

# Hampshire DAAT

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## Young people's specialist substance misuse treatment plan 2010-2011 Part 1

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This strategic summary incorporating the planning grids and funding/expenditure profile have been approved by the Partnership and represent our collective action plan.

<b>Director of Children's Services</b> John Coughlan	<i>Signature</i>
<b>Chair, Hampshire DAAT</b> Andrew Lloyd	<i>Signature</i>
<b>Chair, Young People's Health and Wellbeing Board</b> John Clarke	<i>Signature</i>

## **Overall direction and purpose of the strategy for meeting young people's substance related needs and specifically their needs for specialist treatment interventions**

*The needs assessment undertaken in 2008-09 has been refreshed to inform the 2010-2011 treatment plan. New data and evidence has been included where there were gaps and also to update the substance misuse treatment uptake in 2008-09 and treatment map.*

In response to the National Drug Strategy (2008) and the Youth Alcohol Action Plan (2008) as well as wider government guidance (e.g. The Children's Plan, Healthy Lives, Brighter Futures, Think Family) and legislation we will continue to focus in Hampshire on strengthening the following:

- Universal services (Hampshire schools, Connexions, District Youth Teams etc.) in the provision of drug and alcohol education, information and advice for young people.

The Health, Personal Development and Wellbeing Team (which was established in 2008) will continue to support to Hampshire schools, Education Centres and Youth Teams to develop drug and alcohol policies, deliver quality drug and alcohol education within the Personal, Social, Health Education (PSHE) framework and develop the skills of staff. This will continue to be provided through the Healthy Schools Award Scheme<sup>1</sup>, the Personal Development and Learning Network, the Drugs and SRE Fora, Continuing Professional Development and the Drug and Alcohol Training Pathway. Previously, primary schools have received the Hampshire Primary Drug Planning resource to assist them with the delivery of drug and alcohol education. In November 2009, the Secondary Drug Planning resource was produced by Hampshire teachers and is currently being distributed to secondary schools, Education Centres and youth services. We will continue to measure the quality of drug and alcohol information and advice received by young people using the Tell Us Survey findings.

In 2010-2011, we will continue to support the Rock Challenge dance-drama performance prevention programme which delivers positive healthy lifestyle messages to young people aged 7-18 years including raising their awareness of tobacco, alcohol and illicit drug use. Last year, 82 Hampshire Schools participated in the programme as well as young people from Wessex YOT, Children in Care and young people attending Hampshire Education Centres.

In 2009 the Partnership launched the Health & Wellbeing on site drop ins in secondary schools. The drop ins will provide a safe, confidential space for young people to access health and well-being advice, guidance and the provision of services, e.g. specialised counselling, drug, alcohol and smoking advice, sexual health provision including condoms, pregnancy testing and Chlamydia screening. We will continue to roll these out in 2010-2011.

- Targeted services – (District Youth Teams, Locality Teams, PRISM Network, Wessex YOT, YISPs etc.) in the delivery of drug and alcohol prevention work with young people and their families.

The Health, Personal Development and Wellbeing Team also work closely with and support services that are working with vulnerable young people. Previously, Hampshire DAAT funded a number of Tier 2 drug and alcohol posts that were situated around the county in different services. These contracts ended 31<sup>st</sup> March 2009 and attention instead has been given to increasing the capacity of the PRISM network that provides individual support to pupils who may be at risk of dropping out of school and / or engaged in drug and/or alcohol misuse. Disengagement from school is one of the major risk factors for the initiation or continuation of substance misuse amongst young people. In 2010-2011, we plan to develop systems to support the performance management of the PRISM service (and link these to the existing performance management

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<sup>1</sup> 77.5% of pupils who attend mainstream schools in Hampshire enjoy the benefit of attending a healthy school and when we look at just those schools who have a 20+% Free School Meal Entitlement (usually taken as a proxy measure for deprived areas), that figure rise to 87.1% of pupils.

structure which is already in place for the treatment service). We will also aim to have drug co-ordinators in all secondary schools across the county (currently 80%) and continue to develop the roles of the co-ordinators and the support provided to them by the PRISM Service.

In 2009, we received approval from the Partnership to appoint a drug and alcohol workforce development officer so that we could skill up practitioners in mainstream children's services and the voluntary youth sector to deliver drug and alcohol interventions with children and young people. This decision was made in response to the actions outlined in the National Drug Strategy (2008) to integrate substance misuse issues within mainstream children's services and targeted youth support. This worker is now in post and is located and managed in the Children's Services Workforce Development Team (WDT).

In 2009-2010 we have made good progress with the development of a drug and alcohol training strategy which sets out the training pathways to support managers and practitioners in their work with children and young people. We have also reviewed and updated the Drug Awareness E-Learning programme and the universal and targeted drug & alcohol training programme.

The WDT is responsible for supporting a broad range of the Children's Workforce including Social Work training, other social care professions e.g. Education Welfare, Foster Carers, Youth Workers and Connexions Personal Advisors. The WDT also hosts the Hampshire Safeguarding Board trainer and works alongside the Hampshire Alliance to encourage the participation of the voluntary youth sector on relevant training courses. In 2010-2011 we aim to:

- fully integrate the drug and alcohol training and development into the core function of the Workforce Development Team (WDT) which serves the children's workforce
- continue to promote the E-Learning Drug Awareness Programme (updated as of Nov 2009) and encourage managers and practitioners to complete this prior to attending the universal drug and alcohol training
- further increase the visibility of this training within children's services and with partner agencies (including the voluntary sector) and health practitioners working with children
- provide greater opportunities for integrating drug and alcohol messages into the WDT training programme, reducing duplication and providing a more holistic approach.
- Encourage all staff completing the PSHE training programme to attend the universal drug & alcohol training
- enable greater data capture and analysis of training data in line with the national need to identify and monitor the training undertaken by the children's workforce.
- enhance the support available to training colleagues by providing the opportunity to learn from and share experience within the wider pool of expertise

It is well documented that children in care experience poorer health outcomes than their peers, and are less likely to engage with health services. In 2009-2010 the Partnership (children's services and health) established the Healthy Care Strategy Group which is accountable for achieving the national agenda to improve the health of Children in Care by delivering local and national goals. The Healthy Care Strategy is informed by the Hampshire CYPP (2.7) and responds to the Corporate Parenting Agenda and the Children's Pledge. The strategy group has produced an action plan that sits beneath the Hampshire CYPP (which has followed the Healthy Care Standards and Audit Toolkit models) and which includes actions to ensure that there is a consistent and coherent response to the substance misuse needs of children in care.

The national drug strategy recognises that substance use affects families with a particular emphasis on families where parents use substances. Our priority in 2009-2010 has been to strengthen the partnership working between adult and children's services to address the needs of children affected by parental substance misuse (with the LSCB acting as a strategic bridge on this issue). In 2010 a number of events aimed at adult and children's services managers and practitioners and health colleagues will be delivered to promote the *joint working protocol for safeguarding children whose parents/carers use drugs/alcohol or who have mental health needs*. A review of the protocol will be undertaken later in 2010. Hampshire DAAT will use the NTA (Yorks

& Humberside) Safeguarding Audit Tool to audit drug treatment services to inform a work plan to address the needs of children of substance misusing parents in 2010-2011.

As part of the Think Family National programme, the Hampshire Parenting Specialist Team was established in 2009 to work with families where;

- the substance misuse of the parent/carer is impacting upon the parenting of a child
- the mental health of the parent/carer is impacting upon the parenting of a child
- there is a risk of the child offending/re-offending
- the child is in care or at risk of going into care

In 2010-2011, we will continue to promote this service with the adult and young people's substance misuse specialist treatment services.

Our aim is for every young person in Hampshire to have access to quality specialist substance misuse treatment services when and where they need them. We will continue to build partnership arrangements to support the swift and easy referral of children and young people to specialist treatment. We will also continue to seek the views of children, young people and their families (especially the most vulnerable) on the types of services that they would like to see delivered and/or on the services that they have already received.

The new contract for the Young People's Substance Misuse Specialist Treatment Service was awarded 1<sup>st</sup> July 2009 to Catch 22 following a rigorous tendering exercise. Prior to the contract start date a service implementation plan was put in place to ensure that there was a seamless transition for the commencement of the new service. The prescribing arrangements for young people with problematic drug use were secured with Winchester NHS trust by Catch 22 as soon as the new contract started (so that no young person went without a service and/or had to wait to receive a service). To date, very good progress has been made by Catch 22 with service development including new premises in Basingstoke being secured and the recruitment and selection for posts left vacant following TUPE having been completed. In 2010-2011, we will continue to closely monitor the performance of the service and ensure that best practice clinical governance structures are in place in the service delivery system (planning grid 3: objective 3).

In 2009 we have established a young people's drug and alcohol development group which brings together key partners who are responsible for implementing the annual treatment plan and for identifying gaps and areas for improvement for future work on this agenda. In 2010-2011, we will widen the membership of this group and continue to strengthen partnership work.

Much work has been undertaken in 2009 to support the governance, accountability and delivery of the local drug strategy within the wider health & wellbeing framework through the establishment of a Children & Young People's Health and Wellbeing Strategy Board. The Board was launched on 12<sup>th</sup> March 2009 and meets once every two months. The Board is chaired by the Assistant Director of Children's Services with the Interim Director of Public Health for Hampshire acting as vice chair who report on behalf of the Board to the Children's Trust.

Hampshire County Council have produced the Children and Young People's Plan 2009-2012 and the following targets are included in the plan (*pp 39-40; 2.2 Reduce substance misuse by children and young people*):

- Reduction in the percentage of children and young people frequently misusing substances (DCSF tell Us Survey/ PSA 14 – NI 115)
- The percentage of young people who think that the information and advice they receive on drugs is good enough (DCSF: Tell Us Survey/ PSA 14 – NI 115)
- Increase in % of referrals to specialist substance misuse treatment from children and families services (National Treatment Agency Quality measures/contributes towards PSA 25 NI 40)
- % of young people assessed as requiring specialist substance misuse treatment who

commence treatment within 15 working days of the referral (National Treatment Agency Quality measures/ contributes towards meeting PSA 25 NI 40)

- % of young people leaving treatment in an agreed and planned way (National Treatment Agency Quality measures/contributes towards meeting PSA 25 NI 40)

**Likely demand for specialist substance misuse treatment interventions for young people. Please identify and consider the differential impact on diverse groups and ensure that the overall plan contains actions to address negative impact**

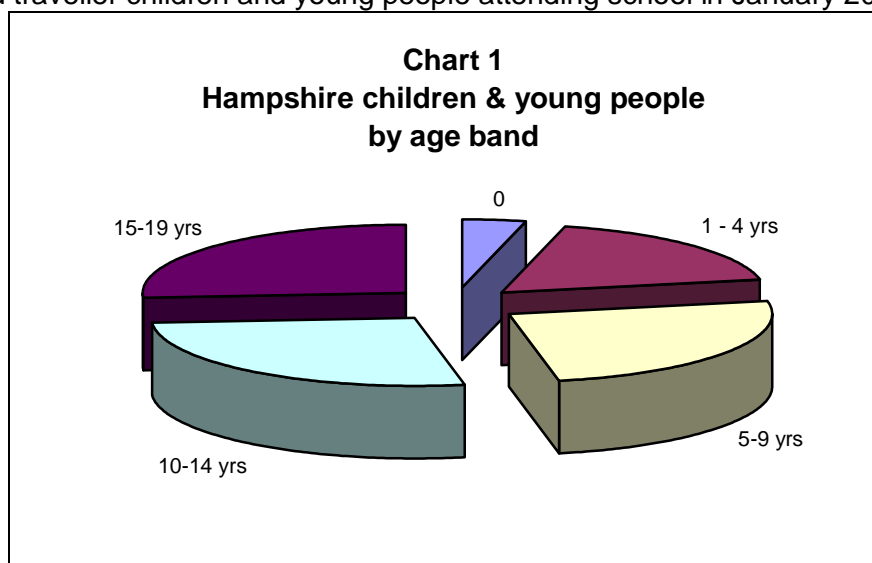
The following information has been taken from the Social Context of Drug and Alcohol Use Among Children and Young People in Hampshire (S. Pallikadavath & W Stones, June 2008), The Hampshire Public Health Annual Report 2007-2008 (Draft Jan 2009) and The Hampshire Joint Strategic Needs Assessment (2008).

**Hampshire Population of Children and Young people**

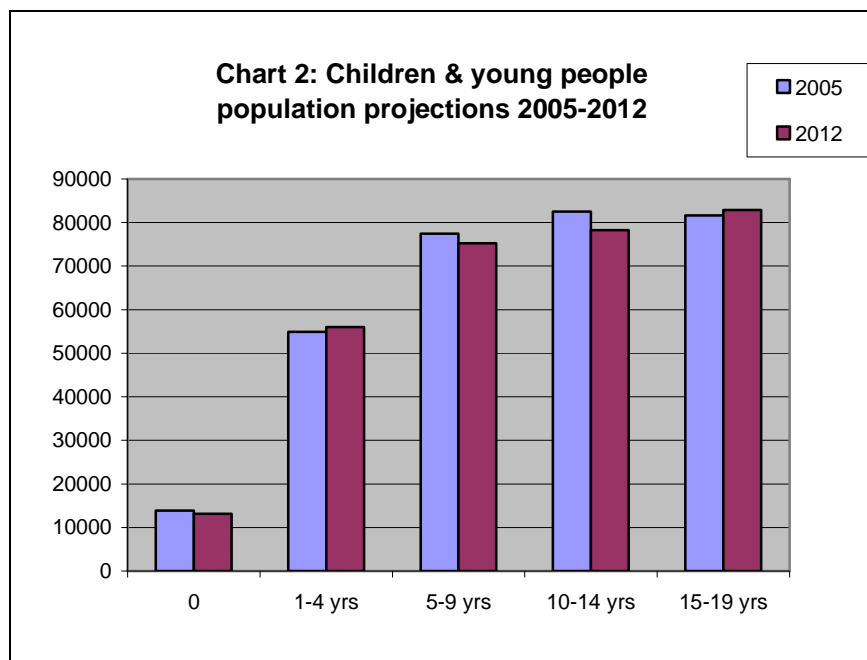
- The population of children and young people (0-19 yrs) in Hampshire is estimated to be 310,358 which makes up a quarter of the total population
- In 2005, 26% of children and young people were aged 15-19. 27% were aged 10-14, 25% were aged 5-9 and 22% were aged 4 and under
- There are more boys than girls with a ratio of 106 boys to 100 girls
- The population structure varies across Hampshire with Basingstoke & Deane having the greatest number of children and young people in Hampshire followed by New Forest.
- The majority of 'high' and 'medium' population wards (based on the 10-19 population only) are located in districts around the Southampton and Portsmouth Cities and in Rushmoor
- The majority of 'low' population wards are located in Test Valley and Winchester
- By 2012, Hampshire's 0-19 population is predicted to decline. Chart 1 shows the population projections by age band.

**Ethnicity and Migration**

- In Hampshire black and minority ethnic children and young people make up 3.2% of the child and young people population
- This figure varies across Hampshire from 1.9% in New Forest to 5.6% in Rushmoor
- Data from the Pupil Level Annual Schools' Census (Jan 2007) indicates that there were 240 gypsy and traveller children and young people attending school in January 2007.



Source: Hampshire County Council Environment Dept 2005 – based small area population forecasts



Source: Hampshire County Council Environment Dept 2005 – based small area population Forecasts (from aggregate ward figures)

### Index of Multiple Deprivation

- Although Hampshire is generally a relatively prosperous county there is variation in levels of deprivation at local authority level.
- The Index of Multiple Deprivation (IMD) is a single measure used to define deprivation at small area level. A high Index of Multiple Deprivation score is associated with poorer levels of health.
- IMD ranking (2004) shows that Hart is the least deprived local authority in England whilst Havant is the most deprived local authority in Hampshire, being ranked 126 in England.
- The IMD Rank of average lower super output area (LSOA) score indicates that the local authorities with pockets of significant deprivation are Havant, Gosport and Rushmoor.
- However, the Hampshire Joint Strategic Needs Assessment (2008) acknowledges that every local authority in Hampshire has small pockets of deprivation
- There are approximately 10,500 children and young people living in the most deprived areas of Hampshire and at risk of economic disadvantage (Hampshire Public Health Annual Report 2007-2008).
- Deprivation in Hampshire using the Income Deprivation Affecting Children (IDAC)<sup>2</sup> measure is focused in Havant, Gosport, Rushmoor and New Forest.
- The Hampshire Public Health Annual Report 2007-2008 has undertaken further analysis of the IDAC data and reports that of the top ten most IDAC deprived areas; eight are in Havant or Gosport. Four of these are in Leigh Park. Each of the three Gosport wards (Town, Leesland and Grange) have one area represented .
- There also IDAC pockets in Basingstoke, Andover, Aldershot, Farnborough, New Milton, Holbury and Pennington.

### Current and likely demand for specialist substance misuse treatment

- In 2007-2008 the main postcode districts of residence for young people accessing the substance misuse treatment service (aged 17 and under) were Aldershot (Rushmoor District), Basingstoke (Basingstoke & Deane Borough), Andover (Test Valley Borough), Petersfield (East Hampshire District) and New Milton (New Forest District).
- It appears from the findings above that the treatment service is reaching out to young

<sup>2</sup> IDAC measure is based on the % of children under 16 who are living in families in receipt of benefits or tax credits, whose equivalised income is below 60% of median before housing costs

people who are living in some of the most deprived areas and districts. In 2009, we produced a new service specification for the young people's drug treatment service which includes an assertive outreach component to ensure that the service continues to meet the needs of all young people and their families, especially those living in deprivation in more rural locations.

- To ensure that all young people in Hampshire can access the substance misuse treatment service, we will continue to strengthen the links between the treatment service and children and young people's services in Hampshire. The new contract for the treatment service commenced 1<sup>st</sup> July 2009 and the service has produced and disseminated new promotional material to all providers as well as advertising the change in provider in various newsletters and group emails. The new service provides a 24/7 helpline as well as a texting service. The service can also be accessed by the internet. As part of the service set up, the service manager will continue to meet the various teams and agencies to promote the service. A priority in 2010-2011 will be for the CAMHS Local Implementation Groups and services supporting children in care to receive awareness on the service referral criteria and pathways. This is in response to the low number of referrals that the treatment service currently receives from CAMHS and Children & Families LAC.
- In 2010-2011 we will implement the Drug & Alcohol Learning & Development Strategy which includes revised universal drug & alcohol training available to all practitioners working with children and young people (including the voluntary sector) and revised targeted level training for those working with young people at risk of or those presenting with substance misuse problems. We will continue to promote the updated E-Learning Drug Awareness Programme to all practitioners and the Drug & Alcohol Pages of the Health, Personal Development and Wellbeing Team which hosts information such as drug & alcohol guidance, policy, resources and reports as well as links to the Hampshire DAAT website and the young people's substance misuse treatment service.
- Among those accessing the substance misuse treatment service in 2008-2009, sixteen young people (5%) describe themselves as non White British as follows; White & Black Caribbean (2), White & Asian (1), Other Asian (4), Caribbean (2), Other Black (1) and Other (6).
- In 2008-2009 the treatment service reported that they have continued to see an increase in the number of Nepalese young people resident in the Rushmoor District who are accessing the service. In the last 12 months (from 30/11/08), 17 young Nepalese males have accessed the young people's substance misuse treatment service. Since July 2009, 3 Nepalese males have presented to the service and all have a prescribing need. The service expects there to be an additional 3 referrals through the YOT pathway (Nov 2009). There are currently 20 Nepalese clients from Hampshire accessing services at the ACORN Adult Drug Service (Frimley) and all have Heroin as their primary drug use with an average age of 24 yrs.
- In 2009-10, the treatment service increased its engagement with the Nepalese community through outreach, working closely with the Hampshire Ethnic Minority Traveller Achievement Service (EMTAS). The adult service has also produced translated leaflets on treatment choices, harm reduction information etc and a Carers Audio CD is being developed. Previously, ACORN have offered awareness sessions for the community but only a few senior adult males attended (who said that they would take the information back to the community). The borough council and Hampshire Constabulary have also provided drugs awareness with members of the community.
- Community members have approached Hampshire DAAT and Rushmoor BC and Hampshire Constabulary to express their concerns about the escalating drug problem in their community. Consequently and as a matter of urgency in 2010-2011 we will continue to monitor the number of Nepalese young people presenting to the Hampshire Young People's Substance Misuse Specialist Treatment Service and work closely with Rushmoor BC to develop a co-ordinated and sustained approach to address drug misuse in areas identified as having particular problems (work has already commenced in Nov 2009 to kick start this).

**Key findings of current needs assessment and a brief summary of the prevalence of**

## **problematic substance misuse by young people in the local area, changing trends, treatment mapping, characteristics of met and unmet need, attrition rates and treatment outcomes**

The following information has been extracted from the following sources; Social Context of Drug and Alcohol Use Among Children and Young People in Hampshire (S. Pallikadavath & W Stones, June 2008), The Hampshire Public Health Annual Report 2007-2008 (Draft Jan 2009), The Hampshire Joint Strategic Needs Assessment (2008), the Hampshire Children and Young People's Plan (Draft 2009), the Quality of Life in Hampshire 2008, the Hampshire Tell Us 3 Survey, the North West Public Health Observatory, Alcohol Indicators 2008, the Under 18s Partnership Information, NDTMS, the Hampshire Drug Market Profile, Hampshire DAAT (2008).

### **Prevalence of drug and alcohol use amongst young people**

Currently, the only source of data available on the prevalence of drug and alcohol amongst young people in Hampshire is that provided by the Tell Us Survey which is conducted annually in a sample of Hampshire schools.

Other prevalence data is collected by the treatment service but this only tells us about those young people who have accessed treatment service. In September 2008, Hampshire DAAT introduced the first of its' drug market profile questionnaires and the findings from this are providing the partnership with a better understanding of the drugs picture across Hampshire (see findings below).

The partnership will consider the possibility of including questions on drug and alcohol in the Hampshire Pupil Attitude Survey which is distributed to all secondary schools across the county.

The findings from the Tell Us 3 Survey (2008) are as follows;

- Twelve per cent of Hampshire's children and young people said that they have taken drugs (which is slightly higher than the national average which is 11%). This is a decrease on the previous year's findings of 18%
- Five per cent of respondents said that they had ever inhaled/sniffed solvents, glue or gas in the last four weeks (which is higher than the national average of 2%)
- Twenty two per cent of children and young people said that they have never had an alcoholic drink (lower than the national average of 25%)
- Thirty seven per cent of children and young people said that they have never been drunk
- Six per cent said that they had been drunk three or more times in the last four weeks

The survey also asks children and young people what they think about the information and advice they receive on alcohol and drugs (as well as on sexual health, smoking and eating healthy food). The findings from this part of the survey will provide the partnership with some indication of the quality of the advice and information provided to young people by universal services (in particular schools) and whether improvements need to be made.

- Seventy per cent of children and young people think that the information they receive on drugs is good enough and for alcohol this is 71%.

The Hampshire Drug Market Profile Questionnaires were distributed in Sept 2008 and responses have been received from a wide range of partners and stakeholders who have provided knowledge and perceptions of changes and trends in drug use and misuse across the county.

The key findings from the Hampshire Drug Market Profile, Hampshire DAAT Dec 2008 are as follows;

- Across the county there is a general agreement that the heroin market is fluctuating due to reduced availability and recent concerns amongst users around the risks due to quality,

whether poor or high

- The greatest fluctuations appear to be in the NE of the county with reports that heroin is much harder to find.
- The decrease in heroin has increased the market for cocaine
- An increase in cocaine use amongst young people, partly due to its' falling price
- Crack is shown as more prevalent in the SE and NE of the county
- The use of ecstasy is decreasing and amphetamine is showing a marked increase amongst adults and young people
- Greater use of prescription drugs with anti depressants most common amongst young people or those recorded as 'homeless' notably in the south west
- Cannabis is a fluctuating market with cannabis resin widely used across the county, although still hard to obtain, and the use of plant extract has decreased
- Cannabis 'Skunk' is on the increase, from outside the area, the central, SE and SW reporting increased use amongst young people
- Greater use of 'herbal highs' as alternatives to cannabis
- The use of steroids has increased in the NE and NW with some suggestions that there may be links with ex-service personnel
- Reports that Cocaine mixed with Ketamine is becoming popular amongst young people in the SW
- The use of Magic Mushrooms has decreased significantly across all areas
- No reports of Methamphetamine use
- Housing providers report an increase in the use of benzodiazepines, anti depressants and other prescription drugs (most reports from young people's and homeless services in Central Hants and SW)
- More awareness of illicit methadone and subutex becoming available especially in the NE
- Cannabis remains prevalent amongst those known to both adult and young people's mental health services
- Cocaine use is increasing amongst those known to mental health services and prescription drugs are becoming more openly traded amongst 'friends'
- Young males were seen as more likely to indulge in combining drugs and alcohol, skunk being a common reference
- It was reported that young females are seen drinking larger quantities of alcohol which is leading to increases in violence and anti social behaviour – there is a concern that this is seen as normal behaviour and that it is often condoned or not challenged by parents and family.

National statistics provided by the North West Public Health Observatory, Alcohol Indicators 2008 show that rates of alcohol specific admissions among children and young people are increasing. Alcohol specific admissions are those where alcohol is a contributing factor; examples are alcohol gastritis and alcoholic liver disease. Alcohol specific admissions provide a relative measure of the direct impact of alcohol on health. Table 1 shows alcohol specific hospital admission rates for under 18 year olds in all districts/boroughs in Hampshire.

- If we use the measure – alcohol specific hospital admissions crude rate per 100,000 population (under 18 population) the highest levels are noted in Rushmoor (100), Havant (75), Test Valley (71) and New Forest (70). These are all above the rates for the South East with Rushmoor and Havant above the rate for England.
- The previous year's data (not shown) reports high levels in the same districts as 2008 apart from Test Valley where the rate in 2007 was 45.
- The only district which saw a decrease in the alcohol specific hospital admissions crude rate per 100,000 in 2008 was Basingstoke & Deane.
- The district with the lowest rate in 2008 is East Hampshire.

Table 1

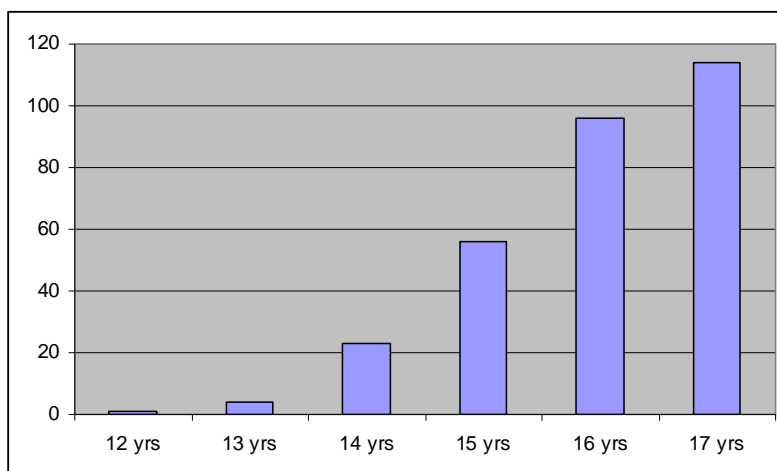
Hospital admissions due to alcohol specific conditions for persons  
under 18 years – crude rate per 100,000 under 18 population

Local Authority area	Number of hospital admissions	Crude rate/100,000 < 18 yr olds	Lower 95% CI	Upper 95% CI
Basingstoke & Deane	42	39	28	52
East Hampshire	23	31	19	46
Eastleigh	48	61	45	81
Fareham	36	52	37	73
Gosport	33	65	45	91
Hart	28	46	30	66
Havant	56	75	57	97
New Forest	72	70	55	88
Rushmoor	61	100	76	128
Test Valley	55	71	53	92
Winchester	43	59	43	80
South East	3350	62	60	64
England	23991	73	72	74

**Source: North West Public Health Observatory, Alcohol Indicators 2008.**

### Drug Offences committed by young people 2007-08

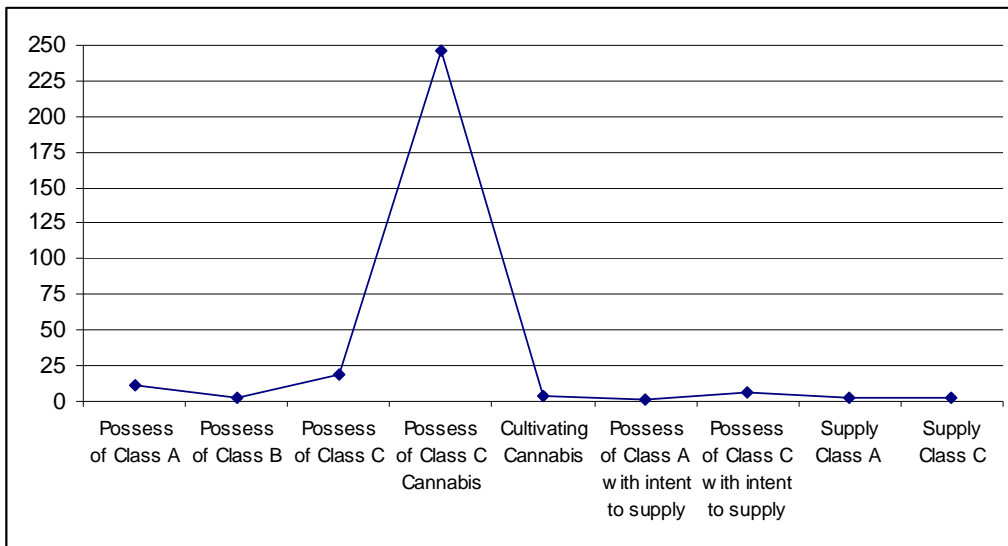
There were 294 drug offences committed by young people in 2007-08. Of these, 9.5 % were committed by young people 14 yrs and under, with the vast majority committed by young people aged 16 and 17 yrs.



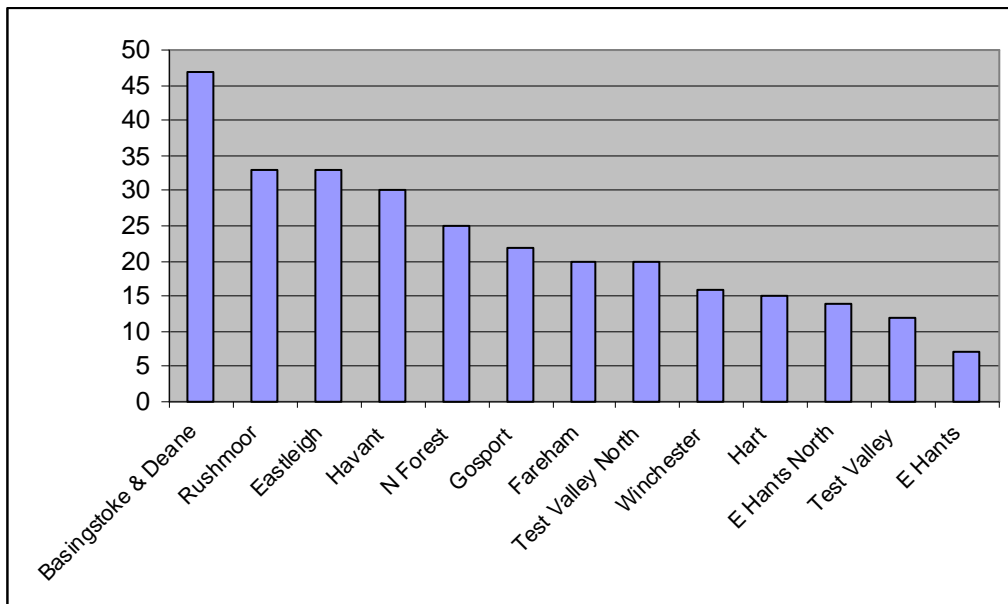
**Chart 3: Number of drug offences by age**

Most drug offences committed by young people are by young males (92%). Of the offences committed by young women, 79% were for Possession of Cannabis.

The main drug offences committed by young people are 'Possession of Cannabis' (84%) followed by 'Possession of Class C Drugs' (6%). There were twelve instances of young people being in 'Possession of Class A Drugs' and two young people were charged with 'Supply of a Class A Drug'.



**Chart 4: Type of drug offence committed**



**Chart 5: Number of drug offences in each District (Young People)**

### Vulnerable Young People in Hampshire

As set out in the Hampshire Children and Young People's Plan (Draft 2009), Hampshire is committed to reducing the risk factors that prevent some children and young people from reaching their potential; and promoting the protective factors that build resilience and self confidence. The groups of children and young people which require particular support are reported below. Many, if not all of the children and young people in these groups are more vulnerable to developing drug and/or alcohol problems.

- **Children in Care** – there are 973 Hampshire children in full time care (October 2008). Ninety five per cent of children in care do not achieve five A\*-C grade GCSEs including English and Maths (2008 provisional data). Young people in care are also particularly vulnerable to becoming homeless. In 2008-2009, fourteen young people accessing

substance misuse treatment were looked after children living in care. The work plan currently being developed by the Healthy Care Strategy Group includes a number of actions specific to substance use which will see improvements in the way young people's needs are identified and addressed.

- **Children and young people living in relative poverty** – see also the earlier section on the differential impact on diverse groups. Approximately 12,800 children in Hampshire are living in areas which are among the 30% most deprived in the country
- **Children and young people with learning difficulties and/or disadvantages** – 13,715 school pupils in the county have a special educational need or disability (2007)
- **Young carers** – There are an estimated 2,500 young carers in Hampshire. Many of these young people will be caring for parents and or other family members who are using drugs/alcohol or have mental health needs
- **Children and young people at risk because of mental health problems** – It is estimated that approximately 20,000 children and young people in Hampshire aged 0-18, will have a mental health difficulty within the current year. Many young people in substance misuse treatment have multiple vulnerabilities including mental health problems. In 2010-2011, we need to increase the number of referrals made by CAMHS (currently only 1% of referrals to the young people's drug treatment service are made by CAMHS).
- **Children and young people who are victims of neglect and abuse** – There are 445 children with a Child Protection Plan in Hampshire (Total for Q2 2008). In 2008 The Hampshire Local Safeguarding Board approved a Protocol for safeguarding children whose parents/carers use drugs/alcohol or have mental health needs. In 2010 a number of events will be held across the county to raise the profile of the protocol with children and adult services including health services and the voluntary child & youth sector.
- **Children and young people facing barriers to participation or experiencing prejudice and discrimination because of their ethnic background** – see also earlier section on the differential impact on diverse groups
- **Lesbian, gay, bisexual and transgender young people** – Hampshire's promise to lesbian, gay, bisexual and transgender young people is that they will not tolerate homophobic abuse, bullying or discrimination and will provide free confidential advice and support for young people when they need it
- **Young parents** – There were 416 conceptions among young women in Hampshire aged under 16 years (2005-07). In 2009-2010, Hampshire Young People's Substance Misuse Treatment Service will continue to work towards sustained improvements in the sexual health of service users (in conjunction with Sexual Health Services).
- **Young offenders** – 2007/8 outturn identified that there were 1,970 First Time Entrants to the criminal justice system in Hampshire (SOURCE: Youth Justice Planning Tool 2008/09 - Wessex Youth Offending Service). Young people who offend often have substance related needs. Not all young people who misuse drugs will enter the youth justice system, but many will. The Wessex YOT needs assessment undertaken in 2008 highlights the key health issues for offenders. These include complex psychosocial and physical health needs with poor health outcomes in later life including an increased risk of drug and alcohol dependence and mental health problems. The majority of referrals to the young people's substance misuse treatment service in 2008-2009 were from Wessex YOT (57%).
- **Children and young people in service families** – There are approximately 5,000 children and young people in service families in the county (school census 2008)

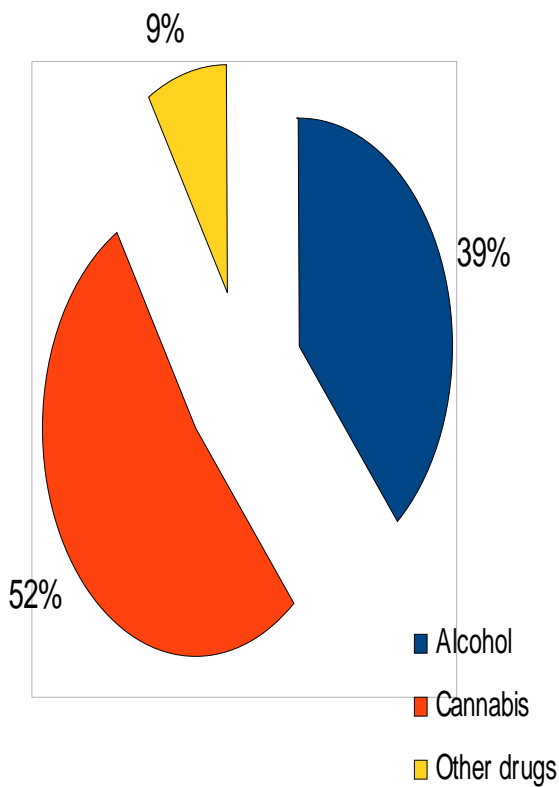
### **Substance Misuse Treatment Uptake 2008-2009**

There continues to be a steady increase year on year in the number of young people receiving substance misuse specialist treatment interventions. In 2008-2009 there was a total of 289 Hampshire young people aged 17 years and under in treatment. Of these 72% were new triages.

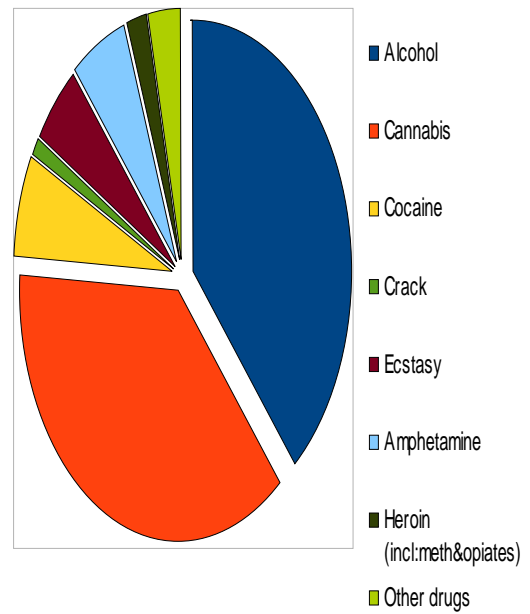
### **Type of substances used by young people presenting to treatment services 2008-09**

The type of substances used by young people in treatment 2008-2009 in Hampshire are as follows:

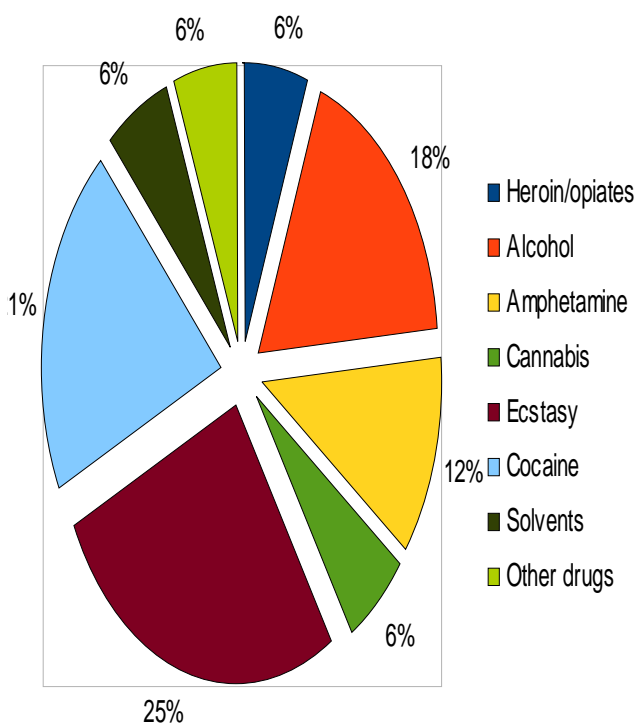
- The primary substances that young people presented to the treatment service with were cannabis (52%) followed by alcohol (39%). For alcohol, this is a slight increase on the previous year.
- If we look at the data for YOT clients in treatment, forty three per cent reported alcohol as the main substance.
- The presentation of 'recreational' or 'party' drugs as the primary substance was low with only one young person presenting with ecstasy, amphetamine (1) and cocaine (5).
- Three young people presented to treatment with solvents as the primary substance.
- In 2008-2009, thirteen young people presented with heroin/methadone and/or other opiates as their primary substance (4.5%).
- In 2008-09 four young people who reported that they were injecting at the point of assessment which is an increase on the previous year. An additional three young people reported that they had previously injected. Ninety seven per cent of young people presenting for treatment reported that they have never injected.
- Of the seven young people presenting with an injecting status, only 4 young people were offered a Hep C Test. By Q1 09-10, all young people with an injecting status were offered a Hep C Test.
- Most young people presenting for treatment are poly drug users (71% report a second drug of choice).



**Chart 6: Primary Presenting Substance 2008-09**



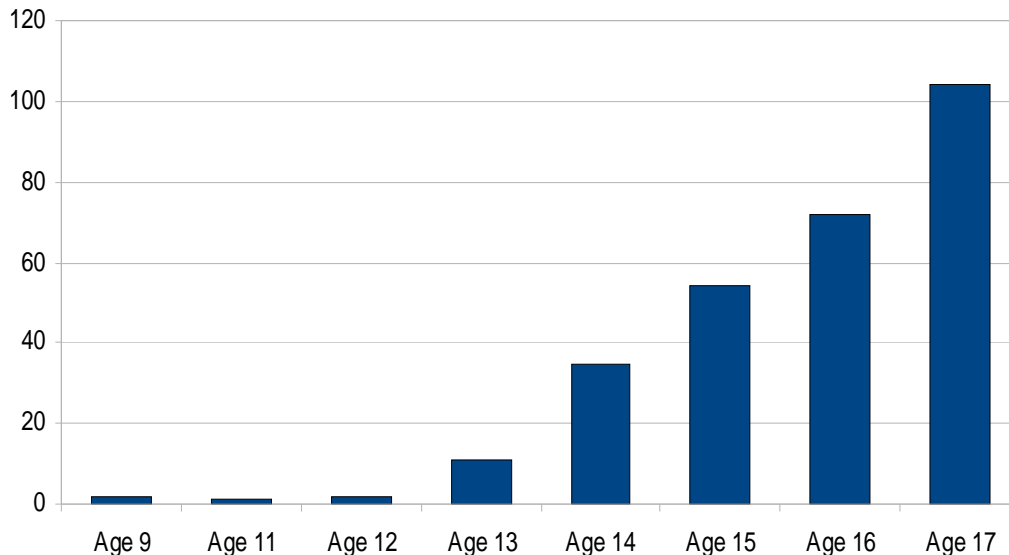
**Chart 7: Second Presenting Substance 2008-09**



**Chart 8: Third Presenting Substance 2008-09**

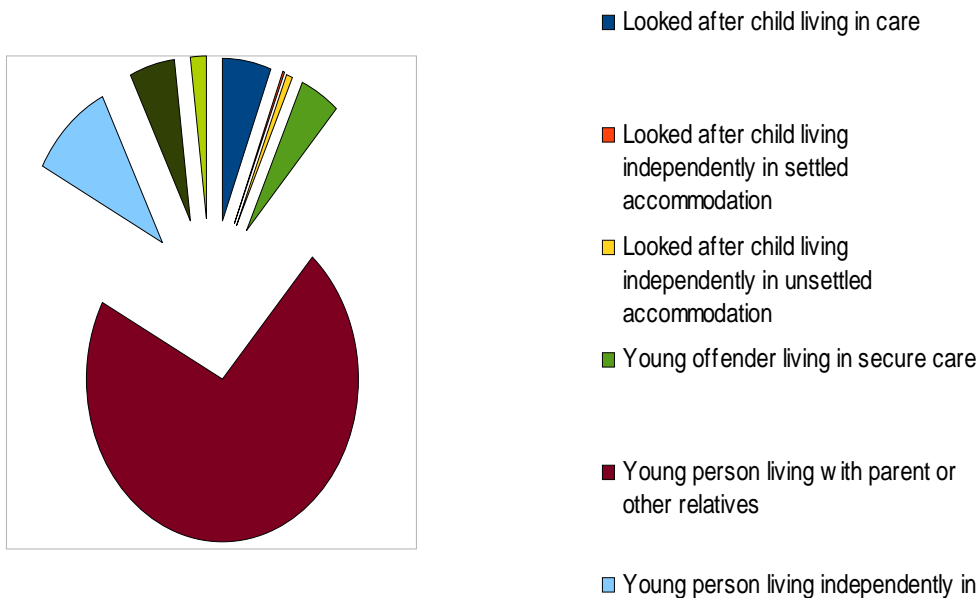
## The profile of young people presenting to the Young People's Substance Misuse Specialist Treatment Service 2008-2009.

- As reported in the chart below, young people who accessed the young people's treatment service in Hampshire (2008-2009) were aged between 9 and 18 years.
- Eighteen per cent of young people accessing the service were aged 14 or under which is an increase on the previous year (2007-08 was 10%).
- Among those presenting for treatment approx 80% were 15 – 17 yrs.



**Chart 9: Age of YP Accessing the Treatment Service (at mid-point of year)**

- Among those presenting for treatment the majority were white (92%) with five young people reported as not having their ethnicity stated.
- Sixteen young people (5%) describe themselves as non White British as follows; White & Black Caribbean (2), White & Asian (1), Other Asian (4), Caribbean (2), Other Black (1) and Other (6).
- The treatment service report that in the last 12 months (from Nov 09) seventeen young Nepalese males have accessed the service. Since July 2009, 3 young Nepalese have presented to the service with a prescribing need and the service anticipates there to be 3 new referrals made via the YOT pathway (Nov 09).
- Most young people accessing the treatment service are male (66%) and of those young people who have been referred from the YOT the proportion of males is slightly higher (73%).
- The majority (71%) of young people in treatment are living with their parents or other relatives (see the chart below).
- Fourteen young people in treatment are looked after children, eleven young people are living independently in unsettled accommodation and four young people are living independently with no fixed abode.



**Chart 10: Accommodation of young people accessing the treatment service 2008-09**

### **Treatment mapping, characteristics of met and unmet need, attrition rates and treatment outcomes**

A treatment map is attached in Appendix 1 which outlines the referral routes, numbers in treatment, agency transfers, treatment exits (planned and unplanned) and post discharge routes.

### **Referral Routes**

As in the previous year, the majority of referrals have been made to the treatment service by Wessex YOT (57%) with a low number of referrals from other agencies including health and mental health (1.4%), education (8.3%), and Children & Families (4.6%). Referrals made by 'Other' account for 1.4% and referrals made by self and/or parent/carer is 7%.

As reported previously, the treatment service will always receive a high number of referrals from Wessex YOT as the treatment service includes 4 full time substance misuse workers seconded to Wessex YOT (covering the Hampshire CC area).

In 2008-09, Hampshire DAAT successfully commissioned a new young people's specialist treatment service, and as part of the set up of the service which commenced 1<sup>st</sup> July 2009, much work has already been undertaken with partner agencies in children's services to raise the profile of the service. However, the partnership does recognise that further work needs to be undertaken if we are to see an increase in referrals from children & families, looked after services and CAMHS. Therefore, a number of key strategic and operational actions have been set in this year's treatment plan to address this. Priority will be given in 2010-2011 to strengthening the partnership work between the treatment service and children's services including Locality Teams, Children in Care Teams, Services for Young People, Parenting Support, Residential Children's Homes, Foster Carers and the PRISM Service. This will include assigning members of the specialist team to each of the 11 Districts so that Children's Services Teams and other agencies have a named contact for the Substance Misuse Specialist Treatment Service. Strategic support will be provided through the work currently being undertaken through the Healthy Care Strategy and the Drug & Alcohol Learning & Development Strategy. During Q3-Q4 2009-2010 formal consultation will be undertaken as part of the tender exercise to commission an integrated, countywide Tier 2 and 3

CAMHS in Hampshire. It has already been acknowledged that there will need to be clear protocols in place to address interface issues between CAMHS and the Substance Misuse Service and for young people presenting with substance misuse & mental health to be addressed in the new service specification.

In 2008-2009 we increased the capacity of the PRISM Service to provide individual support for secondary school pupils who may be engaged in substance use and at mid point 09-10 we have already seen an increase in referrals to this service on last year's data (134 referrals to the PRISM Service from secondary schools and 14 referrals from Education Centres).

### **Numbers in treatment**

In 2008-2009 there were 308 Hampshire young people in drug treatment which is a slight decrease on the previous year (305). The number of new presentations of young people under 18 in 2008-2009 was 208. During this period, 88% of young people received psychosocial interventions, 9% received and harm reduction service and 3% received a specialist pharmacological intervention. There were few family interventions reported as being delivered by the service in 2008-09. However, the new service specification for the service which commenced 1<sup>st</sup> July 2009 includes family interventions and therefore we should start to see an increase from Q2 2009-10.

We continue to perform well against the NTA treatment quality measure which is that at least 90% of young people requiring specialist substance misuse treatment should be catered for in a young person's service. In Q4 of 2008-2009 this was 99% and in Q1 & Q2 2009-10 it was 100%. We will endeavour to keep this at 100%.

### **Treatment Outcomes**

The progress of all young people over the age of 16 years in care planned treatment is monitored using the Treatment Outcome Profile (TOP) at the start of treatment, at care plan reviews and at discharge. TOP was introduced by the NTA in 2008 and should be completed for all young people in treatment aged over 16 in line with the NTA guidance.

Last year the young people's substance misuse treatment service introduced an action plan to ensure that staff were complying with this requirement and some improvement was noted with completion rates recorded in Quarter 1 (2009-2010) as follows: Starts: 72 %, Reviews:86%, Exits:63 %. In Quarter 2 (2009-2010) we saw improvements against Exits which at 80% was rag rated green. We need to ensure that there is sustained improvement against these targets in 2010-2011 and will continue to monitor closely compliance with this requirement through quarterly contract and performance monitoring meetings with the treatment service.

### **Treatment Exits: Planned/unplanned discharges**

In 2007-2008 the number of unplanned discharges from the treatment service was very high but good progress was made during 2008-2009 following the introduction of a closure form for practitioners to complete with young people. By Q4 (08-09), performance against this measure had steadily increased to 74.3%

However, in Q1 and Q2 2009-10, performance against this measure has reduced to 58.7% and 63.9% respectively against a target of 81%. The decrease in Q1 coincided with the old treatment service contract coming to an end and so it is possible that it is a consequence of cases being transferred over to the new provider. The new provider will continue to undertake regular checks of recording/reporting of discharge data and the completion of the closure form. The service has also introduced a new discharge system which allows the specialist worker and young person to plan the discharge and complete the closure form in advance of the closure meeting.

The average length of time that young people were in treatment (based on those discharged during 08-09) is as follows:

Presenting Drug	Numbers discharged	Average time in treatment (weeks)
Opiates/crack	10	21.1
Other stimulants	4	17.3
Cannabis	71	17.5
Alcohol	63	18.3
Other	4	41.3

**Improvements to be made in relation to the impact of treatment in terms of its outcomes which will deliver improvements in individual young people's health and social functioning update**

We recognise that parents/carers and other family members need support to help them to manage the impact of a young person's substance misuse. The new contract for the young people's substance misuse treatment service which commenced 1<sup>st</sup> July 2009 provides family interventions alongside the range of evidence based interventions for young people (described in the NTA (2008) Draft Commissioning Guidance for Young People's Specialist Substance Misuse Treatment Services and NTA (2007) Assessing Young People for Substance Misuse). In 2010-2011 the treatment service will develop links with other parent and family services so that it can promote its work and increase the capacity of the service to support parents and carers. Services already supporting parents/carers include; Hampshire Families (voluntary sector provider supporting children, young people and families across Hampshire), the Specialist Parenting Service and Parent Support Link (which supports people affected by someone else's drug use). We will also ensure that these services access the drug and alcohol training available via the Hampshire Learning Zone.

As reported earlier, good progress was made in 2009-2010 to incorporate basic substance misuse training into core professional training across the children's workforce (in line with ECM). The universal and targeted drug and alcohol training has been reviewed and updated and a pool of trainers has been established from children's services teams to ensure that the training provision is sustainable in the future. In 2010-2011, we will continue to promote the drug and alcohol training with children's services and health colleagues who work with children and young people.

As part of the set up of the new drug treatment service, a marketing and communications plan was implemented to promote the service with key stakeholders and young people. Accessibility to the service has increased through the introduction of new contact routes including website, text and free phone number. An outcome of this has been a reported increase in the number of referrals to the service in the first quarter of the new contract. However, we need to build on this work to increase the number of referrals from children and families services and other partners, including health. This has been identified as a priority in the 2010-2011 treatment plan and will include assigning members of the treatment service to each of the 11 Districts so that Children's Services Teams and other agencies have a named contact for the Substance Misuse Specialist Treatment Service. As reported earlier, there are actions in the Healthy Care Strategy to ensure that clearly identified referral and care pathways are in place to the drug service from Hampshire Children's Homes. The official launch of the treatment service will take place in January 2010 and this will provide further opportunities to promote the interventions provided by the service.

In 2010-2011 we will also ensure that the specialist treatment service completes a CAF with young people who access the service via a direct self referral and that it is able to capture the number of young people entering the drug service via the CAF route.

During 2010-2011 the Hampshire CAMHS Commissioning Partnership will undertake a tender exercise to commission an integrated, countywide specialist Child and Adolescent Mental Health Service. As reported earlier, it has been acknowledged that there will need to be clear protocols in

place to address interface issues between CAMHS and the Substance Misuse Service and for young people presenting with substance misuse & mental health to be addressed in the new service specification.

Early discussions have taken place with Wessex YOT and the Young People's Drug Service to prepare Hampshire for the YRO Drug Treatment and Testing Requirements and Intoxicating Substance Misuse Requirement. However, further preparatory work needs to be undertaken in 2010-2011 before these interventions can be offered to young people including;

- Clear criteria (checklist) for initial consideration
- Specialist Substance Misuse Assessments (including alcohol & volatile substances) for C&YP to determine treatment needs and availability/whether testing requirement suitable, necessary and available
- Develop Treatment programme/ Care Plan for Requirement
- Develop clear enforcement standard/guidance
- Agree minimum qualification of Worker
- Workforce Development (identify and implement)
- Ensure that testing arrangements (for Class A drugs) & protocols are in place
- Testing must be carried out by suitably qualified worker
- Develop clear guidance/procedures for sharing information & consequence of positive result

In 2010-2011 we need to continue to increase the number of planned discharges to meet the NTA target of 81% and ensure that all young people who have a history of injecting are offered a personal Hep C test. We will also work closely with the drug treatment service to improve the rate of compliance with regards to the completion of the treatment outcome profile (TOP) for all young people who are over 16 yrs.

### **Key priorities for developing young people's specialist substance misuse treatment interventions to meet local needs during the next financial year update**

1. Increase the number of drug co-ordinators in secondary schools
2. Implement the children and young people's drug and alcohol workforce development strategy and increase the number of practitioners accessing universal and targeted training.
3. Review the joint working protocol for safeguarding children whose parents/carers use drugs/alcohol or who have mental health needs.
4. Continue to monitor and review the performance of the young people's substance misuse specialist treatment service
6. Ensure that at least 20% of all referrals to the young people's substance misuse specialist treatment service are made by children and families services
7. Increase the percentage of referrals to the young people's substance misuse specialist treatment service by CAMHS.
8. Ensure that all Children in Care are screened for substance misuse within the context of their annual health assessment and whenever there are indications of misuse of substances within the appropriate setting with the aim of early identification and intervention.
9. Provide an accessible young people's substance misuse specialist treatment service
10. Continue to increase the percentage of young people assessed as requiring specialist substance misuse treatment who commence treatment within 15 working days of referral through close monitoring and regular performance management meetings with the YP SM Specialist Treatment Service provider
11. Ensure that all young people resident at Swanwick Lodge Secure Children's Home are screened for substance misuse and receive the appropriate drug & alcohol interventions
12. Strengthen the links between the Hampshire Young People's SM Specialist Treatment Service and services which support children, young people, their families and communities.
13. Continue to improve the performance of the youth justice element of the treatment system delivery
14. Ensure that best practice clinical governance systems are in place in the young people's specialist substance misuse delivery system.
15. Build on the progress that has already been made to involve young people in the design and

development of services

16. Ensure that all young people who have a history of injecting are offered a personal Hep C test with appropriate pre and post test counselling

17. Work towards sustained improvements in the sexual health of service users (in conjunction with Sexual Health Services)

18. Ensure that the progress of all young people over the age of 16 years in care planned treatment is monitored using the Treatment Outcome Profile (TOP) at the start of treatment, at care plan reviews and at discharge

19. Continue to increase the percentage of planned discharges

20. Strengthen transitional arrangements to ensure that care planning arrangements are in place for all young people prior to their 18th birthday so that there is ongoing support for young people who leave young people's specialist substance misuse treatment.

# Young People Treatment Map 2008-09

