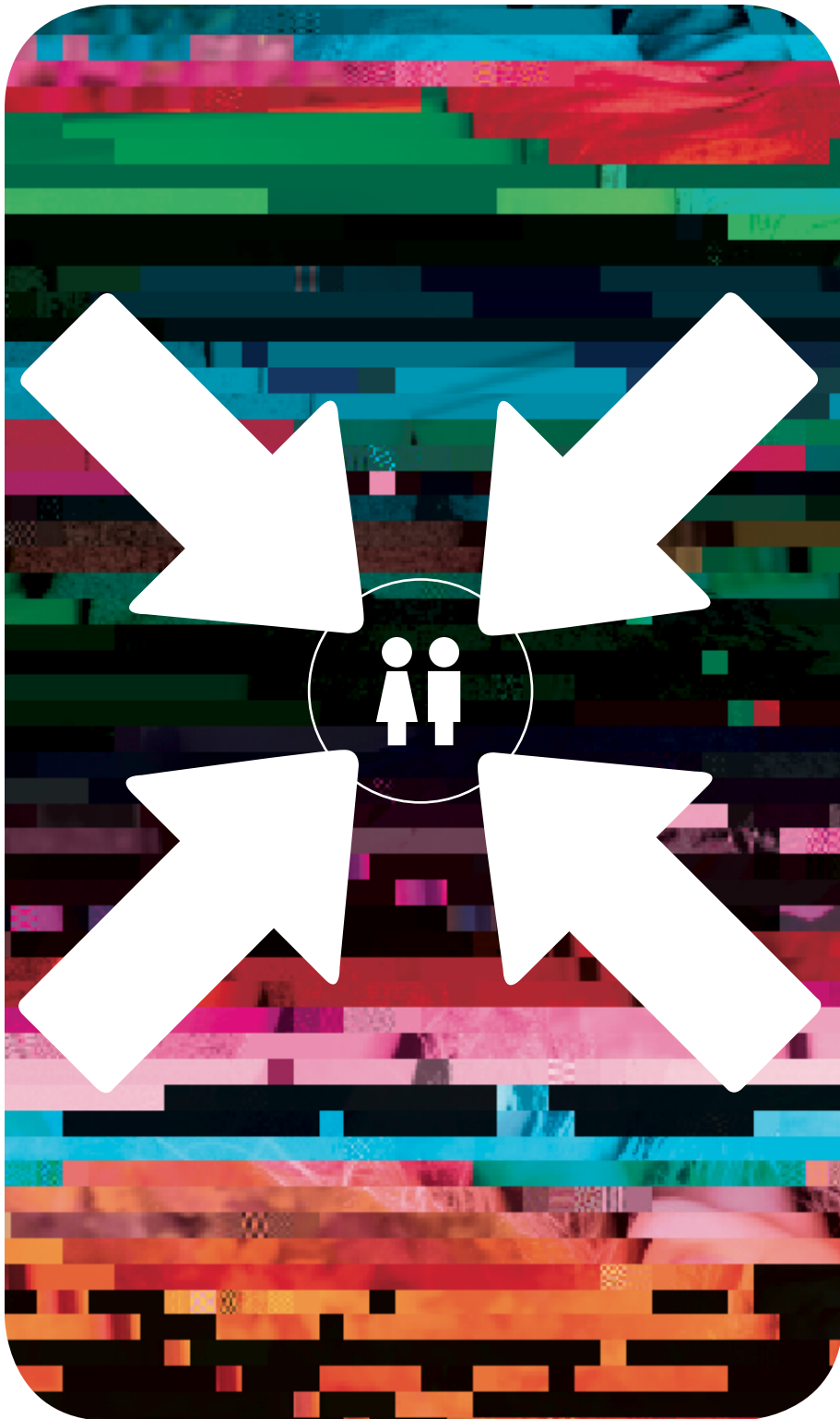
Comparing latest national and local data shows prevalence rates for substance use in Hertfordshire are generally lower than, or similar to, the national picture

Applying prevalence data from the local HRBQ survey to Hertfordshire's 11 to 15 year old population, suggests there may be:

21% → **14,000** Young people who have tried smoking, with over **2,500** of these being regular smokers 

18% → **12,000** Young people who have had an alcoholic drink during the last week, with over **2,500** of these being regular drinkers 

8% → **5,000** Young people who have tried an illegal drug, with over **2,500** of these being regular drug users 




Needs Assessment

In 2014-15, some direct indicators of substance misuse by young people include:

110 Drug-related hospital admissions 

185 Alcohol-related admissions 

75 Young people set a date to quit smoking, of which 18 were successful 

35 Alcohol-related attendees by under 18s at the A&Es of Watford and Lister hospitals (5% of the total) 
No referrals were made to treatment by A&E


109 Fixed term school exclusions for drug or alcohol related reasons (Up from 95 in 2013-14) 


10 Permanent school exclusions for drug or alcohol related reasons (Up from 3 in 2013-14) 

97 Started substance misuse treatment (Down from 107 in 2013-14) 

419 Young people aged 18 or under arrested for drug offences (Down from 532 in 2013-14 & 597 in 2012-13) 

223 Alcohol Offenders aged 12-18 (Down from 315 in 2013-14) 
12 referrals were made to treatment by police

371 Young Offenders with substance misuse needs identified in their assessment 
29 referrals by Youth Justice Service



Our district-level analysis of substance misuse specific indicators and prevalence of key vulnerable groups, revealed that **Stevenage, East Herts and Dacorum** may be priority districts. However, there were limitations to this exercise and gaps in our data for **Welwyn Hatfield**, and discussions with agencies and young people indicated that this area should also be considered to be a priority district

28 NEET young people identified by Youth Connections as having substance misuse issues 

25 Children Looked After identified with substance misuse issues 

Treatment Review

Investment

- Specific funding (exc. smoking & locally funded projects) has declined by **36%** since **2009-10**
- With a **21%** reduction for treatment
- Local levels of investment were **40%** lower per person aged **12-17** than in the comparator areas
- Declining investment has led to the service being potentially unsustainable at this level

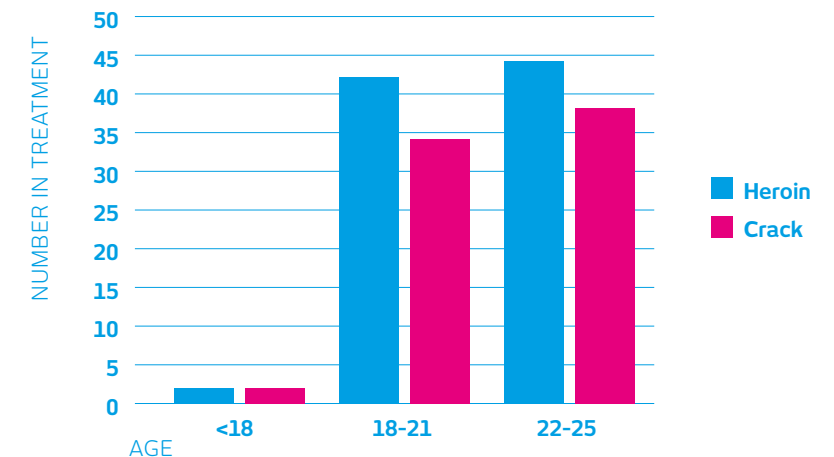
Demand

- Numbers entering treatment have fallen by **26%** over this period
- **97** young people entered treatment last year, from over **240** referrals received by the service
- Based on comparator areas & national averages, estimated demand for treatment is likely to be around **240** young people per year

Young Adults

- Comparing data for <18s treatment with that for young adults revealed a big step-up in need

Use of heroin and crack by those in treatment (by age group)



- Agencies and young people told us about a **“cliff edge”** at transition stage



- We recommend exploration of the need for a transitional service for young people aged 18-21 or up to 25



Treatment Review

16% completed treatment drug free – half the national average

Impact

Looking at comparator areas & national averages, reveals that in Hertfordshire:

- Unit costs per person in treatment were similar
- Unit costs for planned treatment completions they were **27%** higher \uparrow
- **30%** shorter duration of treatment than the national average \downarrow
- **20%** lower rate of planned treatment completions than the national average \downarrow
- **16%** completed treatment drug free – half the national average **32%** \downarrow
- Representation to the service was higher **13%** than nationally **6%** – although this was based on small numbers \uparrow
- Significantly lower than national average performance for reductions in cannabis, alcohol and smoking on exit \downarrow

Quality

- We heard about some successful case studies and received positive feedback about A-DASH from service users & agencies - **“going the extra mile”** to help young people
- This was balanced with examples where the treatment provided was sometimes too clinical, somewhat unstructured, siloed, applied restrictive eligibility criteria, and showed inflexibility in responding to the needs of some vulnerable groups when they did not express motivation to take part in treatment

Contracting Arrangements

- The contract for young people’s treatment now requires a competitive tendering process to be undertaken

What young people, parents and agencies told us

Young people identified the need for:

- Co-ordination between services
- Promotion of available support services for young people
- Range of support options - inc. groups, therapeutic spaces & peer support
- Transitional arrangements into adult services
- Use of social media as a resource to promote services & deliver important health-based messages
- Use of peers to create a climate of safe disclosure where speaking about use of substances is not stigmatised

Young and parents already involved with A-DASH were happy with the service they received, yet many young people and some agencies were unaware of this provision

Agencies and young people felt prevention should be timed appropriately, consolidated again in the school life-span, delivered by someone other than a teacher, be interactive and should not focus solely on the negative elements of substances

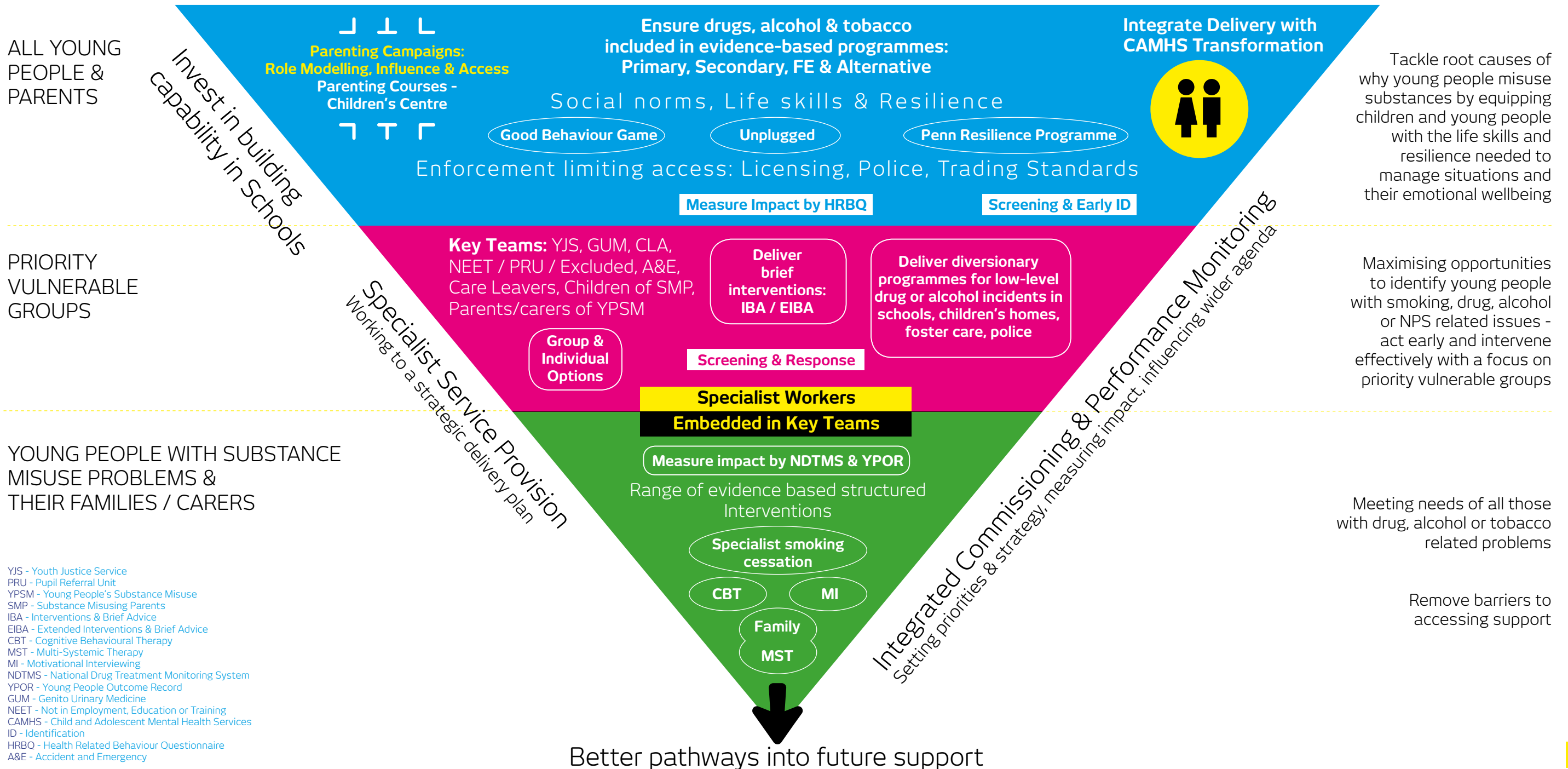
Emphasis was placed on the need for integrated delivery and commissioning alongside other relevant children, young people and public health provision given the crossover of priority groups



FOR

Proposed Model

AIMS



YJS - Youth Justice Service
 PRU - Pupil Referral Unit
 YPSM - Young People's Substance Misuse
 SMP - Substance Misusing Parents
 IBA - Interventions & Brief Advice
 EIBA - Extended Interventions & Brief Advice
 CBT - Cognitive Behavioural Therapy
 MST - Multi-Systemic Therapy
 MI - Motivational Interviewing
 NDTMS - National Drug Treatment Monitoring System
 YPOR - Young People Outcome Record
 GUM - Genito Urinary Medicine
 NEET - Not in Employment, Education or Training
 CAMHS - Child and Adolescent Mental Health Services
 ID - Identification
 HRBQ - Health Related Behaviour Questionnaire
 A&E - Accident and Emergency

Key Elements of the Proposed Model

Although the overall picture was of relatively low need and an adequate current system, it was apparent that improvements could be made to increase the reach and impact achieved through better use of the dedicated budget and existing partnerships

We propose adopting a **whole system approach**, using a **life-course model**, with integrated service delivery, governance and commissioning function at its core

Universal Prevention

Adopting a broader approach that will:

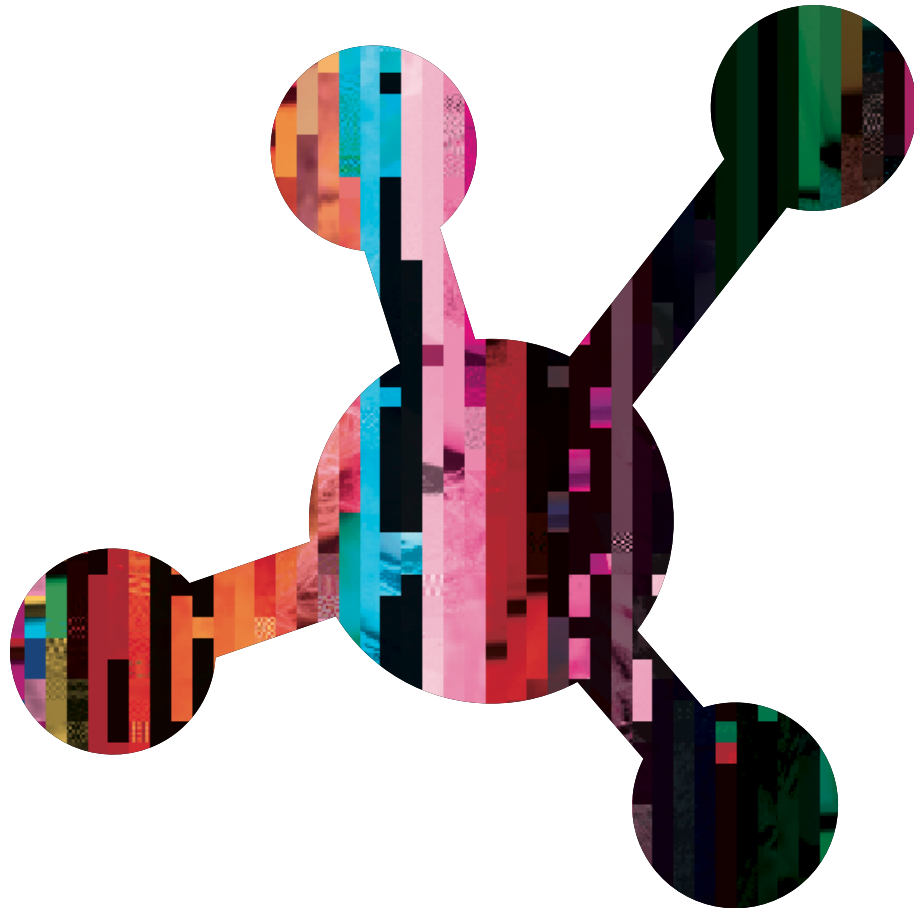
- Ensure a focus on the root causes of why young people misuse substances, e.g. lack of self esteem, peer pressure, as a coping mechanism
- Equip children and young people with the skills needed to manage situations and their emotions
- Provide all young people with the lifeskills, resilience and emotional wellbeing to prevent them from experiencing substance misuse related harms in their future lives

Achieving this by taking a triple-track approach:

- **Building Resilience and Lifeskills:** By investing in and supporting generic, evidence-based programmes already being run in Hertfordshire.

Ensuring they deliver on drug, alcohol and tobacco elements. This should be embedded within all primary and secondary schools' programmes across the County so that all children and young people have access to this, rather than being dependent on the school they attend

- **Nurturing Wellbeing:** Ensure there is a clear partnership with CAMHS Transformation plans for universal prevention in schools
- **Empowering Parents:** Making sure that parents are aware of the impact of their decisions and the opportunity for them to be a positive role model (e.g. through parenting courses and activities conducted by Children's Centres)



Key Elements of the Proposed Model

“Specialist treatment should be accessible, matched to local need and NICE-compliant”

Public Health England

Interventions, Treatment & Targeted Prevention

Maximising opportunities to identify young people with smoking, drug, alcohol or NPS related issues - acting early and intervening effectively with a focus on priority vulnerable groups by:

- Ensuring diversion is used as a response for the management of drug and alcohol and tobacco incidents with police, children’s homes, foster carers and education providers
- Training and supporting key agencies to screen more effectively using a fit for purpose tool and to deliver specific evidence based interventions (e.g. IBA)
- Ensuring timely access to age-appropriate smoking cessation – inc. for those in treatment, online service promotion, self-help tools and information
- More co-ordinated support for parents who are struggling with difficult teenagers using substances and children of substance misusing parents
- Ensuring substance misuse is considered alongside wider multi-agency responses for late teens requiring transition to adult services
- Developing online self-care tools for young people and parents

Meeting the needs of all those with drug or alcohol related problems, by:

- Increasing funding for a single specialist service, widening its scope to include targeted prevention and increasing capacity to meet demand
- Embedding specialist workers into teams working with key vulnerable groups to remove barriers to accessing support and prioritise those most in need

Enforcement & Availability

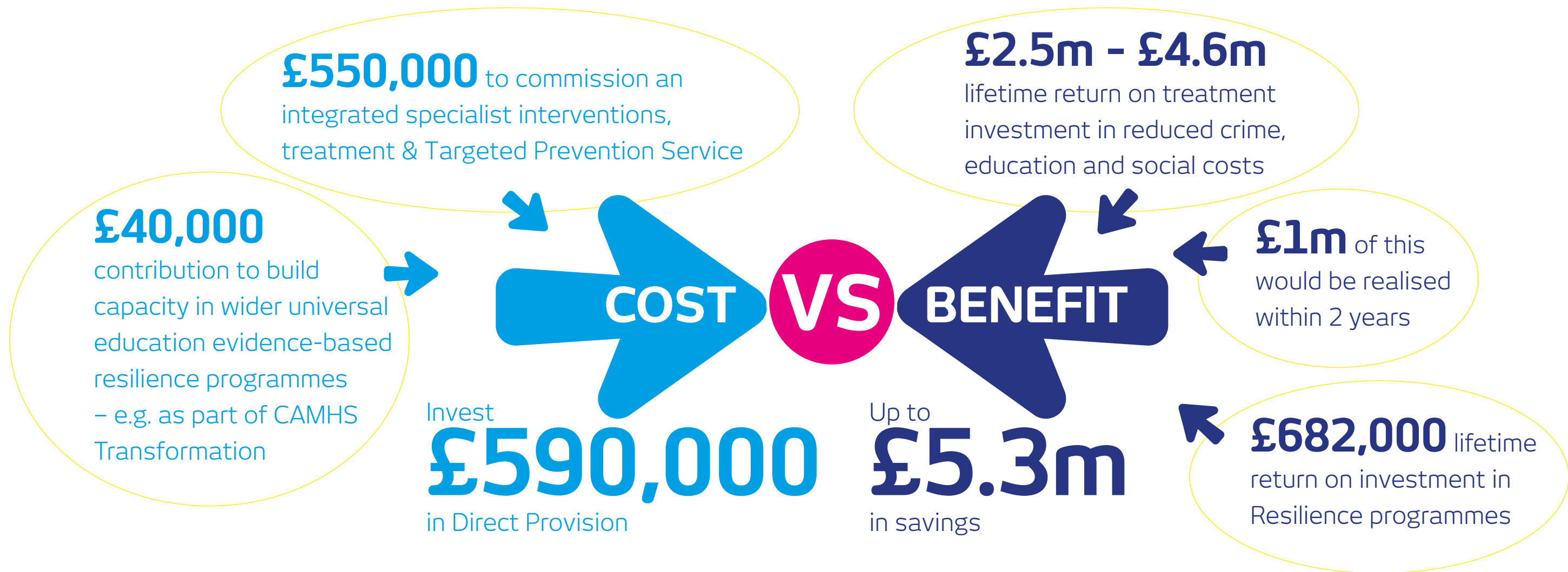
- Limiting availability of drugs, alcohol, tobacco, solvents and NPS to under 18s
- Ensuring appropriate enforcement action is taken to address specific issues such as dealing, underage sales, Headshops, & related ASB

Governance

- Ensuring young people’s use of tobacco, alcohol and drugs is fully integrated with other related issues through joined-up commissioning, delivery and performance management alongside relevant public health and children’s services
- Pool funding used by a range of agencies to reach overlapping priority groups to maximise potential impact & simplify support pathways for those with multiple needs

The Business Case for Change

Return on Investment



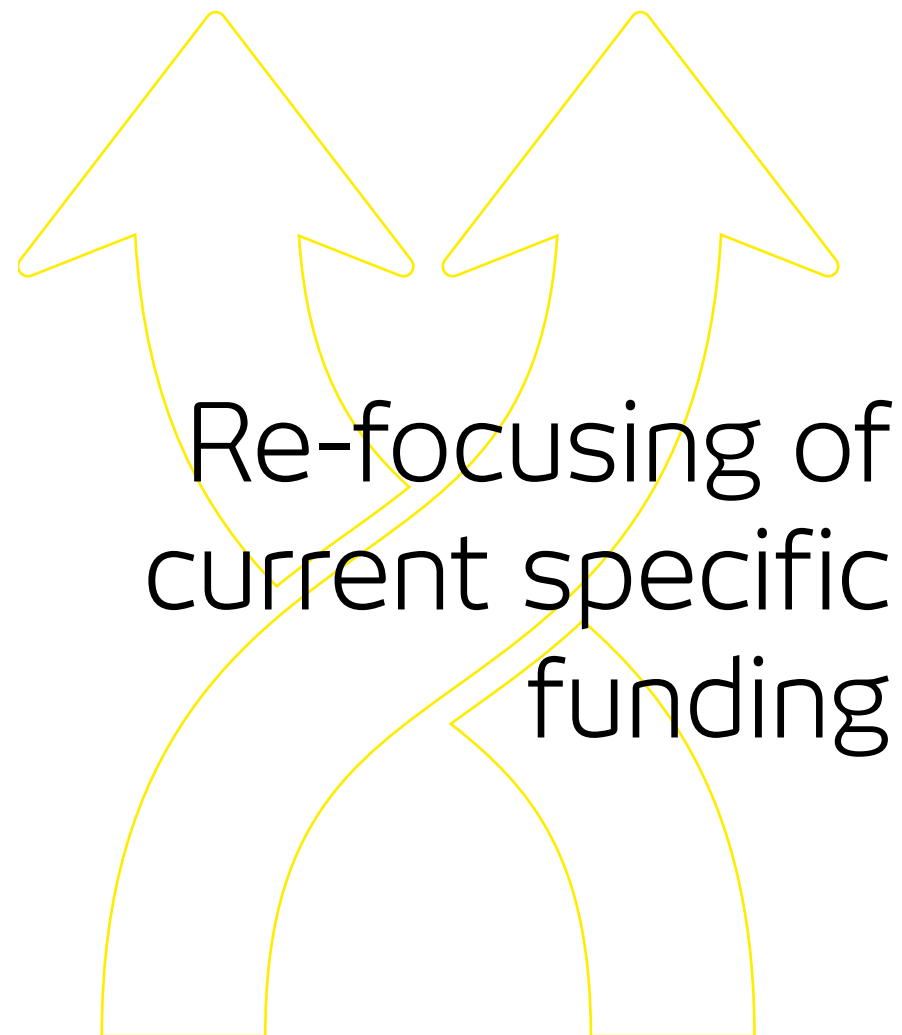
The Business Case for Change

Where will the money come from?

- The majority of funding to this proposal comes from a re-focusing of current specific funding:
 - By changing from grant giving for a range of small, short-term projects, to a concentrated commissioning of specialist treatment, interventions and targeted prevention services from a single provider
 - This dedicated funding comes from a range of sources including Public Health, Children's Services, Youth Justice, and the Police and Crime Commissioner and this will require their approval
- Efficiencies and additional funding to increase capacity and scope may come from a range of potential sources identified in our report – including extending the age limit to improve transitions and additional funding for CAMHS Transformation

Making it Happen

- An initial delivery plan sets out the actions needed to put the model into practice
- This now requires further development and formal adoption by the relevant Health and Wellbeing and Children's Services Boards
- The competitive tender for specialist services provides a timely opportunity to deliver much of the required change as does the CAMHS Transformation plan



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