

Substance Misuse – Young People

Introduction

Substance misuse is defined as intoxication by, or regular excessive consumption of and/or dependence on, psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs, and alcohol.¹

Summary

Drug and alcohol use among young people in Norfolk does not appear to be different to the rest of the county. Most young people do not use drugs and of those that do, few are using the most harmful drugs. Over a quarter of young people aged 16-24 drink to a harmful level. Some young people do develop problems with drugs and alcohol and will need support from specialist services - and all young people need access to effective prevention and harm minimisation advice and information.

Headlines

In England 77% of adults drink alcohol, and for 58% of adults this is at a 'low risk' level. Overall 16% of the population report 'hazardous or harmful' drinking (an AUDIT score of 8+) but this is 29% of people aged 16-24 (see Figure 1).²

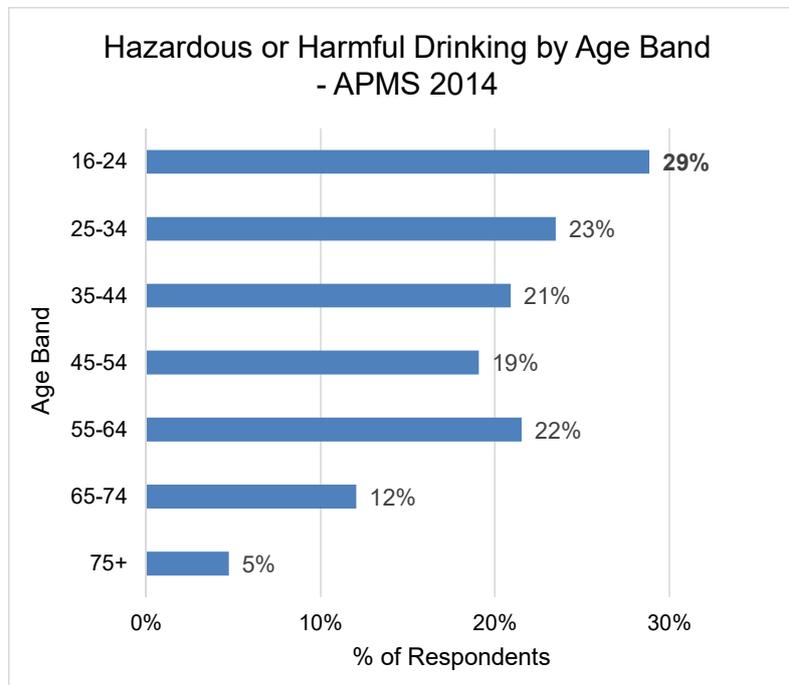


Figure 1: Percentage of people who are 'hazardous or harmful drinking' (who have an Audit score of 8 or above'). Source: Adult Psychiatric Morbidity Survey 2014.³

'Binge drinking' as a particularly risky pattern of drinking as it means drinking with the intention of getting drunk, putting people at risk of accidents, assault and alcohol poisoning. Overall 16% of the population report binge drinking, but is most common in the 16-24 age group where 41% report binge drinking and declines with age to just 9% of people aged over 65.⁴

Most young people do not regularly drink alcohol until they are adults but will experiment with drinking when they are younger. A recent survey of Norfolk school pupils found that drinking to the point of drunkenness increased each school year from just 1% of Year 7 pupils (age 10/11) to 13% of Year 11 (age 15/16). See Figure 2.

¹ NICE (2007) *Interventions to reduce substance misuse among vulnerable young people*. National Institute for Health and Clinical Excellence.

² McManus, S., Meltzer, H., Brugha, T., *et al.* (2016) *Adult Psychiatric Morbidity in England, 2014*. NHS Digital. Population estimates use the ONS 2014/15 mid-year estimates. Alcohol Use Disorders Identification Test (AUDIT) is commonly used alcohol screening tool.

³ As above

⁴ Binge drinking is defined as the proportion of adult men who drank 8 or more units of alcohol on the heaviest drinking day in the previous seven days at time of survey and adult women who drank 6 or more units. ONS (2016) Data for the Eastern Region on drinking habits from 2014.

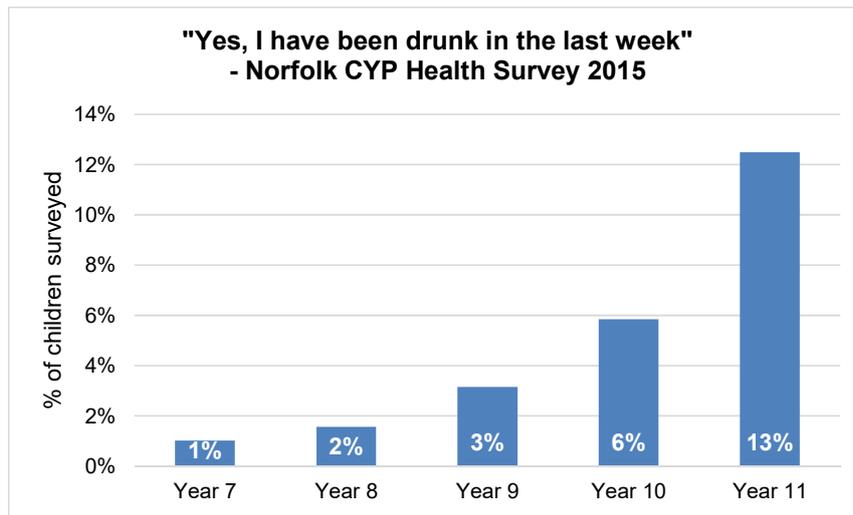


Figure 2: Percentage of young people answering "I have been drunk in the last week" from the Children and Young People Health and Wellbeing Survey carried out in Norfolk schools in 2015 (n=2,769)

Some young people will experiment with drugs. Data from a survey carried out in Norfolk schools shows that 3% of Year 9 pupils (aged 13/14) had "taken drugs to get high" rising to 9% of Year 10/11 pupils (age 14/15/16), with 5% of Year 10/11 pupils saying they had taken cannabis in the last month and 7% in the last year. These proportions are in line with national trends.⁵

The 2015/16 Crime Survey for England and Wales found that around 1 in 5 (18.0%) young adults aged 16 to 24 had taken an illegal drug in the last year. Overall drug use is falling with the rate in 2015/16 statistically significantly lower than a decade ago (25.2% in the 2005/06 survey). The majority of this drug use was cannabis (15.8% had used in the last year) followed by ecstasy (4.5%) and cocaine (4.4%). None of the young people surveyed reported taking heroin or crack cocaine.⁶

Drug	Percentage of the population aged 16-24	Estimate Population in Norfolk
Any illegal drug	18%	16,700
Cannabis	15.8%	14,600
Ecstasy	4.5%	4,200
Cocaine (powder)	4.4%	4,200

Use of anabolic steroid (performance and image enhancing drugs) has fallen for this age group from 0.5% last year to just 0.1% this year. Generally there appears to be a falling trend in drug use in this age group, as in the wider population, for all substances except for powder cocaine. Use of powder cocaine within the last year increased from 1.3% of 16-24 year olds in 1996 to 4.4% in 2015/16.

The most obvious drug trend of recent years is the rise in popularity of New Psychoactive Substances (NPS) also known as 'legal highs'. These are substances that mimic the effects of illegal drugs but use chemical compositions that are not yet covered by the law. The exact prevalence of use among young people is not known, but around 11% of drug users in England report using legal highs, often buying them online. Given that young people are more likely to use drugs than other age groups it is logical to assume that use among young people is similar to the general population or higher. One group of NPS mimics cannabis and surveys suggest that synthetic cannabinoids more likely to lead to emergency medical treatment than any other drug.⁷

The majority of young people in treatment are experiencing problems with alcohol, cannabis or both. Very few are in treatment for class A drug use or NPS.

⁵ Norfolk County Council (2016) Norfolk's Health Related Behaviour Survey of Children and Young People 2015 <http://www.norfolkinsight.org.uk/jsna/childhood-health-and-wellbeing/>

⁶ Home Office (2016) *Drug Misuse Declared: Findings From the 2015-16 Crime Survey for England and Wales*. Home Office

⁷ Global Drug Survey 2016 <https://www.globaldrugsurvey.com/past-findings/the-global-drug-survey-2016-findings/>

Influences on Health and Wellbeing

Alcohol is a toxic substance that can cause significant physical harm in the short and long term. For young people the most pertinent harms are the way alcohol changes behaviour (making someone more vulnerable to being a victim of crime or being involved in fighting and other violence) and the way drinking changes bodily coordination that increase the risk of accidents and injuries. Young people are also vulnerable to drinking to a level that they require medical attention, because they are unused to alcohol and understanding their tolerance levels.⁸ Between 2012/13 and 2014/15 there were 134 under 18 year olds admitted to hospital for alcohol-specific conditions in Norfolk. This gives a rate of 27 per 100,000 of under 18s, which is statistically significantly lower than the average rate for England (37 per 100,000 young people) and shows a reducing trend (see figure 3).

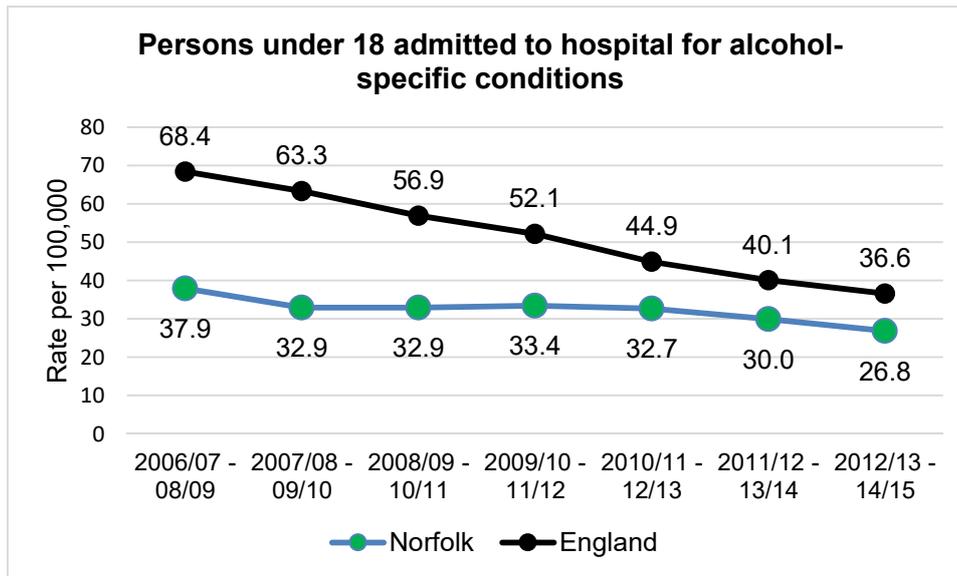


Figure 3: Persons under 18 admitted to hospital for alcohol-specific conditions. Source: Public Health England Local Alcohol Profiles for England. Note: Where points are coloured red they are significantly worse than National average, yellow is no difference and green is significantly better.

However, alcohol-related harm is not spread evenly across the county and two districts in Norfolk have seen this rate increase over the last two years (Great Yarmouth and King's Lynn & West Norfolk). As Figure 4 below shows, Great Yarmouth is the only Norfolk district that has a rate of under 18 alcohol hospital admission that is significantly above the national average. Broadland, King's Lynn and Norwich are all similar to average and Breckland, North Norfolk and South Norfolk have significantly low rates.

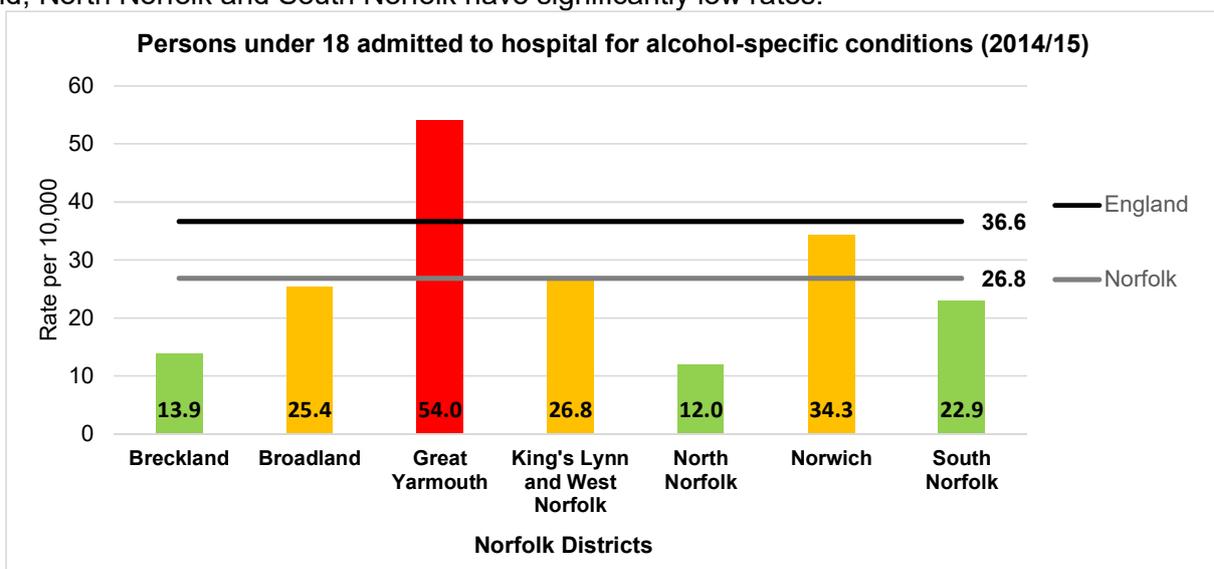


Figure 4: Persons under 18 admitted to hospital for alcohol specific conditions in Norfolk districts. Source: Public Health England Local Alcohol Profiles for England. Note: Where bars are coloured red they are significantly worse than National average, yellow is no difference and green is significantly better.

⁸ Alcohol Concern Statistics of Alcohol <https://www.alcoholconcern.org.uk/help-and-advice/statistics-on-alcohol/>

Social, environmental, population context

Some young people face increased risks of developing problems with drugs or alcohol. Vulnerable groups include those who are truanting or excluded from school, looked after children, young offenders and those at risk of involvement in crime and anti-social behaviour, those with mental ill health, and those whose parents misuse drugs or alcohol. Local and national research shows that levels of substance misuse are higher among young people who belong to vulnerable groups; one study found 24% of vulnerable young people reported using illicit drugs frequently during the preceding 12 months, compared with 5% of their less vulnerable peers.⁹

Findings from a large scale national survey found that those who had truanted or been excluded from school were more likely than other pupils to take drugs at least once a month, and were also more likely to have taken a Class A drug in the last year.¹⁰ In 2014/15 there were 150 occasions where children were permanently excluded from Norfolk schools, on 21 occasions this was due to drug or alcohol related reasons. This is 14% of exclusions, higher than regional or national averages. There were a further 3,800 occasions where children were excluded from school for a fixed period of time (relating to 1,950 children) in 2014/15 of these 120 occasions were excluded for drug and alcohol-related reasons; this is 3% of fixed-period exclusions and in line with regional and national average (see Figure 5).¹¹

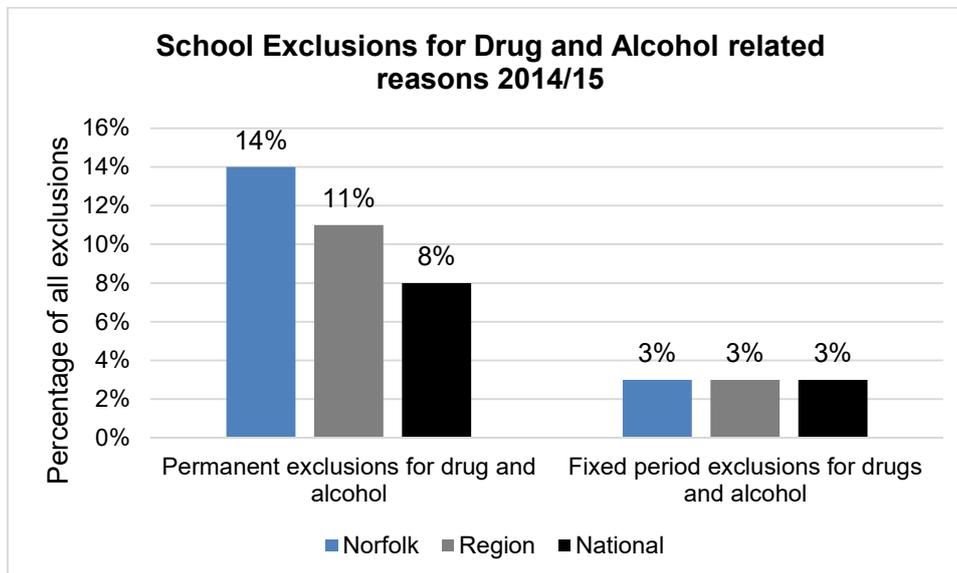


Figure 5: Permanent and fixed-period exclusions for drug and alcohol reasons 2014/15. Department for Education

Young people who are Not in Education Employment or Training (NEET) are thought to be at greater risk of misusing substances. However the relationship between these two factors is not straightforward as being NEET can be both a cause and a consequence of substance misuse. National analysis the Audit Commission found that 4% of those NEET for six months or more had disclosed substance misuse issues. They concluded that having an issue with substance misuse makes a young person 2.1 times more likely to be NEET.¹² At the end of June 2016 in Norfolk 4.4% of young people age 16-18 were NEET (1,700 people), which is in line with the national average. Rates are highest in Norwich district (8%) and lowest in South Norfolk district (2.8%).¹³ Of those who received specialist drug and alcohol treatment in 2014/15 in Norfolk 12% were NEET (27 young people).¹⁴ This suggest that if 4% of the 1,700 NEET young people had substance misuse problems, we could expect more like 70 in treatment, and therefore there could be an unmet need in this target group.

Looked After Children are known to be particularly vulnerable to substance misuse. Overall last year (2014/15) in Norfolk 24 LAC received specialist drug and alcohol treatment. Norfolk a lower proportion of referrals to drug and alcohol treatment come from Children's Services than is usually seen nationally; in 2014/15 this was only

⁹ Becker J, Roe S (2005) *Drug use among vulnerable groups of young people: findings from the 2003 crime and justice survey*. Home Office.

¹⁰ Fuller (2012) *Smoking, drinking, drug use among YP in England 2011*.

¹¹ Department for Education (2016) Permanent and fixed period exclusions in England 2014 to 2015.

<https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2014-to-2015>

¹² Audit Commission (2010) *Against the Odds: re-engaging Young People in education, Employment or Training*. HM Government

¹³ Norfolk County Council (2016) Report to Children's Committee October 2016

¹⁴ NDTMS (2016) *Drug and Alcohol Treatment data for 2014/15*. National Treatment Agency

9% of referrals (22 young people) compared to 13% nationally, and it has been consistently low for the last few years (see figure 6).

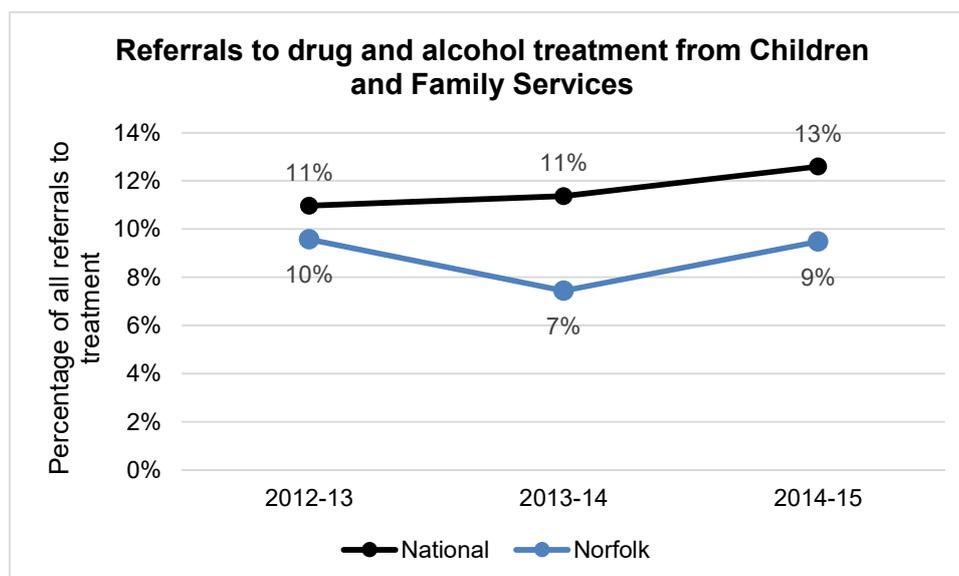


Figure 6: Referrals into drug and alcohol treatment in Norfolk by Children and Family Services. Source: NDTMS 214/15

In the year ending of March 2015 there were 780 children who had been Looked After Children (LAC) for more than 12 months. Nationally, for children looked after for more than a year 3.8% were identified as having a substance misuse problem during the year but the Norfolk percentage is less than 2% (fewer than five people).¹⁵ This suggests that either Norfolk has fewer substance misuse problems among its Looked After Children, or there is an issue with the way this information is recorded. Robust identification of substance misuse is crucial in all groups of young people, but takes on a particular importance for vulnerable groups such as looked after children. LAC young people should have an annual health check, which provides an opportunity to revisit the topic of substance misuse.

Voice – the perspective from the public, service users, referrers and front line staff

Most secondary school children say that the information that have had at school about drugs, alcohol and tobacco is useful (77%), 12% say that it is 'not at all useful' and 11% (1 in 10) say that they do not remember having any.¹⁶

Current services, local plans and strategies

Norfolk County Council commissions The Matthew Project Unity to provide advice, information and drug and alcohol treatment to young people in Norfolk. Unity provides lessons and assemblies in schools and works with target groups of young people to prevent substance misuse. They also provide 1-2-1 specialist counselling and occasionally pharmacological interventions so that young people who are misusing substances can get their use under control, address the issues in their lives that cause them to misuse substances and ultimately support them to move on from their problems with drugs and alcohol. In 2015/16 Unity carried out 253 advice and information sessions about substance use reaching 5,190 Norfolk children. They also saw 237 individually on a 'targeted' brief intervention basis and 134 received specialist, care-planned treatment.

The Norfolk Youth Offending Team (NYOT) also provide brief interventions around substance misuse and have specialist substance misuse workers to provide treatment to young offenders. Last year (2015/16) 53 young people received specialist substance misuse treatment from NYOT.

¹⁵ Department for Education *Children Looked After in England: 2014 to 2015* <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2014-to-2015>

¹⁶ Norfolk County Council (2016) Norfolk's Health Related Behaviour Survey of Children and Young People 2015 <http://www.norfolkinsight.org.uk/jsna/childhood-health-and-wellbeing/>

Young adults aged over 18 receive drug and alcohol treatment from the adult service - Norfolk Recovery Partnership. In 2015/16 there were 53 people aged 18-19 years and 212 aged 20-24 in drug and alcohol treatment, which is just 6% of the adult treatment population. This is similar to the proportion seen nationally, but given that this is the time when people are most likely to use drugs it could be considered lower than expected and therefore suggest an unmet need, or missed opportunity to intervene early to stop problems becoming entrenched.

Schools have a significant role to play in identifying and supporting young people at risk of substance misuse, 41% of referrals into specialist treatment came from schools in 2015/16. The School Nursing Service (provided in Norfolk by Cambridgeshire Community Health Services NHS Trust) also provides brief interventions for young people who are misusing services and make referrals into specialist treatment.

Considerations for Health and Wellbeing Board and Commissioners

We know that youth is a time when some people will experiment with drugs and alcohol. We need to ensure that young people have access to good quality advice and information to make informed choices and harm minimisation advice to ensure if they do choose to use substances they do so in the safest way possible.

All professionals working with young people should feel confident to identify substance misuse problems in young people and feel comfortable to discuss those concerns and refer to specialist services. This is especially important for services working with children known to be at greater risk of substance misuse (i.e. LAC, NEET, offenders). Specialist drug and alcohol treatment services cannot work in isolation and must work closely with partners in schools, voluntary organisations, children's services and early help hubs, youth justice services, GPs, school nurses and Child and Adolescent Mental Health Services (CAMHS). Commissioners should consider how to support treatment providers to foster these relationships and ensure joint working is promoted through service planning.

It is important to have services aimed at preventing substance misuse as well as treating young people who are already experiencing problems. There is also a need to ensure appropriate transition to adult services. There are few young people aged 18-24 in treatment, and as this is a time when most drug use occurs, there is potentially a need to reconsider the services that are available for this age group and whether they are attractive to young people.

References and information

Global drug survey

<https://www.globaldrugsurvey.com/past-findings/the-global-drug-survey-2016-findings/>

Crime survey for England and Wales

<http://www.crimesurvey.co.uk/index.html>

Matthew Project Unity website:

<http://www.matthewproject.org/unity/young-people/are-you-affected-by-someone-elses-drug-or-alcohol-use>

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