

Partnership name

Young people's specialist substance misuse treatment plan 2010/11

Part 1

This strategic summary incorporating the planning grids and funding/expenditure profile have been approved by the Partnership and represent our collective action plan.	
Director of Children's Services	<i>Signature</i>
Partnership Chair	<i>Signature</i>
Chair, Young People's Substance Misuse Commissioning Group	<i>Signature</i>

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

This Treatment Plan for young people's specialist substance misuse treatment is informed by the 2009 Needs Assessment carried out for Suffolk Children's Trust Partnership and additional information specific to young people and substance misuse collated from a number of sources.¹ This process of needs assessment is ongoing and we will continue to work with partners to obtain information where there are identified gaps, such as the needs of minority diverse and ethnic communities, and to engage with young people and families to gain knowledge of their experience and views.

This Treatment Plan fully recognises the key emphasis within national and local policy² of supporting families, intervening earlier with families at risk, mainstreaming prevention, providing targeted youth support for vulnerable young people in all areas and providing effective treatment for those who do develop substance misuse. As such this Plan seeks to contribute to the achievement of the Public Service Agreements 14 and 25 through integrated working with the Suffolk Drug and Alcohol Action Team and Suffolk Children's Trust Partnership, and also PSA 12, 23 and 40.

The overall strategic direction is therefore to ensure that specialist treatment interventions are effective, accessible, equitable and reach all young people in Suffolk experiencing harm because of their substance misuse. Within this there is a priority for pro-active outreach and engagement with specialist treatment services for vulnerable young people such as looked after children, those not in education, employment or training and those in unsettled accommodation.

We will work together with providers of substance misuse services and practitioners within children and young people's services to explore and implement alternative models of service delivery to ensure that vulnerable young people in all areas of the county and from all communities receive support and specialist treatment as needed.

We will continue to develop integrated working, referral and care pathways with universal, targeted and specialist children, young people and families services with the aim of ensuring that young people in need of specialist interventions are referred and supported to engage with specialist treatment and also to ensure that young people are fully supported in achieving their full potential by referral to relevant CYP practitioners during their treatment journey. This Treatment Plan seeks to ensure all young people receiving specialist interventions achieve their agreed desired outcomes and complete treatment successfully.

We will continue to fully integrate specialist treatment for young people's substance misuse with the '*Think Family*' developments in Suffolk, ensuring that parents receive information, advice and support and that young people affected by adult substance misuse receive appropriate support – taking a whole family approach to assessment and care planning and working within the Common Assessment Framework.

Whilst this Treatment Plan is geared towards young people aged up to 18 years, further consideration of the needs of young people aged 18 – 24 years in relation to specialist substance misuse services will be given, together with the interface between young people and adult substance misuse services.

A clinical governance framework will be used to assess and ensure that services are provided by competent staff and in accordance with good practice developments, national and local policy and clinical effectiveness, to include robust reporting and accountability structures.

¹ Suffolk DAAT/CYP (2009) Young People's Substance Misuse Needs Assessment.

² DH (2008) Drugs: Protecting Families and Communities

Youth Crime Action Plan

Youth Alcohol Action Plan

DCSF (2007) The Children's Plan

Suffolk Children's Trust Partnership Trust (2009) Children and Young People's Plan 2009 – 11.

Specimen template – Part 1 Young People's Specialist Substance Misuse Treatment Plan –

Partnership name: SUFFOLK CHILDREN'S TRUST PARTNERSHIP / DAAT

Date of submission to NTA: 29.01.09

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

Note: Where (NA x.x) is written it refers to the relevant section in the 2009 Needs Assessment).

Section 4 of the 2009 Young People’s Substance Misuse Needs Assessment looks at estimated prevalence of drug and alcohol use in young people in Suffolk, using information from the Home Office, Crime Surveys, School Surveys, and other sources. However, these can only be very rough estimates and treated with caution, because:

- Descriptors used for frequency of drug use vary from source to source.
- Age ranges vary between sources of information making comparison and extrapolation difficult
- Many sources include ‘life time use’ or ‘ever used drugs/alcohol’ as an indicator, which can mean the young person may only have used drugs or alcohol once or twice or, at the other extreme, is using on a daily basis. Clearly, occasional use will not warrant specialist treatment and use at this lower end of the range should not be included when we try to estimate demand for specialist services.

The section also includes information from local sources such as the Suffolk Youth Offending Service (YOS) and the 2008 Tell Us3 Survey, which has enabled some comparison of locally derived prevalence figures with estimations of prevalence extrapolated from national data. It is apparent that the estimated prevalence in Suffolk from local data is lower than that expected from using national data.

Based on these somewhat crude estimations the Needs Assessment suggests the prevalence figures given in the table below for young people in Suffolk and compares 2007/08 with 2008/09. (NA 4.4)

Estimated prevalence of substance misuse in young people in Suffolk aged 11 – 19 year.

Drugs – likely to be using weekly or more frequently				
	11 – 15 years		16 – 19years	
	2007/08	2008/09	2007/08	2008/09
Any Drug	1,060	575	562	548
Class A		120	130	168
Alcohol – drinking daily				
	11 – 15 years		11 – 19 years	
	2007/08	2008/09	2007/08	2008/09
	425	440	1570	1590

The figures given for drug use in 16 – 19 year olds are based on the Home Office’s suggestion that a minimum of 7% of young people using any drug in the last year will be taking drugs on a weekly or more frequent basis³ and applying that reasoning to the estimated numbers of young people in Suffolk with last year drug usage. (NA 4.1.1).

Figures for drug use in 11 – 15 year olds are extrapolated from the Estimated Drug Use amongst School Pupils, 2005 (NA 4.1.2).

The figures for alcohol are gained from extrapolating the findings of a study carried out in 2008 to look at alcohol use in young people in Suffolk aged 11 – 19 years, giving a figure of 1,590 drinking on a daily basis for 2008/09, (NA 4.3.1). It should be noted that the sample group included a

³ HORRS 2888. (2001) At The Margins: Drug Use by Vulnerable Young People, in the 1998/99 Youth Lifestyles Survey.

Young Offenders Institution and a Pupil Referral Unit, which is likely to result in a higher overall estimation given the likely higher prevalence within these groups of vulnerable young people. The figure of 440 is extrapolated from a study by the Information Centre⁴ and using their figures for young people drinking almost every day, (NA 4.3.2).

In addition to this however, estimated numbers of young people drinking more than 14 units a week or always drinking to get drunk are even higher, and it is perhaps this group that are more likely to be involved in offending behaviour or to experience physical harm to themselves. The current pathway between the YOS and treatment services and the development of a pathway between A & E departments and other criminal justice establishments and treatment services are important in addressing and meeting this likely demand.

Problematic Drug Use, defined here as use of opiates (heroin) and/or crack cocaine, occupies a relatively very small proportion within drug use by young people in Suffolk. Prevalence rates given by the University of Glasgow for PDU (problematic drug use) in 2006/07 suggest there are 260 15 – 24 year olds with PDU, (but with 95% confidence interval this could be anywhere between 171 – 512 PDUs), with Suffolk having the lowest prevalence rate in the East of England. This is not particularly helpful in estimating use in under 19 year olds but perhaps a more useful estimation is gained from the estimations of prevalence extrapolated from the 2008/09 British Crime Survey⁵. This shows less than 5 young people aged 16 – 19 years using crack or heroin in the last month - see table below. Applying the estimation of 7% of last year drug use numbers as indicating weekly or more frequent use, suggests that 10 young people aged 16 – 19 years will be using crack in this way.

Estimates of drug use in 16-24 year olds in Suffolk, 2008/09, numbers and percentages (all numbers rounded to the nearest five)

Estimates of Prevalence 16-24 years	Use in last Year		Use in last month	
	%	Suffolk	%	Suffolk
Cannabis	18.7%	13,920	10.4%	7,745
Powder cocaine	6.6%	4,915	3.7%	2,755
Ecstasy	4.4%	3,275	1.5%	1,115
Amyl nitrite	4.4%	3,275	1.2%	895
Amphetamines	2.6%	1,935	0.9%	670
Ketamine	1.9%	1,415	0.8%	595
Crack	0.2%	150	-	-
Heroin	-	-	-	-
Methadone	-	-	-	-
Any Drug	22.6%	16,825	13.1%	9,755
Any Class A Drug	8.1%	6,030	4.4%	3,275

Source: 'Drug Misuse Declared: Findings from the 2008/09 British Crime Survey' and 2008 Mid Year Population Estimates

Vulnerable young people:

Overall it is estimated that 28% of young people fall into one or more vulnerable groups, which include looked after children, truants and excludes, young people not in education, employment or training (NEET), young offenders, young homeless, children whose parents misuse substances and young people at risk of sexual exploitation.

The demand for specialist treatment from vulnerable young people is known to be greater than in the general population⁶, and for looked after children (LAC) the national percentage of those referred for specialist treatment was 5% in 2007. Applying this percentage to the 720 LAC in

⁴ Fuller E et al (2006) Drugs, Smoking and Drinking in England in 2005, The Information Centre.

⁵ Drug Misuse Declared: Findings from the British Crime Survey 2008/09

⁶ Becker J and Roe S (2005) Drug Use among vulnerable groups of young people: findings from the 2003 Crime and Justice Survey Home Office Findings 254.

Suffolk in 2009 gives an estimation of 36 young people requiring specialist treatment (NA 6.1) with greater numbers likely for those young people leaving care (NA 6.2). The numbers of LAC in Suffolk are on an upward trend so demand in this group is likely to increase in the next year or two.

Suffolk has one of the highest proportions of young people that are NEET but information on prevalence within this group was not available for the needs assessment – however the factors contributing to and resulting from their NEET status indicate that this group of young people require proactive outreach from substance misuse services.

An old survey (2003 -2005) by the Offending Criminal Justice Survey gives an estimated prevalence of 21% of young offenders using drugs regularly or frequently. The Youth Offending Service (YOS) case load figures for 2008/09 were 946 giving an estimated demand of around 196 young offenders needing specialist treatment. This figure would be lower to take into account those already in treatment or second time or more young offenders. In addition the number of first time offenders in Suffolk is reducing, so demand from this group is unlikely to increase.

The needs assessment carried out in Suffolk for Child and Adolescent Mental Health Services (CAMHS) suggested a higher prevalence of mental health problems than are currently being seen by specialist CAMHS dual diagnosis within the general population of children and young people and within young offenders, with a likely lack of recognition of co-existing substance misuse and mental health problems. There is now a dual diagnosis protocol for screening for dual diagnosis for use by CAMHS and specialist substance misuse treatment services which may lead to some increase in demand from the current low referral rates from CAMHS, (NA 6.7)

It is difficult to gain an accurate picture of the number of homeless young people in Suffolk because of the range of organisations having responsibility to address this need but it is judged that around 300 young people a year present themselves as homeless. This group are particularly susceptible to substance misuse, reflected by the 21% of young people in treatment in 2008/09 having some level of accommodation problem, equating to 113 young people, (NA 6.11).

The information available as to likely demand from these and other groups of vulnerable young people is of variable accuracy but what is certain is that prevalence of substance misuse in these groups is likely to be higher than is currently being met, such that addressing this need will place an increase in demand on specialist treatment services.

Associated with the above are the needs of young people affected by adult substance misuse. At least 1000 children aged 16 years and under have parents in treatment for substance misuse (NA 6.13), which indicates the minimum number that will be affected. Some of these young people may be in need of specialist treatment for their own misuse of substances but there is a much wider implication for Children and Young People's services and adult services in how best to support these young people and prevent them from becoming substance misusers themselves.

The Needs Assessment also looked at young people in transition to adult hood and the interface between young people and adult services. It is evident from research that services need to be age appropriate and flexible to meet the level of maturity of the individual, (NA 4.1.1 p26 & p72). There is also some concern that young people between 18 and 24 experiencing harm because of alcohol or drug use can not always access services or find it difficult to maintain engagement with adult services. There is an estimated 630 20-24 year olds using any drug weekly or more frequently, with only 254 of those being class A, (NA 4.1.1). A protocol for joint working between young people and adult substance misuse services to effectively support these young people is under development through the work of the Transitions Project, due to complete in July 2010.

Likely demand for interventions by modality:

Specialist treatment provision in Suffolk includes pharmacological; access to residential treatment and rehabilitation; specialist harm reduction; psychosocial and family support.

Pharmacological Interventions:

These interventions include prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as prescribing of medications to prevent relapse. They are commonly associated with more problematic substance misuse and whilst the numbers of young people with such use are relatively small there is still a level of demand and the complexity of need for these young people will necessitate a greater level of intervention. There is an established referral pathway for young people requiring pharmacological interventions with a dedicated medical consultant within the specialist treatment service, supported by a clinical nurse able to offer flexible access to meet young people's need.

We will work proactively with services for vulnerable young people, such as supported accommodation, targeted youth services and social care, to identify young people with problematic substance misuse and encourage and support their engagement with treatment. This will be within a holistic, multi agency framework using the Common Assessment framework process where appropriate but also offering targeted interventions as a first step to promoting engagement.

Psychosocial Interventions:

The psychosocial interventions offered by the treatment provider include motivational interviewing cognitive behavioural therapy, solution focussed work, counselling and other techniques to support lifestyle adjustments and development of coping skills so as to stop or reduce substance misuse.

Currently around a third of young people in treatment are receiving psychosocial interventions per quarter and around two thirds reported as receiving harm reduction interventions. It has been ascertained that the number reported receiving harm reduction includes a large percentage only requiring general harm reduction advice, i.e. not those needing specific specialist harm reduction interventions. It could be suggested that all young people requiring specialist treatment should receive psychosocial interventions, given that they are provided in order to encourage behavioural and emotional change, improve coping skills and foster lifestyle changes so as to reduce or stop substance misuse.

This then poses the question as to whether a larger percentage of young people in treatment are actually receiving a form of psychosocial intervention but not recorded as such, should be receiving such an intervention but are not, or in fact do not need to be in treatment. This has been clarified to a large extent during 2009/10 and we will carry out a care plan audit during 2010 to explore further the appropriateness of interventions received by young people and address any concerns that may arise.

Family Interventions:

Parents, carers and family members can contact the Specialist Treatment Service for information, and advice in how to support their young person in reducing or stopping their substance misuse, whether that young person is receiving treatment or not.

The service also offers more planned support for parents/family members of young people in treatment but this has not been recorded to date so it is not possible to assess the effectiveness of these interventions – but the likely demand is that a proportion of young people in treatment would benefit from including work with their parents, carers and/or other family members as an integral part of their care plan. We will therefore pro-actively offer such support to parents where the young person is in agreement that this should take place.

Children and young people's services in Suffolk are developing a range of family support services, particularly for families with complex need, through parenting and family intervention projects. We will work with these developments to establish robust referral pathways and support parents to access the help available. This will be an integral part of the young person's agreed care plan to ensure co-ordination of the services to the family as a whole. The family intervention projects may also contribute to identifying young people misusing substances and thereby facilitate their engagement with the specialist treatment service.

A strand of the developing family intervention work will be support for children and young people

affected by parental or other family member substance misuse. This element will work closely with young people's treatment services to ensure these young people are helped to develop resilience against developing their own substance misuse and with adult treatment services to ensure adults access treatment when needed.

Specialist Harm Reduction:

This relates to interventions delivered to young people injecting such as needle exchange, advice and information on injecting practice and blood borne virus testing and vaccination services. The numbers in treatment who have ever injected or are currently injecting remain very low and national trends in prevalence of heroin and cocaine use are downwards, so it is expected that this will remain the case.

The numbers of young people engaging in poly drug use are also relatively low, but these combined with those injecting or who are drinking alcohol to excess warrant a higher demand for specific advice and information to prevent overdose or accidental injury.

We will work to ensure that all young people in treatment currently injecting, or with a history of injecting will be offered Hepatitis C testing.

All young people in treatment are given general harm reduction advice and we will work to increase the numbers of young people offered testing and vaccination against infectious disease associated with substance misuse and related risk taking behaviours such as unsafe sex.

Residential Treatment Interventions:

There has been no referral for residential treatment for young people's substance misuse in the past three years, indicating a very low potential demand. Young people with such complex needs are now being identified and assessed through the CAF process to ensure multi-agency input and co-ordination of care planning.

There is an agreed pathway for multi-agency assessment and care planning for young people identified as needing residential treatment within CYP services, aiming to seek local and community based treatment and rehabilitation services within the local community where ever possible, but funding residential services where such a solution can not be found. Young people requiring residential treatment for substance misuse are included within the criteria for this pathway.

Likely demand and differential impact on diverse groups.

Specialist treatment is delivered on an outreach basis, recognising that much of Suffolk is rural and as a consequence many young people may find difficulty in accessing centre based services. Young people in treatment are mostly from within, or close to, the main urban centres (NA 5.2) but feedback from CYP practitioners and the Needs Assessment suggests that there is need in the rural areas in the west of the county that is not being met. Geographical equity of access will be considered when addressing the capacity of the service, alongside the need for flexibility in providing appointment times outside of general hours in order to accommodate young people in education, training or employment, but also those with chaotic lifestyles or who find it difficult to engage with services.

The above situation is reflected in the profile of deprivation across Suffolk and it is again noted that child poverty is also found in the more isolated rural areas of Forest Heath, Haverhill and some of the northern parts of the county. This makes it even more important to ensure services reach these young people as the difficulties they face are further compounded by lack of services and access to support generally. We will work closely with community and locality focussed groups such as community safety partnerships and local strategic partnerships to seek ways to increase provision in these areas.

The ethnic profile of young people in treatment is broadly that of the county as a whole, although there is a slightly higher percentage of black and mixed race within the treatment population, (NA 5.1). Very limited information is currently available as to the likely demand from ethnic minority populations, migrant populations or asylum seekers within Suffolk, so it is not possible to say whether there is unmet need in these groups over and above that within the general population.

However, Suffolk's population is becoming more ethnically diverse, with 93.2% of children in Suffolk under the age of 16 being of white origin, 3.4% of mixed race, 1.7% Asian, 1.1% Black and 0.7% Chinese or other ethnic background. The most significant increases have been in the percentages of children with mixed and Asian heritage.

This increase is reflected in the school age population and is due to a combination of children of ethnic parents being born here and increases in the migrant population and refugees and asylum seekers.

We will continue to establish links with ethnic groups and work with them to identify and meet need for substance misuse services. A priority for this year will be the gypsy and traveller communities where consultation has already identified a need for information, education and targeted interventions.

Further information gathering, including engagement with diverse groups is required to fully understand the needs of diverse groups and ensure services are accessible and appropriate. This will be addressed by the involvement working group, and will include consideration of diverse groups other than just ethnic origin, such as young people with a disability or with differing sexual orientation.

It is noted that two thirds of the young people in treatment are male, whereas the gender profile in the general population is roughly 50:50, (NA 5.1). The British Crime Survey reports that in 2008/09 males had higher last year illicit drug use than females in the 16 – 24 year age group. 8.8% of males reported last year cocaine powder use as oppose to 4.4% of females and 23.3% of males reported last year use of cannabis, compared with 14.0% of females. However, prevalence rates in alcohol are estimated to be more equal and the higher percentage of young people in treatment in Suffolk may be heavily influenced by the large proportion of young people being referred from the YOS. Priority work with other vulnerable groups of young people and families may well give rise to an increase in demand from girls for specialist treatment.

In summary key priorities within this plan to address demand and any likely negative impact on groups of young people and families will be to ensure geographical equity of provision, proactive outreach to vulnerable groups such as LAC and those who are NEET and to further understand the needs of diverse communities and vulnerable young people and families.

Key findings of current needs assessment and a brief summary of the prevalence of problematic substance misuse by young people in the local area, changing trends, treatment mapping, characteristics of met and unmet need, attrition rates and treatment outcomes.

Many of the key findings of the current Needs Assessment are have already been mentioned in the section above on likely demand for specialist treatment services, but in brief:

- There is a level of unmet need in young people aged 11 – 19 years for drugs and alcohol. It is essential that awareness continues to be raised about the risks of substance misuse, practitioners are encouraged to screen young people for substance misuse and ensure they receive the appropriate interventions, including support to engage with specialist treatment when necessary.
- Consideration must be given to the treatment provision for young people in transition to adult services, i.e. those aged 18 – 24 years in relation to their primary drug use and to the age appropriateness of the services available.
- There is a changing profile of ethnic populations within Suffolk, so it is important to engage with these groups and understand their needs in relation to young people and substance use. A group that has already been identified as needing in reach into their communities are gypsies and travellers.
- Mapping of the partial postcodes of young people in treatment suggests that some areas of the county may have young substance misusers who are not known to the treatment system. Geographical equity of access and raising of awareness in these areas is therefore a need but also to ensure areas of deprivation, such as those identified in

Haverhill and Forest heath areas are reached.

- Legal highs – the long-term impact of use legal highs is not currently known but could impact upon the demand for and type of drug treatment required. Current economic trends have been suggested as a reason for potential increased use of these substances.
- There is an increase in use of Ketamine and possibly in Class A drug use in the older age young people. Further understanding gained from the Transitions project will help to understand this further and how to target services appropriately.
- There is a projected Increase in numbers of looked after children over the next 2-3 years and this group is probably already experiencing a level of unmet need. A key priority is to develop proactive targeted and specialist treatment services for Looked After Children.
- There are other vulnerable groups that are of high priority, namely young people not in education, employment or training, truants and excludes, and those with unsettled accommodation.
- There is the need to build on the joint work between CAMHS and specialist substance misuse services and youth offending services, including the Young Offenders Institute, to ensure all young people in need of substance misuse interventions are identified and supported appropriately.
- Children and young people affected by parental substance misuse remain a key priority for joint work with adult and young people treatment services linking in with services for children, young people and families.

In addition, the Needs Assessment carried out in 2008 identified a lack of capacity and/or knowledge and confidence within CYP practitioners to deliver universal and targeted interventions for substance misuse in young people. Work to improve this remains an ongoing priority and we will explore again how best to deliver effective universal, targeted and specialist substance misuse interventions in the context of public sector constraints on funding and staffing.

Prevalence and Unmet Need

The Needs Assessment draws on NDTMS data for 2008/09 order to understand the treatment pathway and relationship with other service providers (NA section 7).

Appendix 1 gives the Treatment Map for young people in Suffolk in 2008/09.

There is one treatment provider in Suffolk which has two distinct responsibilities:

- Outreach specialist treatment for young people and
- Substance misuse workers hosted within the Youth Offending Service.

Using the prevalence figures given earlier and comparing them with the numbers in treatment allows us to estimate the level of unmet need, i.e. the number of young people who may benefit from specialist substance misuse services but are not currently engaged with them.

The total number of young people aged 19 years and under in treatment for 2008/09 was 403. The overall prevalence rates for drugs and alcohol combined for young people aged 19 years and under is 2,713 and the number in treatment 403 giving an overall penetration rate (percentage of young people estimated as needing specialist treatment who are engaged with treatment) of 14.8%.

Put another way there is a possible level of unmet need equating to 74.4%.

This can be broken down further:

Table 21 Estimated Penetration rates for young people aged 19 years and under 2008/09.

All substances (drugs and alcohol)	Estimated prevalence (number)	Number in treatment	Estimated penetration rate %
11 – 15 year olds	1,015	96	9.5%

16 – 19 year olds	1,698	307	18.1%
11 – 19 year olds	2,713	403	14.8%

Data collated from Table 16, page 36 and Table 17, page 37.

The numbers in treatment with the specialist provider for Q4 2008/09 for opiates and/or crack cocaine was 3 (including whether as a primary, secondary or third problem substance) considerably lower than the prevalence estimated number for Suffolk. This will be accounted for in part by the age range seen by the specialist treatment provider only going up to 19 years, but the difference is still indicative of a potential unmet need for young problematic drug users.

There is undoubtedly a level of unmet need, which appears very significant, however the percentage given must be viewed with caution.

- A proportion of those young people not in treatment will be from choice – many may be using substances and not perceiving it as a problem – as shown by focus discussion work with 16 – 24 year olds (Transition Project) and the findings from a project with Ipswich A & E department, offering follow up to young people admitted with an alcohol related incident, in which no young person took up the offer.
- The needs assessment does not give a figure for numbers of young people referred for treatment and then refusing the service neither does it give a figure for young people receiving appropriate targeted interventions and support from other skilled practitioners such as youth workers. Unfortunately this data is not available currently but consultation with practitioners within children and young people's services clearly shows that work is undertaken at this level – although it could be enhanced.
- The figures used to estimate the prevalence are themselves based on somewhat crude assumptions extrapolated from national data that is not sensitive to Suffolk's profile and local small scale studies. Given that Suffolk is known to have much lower incidence of substance misuse than many other areas of the country it could be suggested that the prevalence is actually lower.

However, what ever the actual level of unmet need it is enough to warrant consideration of how it can be effectively addressed.

It is likely that this level of unmet need is largely within our vulnerable groups of young people, examples of which are as follows:

Young Offenders:

104 young offenders were referred for specialist treatment in 2008/09 giving a referral rate of 11%. Although this is lower indicated prevalence than the national estimation all young offenders are screened for their substance misuse and need for specialist interventions so it is likely to be an accurate reflection of need within the YOS caseload, (NA 6.6).

We are working with Suffolk YOS to ensure compliance with implementation of the new Youth Rehabilitation Orders. This may have some impact on the likely demand on specialist treatment and we will monitor this as the Orders come into effect.

Looked After Children:

The latest data from the OC2 Form released by the Department for Children, Schools and Families indicates that in Suffolk:

- only 5 Looked After Children were identified as having a substance misuse problem, of which
- 2 (40%) received an intervention and
- 3 (60%) were offered an intervention but refused it.

This is a very low rate of referral (0.7%) reflecting the trend identified in the 2008 Needs Assessment and much lower than the regional average of 3.6%. The reasons for this have been taken up with the services supporting looked after children, and there is an understanding that

staff in residential homes, health and social care teams and foster parents all receive training in substance misuse related issues, raising the issue with young people and use of the Drug Use Screening Tool to identify misuse of substances and make referrals as necessary and therefore feel confident in supporting the majority of young people who are using substances. Feedback from looked after children and those leaving care, albeit small in number, has also indicated that they are happier to receive this support from staff that they already know and trust than having to engage with yet another service.

There is now a policy in place to support services for looked after children in caring for young people with substance misuse and training in its use will be implemented in 2010. However, it is evident that more proactive work to encourage engagement with appropriate services is needed to prevent further problems arising when these young people come to leaving care, and also with those young people already leaving care.

Referrals in to specialist treatment (outreach and YOS service combined):

Referrals come in to the service from many sources and looking at the Treatment Map for 2008/09, for young people aged 18 years and under:

- There were 176 referrals in total (the higher figure for those in treatment reflect that some would already have been in treatment at the start of the year).
- 59% were from the youth offending service.
- 31% were from services to young people, including education
- 7% were self/parent/carer referrals
- 3% were from "other"

The NTA expect that at least 20% of referrals come from services for children, young people and families (CYP services), and over the year this target was achieved, improving on the under attainment of 2007/09. This was partly because of an increase in referrals from these services and partly because of a drop in referrals from the YOS. Whilst it could be argued that the high rate of referral from the YOS includes a number of young people who would otherwise have been referred by a different CYP service if they had not been involved with youth offending, there is clear indication that most unmet need is from young people in the general population or other vulnerable groups.

The target has now been changed to be 20% of referrals from social care or LAC services. It is expected that this will be hard to achieve but as stated before, the priority for targeted and specialist work will be with vulnerable groups of young people in 2010/11

Only 2 young people were referred into specialist treatment from CAMHS and 3 young people were referred to CAMHS from specialist treatment, giving 5 young people with a recorded dual diagnosis. Regional and national analysis of dual diagnosis suggests a much higher prevalence. Currently the Young Offenders Institute, Warren Hill, offers substance misuse and CAMHS services to inmates but the threshold criteria for on-going support in the community is different. The work to address this and develop a joint care pathway between mental health and substance misuse services and also with the YOI is being progressed through the Suffolk CAMHS Service Review and Development.

It is clear from the experience with the YOS that the presence of a procedure within a service to consistently screen young people for substance use and refer for the appropriate intervention is significant in identifying, referring and supporting those in need of specialist treatment. Hence, it is a priority to continue to develop and support universal and targeted services within CYP services and referral pathways between services.

Waiting Times:

Analysis of waiting times shows that the proportion of young people having to wait less than 15 working days between referral and first appointment is below the NTA target of 100%, but has improved to 91% by the last quarter of 2008/09. This improvement is most likely to be indicative of a return to full staffing strength within the treatment service but there is still a need to review capacity in relation to waiting times and ensuring that all young people who need to access the

service can do so, in relation to geographical access and meeting unmet need. Further analysis of waiting times reveals that the longest waits are for psychosocial interventions and for young people referred to the outreach service (as oppose to those referred to a substance misuse worker with the YOS). The young people accessing the outreach service are often presenting with more complex need, i.e. more are needing psychosocial and specialist pharmacological intervention than those referred through the criminal justice route.

Hence, a key priority for this Treatment Plan is to ensure that there is sufficient capacity within specialist treatment, particularly within the outreach service, to meet current and future demand, without the need for young people to wait for the service.

Length of time in treatment:

For those young people discharged in 2008/009 the average length of time in treatment varied according to the primary substance used by the client:

- 37 weeks for opiates/crack (1 client)
- 36.7 weeks for other stimulants (3 clients)
- 23.2 weeks for cannabis (71 clients)
- 21.4 weeks for alcohol (57 clients)
- 20.4 weeks for all other substances (11 clients).

The young people seen by the YOS substance misuse service had longer average length of time in treatment than for those engaged with the outreach service, which may reflect their need to attend as part of their referral orders, but this is not certain.

The development of a robust referral pathway into CYP services for on-going support during and after treatment may reduce times in treatment for some young people and will ensure that specialist provision is used most effectively and appropriately. However it is important that young people remain engaged with the service until they have achieved their agreed planned outcomes.

Leaving treatment in an agreed and planned way:

Just under a half of young people in treatment proceeded to a successful planned discharge but this is well below the NTA target of 70%. Figures for 2008/09 indicate that 49% of young people seen by the Youth Offending Service were discharged from treatment in a planned way, while the proportion for the Outreach Service for the same period was 43%.

This low percentage of agreed planned discharges may be accounted for in a number of ways, including:

- The young person has achieved their care plan objectives and is given a final appointment to draw their journey to a close – but then doesn't attend. This was recorded as an unplanned discharge but has now been overcome by ensuring the young person is followed up by telephone and referred on to targeted youth services for on-going support.
- The young person disengages with the service before completing their care plan objectives, perhaps because of a change in personal circumstances or dissatisfaction with the service. Work is required to understand the reasons why a young person may leave the service in an unplanned way in order to address this issue effectively.

We will seek to independently engage with this group of service users to gain their views of their experience and reasons for disengagement and use the understanding to address the situation. We will also ensure that all young people in treatment know where to go for support and information within universal and targeted services and are given a named practitioner to contact when leaving treatment.

Outcomes for young people:

The aim of the treatment service is to stop or reduce the level of substance misuse in young people such that they can fully achieve their personal, social and educational potential. Successful planned discharge is a proxy measure for determining that a desirable behaviour change has been achieved and this is now supplemented by Treatment Outcome Profile Monitoring (TOPS) for young people aged 16 and over. Compliance with TOPS is improving and the available data will be valuable in ensuring that young people are receiving a positive outcome from engagement with specialist treatment, alongside other measures of behaviour change used by the service.

Referrals out of specialist treatment:

Improvements to be made to the treatment service in relation to the outcomes achieved stated in last year's Treatment Plan included all young people should be referred to a CYP practitioner for ongoing support prior to discharge. NDTMS data for Q1 of 2009/10 has not reflected the level of onward referral but information from the treatment service shows this target is well on the way to being achieved. This will remain a priority for improvement.

Specialist Harm Reduction:

There has been an improvement in the recording of Hepatitis B and C intervention status and subsequent offering and uptake of vaccination and testing respectively. Whilst the general health care assessments of young people in treatment have been recorded as very low, it is known that this is a data error as only referral to a clinician has been recorded as a healthcare assessment. This has now been rectified and whilst general harm reduction principles are given to all young people, specialist harm reduction will continue to be a priority for those injecting or at risk of physical harm or overdose because of their pattern of drug use.

Multi-agency working:

There is some evidence of multi-agency working reflected in the NDTMS data but there will be a continued focus on ensuring that young people in treatment will be encouraged and helped to access relevant support available from CYP services to address problems identified through comprehensive assessment and review, and to receive on-going support to maintain healthy, safe behaviours on leaving treatment. This will be a particular priority in relation to safeguarding and vulnerable young people and we will work to ensure joint working with local Safeguarding and Family Services continues to develop.

Possible trends in substance use:

National data does not suggest an increase in drug or alcohol use in young people – in fact the prevalence of regular drug and alcohol use may actually be in decline⁷. However, there is growing concern locally about the excessive use of alcohol by those who do drink, both males and females, in relation to offending behaviour and the impact on health and safety for those young people involved. The prevalence figures given in section 2 of this Plan indicate a possible increase in use in Class A drugs in 16 – 19 year olds but all the figures given in the table are affected by changes in population numbers between years and are not indicative of just trends in usage.

As yet trends in substance use by young people in Suffolk remain consistent, with the majority receiving treatment for alcohol and/or cannabis, but young people have received treatment for ketamine misuse for the first time in 2008/09, (NA 5.4) reflecting anecdotal feedback from practitioners that use of this drug is becoming more prevalent. In addition this year has seen the emergence of legal highs and practitioners are already reporting incidences of young people reporting their use. As yet we have no idea of the impact of legal highs on treatment needs of young people but their availability and use is of growing concern.

The average age at referral has remained fairly consistent over the three years of data available, being 17 years in 2008/09, and the majority of those in treatment are aged 15 years and over, although 10% are 14 years or younger.

In summary, the analysis of treatment data indicates that there is a level of unmet need and some areas for improvement in meeting performance targets by the treatment service. Strategies to address these findings will include working with treatment services to increase capacity, with CYP services to provide targeted interventions for young people and clear protocols for joint working with universal and specialist CYP services.

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

⁷ Getting to Grips with Substance Misuse Among Young People: The Data for 2007/08. NTA _ YP 2009 Specimen template – Part 1 Young People's Specialist Substance Misuse Treatment Plan – Partnership name: SUFFOLK CHILDREN'S TRUST PARTNERSHIP / DAAT Date of submission to NTA: 29.01.09

An increased number of young people will develop the confidence and resilience to abstain, or reduce their level of substance misuse, such that they are able to fulfil the five outcomes of Every Child Matters to their full potential, i.e.

- Be healthy – e.g. avoid the physical and emotional harmful effects of substance misuse
- Enjoy and achieve - maintain participation in education or training
- Achieve economic well being – e.g. gain employment, not be pressurised into spending on substances or engaging in offending behaviour because of substance misuse
- Stay Safe - e.g. avoid accidental injury, being a victim of crime as a result of substance misuse
- Make a positive contribution – e.g. participate in activities and supportive networks rather than being marginalised as a result of substance misuse,

The improvements outlined in the preceding sections of this plan will contribute to young people's fulfilment of the outcomes above, such that:

- Young people in treatment understand the health and personal safety risks associated with their substance misuse and develop strategies to minimise those risks, including testing and vaccination for Hepatitis infections.
- Young people in transition to being adult and requiring specialist treatment are involved in determining the most appropriate service to address their needs and successfully engage with the service.
- Vulnerable young people who are misusing substances will be aware of how to engage with specialist treatment, and be fully involved in assessment and care planning that draws in other services identified as necessary to maintain their education, employment or training and personal relationships and safety.
- Parents, carers and other family members of young people in treatment understand their young person's care plan and develop the skills and confidence to actively support their young person to reduce or stop their substance misuse.
- All young people requiring specialist treatment are able to access a service, irrespective of where they live, their gender, culture or faith, sexual orientation, or physical or mental ability and contribute to on-going service development to ensure their specific needs are met.

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

1. Ensure that specialist treatment provision is within an agreed framework of clinical governance, audited on an annual basis, with actions and timescales determined to address any identified problems.
2. By the end of Quarter 1, implement pro-active engagement and support for family members of young people in treatment alongside referral pathways for parenting and family support interventions available within services for children, young people and families.
3. Within the Tender process for specialist substance misuse treatment ensure that there is capacity within the treatment system to achieve geographical equity of access and deliver pro-active outreach to looked after children and children leaving care, young people who are NEET and those in unsettled accommodation.
4. Engage with diverse groups of young people and families using a programmed approach during 2010 that will inform service developments during 2011 that ensure equality of provision for all young people.
5. By the end of 2010, engage with young people not leaving treatment in an agreed and planned way, to understand the reasons why, gain their suggestions as to how to overcome the problem and develop a strategy to implement their suggestions.