2017

YOUNG PEOPLE’S SUBSTANCE MISUSE NEEDS ASSESSMENT

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Somerset County Council Public Health – March 2017
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Summary

It is not possible to identify how many young people use alcohol or drugs nationally or locally. However, national surveys indicate that:

- Fewer children and young people are smoking, drinking alcohol and taking drugs. Likelihood of consumption of alcohol and drugs increases with age.
- Cannabis is the most widely used drug amongst 11-15 year olds
- Regular smoking amongst school pupils has been associated with drinking alcohol, drug use and truancy.
- Family attitudes towards smoking, alcohol and drug use play a major role. Young people whose families have more lenient attitudes are more likely to try using a drug, or drinking alcohol.

In Somerset, surveys suggest that:

- Approximately 8% (2,400) of secondary school pupils (aged 11-15) will have an alcoholic drink each week, and a similar proportion will have been drunk in the past 4 weeks. Approximately 6% (1,800) will use a drug each week.
- Approximately 10% (1,300) of FE student’s aged 16-17 drink alcohol each week and 5% (700) use cannabis each week.
- Somerset children appear more likely to have tried alcohol than the England average, and appear more likely to have used cannabis.
- Of those FE students reporting drug use, the majority have used cannabis (30%), followed by ecstasy (9%), new psychoactive substances (8%), cocaine (7%), amphetamines (5%), hallucinogens (4%), and solvents (4%).

Hidden Harm

The Somerset Hidden Harm needs assessment in 2015/16 indicated that:

- Of young people in treatment with Somerset Drug and Alcohol Service (SDAS), approximately 29% were affected by either dual diagnosis, domestic abuse or both.
- In 2016/17 there were approximately 2,344 adults in treatment with SDAS, 1376 were parents of whom 486 had children living with them. 1,102 children had parents who were in treatment with SDAS. (It should be noted that some of these children may have both parents in treatment so as a result may be double counted). This figure should be considered a maximum estimate of the number of children with a parent in treatment.

Use of alcohol or drugs for a minority of children and young people in Somerset will become problematic.
Local analysis of hospital admissions (using PHE methodology) for under 18s for 2015/16 indicates there were 67 alcohol specific admissions of 59 individuals, and 39 drug misuse admissions of 37 individuals.

At universal (Tier 1) level, training has been commissioned to enable anyone working with young people to respond to drugs and alcohol issues. It is important that staff across all services that are trained to do so, intervene early with young people and their families to prevent issues with drugs and alcohol escalating.

Services commissioned to support children and young people with alcohol and drug related issues are:

- The Targeted Youth Support Service (TYS) working at targeted/Tier 2 level, and delivering drug and alcohol screening, assessment, information, advice, harm reduction, brief interventions, relapse prevention work, and joint work with/referral to Somerset Drug and Alcohol Service (SDAS).
- Somerset Drug and Alcohol Service (SDAS) – working at specialist/Tier 3 level delivering structured treatment.

**Targeted /Tier 2 drug and alcohol activity**

- In 2015/16 TYS assessed 224 young people, of whom 77% (172) had a substance use issue identified. TYS were also working with 65 young people from the previous financial year, giving a total substance use caseload of 237.
- The main substances used by the 172 young people assessed in 2015/16 were alcohol and non-opiates (mainly cannabis). The majority were using more than one substance.
- Of the 172 young people with substance use in 2015/16, the majority were male, and aged 15 and over. The majority were White British, and classified themselves as heterosexual.
- The main referral sources were the Youth Offending Team (YOT), schools, and Children’s Social Care.
- A risk/harm profile of young people being supported by TYS for substance use indicates that the majority have more than one risk/harm identified – predominantly offending, being in touch with mental health services, and not in education, employment or training (NEET).
- Approximately one third of young people with substance use identified themselves as being affected or concerned by someone else’s alcohol or drug use. Of these, the majority (60%) were affected by friends’ use, 34% by parents’ use, and 27% by siblings’ use.
- Of the 141 young people discharged from the TYS caseload in 2015/16:
  - 59 young people had their alcohol use risk measured at intervention start and exit, of whom 58% (34) had reduced their use/alcohol risk.
o 102 young people had been using cannabis, of whom 48% (49) had reduced their use.

**Specialist / Tier 3 drug and alcohol activity**

- In 2016/17 there was a drop in episodes and the number of young people (aged 17 and under) starting treatment compared to the two previous years. Average episodes per individual have remained stable.
- The main substances used were non opiates, and alcohol and non-opiates. Cannabis was the main non-opiate used, followed by stimulant use. There appears to be a higher use of stimulants in Somerset than nationally, and slightly lower use of cannabis and alcohol than nationally. This substance use profile is consistent with findings from previous needs assessments in Somerset.
- In 2016/17 the proportion male to female changed significantly from the previous years changed. Up until then it was relatively evenly split but changed to 76% male and 24% female. This difference needs to be monitored to ensure that this change is not detrimental to either sex’s access to treatment.
- The majority were aged 15 or older. There appears to be a smaller proportion of 11-15s in treatment than nationally, and a larger proportion of 16-17s. The majority were White British, and classified themselves as heterosexual.
- The main referral sources to SDAS were from TYS, the Youth Offending Team (YOT), and children’s mental health services.
- Amongst the main vulnerabilities for young people in treatment, not being in education, employment or training (NEET), involvement in offending/antisocial behaviour, having an identified mental health problem and being affected by others’ substance misuse were the most significant.
- The proportion of planned exits from treatment was almost the same in Somerset as nationally, and has increased significantly between 2013/14 and 2015/16.

**TYS/SDAS interface**

There has been some inconsistency between referrals made between TYS and SDAS; commissioners have been concerned that some young people may be falling between the two services.

- In 2015/16, 63 young people were assessed as requiring a referral to SDAS. Of these, 31 did not engage, leaving 32 who were actually referred. Only 23 cases were recorded as referrals to SDAS from TYS on Halo (the treatment case management system).
- TYS recorded 7 young people being stepped down from SDAS to TYS, whereas Halo shows 23 young people being referred from SDAS to TYS.

Other services in Somerset (including Children’s Social Care, getset) report alcohol and/or drug use in families, but it is not possible to compare these cohorts.
1 Introduction

The strategic approach adopted in Somerset recognises that different levels of response are needed to address children and young people’s drug and alcohol issues. This approach is best shown as a triangle of responses that relates to sections of the population according to need:

Since the 2011 Young People’s Substance Misuse Needs Assessment,¹ there have been significant changes to drug and alcohol services for young people. In 2014, the contract with Targeted Youth Support Service to deliver Tier 2 targeted interventions was revised and extended until 2017. In April 2014, a single pathway, integrated young people’s and adult drug and alcohol specialist treatment system (at Tier 3 for young people) was commissioned from three providers as Somerset Drug and Alcohol Service (SDAS). This provision in Somerset is in line with recommendations recently updated in the 2017-18 Public Health England Young People – substance misuse JSNA support pack.² Interventions relating to tobacco are commissioned separately in Public Health, but the links between young people’s alcohol, tobacco and drug use are acknowledged.³ Included in these recommendations are that:

- Effective universal and targeted evidence – based interventions to prevent young people’s use of drugs, alcohol and tobacco are commissioned
- A full range of specialist drug alcohol and tobacco interventions are available to young people in need
- Commissioning is integrated across preventions and specialist interventions and the wider children’s agenda.
- A skilled workforce is in place to provide effective interventions.

This needs assessment has a particular focus on Targeted (Tier 2) and Specialist (Tier 3) where services commissioned by Somerset County Council Public Health are in place.

¹ Somerset Drug and Alcohol Partnership, Young People’s Substance Misuse Needs Assessment 2011 – May 2012
2 National context

It is impossible to know exactly how many under age people consume alcohol or how many young people use drugs. However, national surveys over the past decade show a consistent decline in self-reported use of alcohol and drug amongst young people even if this trend has been slower in recent years.\(^4\) Self-reported use of drugs by young adults aged 16-24 has also fallen significantly across England and Wales over the same period.\(^5\)

Substance misuse amongst young people is linked with crime - the incidence of crime committed by young people has also fallen over the past five years.\(^6\)

Use of alcohol and drugs increases with age.\(^7\) The strongest single predictor of the severity of young people’s substance misuse problems is the age at which they start using substances.\(^8\)

2.1 Substances used

Nationally, 38% of secondary school pupils aged 11-15 reported ever having drunk alcohol, 18% reported ever having smoked tobacco, and 15% ever having taken drugs.\(^9\) These are the lowest proportions since the surveys of Smoking, Drinking and Drug Use among Young People in England started.

The decline in use of alcohol since 2014 can in part be explained by the increasing proportion of young people who reported not drinking at all. Alcohol however, remains widely available and at an affordable price. A high proportion (40%) of 11-15s who had drunk alcohol reported being able to purchase alcohol from a shop; this was more common amongst older pupils and those who drank 10 units or more in the past week.\(^10\) Despite the reductions in reported use, the proportion of children in the UK drinking alcohol remains well above the European average and those that do

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\(^6\) PHE, Public Health Profiles, [http://fingertips.phe.org.uk/](http://fingertips.phe.org.uk/)


drink consume more than children from most other European countries. The Chief Medical Officers revised their advice on low risk drinking in 2016. They reiterated their advice issued in 2009 that an alcohol free childhood is best, and if a child does drink it should not be until at least age 15.

Regular smoking amongst school pupils has been associated with drinking alcohol, drug use and truancy.

In terms of drug use, cannabis was reported to be the most widely used substance (6.7%) in the past year of any illegal substance. This was followed by inhalation of glue, gas aerosols or solvents (2.7%). Very few reported use of any other drug.

However, 6% of pupils said that they had been offered Novel Psychoactive Substances (NPS) – previously referred to as “legal highs” - 2.5% said they had ever taken them, and 2.0% reported having taken them in the last year. This is the first time NPS have been included in the survey.

2.2 Family influences

Family attitudes towards alcohol and drug use plays a major role, as it does with smoking. Young people whose families have more lenient or permitting attitudes are more likely to try using a drug or drink alcohol. Friends and family members were also the most common source of drugs and alcohol received by school pupils. Living with people who drank alcohol made it more likely pupils would have ever had an alcoholic drink themselves.

Pupils’ behaviour is generally consistent with what they say their parents feel about them drinking. However, despite an increase from 45% in 2008 just 56% of secondary school children believed their parents would not like them to drink in 2014.

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12 Department of Health, UK Chief Medical Officers’ Alcohol Guidelines Review 2016
3 Somerset Context

It is estimated that around 3,000 (10%) Somerset secondary school pupils (aged 11-15) will use a drug each year and 11,300 (38%) will have drunk alcohol. Additionally, 1,800 (6%) will use a drug each week, and 2,400 (8%) will have an alcoholic drink. A similar proportion (8%) will have been drunk in the past 4 weeks. This data indicates that alcohol use in Somerset is similar to national use, and drug use is lower. However, the What About YOUth survey of 15 year olds found that Somerset children were significantly more likely to have ever tried alcohol than the England average, and appear to be more likely to have used cannabis.

A national survey of 15 year olds found that Somerset (7.2%) had a significantly higher proportion of regular smokers than England.

For older age groups, alcohol and cannabis continue to be the most widely used substances. A Somerset survey of Further Education students suggests 10% of students drink alcohol and 5% use cannabis each week. This could mean that up to 1,300 Somerset 16-17 year olds regularly drink alcohol and 700 regularly use cannabis. Somerset FE students were most likely to report having used cannabis (30%) followed by, ecstasy (9%), cocaine (7%), amphetamines (5%), hallucinogens - natural (4%), solvents (4%), hallucinogens - synthetic (3%), poppers (3%), ketamine (2%) and lastly other drugs (1%). 8% of Further Education students reported use of NPS.

3.1 Demography

Population

Estimates show there are around 110,000 under 18 year olds living in Somerset, expected to increase to around 113,000 by 2020. The Table 1 shows population by age-groups and gender and the number of under-18’s expected to be living in Somerset in five years’ time.

18 PHE, Public Health Profiles, http://fingertips.phe.org.uk/
Table 1: Population by age-groups and gender, with projection in five years (Individual values and percentages may not sum to totals due to rounding)

<table>
<thead>
<tr>
<th>Group</th>
<th>Age</th>
<th>2015 Persons</th>
<th>2020 Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young People</td>
<td>0-17</td>
<td>109,200</td>
<td>113,000</td>
</tr>
<tr>
<td>Secondary School Pupils</td>
<td>11-15</td>
<td>29,700</td>
<td>32,700</td>
</tr>
<tr>
<td>Further Education</td>
<td>16-17</td>
<td>13,400</td>
<td>12,500</td>
</tr>
<tr>
<td>Young Adults</td>
<td>16-24</td>
<td>51,700</td>
<td>47,200</td>
</tr>
</tbody>
</table>


Most of this increase is expected to be amongst 11-15s, whose use of alcohol and drugs is lower than older age groups. However, this age group would be expected to contribute to an increase in over 16s proportionally beyond 2020.

Ethnicity

Somerset’s 10-15 year old population was 97% White, at the 2011 census, which is much higher than the England average of 81%. The What About YOUth survey of 15 year olds found that young White populations are more likely to drink than those from a Black and Minority Ethnic (BME) group background.\(^{22}\)

Income deprivation and homelessness

Although there are areas in the county experiencing high deprivation, Somerset has significantly lower rates than England of children living in low income families (2013).\(^{23}\) There are 14,200 children aged 0-15 experiencing income deprivation in Somerset at a rate of 15%, compared with an average of all upper tier and unitary authorities of 21%.\(^{24}\) Children aged 15 living in areas of higher deprivation have been found to be more likely to drink and drink regularly than their peers.\(^{25}\) Somerset has significantly lower rates than England of statutory homeless households (2014/15).\(^{26}\)


\(^{23}\) PHE, Public Health Profiles, [http://fingertips.phe.org.uk/](http://fingertips.phe.org.uk/)


\(^{26}\) PHE, Public Health Profiles, [http://fingertips.phe.org.uk/](http://fingertips.phe.org.uk/)
3.2 Risks and vulnerabilities
Evidence suggest that a number of risk factors (or vulnerabilities) increase the likelihood of young people using drugs, alcohol or tobacco, and the more risk factors young people have, the more likely they are to misuse substances. Risk factors include experiencing abuse and neglect, truanting from school, offending, early sexual activity, antisocial behaviour and being exposed to parental substance misuse.

Equally, young people’s substance misuse contributes to a range of other serious problems experienced by teenagers, such as failing or falling behind at school, involvement in crime and anti-social behaviour, becoming a victim of crime, teenage pregnancy, mental health problems, as well as risks of overdose and future drug dependency. Proportions of children and young people who were absent from school (authorised and unauthorised absence), truancy and those not in education, training or employment (NEET) were all similar in Somerset to the England average. There are similarities in offending behaviour rates in Somerset and England (including 10-17 year olds who were first time entrants to the youth justice system).

3.3 Hidden Harm
Parental problem substance misuse can cause harm to children and young people. Known as ‘hidden harm’ the risks to children can include neglect, isolation, physical or emotional abuse, poverty, separation and exposure to criminal behaviour. Longer term effects on children can include emotional, cognitive, behavioural and other psychological problems, early substance misuse, offending behaviour and poor educational attainment.

Nationally it is estimated that 2-3% of children under 16 could be affected by parental drug use in the UK (approximately 250-350,000 children). Approximately five times as many children are estimated to be affected by parental alcohol use.

A Hidden Harm Needs Assessment was carried out in Somerset in 2015. The definition of ‘hidden harm’ was expanded to include the additional elements of

29 PHE, Public Health Profiles, http://fingertips.phe.org.uk/
30 PHE, Public Health Profiles, http://fingertips.phe.org.uk/
domestic abuse and mental health issues to explore how these issues link. This provided a basis for ongoing analysis using local data. 34

Data for adults in treatment in Somerset during 2015/16 identified that there were 2,089 individuals in structured treatment. Of these:

- 474 parents in treatment with SDAS had children living with them
- 1,033 children had parents who were in treatment with SDAS. (Please note that some of these children may have both parents in treatment so as a result may be double counted. This figure should be considered a maximum estimate of the number of children with a parent in treatment).

Data for adults in treatment in Somerset during 2016/17 identified that there were 2,344 individuals in structured treatment. Of these:

- 486 parents in treatment with SDAS had children living with them
- 1,102 children had parents who were in treatment with SDAS. (Please note that some of these children may have both parents in treatment so as a result may be double counted. This figure should be considered a maximum estimate of the number of children with a parent in treatment).

This is a significant number of young people at risk of the problems noted above. Although these numbers are significant, PHE indicates that levels of clients living with children were similar to the national average. However, they also noted that in Somerset, successful treatment completions for this group of adults were generally higher than nationally.

Other services in Somerset (Children’s Social Care, Troubled Families, getset) indicate that there is a significant level of alcohol and/or drug use in families with whom the services are in contact (see section 8). Whilst it is not possible to compare these cohorts, it is helpful to contribute to an understanding of the issues involved.

The risks to and vulnerabilities of young people are explored further in the context of presentations to commissioned services - see sections 5 and 6.

3.4 Protective factors
Conversely, there are a number of factors which are known to improve resilience to substance misuse including educational achievement, training and employment, good health, positive relationships and meaningful activities.

34 Halo – case management system used by Somerset Drug and Alcohol Service (SDAS)
This data indicates that in Somerset (and nationally) potentially large numbers of children and young people may have tried alcohol and/or drugs and may be using them regularly. However, local service data indicates that this use will become problematic for a minority.

### 3.5 Mortality

There were no deaths of under 18 year olds between 2006 and 2016 that were linked to alcohol or drug misuse in Somerset.

### 3.6 Hospital admissions

Hospital admissions of under-18s for alcohol specific conditions are declining across England but girls are more likely than boys and are admitted at younger ages.\(^{35}\) In Somerset there were 168 alcohol specific admissions of under-18s in the 2012/13-2014/15 period and the rate was significantly higher than the England average.\(^{36}\)

Local analysis using Public Health England methodology but applying it to the 2015/16 year only, shows there were 67 alcohol specific admissions of 59 individuals.

Admissions for drug misuse amongst 15-24 year olds conversely have been increasing across England in recent years. Somerset had 206 admissions in the period between 2012/13 and 2014/15 at a rate that was significantly higher than the England average.\(^{37}\)

Local analysis using Public Health England methodology but applying it to under 18 year olds and only the 2015/16 financial year shows that there were 39 drug misuse admissions of 37 individuals.

It is not clear from hospital statistics if the higher rates in Somerset are due to specific individuals having multiple admissions or if there is a wider spread of risky substance use across the county or if there are other factors.

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4 Universal drug and alcohol services in Somerset (Tier 1)

Universal drug and alcohol work (referred to as Tier 1) is aimed at the whole population. Regardless of whether drug or alcohol use is indicated, it involves providing accurate and up to date information and advice on drugs and alcohol and signposting to other help if it is needed.

Local and national digital sources of information and self-help are promoted via sources including Somerset Choices, Somerset children and young people education, Somerset Contraceptive and Sexual Health, Somerset Drug and Alcohol Partnership websites.

Local information has been developed on alcohol, including the 'Look out for your Mates' website and resources for young people aged 16-24.

The delivery of theatre in education (reported in the 2011 Young People’s Substance Misuse Needs Assessment38) has been discontinued.

A programme of training has been commissioned to enable anyone working with children and young people in Somerset (whether in paid employment or as a volunteer) to respond to drugs and alcohol issues at the earliest opportunity either themselves or to refer to others.

The training programme focusses on knowledge, skills and tools and includes use of the Somerset Drug and Alcohol Screening Tool, and Assessment Tool. This ensures that anyone can act on what they hear and see when working with children, young people and parents. Resources to support the use of the screening and assessment tool have been updated.

Although significant numbers of staff have been trained, it is difficult to assess how this training is put into practice, and there is little evidence to demonstrate whether interventions have been delivered or whether children and young people have been referred to Tier 2 or Tier 3 services.

It is important that the wider workforce who are trained to do so are consistently offering information, advice and support to young people about alcohol and drugs, and maximising opportunities to intervene early to prevent any problems developing further. It is also important that older family members are offered information, advice and support, and encouraged to access further help if their own use of alcohol and/or drugs is problematic.

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38 Somerset Drug and Alcohol Partnership, Young People’s Substance Misuse Needs Assessment 2011 – May 2012
5 Targeted drug and alcohol services in Somerset (Tier 2)

This section explores data provided by Somerset County Council’s Targeted Youth Support Service (TYS).

TYS is commissioned to deliver targeted interventions including:

- assessment of needs (using the Somerset Drug & Alcohol Assessment Tool for Young People, which incorporates the Revised Complexity Index 39 to identify the most effective course of action for each young person)
- information, advice and harm reduction
- brief interventions
- relapse prevention work
- appropriate joint work with, and referral to, Somerset Drug and Alcohol Service (SDAS).

TYS targets some of the most vulnerable young people in Somerset such as young offenders, children looked after, those young people who are not in education, employment or training (NEET) and young people experiencing sexual exploitation that are all closely associated with drug/alcohol use.

The data covers the period 1 April 2015 – 31 March 2016, and unless specified refers to the new cases referred during this period.

5.1 Caseload

TYS delivered substance use support to 237 young people during 2015/16. This group comprised 65 young people who were still in contact with the service from 2014/15, and 172 new cases. TYS reported working with 174 young people during 2014/15.

Of all the young people assessed during 2015/16, the majority (77%, n= 172) were identified as using at least one substance – see Table 2. Cannabis was the main non opiate reported, so alcohol and mainly cannabis were the substances predominantly used. This was also the case in 2014/15.

Table 2: Number of young people assessed with a substance use issue by substance type between April 2015 and March 2016

<table>
<thead>
<tr>
<th></th>
<th>Alcohol Only</th>
<th>Alcohol and Non-Opiates</th>
<th>Non-Opiates Only</th>
<th>Opiates</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>23</td>
<td>103</td>
<td>46</td>
<td>0</td>
<td>172</td>
</tr>
<tr>
<td><strong>% Total</strong></td>
<td>13%</td>
<td>60%</td>
<td>27%</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

The profile of the caseload shows:

- Nearly two thirds of the young people were male (62%) and just over one third female (38%). The majority (85%) were aged 15 or over.
- 70% were White British with 13% being classified as White and 13% not given.
- 90% of young people classified themselves as heterosexual; 6% classified themselves bisexual or gay/lesbian; and 4% were not given.
- 13% said they had a disability but the majority of these were either not asked or did not say how.
- 84% of young people did not have a religion.

5.2 Referral sources
Young people were referred to TYS from a range of sources, but nearly two thirds were from three main sources - the Youth Offending Team (27%), Schools (18%), and Children’s Social Care (17%).

5.3 Risk factors
As indicated, TYS works with some of the most vulnerable young people. The risk harm matrix in Table 3 shows the range of risk factors or vulnerabilities experienced by young people in 2015/16. The majority were identified as experiencing more than one risk/vulnerability (with the highest numbers in each category shaded red, and the least shown in green).

Offending was the most significant risk/vulnerability, together with also being affected by friends’ use, being in touch with Child and Adolescent Mental Health Services, not being in employment, education or training (NEET), and being excluded from school.

Just over one third (34%) of young people assessed in 2015/16 responded positively to the question “are you affected by anyone else’s drug or alcohol use?” Of those who responded positively:

- 60% affected/concerned by friends’ use
- 34% affected by parents’ use
- 28% affected by siblings use

Some young people were affected by more than one of these groups. Although more difficult to follow up, young people were also asked whether these significant others were thought to be accessing help. This information further indicates the need for staff in wider services to be aware of drug and alcohol use issues, and how to respond appropriately to prevent escalation and encourage take up of further support if indicated.
<table>
<thead>
<tr>
<th>Ref</th>
<th>Risk/Harm</th>
<th>Total</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<th>9</th>
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<tr>
<td>2</td>
<td>CLA Foster Care / Home Based Care</td>
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<td>3</td>
<td>Care Leaver</td>
<td>23</td>
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<tr>
<td>4</td>
<td>Young Offender</td>
<td>104</td>
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<td>5</td>
<td>Affected by: Friend Use</td>
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<td>6</td>
<td>Affected by: Parent Use</td>
<td>37</td>
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<td></td>
</tr>
<tr>
<td>7</td>
<td>Affected by: Sibling Use</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Affected by: girl/boy friends Use</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Education Attendance</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>CAMHS</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>NEET</td>
<td>76</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Excluded from School</td>
<td>54</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5.4 Young people with their cases closed

141 young people with substance use issues had their cases closed by TYS in 2015/2016 – see table 4. The majority of young people discharged had been using more than one substance.

Table 4: Number of young people with a substance misuse issue discharged from TYS caseload by substance type between April 2015 and March 2016

<table>
<thead>
<tr>
<th></th>
<th>Alcohol Only</th>
<th>Alcohol and Non-Opiates</th>
<th>Non-Opiates Only</th>
<th>Opiates</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>28</td>
<td>74</td>
<td>39</td>
<td>0</td>
<td>141</td>
</tr>
<tr>
<td>% Total</td>
<td>20%</td>
<td>52%</td>
<td>28%</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

5.5 Outcomes

Alcohol use

During 2015/16, 102 young people identified as drinking alcohol (either alcohol only, or with non-opiates) had their cases closed. Measurement of change was identified by use of the AUDIT-C tool. Of the 102 young people using alcohol with their cases closed, 97 (95%) had an AUDIT-C taken at the start; 59 (58%) had an AUDIT-C taken at exit. A significant proportion 38 (37%) did not have an AUDIT-C measure recorded at both start and exit. Of the 59 who had AUDIT-C score recorded at exit, 34 (58%) had reduced their alcohol use.

Other drug use

During 2015/16, 113 young people were identified as using non-opiates and had their case closed. Of the 102 young people who had been using cannabis, 49 (48%) had reduced or made a positive change in their use.

Other substances used by these 113 young people included MDMA, tobacco, mephedrone, cocaine, novel psychoactive substances (NPS, then referred to as so called ‘legal highs’), valium, aerosols/solvents, ketamine, LSD/magic mushrooms and prescription drugs.

There was some reduced use/positive change in use of MDMA, and NPS amongst young people discharged, though numbers were very small. Even smaller were positive changes for the other substances listed, and in some cases no change was identified.

There were a high proportion of cases with outcomes not recorded, or described as unknown. Poor data quality has been an on-going issue and it has been difficult to effectively evidence change for the young people who have been engaged with TYS.
5.6  Referrals to Tier 3 (SDAS)
Based on use of the Somerset Drug and Alcohol Assessment Tool, 63 young people were assessed as requiring referral to SDAS for specialist treatment interventions.
6 Specialist drug and alcohol services in Somerset (Tier 3)

This section looks at data for young people in Tier 3 treatment with Somerset Drug and Alcohol Service (SDAS). Data is derived from Halo, the countywide case management system which is commissioned by Somerset Public Health and is used by all providers working within SDAS. Data from the PHE - Substance Misuse JSNA support pack for Somerset for young people is also used for comparison with national data. The support pack uses data from the National Data Treatment Monitoring System (NDTMS) which reflects specialist treatment activity reported locally.

In order to protect the anonymity of treatment service users, figures have been suppressed if they have a cell value of less than five. Such occurrences are either described, or indicated by a field containing *** rather than a numeric value.

6.1 Referrals

Table 5 shows a comparison of Young People episodes and the number of individuals referred to structured treatment over the last three financial years.

In 2016/17 we see a drop in episodes and the number of young people this relates to compared to the two previous years. The number of average episodes per individual remains relatively stable across all three years.

Table 5: Number of new referrals (episodes) to treatment and number of individual clients it relates to

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Number of episodes</th>
<th>Number of young people this relates to</th>
<th>Average episodes per individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>119</td>
<td>54</td>
<td>2.2</td>
</tr>
<tr>
<td>2015/16</td>
<td>121</td>
<td>64</td>
<td>1.9</td>
</tr>
<tr>
<td>2016/17</td>
<td>99</td>
<td>46</td>
<td>2.2</td>
</tr>
</tbody>
</table>

SOURCE: Halo

6.2 Treatment starts

Treatment starts (episodes) for 2014/15, 2015/16 and 2016/17 are shown in Table 6. Young people appeared to require a number of referrals before proceeding to start of treatment in all three years.

The number of treatment starts in 2016/17 is lower than in the previous two years which matches the fall in referrals. Average episodes per individual has remained stable.

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40 Public Health England, JSNA data pack for young people 2016-17 (RESTRICTED)
Table 6: Number of new treatment starts (episodes) and number of individuals to which this relates

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Number of episodes</th>
<th>Number of young people this relates to</th>
<th>Average episodes per individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>66</td>
<td>54</td>
<td>1.2</td>
</tr>
<tr>
<td>2015/16</td>
<td>73</td>
<td>64</td>
<td>1.1</td>
</tr>
<tr>
<td>2016/17</td>
<td>51</td>
<td>45</td>
<td>1.1</td>
</tr>
</tbody>
</table>

SOURCE: Halo

6.3 Case closures and successful completions

The highest proportion of case closures in all years were for use of ‘non-opiates’, which is in proportion to the profile of young people in treatment. The highest proportion of successful completions was also for ‘non opiates’. Successful completion rates for both ‘non-opiates’, and ‘alcohol and non-opiates’ have improved between 2014/15 and 2015/16 but saw a decrease in 2016/17 (see Table 7 below).

Table 7: Successful completions (individuals) 2014/15 to 2016/17

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>No of successful completions (Individuals)</th>
<th>No of successful completions (Individuals)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non opiates</td>
<td>Alcohol &amp; non opiates</td>
</tr>
<tr>
<td>2014/15</td>
<td>25</td>
<td>13</td>
</tr>
<tr>
<td>2015/16</td>
<td>35</td>
<td>22</td>
</tr>
<tr>
<td>2016/17</td>
<td>29</td>
<td>14</td>
</tr>
</tbody>
</table>

SOURCE: Halo

The JSNA support pack\(^{41}\) records planned exists in Somerset (young people leaving specialist treatment interventions in a planned way) as being very similar to national levels. There was an increase in planned exits between 2014/15 and 2015/16 in Somerset, and in Somerset in 2015/16, the proportions were higher in Somerset than nationally. At the time of writing this document national 2016/17 data was not available.

6.4 Substance profile

Nationally, cannabis and alcohol are the most common substances that young people report problems with.\(^{42}\) This profile is similar in Somerset where the majority of young people were in treatment for problems with ‘alcohol and non-opiates’ or ‘non opiates’. Cannabis was the main non opiate, followed by stimulants. Problems with NPS were relatively low.\(^{43}\)

The most striking differences in use between Somerset and nationally was a higher proportion of young people in Somerset with problems with stimulants (as was the case in 2014/15). There were slightly lower proportions of young people citing

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\(^{41}\) Public Health England, JSNA data pack for young people 2016-17 (RESTRICTED)


\(^{43}\) Public Health England, JSNA data pack for young people 2016-17 (RESTRICTED)
problems with cannabis, and slightly lower proportions of young people with problems with alcohol.\(^{44}\)

The majority of young people in treatment with SDAS in Somerset reported problems with more than one substance. The JSNA support pack indicates the majority of young people in treatment in Somerset had problems with two or more substances (one of which could be alcohol), which is higher than the national proportion.\(^{45}\)

### 6.5 Age

The majority of young people starting structured treatment in Somerset were 15 or older, with the largest single age group being 17 years old.

There were fewer 15 year olds and more 16 year olds in treatment in 2015/16 than in 2014/15 (see Figure 1). In 2016/17 all age groups saw a decrease (as did general episode numbers) with 17 year olds being the largest.

There were only a small proportion of young people under 15 in treatment in Somerset, and this was much smaller than the proportion nationally.\(^{46}\) Episodes in all three years relating to 13-14 year olds are suppressed and have not been included in the chart.

**Figure 1:** Age at initial assessment (episodes); Source: Halo

As would be expected from the higher proportion of young people 16 and over in treatment, there is a greater proportion of 16-17 year olds than 11-15 year olds using both ‘non opiates’ and ‘alcohol and non-opiates’ (see Figure 2).

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\(^{44}\) Public Health England, JSNA data pack for young people 2016-17 (RESTRICTED)

\(^{45}\) Public Health England, JSNA data pack for young people 2016-17 (RESTRICTED)

\(^{46}\) Public Health England, JSNA data pack for young people 2016-17 (RESTRICTED)
Figure 2: Percentage of young people in treatment by age and substance type (episodes); Source: Halo

Percentage of YP by age and substance type

Numbers using Opiates and Alcohol only have been suppressed as they were too small to report.

6.6 Protected characteristics

- The proportion of males and females starting structured treatment in Somerset 2014/15 and 2015/16 were similar (52% and 48% respectively), whereas nationally the proportion of males was much higher than females. In 2016/17 the proportion changed and those starting treatment were 76% male and 24% female. This difference needs to be monitored to ensure that this change is not detrimental to either sex’s access to treatment.
- The majority (85%) were aged 15 or over in 2016/17.
- In 2016/17 95% of young people were White British.
- 86% of young people classified themselves as heterosexual, with the remainder gay/lesbian or not given.
- 85% of young people did not have a religion, with 13% unknown.
- Disability reporting was only added to NDTMS in 2016/17 so data is unreliable prior to this. 64% were recorded as having no disability, 22% were recorded as having a behaviour or emotional disability and 11% were not stated.
- When looking at the proportion of young people in treatment for substance misuse with SDAS in 2015/2016, 29% of those referred were affected by either dual diagnosis, domestic abuse or both.

6.7 Referral Sources

Nationally, the majority of young people are referred to specialist services by “youth justice, education, self, family and friends and children and family services”. Referral sources in Somerset to SDAS in 2016/17 were mainly from children’s

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47 Public Health England, JSNA data pack for young people 2016-17 (RESTRICTED)
48 Public Health England, JSNA data pack for young people 2016-17 (RESTRICTED)
mentally health services, Targeted Youth Support Service followed by the Youth Offending Team (YOT).

According to the JSNA data pack there was a significantly higher proportion of referrals from other substance misuse services in Somerset than nationally. This could be due to SDAS comprising three different providers and referrals coming from a different part of the SDAS service i.e. the Contact, Housing or Recovery teams).

6.8 Risk factors
As with young people in touch with TYS, young people in treatment with SDAS have complex needs and have presented to the service with a range of risks/vulnerabilities. Amongst the main vulnerabilities for those in treatment, the following were the most significant:

- not being in education, employment or training (NEET)
- involvement in offending/antisocial behaviour
- having an identified mental health problem
- being affected by others’ substance misuse.

Young people in Somerset experienced similar vulnerabilities/risks to those at national level, with the exception of those with an identified mental health problem and NEET, where the numbers in Somerset were higher than nationally.49

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49 Public Health England, JSNA data pack for young people 2016-17 (RESTRICTED)
<table>
<thead>
<tr>
<th>Wider Vulnerabilities</th>
<th>Number Somerset</th>
<th>Local</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looked after child</td>
<td>10</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>Child in Need</td>
<td>9</td>
<td>14%</td>
<td>6%</td>
</tr>
<tr>
<td>Affected by domestic abuse</td>
<td>17</td>
<td>26%</td>
<td>21%</td>
</tr>
<tr>
<td>Identified mental health problem</td>
<td>20</td>
<td>30%</td>
<td>19%</td>
</tr>
<tr>
<td>Involved in sexual exploitation</td>
<td>-</td>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td>Involved in self harm</td>
<td>9</td>
<td>14%</td>
<td>17%</td>
</tr>
<tr>
<td>Not in education, employment or training (NEET)</td>
<td>23</td>
<td>35%</td>
<td>17%</td>
</tr>
<tr>
<td>NFA/unsettled housing</td>
<td>-</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Involved in offending/antisocial behaviour</td>
<td>20</td>
<td>30%</td>
<td>32%</td>
</tr>
<tr>
<td>Pregnant and/or parent</td>
<td>-</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Subject to child protection plan</td>
<td>-</td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>Affected by others’ substance misuse</td>
<td>18</td>
<td>27%</td>
<td>23%</td>
</tr>
</tbody>
</table>
6.9 Interface between Tier 2 (TYS) and Tier 3 (SDAS)

There is some inconsistency evident between referrals made and referrals received between TYS and SDAS during 2015/16. For example in 2015/16:

- 63 young people were assessed by TYS as requiring a referral to SDAS. Of these, 31 did not engage, leaving 32 who were actually referred. Only 23 cases were recorded as referrals to SDAS from TYS on Halo.
- TYS recorded 7 young people being stepped down from SDAS to TYS, whereas Halo shows 23 young people being referred from SDAS to TYS.

This has been an area of concern and commissioners want to ensure that young people receive the interventions appropriate to their needs and do not get lost to either service. Data quality, referral and discharge processes, follow up of any young people who did not engage must be robust going forward.
7 Other Services in Somerset

The data provided below from different sources helps to build a picture of young people and families affected by drug/alcohol use across the county.

However, data collection methods and definitions of substance misuse vary, and the cohorts may be different so it is not possible to aggregate this information or make direct comparison between the separate services. The data is presented below by service area but needs to be treated with caution because of the definitions and process for how the need has been identified and recorded.

7.1 Children’s Social Care
Children’s Social Care data is taken from the Children and Families assessment where questions are asked about alcohol and drug use by the child/parent or another person in the household. This is at assessment so is limited to that point.

In the 2015/16 financial year there were 127 young people identified with a substance misuse issue. The number of parents, carers and other household members identified was 818. 78 young people were also a parent or carer.

7.2 Youth Offending Team (YOT)
The YOT had 332 young people who received a service in 2015/16. Of these 161 individuals went on to complete a drug and alcohol assessment.

7.3 Pathways to Independence
Pathways 2 Independence (p2i) is the local housing-related support services for young people aged 16-24. A 2016 needs analysis for p2i found that 51 (8%) young people - who were not care leavers – had been in contact with p2i services between April 2013 and March 2015 and received support around substance misuse. Also 20 (29%) 16 and 17 year olds presenting to SDAS in 2014/15 were reported to have had an immediate need for support around accommodation or housing issues.

7.4 Leaving Care
The Leaving Care team in Somerset County Council undertakes a snapshot of care leavers’ needs, to (subjectively) identify any difficulties that significantly impact on their day to day lives.

The following information was collected in the autumn of 2015 of all care leavers between the ages of 16 – 17. Of the 110 care leavers, 91 had at least one difficulty identified.

There were 12 Care Leavers identified as having a substance misuse difficulty.

50 Somerset Intelligence, Youth Housing, http://www.somersetintelligence.org.uk/youth-housing.html
A needs analysis for Pathways to Independence (p2i) found 519 care leavers had been in contact with the Leaving Care team between April 2013 and March 2015, and 155 (31%) had support needs around substance misuse.\textsuperscript{51}

7.5 Early Help Assessments
The Early Help Assessment is a tool used in Somerset to facilitate the early identification of children, young people and families who need support at an early stage, before their needs escalate, and to ensure that services are delivered in a more coordinated way.\textsuperscript{52}

In the 2015/16 financial year there were 19 children identified as having a drug or alcohol misuse issue and 27 adults.

7.6 getset
getset is the Somerset County Council service providing early help and support for children, young people and their families in Somerset.

All issues (including substance misuse) are identified at a family level – where one family member has a substance use issue they will all be flagged.

A snapshot of data collected in September 2016 indicated that:

- 249 families were identified as having substance misuse issues. Whether this refers to alcohol and/or drugs is not specified.
- 161 families were identified as having mental health issues and substance misuse issues.
- 116 families had substance misuse issues and domestic abuse identified as an issue.
- 79 families were identified as having substance misuse, mental health and domestic violence issues.
- 243 families were identified as having substance misuse issues where there was a child of 17 or under.

Since 1st April 2015, Troubled Families is no longer a stand-alone programme, but is part of 'getset'.

In 2015/16, Troubled Families identified Somerset as having 2,790 families that have three or more of the eligible areas of need.\textsuperscript{53}

Family support workers were required to complete a form twice a year to identify how many months someone is reliant on drugs or alcohol for 3 month intervals. (The data may not be completely reliable as not many forms are reported to be completed, and the measurement used to indicate dependency is not clear).

\textsuperscript{51} Somerset Intelligence, Youth Housing, \url{http://www.somersetintelligence.org.uk/youth-housing.html}
\textsuperscript{52} \url{http://professionalchoices.org.uk/2016/08/24/early-help-assessment/}
\textsuperscript{53} \url{http://www.somersetintelligence.org.uk/troubled-families.html}
Table 9: Young people born between 1998 and the end of 2001 recorded as having a dependency on drugs and alcohol at any point in their intervention as of April 2016. Source: Troubled Families

<table>
<thead>
<tr>
<th>Number affected</th>
<th>Total number of Young People on caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>9</td>
</tr>
<tr>
<td>Drugs</td>
<td>11</td>
</tr>
</tbody>
</table>

Table 10: Number of families where dependency on drugs and alcohol has been recorded at any point in their intervention as of April 2016. Source: Troubled Families

<table>
<thead>
<tr>
<th>Number affected</th>
<th>Total number of families on caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>20</td>
</tr>
<tr>
<td>Drugs</td>
<td>25</td>
</tr>
</tbody>
</table>