

## 7.2.6 Substance misuse and alcohol (young people)

Brighton & Hove JSNA 2015

### Why is this issue important?

Substance misuse amongst young people can lead to both physical and social harms. Teenagers are particularly vulnerable to effects of cannabis because their brain is still developing. There is now sufficient evidence to show that those who use cannabis particularly at a younger age, such as around the age of 15, have a higher than average risk of developing a psychotic illness, such as schizophrenia or bipolar disorder.<sup>1</sup> Evidence shows that regular early substance misuse is linked to addiction in adult life and cannabis use at an early stage is associated with mental health issues even after abstaining for at least a year.<sup>2</sup>

Many adults in long term treatment for substance misuse started using these substances when young with one in ten of those in adult drug treatment had first started to use before the age of 25 years.<sup>3</sup> Effective prevention provided during the years of early use therefore has potential to address a life time of harm.<sup>4</sup>

The use of alcohol can lead to disinhibition resulting in risk taking. In 2009, the Chief Medical Officer for England published the first official guidance on alcohol aimed specifically at young people.<sup>5</sup> This guidance recommended that the healthiest and safest option was for children to remain alcohol free up to the age of 15, and those older teenagers who did drink alcohol should do so in a supervised environment.

On a more positive note, across England there has been an overall decrease in drug use by 11-15 year olds since 2001 and alcohol use has fallen since 2003.<sup>6</sup>

However, despite these positive changes the proportion of children in the UK drinking alcohol

remains well above the European average. British children are more likely to binge drink or get drunk compared to children in most other European countries.<sup>7</sup>

More over some young people will be more likely to experience harm as a consequence of their substance misuse. Young people (aged under 25 years) who are vulnerable and disadvantaged are at particular risk of misusing substances. Risk factors include:

- those whose family members misuse substances
- those with behavioural, mental health or social problems
- those excluded from school and truants, or whose circumstances or behaviour already make them a focus of concern.
- young offenders
- Children in Care
- those who are homeless or missing from home.
- those who are sexually exploited
- those who are from the Lesbian, Gay, Bisexual, Transgender or unsure population
- those from some black and minority ethnic groups.<sup>8</sup>

Young people at risk of misusing drugs and alcohol are also likely to be smoking and that one of the factors linked to increased initiation of smoking is experimentation with drugs and alcohol.<sup>9</sup>

It is clear from national evidence<sup>10</sup> that overall it is only a small percentage of under 18s who get into difficulties with drugs or alcohol, but for these the problems can be significant. Young people who misuse drugs and alcohol are more likely to have poor school attendance, not be in education, employment or training (NEET), and more likely to be involved in crime, be homeless, be in care, come from a family who also misuse drugs and alcohol,

<sup>1</sup> Cannabis and mental health, Royal College Of Psychiatrists, accessed online 17th August 2015

<sup>2</sup> Van Gastel W, Wigman J, Monshouwer K, Kahn R, van Os J, Boks M, Vollebbergh W. Cannabis use and subclinical positive psychotic experiences in early adolescence: findings from a Dutch survey *Addiction* 2012; 107: 381-387; 2012.

<sup>3</sup> Adults in Drug Treatment during 2014, age of initial use.

<sup>4</sup> PriceWaterhouse Coopers: life time costs for an adult male problem drug user is £827,000. by the age of 21 this is £91k to £121K

<sup>5</sup> Donaldson L (2009) Guidance on the consumption of alcohol by children and young people, Department of Health.

<sup>6</sup> NatCen. Smoking drinking and drugs use among young people. 2014.

Available at: <http://www.natcen.ac.uk/our-research/research/survey-of-smoking,-drinking-and-drug-use-among-young-people-in-england/> [Accessed 19/08/2015]

<sup>7</sup> Hibell B, Guttormson U, Ahlstrom S, et al (2012) The 2011 ESPAD report: substance use among students in 36 European countries

<sup>8</sup> Interventions to reduce substance misuse among vulnerable young people, NICE, 2007

<sup>9</sup> Young Peoples Substance Misuse JSNA Pack, PHE 2015/16

<sup>10</sup> The National Treatment Agency for Substance Misuse. Substance misuse among young people 2011-12. 2012

## 7.2.6 Substance misuse and alcohol (young people)

have emotional and psychological problems be a teenage parent or pregnant or are sexually exploited.<sup>11</sup> Young disabled people or those with Special Education Needs (SEN) within mainstream education are also at an increased risk.<sup>12</sup>

Alcohol Concern estimated hospital admissions, A&E attendances and ambulance services call outs due to underage alcohol consumption costs around £19 million per year.<sup>13</sup> The Department for Education also estimated that the annual cost of crime per young drug and alcohol user to be around £4,000 per person per year in the absence of treatment.<sup>14</sup> The costs of intervention are considerably less.

### Key outcomes

- ***To ensure young people have left treatment in a planned way when their treatment is completed (Public Health Outcomes Framework)***
- ***To close the gap in healthy lifestyle outcomes for children and young people in the areas of obesity, sexual health, smoking and substance misuse. (Commissioning Strategy: Health & Wellbeing of Children, Young People & Families 2015 - 2020)***

### Impact in Brighton & Hove

Local data for those in Key Stage 4 (14-16 year olds) from the Safe and Well at School Survey (SAWSS) found that 21% had ever taken drugs in 2013 and this remains the same figure locally in 2014.<sup>15</sup> National (England) information for 2013 shows that 30% of 15 year olds had ever taken drugs.

In Brighton & Hove 74% of 14-16 year olds had tried a whole alcoholic drink (not just a sip) in 2014

(76% for 2013). Across England in 2013 72% of 15 year olds had tried alcohol.

In 2010, 23% of pupils aged 14-16 years had ever taken drugs, the 2014 value was 21%. In 2014, 5% of 11-14 year olds reported ever taking drugs, the first year that this information was collected.

The city has seen a fall in alcohol use amongst young people. In 2010, 85% of 14-16 year olds had tried a whole alcoholic drink, but by 2014 this had fallen to 74%. There was a comparable change amongst the younger age group (11-14 years) with only 29% having drunk a whole alcoholic drink in 2014, compared with 60% in 2010.

Some of the positive changes seen here in respect of alcohol consumption may have their origins in the widespread take up of campaigns such as Challenge 21 and Challenge 25 which may have reduced the availability of alcohol to underage drinkers,<sup>16</sup> though it is not possible to attribute the change to any particular measures.

In 2014 of those who had tried drugs, the most frequent was cannabis (90%) and over a third (35%) of these said they take it most days or once a week.

There has been a reduction in the proportions of pupils aged 14-16 who have ever been offered drugs by a family member, from 8% in 2011 to 5% in 2014.<sup>15</sup>

Among 14-16 year olds who have tried alcohol, a quarter had drunk alcohol in the last seven days, a fall from 37% in 2011. But when asked if they often drank to get drunk 36% responded positively – a proportion little changed since 2011. In comparison, the proportion of pupils who drank alcohol in the last week (of those who had tried alcohol) has fallen from 37% in 2011 to 25% in 2014.<sup>15</sup>

Proxy purchasing is a popular way to access alcohol and 30% of year 10 and 11 pupils said they had given someone money to buy alcohol for them. Among 14-16 year old pupils who reported drinking alcohol in the seven days preceding the survey, 63% reported drinking at a friend's house with a friend their age, 29% at home with a parent/carer and 24% with friends in a public park.

<sup>11</sup> Brighton & Hove City Council. Youth Service Needs Assessment. 2011. Available at: [www.bhlls.org/needsassessments](http://www.bhlls.org/needsassessments)

<sup>12</sup> Brighton & Hove Community Safety, Crime Reduction and Drugs Strategy: 2011-14.

<sup>13</sup> Alcohol Concern. Right time, right place: Alcohol-harm reduction strategies with children and young people. 2010. Available at: [http://www.alcoholconcern.org.uk/assets/files/Publications/Right\\_time\\_right\\_place\\_23\\_October\\_2010.pdf](http://www.alcoholconcern.org.uk/assets/files/Publications/Right_time_right_place_23_October_2010.pdf)

<sup>14</sup> Department for Education. Specialist drug and alcohol services for young people – a cost benefit analysis. 2011. Available at: [http://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/182312/DFE-RR087.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182312/DFE-RR087.pdf)

<sup>15</sup> Brighton & Hove City Council. Safe and well at school survey. 2014. Available at: <http://www.bhconnected.org.uk/content/surveys> [Accessed 09/07/2015]

<sup>16</sup> Office for National Statistics. Options and Lifestyle Survey. 2013

## 7.2.6 Substance misuse and alcohol (young people)

A small proportion of 14-16 year old pupils reported being given drugs by a family member (5% of all pupils, 23% of pupils who reported trying non-prescribed drugs) whilst 41% of all pupils were given alcohol (54% of those who reported trying alcohol).

Some of the city's Further Education colleges and sixth forms also participated in the survey. This was the first time that this group participated and it is important to note that the results may not be generalisable as not all colleges/sixth forms participated, and young people in sixth forms/colleges may differ from young people outside of these settings. This is an older population of students, mostly aged 16-19 years, and consequently drug and alcohol use is more frequent. Almost half (47%) of respondents had drunk alcohol in the last seven days with only 11% never having drunk alcohol. Of those who had drunk alcohol in the last seven days, 73% had had a drink on either one or two days.

Of those who had drunk alcohol, 18% had used a fake ID to purchase alcohol. Spirits (45%) were the most popular drink of those who had drunk alcohol. Almost two-thirds (63%) of those who had tried alcohol had been drunk in the last four weeks and over a third (35%) drank to get drunk often or every time they drank.

Of all survey respondents in Further Education, 38% had taken drugs including Novel Psychoactive Substances (sometimes called Legal Highs). 93% of these had taken cannabis, and 55% had used another drug too. But the use of cannabis was infrequent with 78% using between once or twice a month or less often.

Although substance misuse is more frequent amongst respondents from Further Education, some of the overall fall in alcohol consumption experienced nationally has been attributed to reduced consumption amongst those aged 16-24 years,<sup>17</sup> of which this group form part.

**Hospital admissions:** The rate of young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years, 2011-2014) has fallen since 2006

but continues to be higher, and significantly worse than England.<sup>18</sup> This indicator again reflects the pattern seen elsewhere of a positive change over time but the city continuing to perform poorly when compared with England as a whole in respect of alcohol.

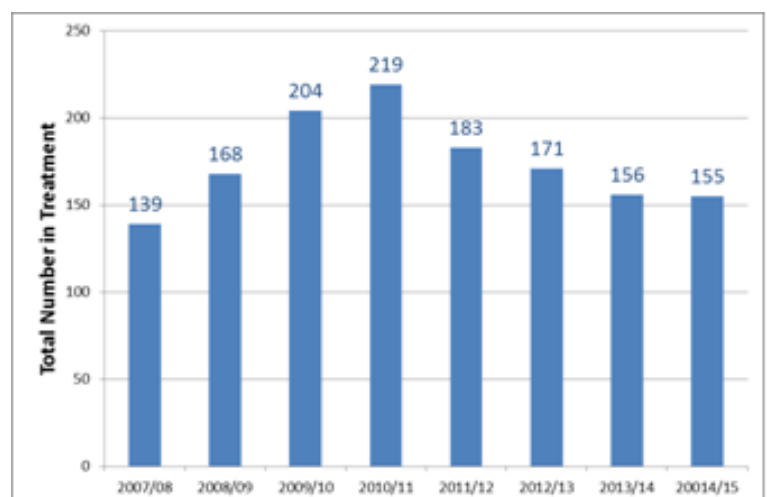
Hospital admissions due to substance misuse for those aged (15-24 years) are comparable with England.<sup>18</sup>

**A&E:** In 2014, there were 128 referrals from A&E to the young people's substance misuse service. This was a 31% reduction in referrals compared to the previous year (2013) when there were 186. Of these 56% were male and 44% were female. But fewer than half (45%) took up the offer of help from the service and engaged with support.

**Treatment:** During 2014/15, 157 under-18s resident in Brighton & Hove accessed structured drug and alcohol treatment and 103 young people started treatment; there is no change compared to 2012/13.<sup>19</sup> Nationally there has been a small decline, in the numbers accessing treatment; in part this has been attributed to a contraction in the provision of universal and targeted services.<sup>20</sup> A total of 155 young people were in treatment at any point across the 2014/15 period, again comparable with activity for the previous year.

**Figure 1: Number of young people entering the specialist substance misuse service, RU-OK?, Brighton & Hove, 2007/08 to 2014/15**

**Note:** in 2011 ru-ok reduced their age band to under 18s



<sup>19</sup> PHE Young peoples substance misuse interventions, executive summary 2014-15.

<sup>20</sup> Substance Misuse Among Young People in England 2013-14, Public Health England, January 2015.

<sup>17</sup> Adult Drinking Habits in Great Britain, 2013, National Statistics, 13<sup>th</sup> February 2015

## 7.2.6 Substance misuse and alcohol (young people)

Source: National Drug treatment monitoring system

Young people in treatment were:

- most frequently supported for their use of cannabis (83%), alcohol (62%) and stimulants (36%)
- 22% were aged 13 to 14 (against a national average of 17%), but both locally and nationally by 31% were aged 13 to 15
- 24% reported domestic abuse against 6% nationally
- 22% were children in need or children in care and 37% were affected by other's substance use (nationally 12%)

Locally intelligence from the young people's treatment service (ru-0k) appears to show very few clients accessing support for NPS in 2014/15 and nationally there was a fall in the overall number of young people reporting problems with club drugs/NPS during 2013/14.<sup>21</sup>

### Where we are doing well

The 2014 Safe and Well at School Survey revealed that 67% of 14-16 year olds said that the drug education they got in school was useful which is in line with the previous year. Sixty one percent of 14-16 year olds had heard of the Think Drink Drugs (this is now an east and West Sussex resource) information service, which is an increase from 34% in 2011.

Early intervention and prevention approaches are offered on site to the secondary schools in the city. In 2014/15:

- Ten secondary schools were offered a group work programme (Reflect) which challenges and addresses risk-taking behaviour - three schools accepted the offer and four groups were delivered.
- Two schools were offered onsite substance misuse sessions. One used the sessions to raise awareness of the impact of substances through health promotion and one delivered four drop-ins over the year and staff saw 28 young people resulting in eight referrals to ruok.

At the year-end for 2014/15, 82% of young people were successfully discharged from treatment in a planned way which is higher than the national proportion of 79%.<sup>22</sup>

Identifying young people who present to A&E with substance misuse problems provides an integrated pathway between acute care and treatment.

### Local inequalities

The Safe and Well at School Survey data provides an insight into the profile of those who were more likely to have tried either drugs or alcohol.

As would be expected older pupils are more likely to have used drugs or alcohol according to the Safe and Well at School Survey. In 2014 only 4% of 11-14 year olds had ever used drugs compared with 21% of the 14-16 year olds. In the same year 29% of 11-14 year olds had ever tried an alcoholic drink compared with 74% 14-16 year olds.<sup>15</sup>

Alcohol use was more common amongst White British pupils; those who have tried drugs; those who have had sex. While drug use was more common amongst those who get extra help at school, have tried alcohol or were young carers. Users of both drugs and alcohol were more likely to be LGB pupils, pupils who have truanted, been excluded, bullied someone, tried smoking, had sex, tried gambling and who were not happy.

Historically more males have accessed treatment than females but in 2014/15 the breakdown was more balanced than in previous years with 59% of clients being male. Young males are also more likely than young females to try drugs other than cannabis.<sup>11</sup>

The young people's population is more ethnically diverse than their older counterparts with 22.8% of school children coming from an ethnic minority. During 2014/15, 26% of those in treatment were from the Black Minority and Ethnic (BME) community. In the Safe and Well at School survey, White British pupils were more likely to have tried alcohol than pupils from BME background, however there was no difference in terms of having tried non-prescribed drugs.<sup>15</sup>

<sup>21</sup> Substance Misuse Among Young People in England 2013-14, Public Health England, January 2015

<sup>22</sup> National Drug Treatment Monitoring System.



## 7.2.6 Substance misuse and alcohol (young people)

Brighton & Hove JSNA 2015

### Predicted future need

Only a minority of young people have ever used drugs and the proportion is showing a gradual decline year-on-year. However, the population projections<sup>11</sup> indicate that the number of young people is expected to increase over the next few years. The increase will impact on the overall need for both prevention and treatment work.

The Crime Survey for England and Wales shows rises in the last year in the proportion of the 16 to 24 age group using cannabis and some class A drugs (including powder cocaine and ecstasy). However, it's not yet possible to tell if the increases between 2012-13 and 2013-14 signal an end to the long-term downward trends.<sup>23</sup>

Although the overall number of young people consuming alcohol or taking drugs is decreasing, locally there has been an increase in high volume consumption among a small group of young people. Despite these positive changes the proportion of children in the UK drinking alcohol remains well above the European average.<sup>24</sup>

Young people who experience other vulnerabilities such as being in care, excluded/truanted from school, homeless, sexually exploited will continue to be more likely to be at risk of using drugs and alcohol problematically.

### What we don't know

It is not fully known to what extent young LGBT people or disabled young people are accessing support or treatment for substance misuse and alcohol issues as the data is not always available.

It is not clear why more young women, compared to men, present for A&E for alcohol issues.

It is not yet clear if the higher local percentage of 13 and 14 years olds accessing treatment is due to the substance misuse drop-in being on school sites and so easier access to younger people, or a higher need in this younger age group.

Police have announced changes to the schools safeguarding team which have to date have had dedicated and named workers.

The impact of meeting the city's challenging budget targets are unknown as yet.

### Key evidence and policy

Smoking, drinking and drug use among young people in England in 2014, NHS Information Centre Specialist Substance Misuse Treatment for Young People in England 2013-14, Public Health England, 2015

Alcohol and Drug Education and Prevention Information Service (ADEPIS)

Young People's Specialist Substance Misuse Treatment – Exploring the Evidence 2009

Right Time, Right Place: Alcohol Harm Reduction Strategies with Children and Young People 2010

Positive for Youth: Local Authority guidance on services for young people 2012

Independent Drugs Commission for Brighton & Hove 2013

### Recommended future local priorities

1. The current curriculum programme for drugs and alcohol is subject to a full review which is to be conducted in association with Mentor UK during 2015 /16 and includes the education / information provided to parents / carers.
2. To work with schools to implement the revised guidance on 'what to do if substances are found' on a school site and review the impact of the changes between schools and the police.
3. To review the drugs and alcohol prevention offer across the city to ensure the prevention and early identification work increase engagement with those young people who are using cannabis most days or once a week and those who drink to get drunk regularly by.
  - a. Reviewing programmes that help identify and provide evidence based support to adolescents
  - b. Expand the onsite substance misuse booked appointment systems in schools by four more schools.

<sup>23</sup> Substance Misuse Among Young People in England 2013-14, Public Health England, January 2015

<sup>24</sup> Hibell B, Guttormson U, Ahlstrom S, et al (2012) The 2011 ESPAD report: substance use among students in 36 European countries

## 7.2.6 Substance misuse and alcohol (young people)

Brighton & Hove JSNA 2015

4. Provide onsite access to young people's substance misuse treatment at the city's three behaviour support schools.
5. Develop an effective health promotion approach that takes full advantage of social media as a platform and builds on normative messaging, aimed at keeping young people who haven't started using substances (based on schools intelligence)
6. To integrate the work across substance misuse and smoking prevention/ cessation for young people.
7. Develop a young people focused workforce offer to ensure staff have the knowledge, skills and competency to work with young people who use substances.
8. Ensure that young people in need of substance misuse treatment have access to timely, high quality treatment that equips young people to reduce or stop using substances.
9. Ensure that there is equity of service for young people from protected and vulnerable groups.
10. To constantly review and implement actions accordingly, on how domestic violence, sexual exploitation, coercive behaviour and controlling behaviour impact of the young people worked with.
11. To enable young people to undertake activities that are alternatives to the problematic use of alcohol and drugs and reduce their sense of marginalisation.
12. To use real time information about local drug markets and the harms they cause to inform prevention, health and treatment strategies.

### Further information

Specialist Substance Misuse Treatment for Young People in England 2013-14, Public Health England, 2015

### Last updated

August 2015

### Key links to other sections

- Education
- Children in need
- Sexual health (Young people)
- Substance misuse (Adults and older people)
- Alcohol (Adults and older people)