

**SURREY  
DRUG &  
ALCOHOL  
ACTION  
TEAM**

Full Report

**NEEDS ASSESSMENT:  
YOUNG PEOPLE'S DRUG /  
ALCOHOL TREATMENT NEEDS**

**TACKLING  
DRUGS  
CHANGING  
LIVES**

Jan 2008

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## 1. INTRODUCTION

The purpose of the Needs Assessment is for the DAAT partnership to gain a more detailed understanding of the extent and nature of the needs of problematic substance users aged 19 and under in Surrey; and to then use this understanding to inform planning.

The Needs Assessment is a large data analysis exercise, which predominantly interrogates drug/alcohol substance misuse data but also uses data and information from other sources such as the Police, the Primary Care Trust and the County Council.

The report covers the following areas:

- The demand for substance misuse service
- The Referral Process into Substance Misuse Services
- The needs of Vulnerable Groups
- The Accessibility and Effectiveness of Substance Misuse Services

The development of the Needs Assessment has been supported by an expert group, the membership of which is as follows:

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## **2. THE DEMAND FOR SUBSTANCE MISUSE SERVICES**

### **2.1 The Surrey context**

Surrey is one of the largest counties in England with a population of 1,085,200. Overall, children and young people aged 12 – 19 make up 9.2% of the population (99,479).

Further information on the demographics of Surrey is available through Surrey's Childrens Needs Assessment (to be published 2008)

### **2.2 Estimating the prevalence of substance misuse amongst young people**

Currently there is no nationally agreed method for estimating the prevalence of problematic substance use amongst young people aged nineteen and under. This section reviews the following methodologies / data and draws conclusions about prevalence:

- Local data on the numbers accessing substance misuse services
- Home Office (2007) Drug Use Among Vulnerable Young People: Developing a Local Profile
- The Tell-Us 2 Survey 2007
- Hay et al (2006) Estimates of the prevalence of opiate and/or crack cocaine use (2005/06) South East Region

#### **2.2.1 Local data on numbers accessing substance misuse services**

There are currently four substance misuse services working in partnership to deliver a comprehensive range of services to young people. The Treatment Map in Appendix 2 outlines how young people access these services.

The services are as follows:

- Youth Justice Service Substance Misuse Service. (YJS SMS)  
Provides substance misuse services for young people in contact with the Youth Justice Service
- Involve Surrey Young People's Service (SYPS)  
Provides substance misuse services including access to medical / residential interventions.
- SADAS Omni-Youth  
Provides assertive outreach for young people not engaging in substance misuse services
- DAYS Rainer Drug / Alcohol Youth Support (DAYS)

Provides early intervention for young people (at risk of being) excluded from school for drug/alcohol related issues as well as those Leaving Care

In 2006/7 414 young people accessed substance misuse services. This equates to 1 in 242 young people aged 12 – 19.

Of those accessing substance misuse services 45% identified alcohol as their main drug of choice 40% identified cannabis; the next highest main drug of choice was cocaine at 4.7% (See Section 5.5). The highest reported secondary / tertiary drug of choice other than cannabis and alcohol was cocaine.

### **2.2.2 Home Office (2007) Drug Use Among Vulnerable Young People: Developing a Local Profile**

This publication uses national prevalence research data and applies this to Surrey populations to determine local prevalence. Using this process the following conclusions can be drawn about the prevalence of frequent drug use in Surrey

- There are 3,440 young people aged 19 and under who use drugs frequently<sup>1</sup>. (See appendix 1); this is broken down as follows
  - 1,194 are not from a vulnerable group
  - 633 have been arrested at least once
  - 49 are looked after<sup>2</sup>
  - 909 have been excluded from school
  - 655 are frequent truants

It is important to note the following:

- This data does not take into account co-morbidity between vulnerable groups; so in this respect only it is likely to present an overestimation of the total number of young people using drugs frequently.
- This data does not include alcohol use, which is the most used drug by young people accessing substance misuse services in Surrey.
- “Using drugs frequently” is defined as using drugs once a month or more within the past full year. This is not an accurate measure of problematic use; problematic substance use will involve patterns of substance use that are more frequent than once a month and are also linked with a range of other problematic behaviours.

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<sup>1</sup> Using drugs frequently is defined as using drugs once a month or more within the past year.

<sup>2</sup> The formula used to identify the number of looked after children who use frequently also includes young people who have ever been homeless. No data is available on young people who have ever been homeless in Surrey hence they are not included in this summary of prevalence.

- The data only includes prevalence amongst those under the age of eighteen. This report looks at the needs of those aged nineteen and under.

### 2.2.3 The Tell-Us 2 Survey 2007

The Tell-us 2 survey is a schools survey which looks at a range of issues affecting children and young people aged between twelve and sixteen. The survey is carried out nationally but results are available on a local basis for Surrey. The Survey was first carried out in 2007 and Table 1 outlines the results.

**Table 1; Tell Us 2 Survey Results 2007**

| Data  | Surrey | National |
|---|--------|----------|
| <b>Alcohol</b>  |        |          |
| Number reporting having ever had an alcoholic drink   | 45%    | 48%      |
| Number reporting getting drunk once or twice in the last month  | 10%    | 12%      |
| Number reporting getting drunk three or more times in the last month                                    | 6%     | 7%       |
| Number preferring not to say / can't remember / don't know  | 5%     | 5%       |
| <b>Drugs</b>  |        |          |
| <i>Questions about drugs were only asked of year 8 and year 10 pupils</i>                               |        |          |
| Number reporting never using drugs  | 87%    | 80%      |
| Number reporting that they have not taken any drugs in the past four weeks                              | 8%     | 7%       |
| Number reported using cannabis in the past four weeks   | 5%     | 9%       |
| Number reporting the use of solvents  | 3%     | 3%       |
| Number reported using other drugs (identified as cocaine, speed, LSD, ecstasy, heroin, magic mushrooms) | 4%     | 3%       |
| Number preferred not to say   | 6%     | 6%       |

23% felt that they needed more information on alcohol (compared to 27% nationally) and 29% felt they needed more information on drugs (compared to 31% nationally)

77% felt that information on alcohol was good enough (compared to 73% nationally) and 71% felt that the information they received on drugs was good enough (compared to 69% nationally)

Given that this is the first year that the Tell-Us 2 Survey has been delivered it is difficult to draw firm conclusions from this data. This data gives little insight into the demand for substance misuse services.

#### **2.2.4 Hay et al (2006) Estimates of the prevalence of opiate and/or crack cocaine use (2005/06) South East Region**

The most recent estimate of problem drug use prevalence has been produced by Glasgow University for the period of 04/05. The Home Office commissioned Glasgow University to assess the prevalence of problem drug use by applying two statistical methods: the capture-recapture method and the multiple indicator method. These estimates were generated for each DAAT area and will be repeated in each of the next two years.

The Glasgow 2004/05 prevalence estimate of opiate and crack cocaine users in the Surrey DAAT area is 3,999 (Hay et al 2006). There is a confidence interval of 95% associated with this estimate, therefore the prevalence estimate could lie anywhere between 3,149 and 5,331 problem drug users. For the purposes of this needs assessment the central figure of 3,999 will be used. (Further information is available through Surrey DAAT's Needs Assessment of Adult Treatment (November 2007)). This research goes on to suggest that 19% of this figure will be aged between fifteen and twenty-four; this equates to 760 young people in Surrey.

However it is important to note that this estimate of prevalence does not give an age range which is conterminous with that of young people's treatment services in Surrey or this needs assessment report. It is not possible to draw conclusions about problem drug use amongst those aged between fifteen and nineteen from this research and as evidence suggests that drug use increases with age; the 760 young people will not be evenly spread through this age range. Alongside this, this estimate of problem drug use does not include the use of drugs other than crack cocaine or heroin. The vast majority of problem drug use amongst those aged nineteen and under is the use of alcohol and cannabis. (See section 6.1)

### **2.3 Discussion**

For the reasons given above Hay et al (2006), the Home Office (2007) and the Tell-Us 2 Survey 2007 give little insight into the prevalence of problematic drug/alcohol use amongst young people aged nineteen and under in Surrey. As a result it is not possible to draw conclusions about prevalence in this report.

However the following findings were felt to be significant

- According to the Home Office (2007) 1,194 young people who use drugs frequently are not from a vulnerable group. It is not possible to identify whether these young people are using problematically, or whether they require support from substance misuse services. However further work should be done to ensure that the needs of young people not in vulnerable groups are met through information / awareness campaigns and drug education in school.

- A significant proportion of young people require further information on drugs and alcohol. And/or felt that the information received was not good enough. Further work is needed to improve the quality of information that young people receive both within and outside of school

The numbers of young people using solvents reported by the Tell-Us 2 Survey was seen as a concern due to the immediate health risks of using solvents. Although these numbers reflect the national average further information is needed on the age range of those reporting solvent use and the types of schools who were involved in the survey. Although the large majority of those young people who have ever used solvents will not access substance misuse services it is interesting to review treatment data in this respect. Table 18 in Section 5.5 shows that 4 young people who accessed substance misuse services used solvents as their primary drug of choice and that 2 young people used solvents as their tertiary drug of choice. This suggests that prevalence is low amongst those requiring support from substance misuse services.

The Tell-Us 2 survey suggests that a significant proportion of young people (23-29%) of young people felt that there was not enough information on drugs/alcohol available and/or that the information they did receive was not good enough. This suggests that further work is needed within school and community settings to raise awareness of drug/alcohol issues.

## 2.4 Recommendations

- **The DAAT works with Public Health and the National Treatment Agency for Substance Misuse to develop a more robust approach to identifying the prevalence of problematic substance use within Surrey.**  
*(DAAT, Primary Care Trust, National Treatment Agency)*
- **Further information is needed on the prevalence of solvent use in Surrey. This could be developed through a breakdown of the Tell-Us 2 survey and / or through more detailed discussions with service providers. Campaigns work and drug/alcohol education in schools should continue to highlight the risks of solvent use.**  
*(DAAT)*
- **The DAAT should continue to work with Four S, the Primary Care Trust, Police, Youth Development Service and the Voluntary Sector to ensure drug/alcohol education in schools better meets the expectations and needs of young people.**  
*(DAAT)*

### **3. The Referral Process into Substance Misuse Services**

This section analyses the referrals into substance misuse services and looks to identify where referral mechanisms are working well and where further work is needed.

The data on referrals should have been taken from the National Drug Treatment Monitoring System (NDTMS) which is a national database collating anonymised data on those accessing substance misuse services. However the Rainer Drug/Alcohol Youth Support service was not required to submit data to this database during 2006/7 due to the definition given by the National Treatment Agency; alongside this there appears to be significant gaps within this data. Instead local agency data has been used where it is perceived to be more accurate. The reasons for these gaps will need to be explored further for this data to be used to inform future needs assessments

Table 2 below summarises the sources of referrals into Substance Misuse Services for the financial year 2006/7 and the first six months (1/4/07–30/9/07) of 2007/8. The reason for presenting these two sets of data is to show any changes in referral patterns during these time periods; it was noted that there have been developments in some services that will have impacted on referral data. For instance the recruitment of an Alcohol Worker at SYPS to develop responses to young people accessing Accident and Emergency Units is likely to result in an increase in referrals.

Referral data provides an indication of an agency's ability to identify and respond to substance misuse issues. However it is important to take into account the following when drawing conclusions about this data:

- The numbers of clients the agency is contact with, will impact on the number of referrals they are likely to make; in particular the number who are vulnerable to developing problematic substance use.
- The ability of the agency to address substance misuse problems as a part of their work with the young person.  
(E.g. there may be more capacity and more appropriate for Youth Workers / Connexions PAs to address substance misuse issues with young people than for GPs.)

**Table 2: Summary of referrals into Substance Misuse Services 2006/7**

| Agency                         | Number of young people in contact – as of 4/12/07 (unless stated) | Referrals into Substance Misuse Services |            |                            |            |
|--------------------------------|---|--|------------|----------------------------|------------|
|                                |   | 1/4/2006 – 31/3/2007                     |            | 1/4/2007 – 30/9/2007       |            |
|                                |   | Local data                               | NDTMS data | Local data                 | NDTMS data |
| Youth Justice Service          | 900   | 118                                      | 108        | 80                         | 65         |
| Youth Development Service      | -   | -  | -          | -                          | -          |
| GPs                            | -   | 12                                       | 8          | 7                          | -          |
| Accident & Emergency Units     | -   | -  | -          | 6                          | -          |
| Hospital other than A&E        | -   | -  | -          | -                          | -          |
| CAMHS                          | 10,150*   | 12                                       | 6          | 4                          | -          |
| Residential Units              | 153   | 7  | 5          | 4                          | -          |
| Foster Care                    | 547   |  |            |                            |            |
| Childrens Teams                | 534   | 30                                       | 9          | 9                          | -          |
| Locality Teams                 | 2,102   |  |            |                            |            |
| Assessment Teams               | 985   |  |            |                            |            |
| Asylum Team                    | 163   |  |            |                            |            |
| Self / Parent / Carer          | -   | 41                                       | 22         | 18                         | 12         |
| Adult drugs services           | 1,616 (of which 35 are aged 18 / 19)                              | 13                                       | 7          | 17                         | 20         |
| Connexions                     | -   | 11                                       | -          | 6                          | -          |
| Supported Housing Projects     | -   | 6  | -          | 1                          | -          |
| Arrest Referral / Police / DIP | -   | 18                                       | -          | 11                         | 5          |
| Schools                        | -   | 92                                       | -          | 26                         | -          |
| PRUs                           | -   | -  | -          | 3                          | -          |
| 16+ Team                       | 338   | 32                                       | -          | 12                         | -          |
| Families First                 | -   | 19                                       | -          | 3 (Service closed Sept 07) | -          |
| Other                          | -   | 7  | 51         | 16                         | 29         |
| <b>Total</b>                   | -   | <b>405</b>                               | <b>216</b> | <b>225</b>                 | <b>136</b> |

\* This is an estimate of the number of young people aged 0-15 with mental health problems, not those accessing CAMHS; Source CAMHS Needs Assessment 2004

Table 3 outlines the percentage of referrals by agency for the financial year 2006/7.

**Table 3**

| Agency   | % of referrals |
|--|----------------|
| Youth Justice Service                          | 28             |
| Youth Development Service                      | 0              |
| Health   | 2.9            |
| CAMHS  | 2.4            |
| residential units/foster care                  | 1.7            |
| Other  | 1.7            |
| Locality / Children's Teams / Assessment Teams | 7.2            |
| Self / parent / carer                          | 9.9            |
| Adult drug services                            | 3.1            |
| Connexions                                     | 2.7            |
| Housing  | 1.4            |
| Criminal Justice Routes                        | 4.3            |
| Schools  | 22             |
| 16+ Team                                       | 7.7            |
| Families First                                 | 4.5            |

### 3.1 Discussion

Table 2 shows that the NDTMS data does not correlate with local agency data. This suggests that further work is needed to ensure accurate reporting to this database. Alongside this the majority of the Rainer DAYS Service data will be available through the NDTMS system for 2007/8.

The local data presented in table 2 and 3 provides a more detailed breakdown of referrals than the categories offered by the NDTMS system. Consideration should be given to maintaining a more detailed breakdown of referral data at a local level where it is useful for service development.

Referrals from the following agencies are lower than anticipated:

- Youth Development Service
- CAMHS
- Childrens Teams / Locality Teams / Assessment Teams / Asylum Team
- Connexions
- GPs

The NCH Families First Service worked with young people who were on the threshold of accommodation to help them to remain within the family setting. Referrals from this service made up 4.5% (n=19) of all referrals into substance misuse services in 2006/7. This service is now closed and this work is now delivered through Locality Teams within Childrens Services. It is important that professionals within Locality Teams are

aware of the referral pathways in relation to substance misuse for these groups of young people.

A large proportion (28%) of referrals came through the Youth Justice Service. It is not clear whether this high proportion of referrals is due to the vulnerability of young offenders to substance misuse or due to the tight screening and referral processes within the Youth Justice Service. It may be helpful to compare the percentages of referrals with other Drug Action Teams to identify whether further work is needed to identify drug/alcohol issues prior to young people becoming involved in the Criminal Justice System.

### **3.2 Recommendations**

- **Mechanisms for identifying and responding to young people's substance misuse should be reviewed within the following agencies:**

- Youth Development Service
- CAMHS
- Childrens Teams
- Locality Teams
- Assessment Teams
- Asylum Team
- GPs
- Connexions PAs

**This includes identifying numbers of staff trained in identifying and responding to substance use / misuse; assessment processes; and staff awareness of substance misuse services. (Families Directorate - Schools and Learning and Childrens, CAMHS, Primary Care Trust, Rainer)**

- **The screening tool used by professionals to identify substance related needs amongst young people should be reviewed to identify how widely it is used by professionals. (DAAT)**

#### **Data Collection**

- **Substance Misuse Services should collect separate data on referrals from the following agencies:**

- The different Substance Misuse Services
- Childrens Teams
- Assessment Teams
- Locality Teams
- Supported Housing Projects
- Youth Development Service
- GPs

**(In-volve SYPS, SADAS Omni-Youth, Rainer DAYS)**

- **Surrey DAAT and Surrey PCT should identify data on numbers accessing Accident and Emergency under the age of 19 for substance related issues, to better inform service planning.**  
*(DAAT, Primary Care Trust)*
- **NDTMS reporting is reviewed to ensure that accurate data is submitted on referral data.**  
*(DAAT, In-Volve SYPS, SADAS Omni-Youth, Rainer DAYS, Youth Justice Service Substance Misuse Service)*

#### 4. THE NEEDS OF VULNERABLE GROUPS

The National Drugs Strategy 1998-2008 identifies the following groups as requiring specific focus in local strategies to address substance misuse:

- Children in Care
- Young People not in School
- Young Offenders
- Children of Substance Using Parents
- Young People who are homeless

This section reviews activity and prevalence data specific to these groups of young people.

##### 4.1 Children in Care

A snapshot picture in May 2007 reports that there were 753 Children in Care in Surrey, 467 of whom were aged 12-17. (LAC Executive Away Day 2007).

The Home Office Toolkit (2007) suggests that there are 49 Children in Care who use drugs frequently in Surrey (See Section 2.2.2). Other research (e.g. Ward et al 2003) suggests that there may be as many as 110 Children in Care in Surrey with problematic substance use. (This data does include alcohol). More robust arrangements on identifying prevalence need to be developed before conclusions can be drawn on prevalence of problematic substance use amongst Children in Care in Surrey.

Surrey County Council is required to submit data on access to treatment amongst Looked After Children through the OC2 Report. The data is recorded through the Swift system and centrally collated. Data for the past two years is outlined in table 4.

**Table 4**

| Performance area  | Sept – Sept<br>2005/6 | Sept – Sept<br>2006/7 |
|---|-----------------------|-----------------------|
| Number of young people identified with a drug/alcohol problem | 22                    | 18                    |
| Number offered an intervention and engaged                    | 15                    | 8                     |
| Number refusing the intervention                              | 7                     | 10                    |

The table suggests that 18 out of 467 young people were referred to substance misuse services (4%).

Data from treatment services presents a different picture over the numbers of Looked After Children accessing treatment (See table 5). These discrepancies suggest that there are problems with reporting processes which need to be reviewed.

**Table 5**

| <b>Performance area</b> | <b>1<sup>st</sup> Oct – 30<sup>th</sup> Sept 2006/7</b> |
|-------------------------|---|
| Number referred         | 26  |
| Number engaging         | 26  |

Looked After Children are likely to be referred into treatment through the following routes:

- Rainer 16+ Service
- Childrens Teams
- Foster Carers
- Residential Units
- Looked After Childrens Nurse

NB these are not the exclusive referral routes, for instance some Children in Care may be referred through the Youth Justice Service as a part of the screening and referral processes for young offenders.

#### **4.2 Young people not in School**

The Home Office Toolkit (2007) suggests that there are 909 frequent truants and 655 young people excluded from school who use drugs frequently (See Section 2.2.2). There is no data available on young people who are not registered with schools.

Young people not in school, including those excluded (temporarily or permanently), those not at school through unauthorised absence are likely to be referred through the following routes:

- Schools Staff (including Teachers, School Nurses) in mainstream schools and Pupil Referral Units / Special Schools.
- Locality Teams (Education Welfare Officers)
- Exclusions Team
- Connexions PAs

NB these are not the exclusive referral routes; there are a number of projects which work with young people excluded from school managed by the Voluntary Sector, Youth Development Service.

There is currently no accurate data available on the number of young people not in school who access substance misuse services.

#### **4.3 Young offenders**

Surrey Police report that 2,771 young people under the age of 18 were arrested in Surrey in the financial year 2006/7. Using this data the Home Office Toolkit (2007) suggests that 633 of these young people use drugs frequently (See Section 2.2.2).

### **4.3.1 Post arrest interventions**

The South West Division within Surrey Police have piloted drug/alcohol interventions within their Police Intervention Clinic set up. This pilot began in February 2007 and coincides briefly with the time period reviewed within this needs assessment. The format of the intervention is that young people attending the Intervention Clinics are offered the opportunity to see a Drug/Alcohol Worker from SADAS in a confidential setting. The Pilot is due to be completed in August 2008 however the main findings from the first 3 quarters of delivery are as follows:

- 216 young people attending Police Intervention Clinics were seen by the SADAS Drug/Alcohol Worker
- 17 young people have been referred into substance misuse services
- Young people present with a range of issues varying from mental / emotional health needs, homelessness, and physical health problems. As a result referrals have been made into a range of other services.
- A significant proportion of young people do not attend school.
- On average 67% of young people report using alcohol; 25% report using cannabis. There is very little reported heroin and cocaine use.

Further information is available through Surrey Police or SADAS and a full evaluation will be available on completion of the pilot in August 2008.

### **4.3.2 Youth Justice Service Substance Misuse Service**

Of the total number arrested (2,771) 900 were referred to Surrey Youth Justice. As a result they will receive an assessment of their offending related needs, including a screen of their substance related needs.

National Treatment Agency and Youth Justice Board research into the numbers of young offenders receiving interventions suggests that between 15-20% of young offenders in contact with YOTs are in need of early intervention / treatment. Using this research it can be estimated that 135 – 180 young people (15-20%) in contact with Surrey Youth Justice Team will require early intervention / treatment for drug/alcohol use. In 2006/7 the Youth Justice Service Substance Misuse Service worked with 118 young people . (It is important to note that capacity within the team was reduced during this time).

Youth Offending Teams are required to submit data to the Youth Justice Board on screening, referral and interventions for young offenders with substance related issues. The targets relate to time periods in which young people should be assessed and receive an intervention. The table below outlines the performance requirements as well as Surrey Youth Justice Team's performance in 2006/7:

**Table 6**

| <b>Target 2006/7</b>  | <b>Performance against target in 2006/7</b>  |
|---|--|
| <b>90-100%</b> of young people screened for substance use                           | <b>96%</b><br>900 were referred to the Youth Justice Service<br>861 were screened for substance misuse |
| <b>90-100%</b> receive an assessment in 5 working days of referral                  | <b>83%</b><br>118 young people in total received a substance misuse assessment.                        |
| <b>90-100%</b> receive an intervention if required in 10 working days of assessment | <b>73%</b><br>99 young people in total received an intervention  |

Targets for 2007/8 have been increase to **95 - 100%**.

### **4.3.3 Young people leaving Secure Estates**

Young people who are accommodated in Youth Offender Institutions (YOIs) have access to a substance misuse service which is internal to the institution. The arrangements for the delivery of this service will vary from institution to institution; the responsibility to performance manage these services sits with the National Offender Management Service.

All young people leaving YOIs have their needs assessed using the ASSET form, this includes a screen of their substance related needs. Those young people who score 3 or 4 for their substance related needs through the ASSET assessment are referred through to the Youth Justice Service Substance Misuse Service for a specialist assessment and appropriate intervention.

In 2006/7 31 young people who left YOIs and were discharged to Surrey Youth Justice Service. Of these

- 20 were identified as scoring 3 or 4 on the Asset form for their substance related issues
- 9 were referred to the Youth Justice Service Substance Misuse Service

11 young people who scored 3 or 4 on the asset form were not referred through to the Youth Justice Service Substance Misuse Service. The reasons for this are as follows:

- 1 case was transferred to another Youth Offending Team YOT, 3 cases were transferred to Surrey Probation.
- 4 either remained in custody (change to their release plan) or returned to custody before a referral to the YJS Substance Misuse Service could be made.
- 2 young people were not referred through to the service as their substance related needs were not perceived to be high enough despite scoring 3 or 4 on the Asset Form.

- 1 case was not referred as their Education Employment and Training needs were seen as a priority

During 2006/7 9 (30%) young people leaving custody were referred to the Youth Justice Service Substance Misuse Service. Discharge data is as follows:

- 3 received a planned discharge
- 4 cases remained open at the time of this report
- 2 returned to custody during the course of their intervention

No information is currently available on the substance misuse related outcomes of those leaving YOIs.

#### **4.4 Children of substance using parents**

There is no data available on the numbers of children of substance misusing parents accessing substance misuse services in Surrey.

National Research suggests the following:

- Between 780,000 and 1.3 million children in the UK are affected by parental alcohol problems (at most 1 in 11 children) (PMSU 2004).
- There are between 200,000 and 300,000 children of problem drug users in the United Kingdom (at most 1 in 28 children) (ACMD 2003).
- There is likely to be one child whose parents are problem drug users for every adult who accesses treatment. (47% of problem drug users entering treatment are responsible for children aged 18 or under. (Gossop et al. 1998).
- Nationally problematic alcohol use by parents was identified as a factor in over 50% of child protection cases (Alcohol Concern 2003)

NDTMS data in 2008/9 will include a data fields whether the client is the child of a parent who is accessing an adult drug/alcohol treatment service. Referral data on this client group will be available after this time.

It is important to note that currently little information is available on the numbers and needs of children of substance misusing parents in Surrey.

#### **4.5 Young people who are Homeless**

Further information is required on the numbers of young people who are homeless in Surrey and the prevalence of substance misuse amongst this group of young people.

Table 7 outlines the housing status of young people accessing substance misuse services. The large majority of young people live in rented or owned properties and it is assumed that this is with their parents. A large amount of data is missing from this table and as a result few conclusions

can be drawn in relation to the accommodation needs of those accessing substance misuse services.

**Table 7**

| <b>Accommodation Status</b> | <b>Number</b> |
|-----------------------------|---------------|
| No fixed abode              | 2             |
| Temporary                   | 10            |
| Supported housing           | 7             |
| Rented                      | 23            |
| Traveller                   | 0             |
| Hostel                      | 7             |
| Owned property              | 17            |
| Not collected               | 137           |

Young People's Substance Misuse Services recently held an event for Supported Housing Providers. A number of key actions have been taken forward from this event with the aim of improving partnership working.

#### **4.6 Recommendations**

##### **Looked After Children**

- **Managers in the following teams / services should ensure staff have attended training on identifying and responding to substance young people's substance misuse in the past two years:**
  - **Rainer 18+ Service**
  - **Childrens Teams**
  - **Foster Carers**
  - **Residential Units**
  - **0-19 Locality Teams within the PCT (Looked After Childrens Nurses)**

*(Families Directorate Childrens, Rainer, Primary Care Trust)*
- **Data collection process for the OC2 Report is reviewed to ensure that reporting is accurate.**  
*(Families Directorate)*

##### **Young People not in School**

- **Managers from the following teams should ensure that all staff have received training on identifying and responding to substance misuse in the past two years:**
  - **Connexions PAs working in schools**
  - **Locality Teams (EWOs)**
  - **0-19 Locality Teams within the PCT (School Nurses)**
  - **Identified staff within Pupil Referral Units / Special Schools**

*(Connexions, Families Directorate Childrens, Pupil Referral Units, Special Schools)*

- Further information is required on the number of children not in school, their substance misuse needs and their access to substance misuse services.  
*(DAAT)*

#### **Young Offenders**

- Care / referral pathways should be developed for young people who:
  - are in contact with substance misuse services in Surrey and are transferred to a substance misuse service in a YOI
  - are in contact with a substance misuse service in a YOI are discharged to Surrey Youth Justice Service.

*(Youth Justice Service)*

- The Youth Justice Service should ensure that where possible young people scoring 3/4 on the Asset Form are referred to the Substance Misuse Service. The decision not to refer should be a joint decision by the Youth Justice Officer and the Substance Misuse Service.

*(Youth Justice Service)*

- Any further needs assessment of the substance related needs of young people discharged from YOIs need to be seen with the context of their broader needs. This would require an overall needs assessment of the contributing factors of repeat offending and a return to custody.

*(Youth Justice Service)*

#### **Children of Substance Misusing Parents**

- A needs assessment of Children of Substance Misusing Parents should be carried out which identifies the following:
  - Their location within the children's service system
  - Their needs as young carers
  - Their substance misuse needs
  - Their level of access to services which might meet their needs

*(DAAT)*

#### **Young People who are Homeless**

- A broader understanding of the needs of young people who are homeless is required. This includes numbers of young people, as well as their substance related needs and their access to substance misuse services.

*(DAAT)*

## 5. THE ACCESSABILITY AND EFFECTIVENESS OF SUBSTANCE MISUSE SERVICES

This section reviews the accessibility of substance misuse services by examining how well services reflect the make up of the general population of young people in Surrey; and identifies the effectiveness of services by examining the numbers of planned and unplanned discharges from these services.

As has been noted in Section 2.2 there are currently four substance misuse services working in partnership to deliver a comprehensive range of services to young people. The Treatment Map in Appendix 2 outlines how young people access these services.

### 5.1 Overall accessibility and effectiveness

The current NTA performance expectations recommend that the number of young people accessing substance misuse services in Surrey should equate to 14% of the total drug treatment population. (This means that the target in 2007/8 is 373 young people.)

In 2006/7 414 young people aged 19 or under were referred into young people's substance misuse services in Surrey This is broken as follows:

**Table 8**

| Agency   | Referrals from outside substance misuse services | Referrals from another substance misuse service | Total referrals |
|--|--|---|-----------------|
| Involve SYPS                                   | 125  | 28  | 153             |
| Youth Justice Service Substance Misuse Service | 118  | 0   | 118             |
| SADAS Omni-Youth                               | 18   | 44  | 62              |
| Rainer DAYS                                    | 153  | 2   | 155             |
| <b>TOTAL</b>                                   | <b>414</b>                                       |   |                 |

Planned discharges are a measure used by the NTA to determine the effectiveness of treatment. NTA performance expectations recommend that 80% of young people referred to drug/alcohol treatment service should receive a planned discharge. Planned discharges are defined as follows:

- Treatment goals completed
- Referral on to another agency

Table 9 outlines the number of planned discharges by agency. This includes referrals to substance misuse services. NDTMS data on planned discharges was perceived to be inaccurate for this time period. As a result local data was used to determine planned discharges, where this

was not available estimates have been used. The table suggests that further work is needed to improve planned discharges from substance misuse services.

**Table 9**

| Agency   | Planned discharge | Unplanned discharge | % planned discharge |
|--|-------------------|---------------------|---------------------|
| Involve SYPS   | 63                | 90                  | 42%                 |
| Youth Justice Service<br>Substance Misuse<br>Service | 74*               | 32*                 | 70%                 |
| SADAS Omni-Youth                                     | 58*               | 4*                  | 94%                 |
| Rainer DAYS  | 98                | 57                  | 63%                 |
| <b>TOTAL</b>   | <b>293</b>        | <b>183</b>          | <b>62%</b>          |

\* Estimate based on 2007/8 data

## 5.2 Ethnicity

Table 10 gives a breakdown of the whole population by ethnic groups according to 2001 Census data for Surrey, alongside the ethnicity of those in contact with substance misuse services.

**Table 10**

| Ethnic breakdown of Surrey<br>Census data 2001 |                  |             | Ethnic breakdown of those in treatment<br>2006/7 |            |             |
|--|------------------|-------------|--|------------|-------------|
| Group  | Number           | %           | Ethnicity  | Number     | %           |
|  |                  |             | White British                                    | 389        | 91%         |
|  |                  |             | White Irish                                      | 0          | -           |
|  |                  |             | Other White                                      | 5          | 1.2%        |
| <b>White</b>                                   | <b>1,006,089</b> | <b>95%</b>  | <b>Total White</b>                               | <b>394</b> | <b>92%</b>  |
|  |                  |             | Black Caribbean                                  | 1          | 0.2%        |
|  |                  |             | Black African                                    | 2          | 0.5%        |
|  |                  |             | Other Black                                      | 2          | 0.5%        |
| <b>Black</b>                                   | <b>5,625</b>     | <b>0.5%</b> | <b>Total Black</b>                               | <b>5</b>   | <b>1.1%</b> |
|  |                  |             | White & Black<br>Caribbean                       | 0          | -           |
|  |                  |             | White & Black<br>African                         | 2          | 0.5%        |
|  |                  |             | White & Asian                                    | 2          | 0.5%        |
|  |                  |             | Other Mixed                                      | 2          | 0.5%        |
| <b>Mixed</b>                                   | <b>12,709</b>    | <b>1.2%</b> | <b>Total Mixed</b>                               | <b>6</b>   | <b>1.4%</b> |
| <b>Pakistani</b>                               | <b>6,265</b>     | <b>0.6%</b> | <b>Pakistani</b>                                 | <b>3</b>   | <b>0.7%</b> |
| <b>Indian</b>                                  | <b>10,640</b>    | <b>1.0%</b> | <b>Indian</b>                                    | <b>4</b>   | <b>0.9%</b> |
|  |                  |             | Bangladeshi                                      | 0          | 0           |
|  |                  |             | Other Asian                                      | 1          | 0.2%        |

|              |               |             |                        |          |             |
|--------------|---------------|-------------|------------------------|----------|-------------|
|              |               |             | Chinese                | 0        | 0           |
|              |               |             | Other                  | 1        | 0.2%        |
| <b>Other</b> | <b>17,687</b> | <b>1.7%</b> | <b>Total Other</b>     | <b>2</b> | <b>0.5%</b> |
|              |               |             | Not Stated             | 10       | 5%          |
|              |               |             | Missing ethnicity code | 3        | 0.7%        |

The data presented suggests that the treatment population is largely representative of the population of Surrey. However it is important to note that the numbers of those from minority groups in Surrey are relatively low. This means that a small number (2 or 3) of young people accessing substance misuse services from minority groups can make a marked impact on percentages.

### Discharge by ethnicity

**Table 11**

| Discharge Value                               | White British | Black and Minority Ethnicities |
|---|---------------|--------------------------------|
| Still in treatment                            | 142           | 9                              |
| Unplanned discharge                           | 120           | 8                              |
| Planned Discharge                             | 90            | 0                              |
| <b><i>Breakdown of Planned Discharges</i></b> |               |                                |
| Referred on                                   | 24            | 0                              |
| Treatment completed                           | 48            | 0                              |
| Treatment completed drug free                 | 18            | 0                              |

Due to the low numbers of young people accessing services from black and minority ethnic groups it is not possible to present detailed information on planned discharge by ethnicity, hence the grouping of Black and Minority Ethnic clients in Table 11. (Presenting this data would not guarantee the anonymity of clients).

The low numbers make it difficult to draw clear conclusions about the accessibility of services for people from minority groups. However there is an opportunity to build on the work that the Adult services have developed with the Asian population in Woking. Following research into the substance misuse and related concerns within this community, a community drugs development post has been set up. Links may need to be developed with this post to help understand whether young people's substance misuse services are accessible to this community.

The Children and Young People's Needs Assessment (2008) identifies Travellers are the next largest minority group after Indian. However NDTMS data suggests that no travellers have accessed substance misuse services. (See section 4.5)

Exact data is not available on the numbers of travellers in Surrey (such a figure is likely to be ever changing) however Table 12 gives the numbers

of traveller children known to the Traveller Support Service in each Surrey Borough in January 2006. Most of these children will have been of primary school age, and according to the Childrens Needs Assessment 2008, it is likely that there were as many of secondary school age, making Surrey's population of Gypsy and Traveller children approximately 3000. (Childrens Needs Assessment 2008).

**Table 12**

| <b>Local Authority</b>                          | <b>Numbers</b> |
|---|----------------|
| Elmbridge                                       | 32             |
| Epsom & Ewell                                   | 28             |
| Guildford                                       | 309            |
| Mole Valley                                     | 49             |
| Reigate & Banstead                              | 81             |
| Runnymede                                       | 100            |
| Spelthorne                                      | 66             |
| Surrey Heath                                    | 59             |
| Tandridge                                       | 70             |
| Waverley  | 61             |
| Woking  | 40             |
| <b>Sub Total</b>                                | <b>895</b>     |
| Others, for example home tuition, out of county | 551            |
| <b>Total for Surrey</b>                         | <b>1,446</b>   |

(Source: Childrens Needs Assessment)

### 5.3 Age

Table 13 outlines the number of young people referred into treatment 2006/7 by age at the point of referral.

**Table 13**

| <b>Age</b> | <b>Number of young people in Surrey</b> | <b>Numbers referred into treatment</b> |
|------------|---|--|
| 12         | 13,033                                  | 4                                      |
| 13         | 13,012                                  | 18                                     |
| 14         | 12,479                                  | 36                                     |
| 15         | 12,547                                  | 74                                     |
| 16         | 12,503                                  | 106                                    |
| 17         | 12,115                                  | 108                                    |

NB One 11 year old was referred into treatment.

The increase in referrals by age is to be expected. However current prevalence data does not provide insight into the number of referrals we should anticipate by age.

Young people aged 18 / 19 may be referred into adult treatment services or young people's treatment services; they will receive a service from the

most appropriate agency based on their treatment needs. The table below gives a breakdown for young people aged 18 / 19 in 2006/7.

**Table 14**

| Age | Number of young people in Surrey | Number referred to substance misuse services |                |       |
|-----|----------------------------------|--|----------------|-------|
|     |                                  | Young people's services                      | Adult services | Total |
| 18  | 11,895                           | 70   | 12             | 105   |
| 19  | 11,895                           |  | 23             |       |

Overall 70% of young people accessing substance misuse services were aged 16 – 19. Within this 108 young people aged 17 accessed substance misuse services while 105 young people aged 18 and 19 accessed treatment. This suggests that a significant proportion of young people aged 18 and 19 with substance misuse needs are not accessing substance misuse services. This may be due to the fact that a significant proportion (28.3%) of referrals came through the Youth Justice Service. When young people reach the age of 18 they are transferred to Probation who are likely to have different screening processes and thresholds for referral into substance misuse services.

Table 15 outlines NDTMS data on discharges by age (this table does not include Rainer DAYS data as this service did not report to NDTMS in 2006/7). It is difficult to draw conclusions from this data due to the broad groupings of age ranges and the large numbers of young people reported as still in treatment. It is important to note that this data does not correlate with the data presented in section 5.1, and this further demonstrates the need for improved reporting. Further work is needed throughout 2008/9 to identify whether age has any impact on treatment outcomes.

**Table 15**

| Discharge Value                        | 10 - 14 | 15 - 18 |
|--|---------|---------|
| Still in treatment                     | 15      | 140     |
| Unplanned discharge                    | 7       | 124     |
| Planned Discharge                      | 0       | 86      |
| <b>Breakdown of Planned Discharges</b> |         |         |
| Referred on                            | 0       | 24      |
| Treatment completed                    | 0       | 48      |
| Treatment completed drug free          | 0       | 14      |

## 5.4 Gender

Table 16 outlines the number of males and females accessing substance misuse services in 2006/7. Currently no data is available on the prevalence of problematic substance use by gender amongst the under 19 age group.

**Table 16**

| Gender | Numbers of young people in Surrey | Numbers referred into substance misuse services 2006/7 | Percentage |
|--------|-----------------------------------|--|------------|
| Male   | 50,661                            | 287  | 66%        |
| Female | 48,675                            | 145  | 34%        |

Although there is no national prevalence data on proportions of young males and females accessing treatment services, the Adult Treatment Needs Assessment (2007) identifies an approximate 70:30 ratio of males to females within the treatment population in Surrey. This appears to be reflected in Table 17. Further review of national literature may be helpful in identifying the likely prevalence of substance misuse by gender.

Table 17 outlines discharge reasons by gender. It appears to suggest that males are more likely to receive a planned discharge than females and within this no young women completed treatment drug free. Further work is needed to ensure that these findings are accurate given the concerns raised about reporting in section 5.1, 5.2 and 5.3. In this light further work may need to be done with referral agencies to ensure that young women's substance misuse is identified and addressed as early as possible and with substance misuse services to ensure services adequately address the needs of young women.

**Table 17**

| Discharge Value                              | Male      | Female   |
|--|-----------|----------|
| Still in treatment                           | 108 (70%) | 47 (30%) |
| Unplanned discharge                          | 88 (66%)  | 43 (34%) |
| Planned Discharge                            | 59 (66%)  | 31 (34%) |
| <b><i>Breakdown of planned discharge</i></b> |           |          |
| Referred on                                  | 13 (52%)  | 12 (48%) |
| Treatment completed                          | 32 (63%)  | 19 (37%) |
| Treatment completed drug free                | 14        | 0        |

Percentages in table 17 represent the proportion of males / females achieving the discharge value.

## 5.5 Drug Use

Table 18 outlines the drug of choice for young people accessing substance misuse services in 2006/7. It includes their main drug of choice as well as any secondary or tertiary drug use.

**Table 18**

| Drug type          | Main   |            | Second | Third |
|--------------------|--------|------------|--------|-------|
|                    | Number | Percentage |        |       |
| Heroin             | 11     | 4%         | 1      | 0     |
| Methadone          | 0      | -          | 0      | 1     |
| Other opiate       | 0      | -          | 2      | 0     |
| Benzodiazepine     | 1      | 0.4%       | 2      | 3     |
| Amphetamine        | 0      |            | 2      | 4     |
| Cocaine            | 13     | 4.7%       | 26     | 26    |
| Crack              | 4      | 1.4%       | 7      | 2     |
| Hallucinogens      | 0      | -          | 2      | 0     |
| Ecstasy            | 3      | 1.1%       | 5      | 8     |
| Cannabis           | 113    | 41%        | 68     | 6     |
| Solvents           | 4      | 1.4%       | 0      | 2     |
| Barbiturates       | 0      | -          | 0      | 0     |
| Major Tranquiliser | 0      | -          | 0      | 0     |
| Anti-depressants   | 0      | -          | 0      | 0     |
| Other drug         | 0      | -          | 1      | 0     |
| Poly drug          | 4      | 1.4%       | 0      | 0     |
| N/A                | 0      | -          | 111    | 214   |
| Alcohol            | 123    | 45%        | 50     | 11    |
| Misuse free        | 0      | -          | 0      | 0     |

Practitioners often report that it is difficult to identify a main, secondary or tertiary drug of choice amongst young people due to the changing patterns of their use and the range of substances that are used.

The most commonly used main drugs are alcohol (45%) and cannabis (41%). This suggests that young people will predominately require a range of psychosocial interventions to address their substance use. The evidence base for interventions to reduce substance misuse amongst young people is an emerging picture. However current evidence suggests that motivation interviewing is an effective psychosocial intervention to reduce cannabis use amongst young people (NICE 2007).

Levels of secondary crack use and secondary / tertiary cocaine use are of concern. This is something that requires monitoring on an on-going basis. Substance Misuse Services should develop interventions to address secondary or tertiary drug use by young people who may be at risk, whether it is reported or not.

Table 19 shows again that further work is needed to improve reporting on planned discharges. A large proportion of clients are identified as "Still In treatment" and this may be because discharge data is not being entered onto the NDTMS system by providers. In spite of this, work is needed to

improve the levels of planned discharges to achieve the NTA performance expectations.

**Table 19**

| <b>Discharge Value</b>                        | <b>Alcohol</b> | <b>Cannabis</b> | <b>Cocaine</b> | <b>Crack</b> | <b>Heroin</b> | <b>Other</b> |
|---|----------------|-----------------|----------------|--------------|---------------|--------------|
| Still in treatment                            | 68             | 59              | 8              | 0            | 8             | 10           |
| Unplanned discharge                           | 54             | 54              | 7              | 5            | 6             | 5            |
| Planned discharge                             | 30             | 40              | 0              | 0            | 0             | 0            |
| <b><i>Breakdown of planned discharges</i></b> |                |                 |                |              |               |              |
| Referred on                                   | 13             | 8               | 0              | 0            | 0             | 0            |
| Treatment completed                           | 17             | 25              | 0              | 0            | 0             | 0            |
| Treatment completed drug free                 | 0              | 7               | 0              | 0            | 0             | 0            |

## 5.6 Injecting

NTDMS data suggests that the incidence of injecting drug use is low amongst young people accessing substance misuse services. As there is no data on the actual prevalence of injecting drug use amongst young people under 19s in Surrey, it is not possible to comment on service coverage. Table 20 outlines the injecting status of young people accessing substance misuse services according to NDTMS data.

**Table 20**

| <b>Injecting status</b>                                | <b>Number</b> | <b>Percentage</b> |
|--|---------------|-------------------|
| Number of individuals with a reported injecting status | 139           | 0                 |
| Number where injecting status is not reported          | 35            | 0                 |
| Never injected   | 135           | 97%               |
| Number of individuals currently injecting              | 3             | 2%                |
| Previously injected ( not currently)                   | 1             | 1%                |

Table 21 outlines hepatitis testing amongst those accessing treatment.

**Table 21**

| <b>Status</b>                                      | <b>Number</b> |
|--|---------------|
| Individuals previously or currently injecting      | 4             |
| Individuals who have had a Hepatitis B vaccination | 2             |
| Individuals with a Hepatitis C test                | 0             |

The National Treatment Agency suggests that 100% of young people who have previously injected or are currently injected should be tested for Hepatitis C. Substance misuse services will need to develop their approaches to supporting young people to access Hepatitis C testing as well as other blood borne virus testing (Hepatitis B and HIV).

## 5.7 Access to Modalities of Intervention

The National Treatment Agency suggests that the Drug and Alcohol Action Teams should ensure that at least four of the following modalities are available to young people:

- Psychosocial interventions
- Harm reduction interventions
- Criminal Justice Interventions
- Work with Parents / Carers
- Share Care Schemes
- Specialist pharmacological intervention

Further information on the definition of these modalities is available through the National Treatment Agency (see [http://www.nta.nhs.uk/areas/ndtms/docs/core%20data%20set/ndtms\\_core\\_data\\_set\\_business\\_definition\\_youth\\_services\\_v%205.1.pdf](http://www.nta.nhs.uk/areas/ndtms/docs/core%20data%20set/ndtms_core_data_set_business_definition_youth_services_v%205.1.pdf))

Table 22 outlines discharge reason by modality.

**Table 22**

| Treatment type                             | Number of episodes with a discharge reason | Number of planned discharges | Planned discharges (%) |
|--|--|------------------------------|------------------------|
| Adult modality                             | 7  | 4                            | 57%                    |
| YP psychosocial intervention               | 75   | 43                           | 57%                    |
| YP harm reduction services                 | 14   | 6                            | 43%                    |
| YP criminal justice intervention           | 1  | 0                            | 0%                     |
| YP work with parents and carers            | 0  | 0                            |                        |
| YP specialist pharmacological intervention | 2  | 0                            | 0%                     |
| YP inpatient intervention                  | 0  | 0                            |                        |
| YP residential rehabilitation              | 1  | 1                            | 100%                   |
| Missing intervention                       | 34   | 12                           | 35%                    |

It is also interesting to note that only one young person in this time period was reported to have received a Criminal Justice Intervention despite the large number of referrals through the Youth Justice Service. Alongside this, no parents / carers were identified as receiving an intervention despite there being a parent support services within the Youth Justice Service and within the community.

## 5.8 Dual diagnosis

Research suggests that certain mental health diagnoses (particularly ADHD, and Psychosis) are closely linked with substance misuse (Green 2004; Young Minds 2008). However NDTMS reporting suggests that there are no incidences of dual diagnosis amongst young people in Surrey. This is likely to be under reporting due to the large number of clients who were reported as “not identified” in table 23.

**Table 23**

| <b>Discharge Value</b>                      | <b>No</b> | <b>Yes</b> | <b>Not identified</b> |
|---|-----------|------------|-----------------------|
| Still in treatment                          | 6         | 0          | 146                   |
| Unplanned discharge                         | 0         | 0          | 127                   |
| Planned Discharge                           | 0         | 0          |                       |
| <b><i>Breakdown of discharge reason</i></b> |           |            |                       |
| Referred on                                 | 0         | 0          | 24                    |
| Treatment completed                         | 0         | 0          | 49                    |
| Treatment completed drug free               | 0         | 0          | 18                    |

Further work is needed to improve reporting in relation to dual diagnosis to help identify prevalence amongst those accessing substance misuse services. In the meantime due to the national research identifying the links between mental health and substance misuse links need to be developed between substance misuse services and The Early Interventions in Psychosis Service (East and West) and the newly configured CAMHS Service.

## 5.9 Young people leaving substance misuse services

Appendix 2 outlines the pathways of young people leaving substance misuse services. However there is little data of value in this respect either through NDTMS or local data. Further information is needed on the needs of young people leaving treatment or how these needs are addressed before conclusions can be drawn about the needs of these clients and the effectiveness of services.

## 5.10 Factors for further analysis

A number of factors have been identified as requiring further analysis to identify their impact on planned discharges. Analysis of these factors is beyond the time constraints of this Needs Assessment. The factors are outlined in the following sections.

### 5.10.1 Geography

As has been noted in section 2.1 Surrey is one of the largest counties in the UK. This presents challenges for young people in accessing

substance misuse services, even when services are delivered peripatetically.

Further analysis of service coverage is required to ensure that all young people have equal access to services. NDTMS postcode data can be used to identify service coverage and this should be overlaid on to the following geographic data:

- The Super Output Areas
- Connexions NEET data
- Police Crime Data
- Childrens Services Child-In-Need data.

## 5.11 Recommendations

- **Substance Misuse Services should ensure that reporting to NDTMS is accurate, particularly in relation to:**
  - **Planned and unplanned discharges**
  - **Modality of intervention**
  - **Dual Diagnoses***(In-Volve SYPS, SADAS Omni-Youth, Rainer DAYS, Youth Justice Service Substance Misuse Service)*
- **Performance management arrangements should focus on planned discharges as one means of determining the impact of a substance misuse intervention. Performance management arrangements should be in line with NTA performance expectations.**  
**(DAAT**
- **Links should be developed between Substance Misuse Services and the BME Development Worker employed by Exchange, working with the Asian community in Woking. This should help to identify the needs of young people and their families in relation to substance misuse and develop appropriate responses.**  
*(Exchange, DAAT, In-Volve SYPS, SADAS Omni-Youth, Rainer DAYS, Youth Justice Service Substance Misuse Service)*
- **Links should be developed between Substance Misuse Services, the Traveller Connexions PAs and the Traveller Education Service. This should help to identify the needs of young people and their families in relation to substance misuse and develop appropriate responses.**  
*(Connexions, Traveller Support Service, DAAT, In-Volve SYPS, SADAS Omni-Youth, Rainer DAYS, Youth Justice Service Substance Misuse Service)*
- **Further data analysis is needed to determine whether age has an impact on discharge reason. The NDTMS system can provide this data, providing the data is reported accurately.**

*(DAAT)*

- **A review of Probation's screening and referral arrangements for young people aged 18 and 19 should be completed.**  
*(DAAT, Probation)*
- **Further data analysis is needed to determine whether gender has an impact on discharge reason. The NDTMS system can provide this data, providing the data is reported accurately.**  
*(DAAT)*
- **Substance misuse service providers and commissioners monitor the incidence of secondary and tertiary Crack and Cocaine use and develop appropriate interventions.**  
*(DAAT, In-Volve SYPS, SADAS Omni-Youth, Rainer DAYS, Youth Justice Service Substance Misuse Service)*
- **Managers of substance misuse services should ensure that staff are trained in supporting young people to access blood borne virus testing and are aware of how to access these services on behalf of their clients**  
*(In-Volve SYPS, SADAS Omni-Youth, Youth Justice Service Substance Misuse Service)*
- **As a part of quarterly reporting substance misuse services should provide data on which agencies clients are referred onto after completing treatment.**  
*(In-Volve SYPS, SADAS Omni-Youth, Rainer DAYS, Youth Justice Service Substance Misuse Service)*
- **Referral and joint working arrangements should be developed between substance misuse services and Early Intervention in Psychosis.**  
*(DAAT, In-Volve SYPS, SADAS Omni-Youth, Rainer DAYS, Youth Justice Service Substance Misuse Service, EIIP)*
- **Referral and joint working arrangements between substance misuse services and the newly configured CAMH Services should be re-established once the CAMHS reconfiguration is completed.**  
*(DAAT, In-Volve SYPS, SADAS Omni-Youth, Rainer DAYS, Youth Justice Service Substance Misuse Service, CAMHS)*
- **Substance Misuse Services should develop format for identifying the range of needs young people have when leaving treatment; this should also include whether these needs are being met by mainstream services and/or the community. This data should be reviewed on a quarterly basis.**  
*(DAAT, In-Volve SYPS, SADAS Omni-Youth, Rainer DAYS, Youth Justice Service Substance Misuse Service)*

- **Further analysis is needed to identify geographical areas where there is likely to be a higher prevalence of substance misuse amongst young people.  
(DAAT)**
- **Further work is needed to identify whether there is good access to substance misuse services across the County, particularly in relation to areas where there is likely to be a higher prevalence of substance misuse.  
(DAAT)**

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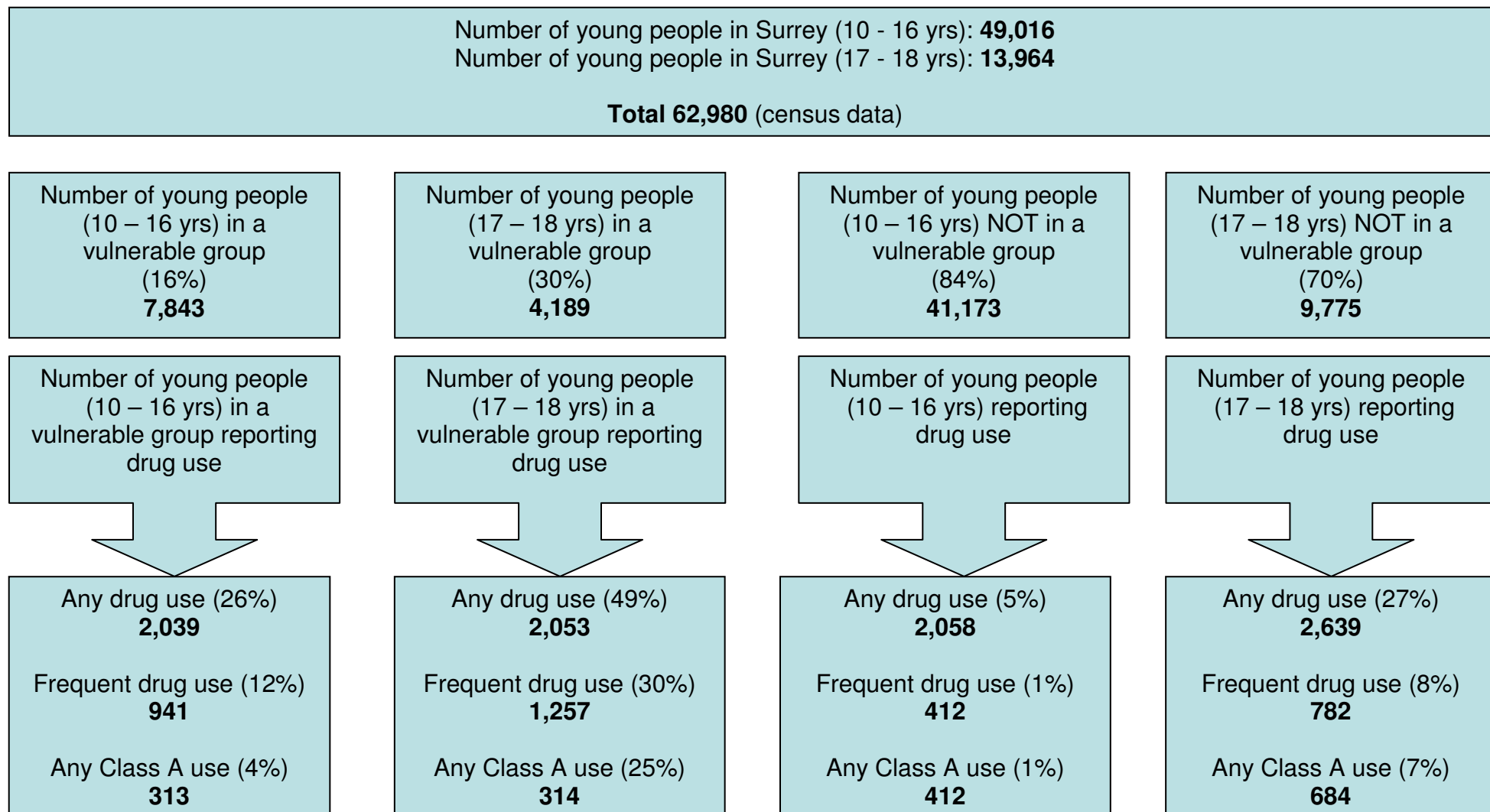
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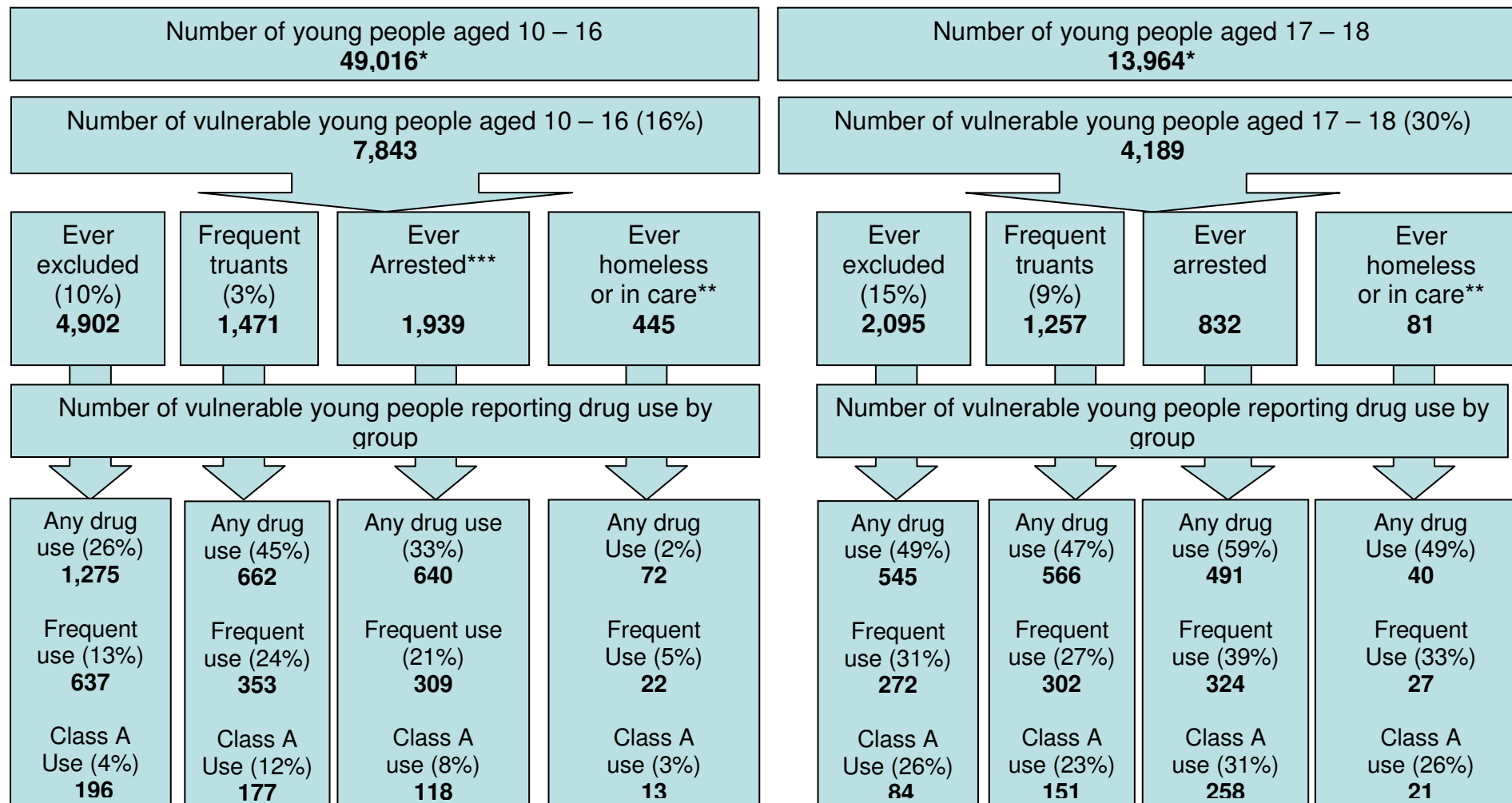
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**Appendix 1: Prevalence of substance use amongst all young people in Surrey.** Figures based on Home Office (2007)



**Summary of prevalence amongst vulnerable groups.** Figures based on Home Office (2007)



\*2001 Census data

\*\*Figures taken from Surrey County Council Children & Young People Monthly Performance Report Countywide June 2007

\*\*\* Figures available from Surrey Police

## Appendix 2: Pictorial Treatment Map 2006/7

### Pictorial Representation of Treatment Data 2006/7

