

# Young People's Needs Assessment



**TACKLING  
DRUGS  
CHANGING  
LIVES**



2011-2012

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## 1 Summary of findings

This Young People's Substance Misuse Health Needs Assessment will identify the needs of young people aged 10 – 18 years living in South Tyneside who may require substance misuse treatment. I will also identify gaps in prevention, early identification of the needs of young people who are more vulnerable to risk taking behaviour, including substance misuse.

This assessment has been developed with National, Regional and Local Guidance / data being applied. Further recommendations are made in light of this and the National Drug Strategy 2010. Furthermore young people's views are crucial in understanding local need and gaps in provision, which has also been included.

Key stakeholders have provided information relating to prevalence, accessing treatment, crime, other risk taking behaviours etc which enables a robust picture of local need to emerge.

Clear links between local poor socio demographic 'hotspot' areas have been established between substance misuse (including alcohol), crime, and teenage pregnancy. Emotional health and wellbeing is highlighted as having clear links with these areas.

Both prevention and treatment services relating to substance misuse (including alcohol) is delivered solely by Matrix Young People's Substance Misuse Services. In terms of preventative work there are 1.5 posts which provide SM education programmes in schools and some community settings. However, due to capacity issues, Matrix staff is no longer able to deliver this in school settings with a view to prioritising work with young people at greater risk. While some SM education is delivered in schools and community settings, this must be built on to enable young people to make informed decisions.

A significant gap is identified in relation to workforce development across all young people's services. Staff in Universal settings needs training in prevention and early identification (with use of CAF and Matrix Screening Toolkit) and how to access local services. Specialist trained staff must prioritise work with young people at greater risk of risk taking behaviour. This is identified within the Risk and Resilience Model for South Tyneside.

NDTMS data shows that over a 5 year period the most common age for substance misuse was 17 years. When broken down further this relates to 17 year old males with cannabis being the most frequent substance used. For females this was 15 years of age with alcohol being the most frequent, closely followed by 14 years.

Local data from TELLUS 4 (young people aged 10 – 15 years) survey tells us that:

Q *Have you ever had a whole alcoholic drink?* – 49% stated yes which is above the National average of 42%

Q *Have you ever taken drugs?* – 89% stated no which is similar to national average (88%). This is slightly higher than TELLUS3 findings which were 84%.

In relation to drug use, the following were used by young people one or more times in South Tyneside: Cannabis: 2%, Solvents: 1%, Other drugs e.g. cocaine:1%

The Risk and Resilience Education Audit highlighted that more young people wanted information relating to positive relationships and self esteem.

Interesting findings were identified within the Health Related Behaviour Questionnaire, as follows:

#### Drugs

- 27% of year 8 pupils and 59% of year 10 pupils are fairly sure they know someone who takes drugs
- Pupils are more likely to say that they know someone who uses drugs in 2006, they are also more likely to have been offered drugs. In 2006, for example, 25% had been offered cannabis compared with 18% in 2000.
- By Year 10, 37% of boys and 36% of girls have been offered cannabis and 34% of boys and 37% of girls at least one of the other drugs listed in the questionnaire.
- Overall 16% of pupils reported that they had taken an illegal drug at some point in the past.

#### Alcohol

- Pupils in 2006 are more likely to have drunk alcohol from those in the 2000 survey. They are also more likely to have drunk alcohol at a friend/relations house. The older girls are more likely to have drunk alcohol outside in a public place.
- The proportion of pupils drinking over 11 units of alcohol in the seven days before the survey rose as the pupils got older

North East Big Drink Debate (2009) highlighted that under age drinking as the leading social concern, followed by violence and rowdy behaviour

Risk factors associated with risk taking behaviour (including substance misuse) are identified and future work should be prioritised towards these groups. This includes young people from poor socio economic backgrounds, those who have lower educational achievement / attainment, Looked After Children, those involved in crime / anti social behaviour.

The number of young people admitted to hospital in South Tyneside over a 3 year period, in terms of numbers, demonstrates an increase in admissions from previous year (2008 / 09) but less than 2007 / 08. This pattern is mirrored in Sunderland; however Gateshead remained static for 2 years and now demonstrates an increase.

Strong links associated with SM and sexual health / teenage pregnancy. This may be due to poor / lack of contraception compliance, lack of skills ('Dutch Courage'), may be a victim of a sexual assault and less likely to report it, higher consumption of alcohol may equal more sexual partners. This also puts young people at risk of unintended conceptions, sexually transmitted infections.

**Young Offenders / Crime:** In 67% offender's, alcohol misuse is linked to their offending behaviour. Their criminogenic needs are most likely to be lifestyle and associates, thinking and behaviour, relationships, education, training, employment and attitudes. Furthermore 61% engaged in violent behaviour linked to alcohol consumption.

Alcohol continues to be a major factor in crime and anti-social behaviour and while total crime reduced by 17%, alcohol related only reduced by 12%. Alcohol is attributed to be involved in 43% of violent crime. Incidents reported to the police show a similar trend with total number of incidents reducing by 18%, alcohol related only reduced by 9%.

*Operation Safe Stop:* Latest figures reveal a 24 per cent reduction in youngsters' bad behaviour on Friday and Saturday nights between April and October 2010, compared to the same period the previous year. During this time, there have been 54 operations, 163 youngsters have been taken into police protection and 492 containers of alcohol seized.

**Entering treatment:** The majority of young people accessing the Matrix service use alcohol and/or cannabis and as a result require only psychosocial interventions. The demand for pharmacological interventions within the treatment population under the age of 18 is low. There is no evidence of a significant injecting population among under 18s. Some young people who use alcohol may require interventions to reduce life threatening intoxication or overdose.

Very low referrals from a range of services, particularly those which are accessed by young people at greater risk of, or have identified substance misuse / alcohol needs. This must be addressed with the use of workforce training and use of screening toolkit.

**In treatment:** Over a 4 year period (full data for 2010 not yet available) shows a significant increase in the number of young people aged 13 years referred into services, with the greatest increase being females.

Average of clients accessing Matrix is 15.4 years.

61% of young people attending matrix received psychological intervention. Additional services include harm reduction, family work, specialist pharmacological intervention and access to residential services (although the latter 2 services have not been utilised)

Additional services provided include sexual health (condom card registration and Chlamydia screening), CAF and GP registration interventions.

**Exiting treatment:** Most referrals are referred back to original referrer.

Last year, 68% (n34, 18-19 year olds) of the 50 young adults entering into Adult Treatment services are doing so without previously being treated. The main drug used at this time was Cannabis (27) followed by alcohol unspecified (8) and then Heroin (5). This raises two areas of concern:

- 1 How this significant number of young adults have not been identified and referred into young people's services previously.
- 2 We are now starting to see Heroin use which has not been identified as an issue previously.

**Meeting needs of young people outside treatment services:** It needs to be acknowledged that many children and young people and their needs are hidden from services. Therefore part of the partnerships work within South Tyneside will be to improve local data relating to young people who are at greater risk of being affected by substance misuse. A breakdown of such areas are identified ..

It is estimated nationally that there is an average of one child for every problem drug user. In South Tyneside the most recent estimates show that there are between 620 and 916, giving us a "smoothed " median figure of 752. We can therefore broadly assume that from these statistics generated by Glasgow University that there are a similar number of children affected.

The Institute of Alcohol Studies estimate that there are one million children living with a parent whose drinking has reached a harmful level. These figures localised for South Tyneside suggest that the following number of children are implicated locally:-

## Total children implicated in South Tyneside by Problem drinking

	Under 10 yrs	10-16yrs	Under 16 yrs	16 – 18yrs	Under 18 yrs
<b>Estimate 10%</b>	1815	1290	3105	395	3499

*Those excluded from school and truants:* The Alliance needs to ensure that every school automatically screens all young people at risk of exclusion and persistent absentees for possible substance abuse problems and refers those who need help to the Matrix Service for assessment. This should be part of every schools policy on substance misuse. The prevention workers have supported schools in this regard but at present there is no consistency across the LEA.

*Homeless:* The Needs Assessment noted that there were few young people presenting as homeless to the Matrix Service although there was evidence from children's services that there is a number of young people in the Borough who are either homeless or of no fixed abode (including 'sofa surfing'). There is a strong commitment to prioritise responses to the needs of this vulnerable group in the Supporting People Commissioning and Procurement Strategy 2008.

*Those involved in commercial sex work:* The Needs Assessment 2010/11 contained no information around this vulnerable group. This does not necessarily mean that there are no under 18's involved in sex work. Matrix is involved in the sexual exploitation agenda by sitting on the groups and work close with SCARPA and safeguarding, with clear referral pathways. Due to the significant links between exploitation and substance misuse the Matrix include assessment of exploitation as part of the specialist assessment

*Those with behavioural, mental health or social problems:* This is a disparate vulnerable group and Matrix already has protocols and pathways with most of the targeted services that see them.

*Volatile substances and steroid use among young people:* At the time of writing this report there was limited time available to explore volatile substance misuse and steroid use among young people. It is therefore recommended that this area be explored in detail over 2011 – 12 to enable a baseline to be set

**Media Campaigns and Advertising:** Over the past year Matrix has been involved in a number of health promotion events which include Alcohol Awareness week and Sexual Health week. Much of the advertising of Matrix Service appears to be 'word of mouth'; some posters can be seen in some youth settings although this appears to be quite patchy.

The links with sexual health and antisocial behaviour have already been identified and it is therefore recommended that a cohesive annual media and communication plan is developed.

## **2 Introduction**

A National Treatment Agency (NTA) requirement is to carry out an annual Health Needs Assessment (HNA) and enable Specialist Substance Misuse Treatment Plan 2011 – 12 to be developed. This needs will enable partners to make evidence based decisions on how young people's substance misuse needs to be commissioned.

This HNA will describe the nature and size of substance misuse issues amongst young people in South Tyneside through an analysis of current national and local data in relation to substance misuse (including alcohol). It also identifies the progress made in implementing the recommendations of the previous HNA (2010 / 11).

The overall purpose is to reduce the harm that drugs and alcohol misuse can cause to young people, their families and the wider community in South Tyneside. This will require effective targeting of "hard to reach young people"; efficient and cost effective use of resources and continued investigation and application of evidence based research and good practice.

For many young people drug and alcohol use is a part of growing up, but for a small proportion of young people experimental and recreational use becomes problematic. This may result in significant physical and emotional health problems which affect not only the young person but their peers, family and / or the wider community.

To enable this Health Needs Assessment to be developed consultation with key partners including young people have taken place and data obtained from a range of sources. The key objectives are:

### **OBJECTIVES**

- To provide a demographic profile of South Tyneside and its young people.
- To highlight risk factors associated with substance misuse which increases the likelihood of young people engaging in risk taking behaviour.
- To identify the needs of services users and the wider population of young people who may be taking substances.
- To inform commissioning of Young People's Substance Misuse Services.
- To investigate the views of service providers and service users to inform overall findings
- Alongside review findings identify service gaps and any new recommendations
- To assess the progress made in implementing 2010 / 11 needs assessment recommendations

## **3 National and Regional Picture**

A range of factors influence substance misuse among children and young people including environmental factors such as the availability of drugs; family influences, individual experience, for example, early sexual encounters and peer group pressure to misuse substances; mental health issues such as low self-esteem, depression and educational issues such as parental expectations.



National research shows evidence of a decline in the prevalence of drug use, since 2001, among school pupils, aged 11 – 15 years. However evidence also shows significantly higher levels of drug use among those who belong to more than one vulnerable group. Recent drug users have an increased likelihood of having drunk alcohol in the last week and drinking is also associated with experience of truancy, exclusion from school and engaging in other risk taking behaviours e.g. non use / ineffective use of contraception leading to sexually transmitted infections and / or unintended conceptions..

Illicit drugs use in the UK is most prevalent among young people aged between 16-24 years. The British Crime Survey (BCS) 2009 identified 42.9% of young people in this age group reporting having ever used illicit drugs. Class A drug use, whilst showing a slight reduction since 1996, increased by 1.2% between 2007/08 and 2008/09 (6.9% compared to 8.1%).

The North East has the highest lifetime rate of amphetamine use amongst 10-25 year olds, with a higher percentage of females than males, aged under eighteen years, reporting lifetime amphetamine use (5% compared to 3.6%). The North East also has the highest rate for 15-24 year old problem drug users in contact with structured drug treatment (39.3%).

Alcohol and the night time economy make a significant contribution to the wealth of the North East. Yet, as a region we are moving into problems associated with alcohol which includes:

- The North East has some of the highest rates of binge drinking in England
- Alcohol misuse costs the region more than £1 billion a year
- The food and drink sector in the North East employs around 45,000 people and turns over £3.5bn per annum
- It has the highest number of teenage conceptions
- 46% of all crime is alcohol related
- We have the highest rates of alcohol-related hospital admissions in the country

Balance, the North East alcohol office, is conducting the North East Big Drink Debate to discover people's attitudes towards and relationship with alcohol.

In 2010 the Coalition Government launched the new Drug Strategy Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life. This strategy sets out a very different approach to addressing substance misuse and is structured around three themes:

1. *Reducing demand* – creating an environment where majority of people never take drug and make it easier for those that do to stop
2. *Restrict supply*
3. *Build recovery in Communities*- to support people who want to address dependency on drugs and alcohol

This strategy highlights the need for multi agency approach in preventing escalation of use and harm. It states that drug and alcohol interventions need to respond to the risks in terms of drug use, vulnerability and age.

Interpretation of this document has already commenced in South Tyneside with a clear action plan to develop a seamless service across young people and adults (Appendix 1).

## **4 Local picture – setting the scene**

### **4.1 Demographic profile**

South Tyneside's JSNA (2009) has been structured around key population groups and themed subsections to understand local needs. There is considerable data in the JSNA but the full, and most up-to-date, data can be accessed via the South Tyneside Council information website <https://sim.southtyneside.info>. In addition, further analysis and benchmarking has been carried out to allow comparison of South Tyneside with other areas. To further analyse and understand neighbourhoods within the Borough small area analyses have been undertaken. The aim has been to increase access and broaden understanding of health inequalities and health needs, which include young people.

- People living in the most **deprived areas** have worse health and health indicators than those in the most affluent areas.
- People in deprived areas are likely to have a higher exposure to negative influences on health and to lack resources to avoid their effects.
- Income, poverty and employment are considered to be the best indicators of deprivation for health inequalities.

In 2007, the estimated total population of South Tyneside was 151,000 with 23.8% of the population aged 19 years or under. There are 25,100 **children** aged 1-15 years of which 52% are in low income families compared with 49% across the North East and 42% across England. This means that 13,000 children in South Tyneside are living in low income families. Half of these children live in families receiving workless benefits and half live in families receiving tax credits. However, there has been a 23% reduction in the proportion of children living in **families dependent on income support** in South Tyneside – this compares to 20% reduction for the North East and a 15% reduction for England. This indicates that the inequality gap between South Tyneside and England has narrowed in recent years.

Nevertheless, it is estimated that almost 20% of children in South Tyneside live in areas classed among the most deprived 20% in the country and in some areas as many as 65% of children live in income deprived families.

The level of **crime and fear of crime** also has a significant impact on people's quality of life and there are many links between crime and health. In South Tyneside between 2003-4 and 2007-8 there was a 29% reduction in total recorded crime. In 2008 to March 2009 South Tyneside showed an 11% decrease in total recorded crime compared to the previous year. Drug and alcohol are key factors in many crimes.

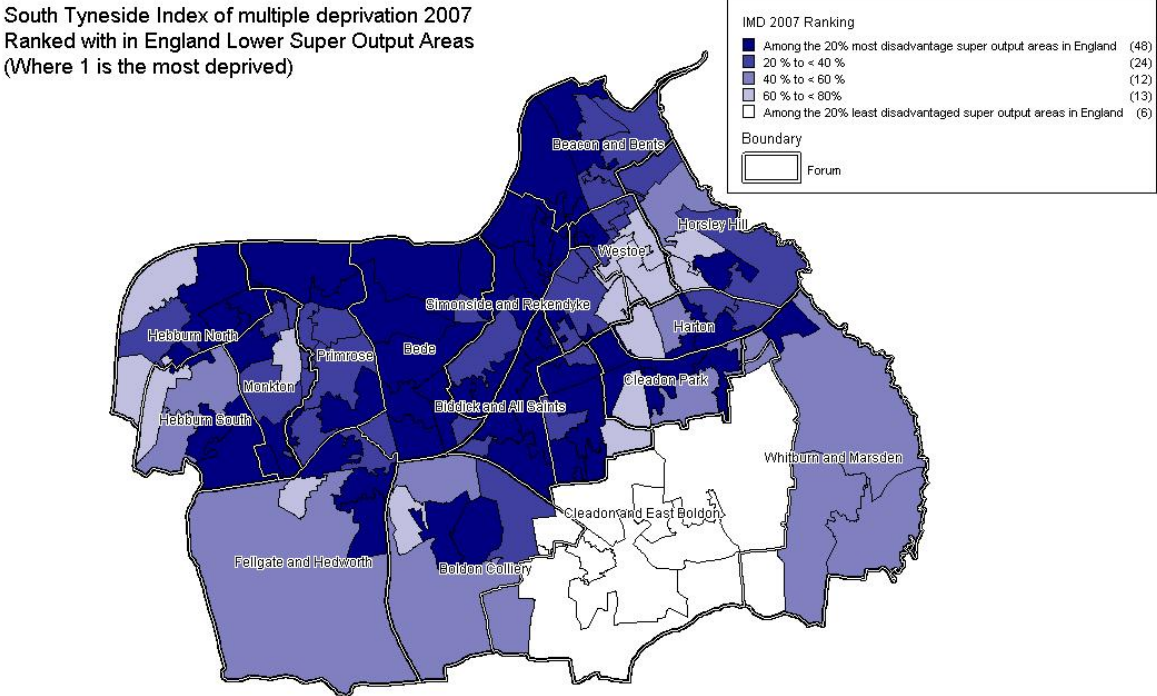
There is a substantial amount of evidence to support the fact that people living in the most deprived areas have worse health and health indicators than those in the most affluent areas. People in deprived areas are likely to have a higher exposure to negative influences on health, and to lack resources to avoid their effects.

The 2007 Index of Multiple Deprivation measures socioeconomic disadvantage across seven domains;

- Income;
- employment;
- health;
- education;
- barriers to housing and services;
- crime;
- physical environment

The overall Index of Multiple Deprivation is a weighted average of the indices for the seven domains. The map below shows those lower tier super output areas (areas with a population

of around 1,500 people) in South Tyneside that are among the most disadvantaged fifth of all areas across England.



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Tackling health inequalities is The Borough’s top priority and concerted effort is needed around narrowing the health gap between disadvantaged groups, communities and geographical areas within South Tyneside as well as with the rest of England.

**4.2 Substance misuse**

A range of factors influence substance misuse among children and young people including environmental factors such as the availability of drugs; family influences, individual experience (such as early sexual encounters and peer group pressure); mental health issues, for example low self-esteem, depression and educational issues such as parental expectations. National research shows evidence of a decline in the prevalence of drug use, since 2001, among school pupils aged 11–15 years.

In South Tyneside, it is estimated that for all 10-24 year olds, 17% (4,940) have used ‘any type of drug’ in the last 12 months. Of the 10-16 age group 16% are considered vulnerable, with an estimated 214 vulnerable young people considered potential drug users. Of that number, the estimated proportion using any type of drug in the last 12 months is 123, frequent use 66 and class A drug use is 25. For the 17-24 age groups, 30% are considered vulnerable so giving 1,108 potential drug users. Of that number the estimated proportion of frequent drug use is 709 and estimated class A drug use is 576.

**4.3 Commissioning Substance Misuse Services for Young People**

Matrix: Young People’s Substance Misuse Service.

This is a multi-agency, multi-disciplinary team, which aims to ensure young people under 18, families and carers whose lives have been affected by substance use or those who are at risk of developing substance use issues have access to appropriate intervention and support.

The service consists of a Manager managed by South Tyneside Local Authority and ten workers, which include a Substance Misuse Looked After Children (LAC)/CAMHS post; this is a joint funded by PCT and CAMHS with a specific remit providing a service to Looked After Children. There is a protocol in place, which indicates that all Looked After Children are referred to the service as soon as they come into that system. This ensures that all of these children are screened for substance abuse. There are well-established links with the LAC psychologist regarding referrals and consultation, as there are with the CAMHS Tier 3 Child and Family Unit (CFU). Other services provided by Matrix include:

- Advice and Information
- Building therapeutic relationships
- Building motivation for change
- Setting initial treatment goals/care plan.
- Motivational interviewing
- Family support
- Triggers for using & management strategies
- Low intensity interventions for common mental illness
- Counselling
- Health Assessment
- Targeted Education sessions
- Both 1-1 and Group Work

Currently the commissioning and accountability of young people's drug services are through the Risk and Resilience Commissioning Group; a sub group of the Alliance. Substance misuse commissioning is currently embedded fully into these governance arrangements.

The South Tyneside C&YP Alliance receives performance reports and updates on delivery. The manager of the Matrix service currently reports through South Tyneside Council's Transition and Wellbeing Service into the Children's Alliance Risk & Resilience Management Group. This will change with the new model of delivery regarding Youth Service provision.

The Locality Director of Public Health is currently overseeing the commissioning arrangements for children and young people's substance misuse services.

### ***Good practice in substance misuse treatment interventions with young people***

Substance misuse treatment for young people has been shown to be effective in reducing substance misuse in medium term outcome studies. From the current evidence base it is not possible to say which treatments are better than others in reducing substance misuse. Specialist treatment appears to bring benefits to areas of a young person's life beyond their substance misuse. At present there is little evidence on which treatment interventions best suit different young people. The following good practice points relate to different types of treatment interventions:

#### ***Pharmacological interventions***

While there is solid evidence that pharmacological interventions are effective among adult drug users the same cannot be said of young people and must therefore be undertaken with

caution. Young people's response to pharmacological management has not been subject to controlled trials and the medication can itself be dangerous if misused. Gaining informed consent is essential before any pharmacological management is given. Treating both substance misuse and mental health issues with medication is highly complex and should only be undertaken by professionals with competence in both areas or as part of a multidisciplinary team that between them hold the necessary competences.

The Matrix team includes a nurse who is supervised by the Foundation NHS Trust and operates within the Trust's clinical guidance procedures. To date the nurse has not had a client who has required pharmacological management in terms of substitute prescribing for opiates and the service has not had anyone under the age of 18 who has required needle exchange.

### ***Formal Psychosocial Interventions***

NICE, provides guidance on psychosocial interventions. Cognitive behaviour therapy (CBT) has found to be effective in treating young people's substance misuse. Brief interventions using motivational interviewing can be used for one off sessions or to facilitate engagement with more structured specialist treatment. Multi-systemic therapies have found to be effective in helping young people and improvements have been found in levels of substance misuse, criminal activity, family cohesion and some mental health problems. Combining multi-systemic therapy with a contingency management reward system may increase the interventions effectiveness.

The Matrix Service uses variety psychosocial interventions as one of the main forms of treatment. They offer group work providing targeted interventions at tier 2. All staff are trained in motivational interviewing and other CBT interventions supported by diplomas in addiction studies and some are qualified training in other types of intervention such as counselling

### ***Family***

Involving a young person's family has been shown to increase the effectiveness of treatment. Providing support, comprising information on substances and parenting skills can improve parent's ability to cope with their child's problems. Involving family members allows the team greater access to the needs of young people and a better understanding of the context of the development of the substance misuse problem. Discussion of family conflict can help a young person to appreciate they have a problem, encourage engagement and improve family relations. The NTA, DH and DCSF. (November 2009e) have recently produced joint guidance on development of local protocols between drug and alcohol treatment services and local safeguarding and family services, which emphasises the importance of the 'Think Family' approach. Family work is one of the few interventions that have been shown to be effective in tackling young people's substance abuse problems, it is important therefore that Matrix continues to build on this approach to ensure an holistic approach is provided to young people accessing Matrix.

Currently the Family Support Worker is based with an adult treatment provider, and is managed by NECA Adult Substance Misuse Service. However, in the recent Matrix review (2010), recommendations were made to consider the quality of services provided to young people and that this may be improved if the Worker was relocated elsewhere and managed within the young people's treatment service. This would ensure a seamless provision in meeting young people's substance related need. The post will establish strong working links with other parenting and family provision to ensure holist needs are met

### ***Specialist Harm Reduction***

Specialist Harm Reduction relates to three interventions the NTA expects should be provided by specialist misuse treatment: needle exchange, avoiding drug related deaths and physical injuries associated with drug misuse. Other aspects of harm reduction, e.g. safer drinking, avoiding blood born viruses and avoiding sexually transmitted infections should be provided at universal and targeted levels as well as in the specialist service.

Matrix delivers specialist harm reduction programmes to all of their clients although other programmes related to the types of harm and risk should also be delivered in universal and targeted services.

Matrix has a written policy and procedures on needle exchange for under 18's, although they have not had to activate this. The nurse can deliver treatment on minor physical injuries and can facilitate treatment including BBV Vaccination. All clients receive advice around overdose and other aspects of drug related deaths with the aim of reducing drug related risks for all clients.

### ***Residential Treatment for Substance Misuse***

South Tyneside has no facilities for residential treatment of under 18's for substance misuse problems. A survey conducted by Middlesbrough in 2007 found that there were no such facilities in the Northern Region and only two in the country that offered this service. The Government made additional funds available to develop responses to the needs of this group of substance misusers, but no services for children and young people won funding from this source. The residential facility at Newton Aycliffe which was formerly part of the Secure Estate has recently secured funding to convert part of their premises to offer residential care to this group of young people on a regional basis. Matrix has not encountered any clients who required this level of treatment.

### ***Educational programmes to young people in Universal and targeted settings.***

Matrix also provides substance misuse education programmes to young people and parents in a range of settings which include schools, youth clubs and residential care settings. While this will be part of the Risk & Resilience Educational programme recently developed titled 'ONE LIFE', over the past year 229 young people have received drug and alcohol education. The settings for this vary between 'Youth Inclusion Programme, Alternative Education, Special schools, mainstream schools and youth clubs'. A 'Wellbeing Carousel' has been delivered to over 200 young people in South Shields Community School. And Drug Awareness Quiz night has been provided in Places for people with 12 young people attending.

Matrix also provides weekly sessions with young people as part of a local football group with average attendance being approximately 18 weekly.

Unfortunately due to competing priorities and limited capacity, Matrix are no longer able to provide drugs education to young people in mainstream education. This demonstrates a significant and urgent need for staff in all young people's settings to receive appropriate training on substance misuse / alcohol to enable early identification, brief intervention and swift referral to appropriate services.

Further detail relating to R&R model is addressed later in this HNA

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

With regards to Looked After Children, Matrix has a protocol in place where all young people residing in children's homes are assessed for substance related need. Although local data is higher than regional average, it is considered to be related to use of the local protocol, prevention and early identification.

Young people in residential care receive education programmes and swift referral to specialist services where appropriate. A large number of staff have received Matrix screening toolkit and a Matrix Worker attends the home regularly to provide training and educational programmes for young people.

Approximately 18 months ago a 'drop in' service for parents / carers was established to provide support in relation to substance misuse and sexual health. Unfortunately attendance was very poor and the service ceased. Evaluation of this service is recommended to identify potential gaps.

### **Social Norms**

The social norms approach has become one of the most talked about health promotion strategies in recent years. Known primarily for its application to college student drinking in America, it has become an increasingly popular topic amongst community and school-based substance misuse prevention specialists, who are looking for an evidence-based alternative to more mainstream prevention strategies.

The term 'social norms' refers to our perceptions of how our peers behave and research has shown that these **perceptions strongly influence how we behave as individuals**. At the same time, there is evidence to suggest that our perceptions are often inaccurate and we tend to assume that others behave in a less healthy and socially responsible manner than is actually the case. For example, studies in the North East have noted that school pupils overestimate how heavily and frequently their peers drink alcohol. Furthermore, this misperception can lead individuals to drink more alcohol themselves, in an attempt to match what they see as the group norm. These misperceptions have become the basis of an increasingly popular and widely used technique called the 'social norms' approach. 'Social norms' seeks to correct such misperceptions through the dissemination of information on the actual behaviour / attitudes of a particular population – for example:

- \* "9 out of 10 pupils in Year 10 in X school haven't had an alcoholic drink in the last week"
- or
- \* "8 out of 10 pupils in Year 9 don't think it's cool to drink alcohol".

Matrix: Young People's Substance Misuse Services have recently carried out a Social Norm Alcohol Project in partnership with South Shields Community School. A total of 441 students participated in the project across all ages whereby they were asked to complete an online survey. This ensured complete confidentiality and therefore more likely to receive an honest response.

***The aim of the project was 'To promote health and reduce the harm alcohol can do to young people.***

***Outcome: 'Challenge your view of how heavily and frequently people in your school drink alcohol, as the perceptions you have can strongly influence how you behave as individual'.***

Findings below are from the preliminary data and further information will be available after further analysis.

#### Alcohol Education

- 81% of young people have received alcohol education
- 19% of young people have not received alcohol education

#### Relationships

- 93% of young people have someone to trust
- 7% of young people have no one to trust

#### Standing up for own rights

- 98% can stand up and be listened too
- 2% find it impossible to be listened to

#### Alcohol Consumption

- 63% of young people think alcohol is not important
- 37% of young people think alcohol is important
- 49% of young people have never been drunk
- 1% of young people have been drunk on a school night
- 89% (on average) of young people chose to drink non alcoholic drinks in their spare time
- 82% of young people chose to drink alcohol indoors
- 18% of young people drink alcohol outdoors

#### Risk

- 19 (4.3%) young people had been admitted to hospital as a result of alcohol use
- 60 (13.6%) young people had been involved with the police as a result of alcohol
- 9 (2%) young people were a victim of crime
- 59 (13.3%) young people had been involved in a physical fight as a result of alcohol use
- 80 (18.1%) young people had had an accident or been injured

#### ***Training.***

The Matrix is the main provider of substance misuse training for staff in young people's settings. Over 2010 – 11, Matrix Screening Toolkit and Drug & Alcohol Awareness training was provided to staff in a range of settings e.g. Teachers, Youth Service, Connexions, GP Practice Managers and Foster Carers. To increase capacity in prevention, early identification and swift referral to services, it is recommended that basic level 1 training be provided to all staff working with young people as part of the R&R model.

#### Resilience to risk taking behaviour

Children and young people are now healthier than ever. There is also a greater focus on health and wellbeing in schools and colleges with more support for parents, children and young people in promoting health and wellbeing. Nevertheless, health inequality continues to affect children and young people. Recognising that many aspects of health begin early in life, giving every child a healthy start remains a high priority nationally and locally.

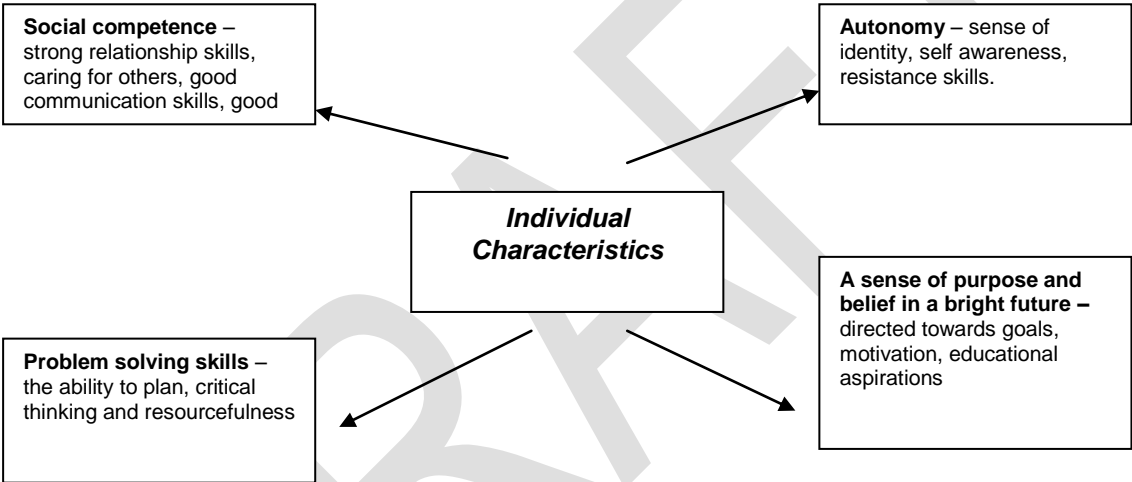
Resilience is an important factor in health inequalities. Most young people will experience hardship at some point during their lives. Whilst some people are able to deal with problems without any serious impact upon their health and wellbeing, for others difficult circumstances will impact significantly on their mental wellbeing and physical health. Some individuals have greater resilience and at a population level some communities have greater resilience. Some communities experiencing severe deprivation will experience poor health outcomes whilst some will continue to function and cope with their problems. Research has suggested that

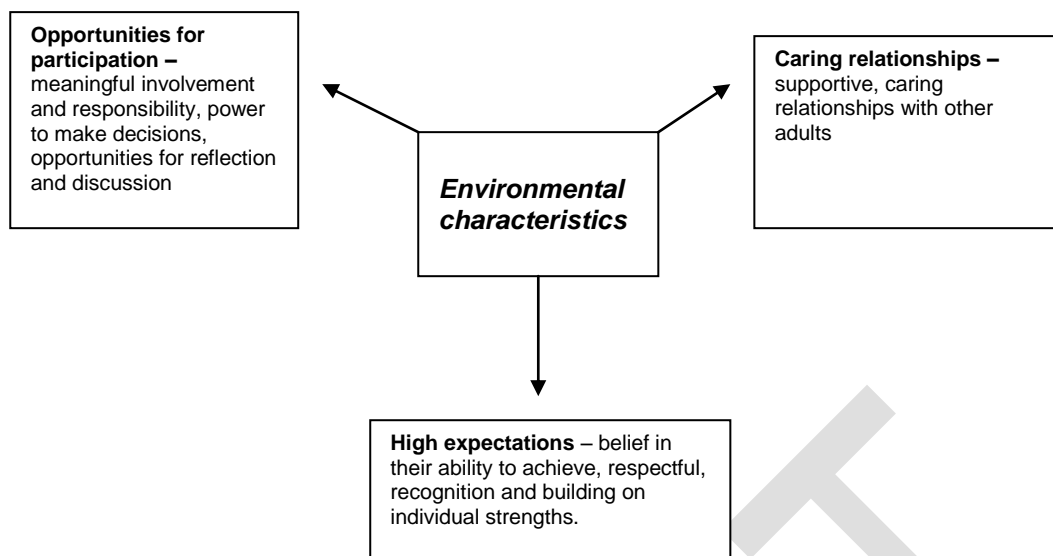


resilience factors play a role in protecting young people from the health effects inequality and deprivation. It can reduce aspirations, increase vulnerability, cause physical and social problems, reduce opportunities and may promote criminal and anti social behaviour. But what do we mean by risk factors and resilience?

- **Risk factors** – are factors which can increase the probability that young people will experience poor outcomes. There are a number of risk factors which may be associated with risk taking behaviour e.g. substance misuse.
- **Resilience** – describes the ability of a child / young person to overcome risks and be successful in an adverse situation. Individual and environmental characteristics include:

The following diagram demonstrates characteristics needed to make a 'resilient youth'.





**Figure 1** - Individual and environmental characteristics for a ‘resilient youth’

The above factors points towards the key areas in the development of resilient children and young people. While schools and parents play a key role in this, additional services are also crucial in ensuring all 5 Every Child Matters (ECM) outcomes are met.

We know that:

- Emotional wellbeing is crucial in the development of healthy, resilient young people
- There is an increase with vulnerability and risk taking behaviour
- For some young people who display the most problematic behaviour many of the risk taking factors have been in place for a number of years
- The earlier the intervention the better the outcome
- Transition periods in a young persons life can be a difficult time e.g. divorce, changing schools and can increase vulnerability

South Tyneside recognises the strong links to emotional health and wellbeing and young people engaging in substance misuse. For the past 3 years, we have worked towards embedding a ‘Risk and Resilience’ approach which incorporates substance misuse, alcohol and teenage pregnancy. This has been reinforced locally through young people audits and consultation events. Young people have told us

*‘If you get our emotional health right it will help us **not** to engage in risk taking behaviour e.g. taking drugs’.*

In light of this South Tyneside has developed the R&R Model further with the key emphasis on prevention and early intervention which will reduce the number of young people accessing specialist services. This tiered model recognises that young people’s needs may vary and that it is crucial that services and interventions are provided in a timely manner to prevent children, young people and their families requiring an intervention at a higher level. The notion of the tiered model is based on the needs of a young person or family rather than a service perspective.

The definition of early intervention has been adopted from the definition set out in the recent C4EO document<sup>1</sup>. This defined early intervention as:

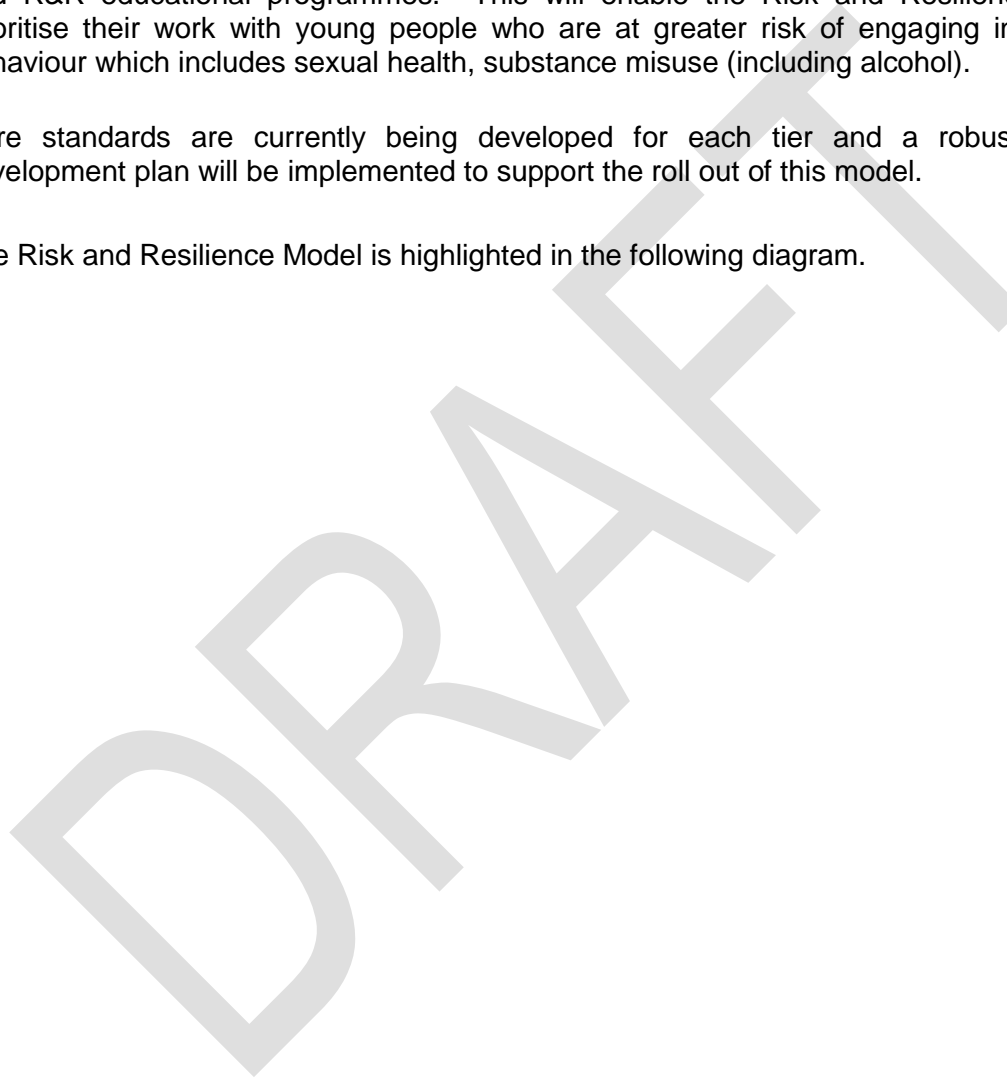
*'Intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population at risk of developing problems.'*

The cornerstone of prevention and early intervention is ensuring the children's workforce also have the appropriate skills to prevent poor outcomes as well as identify needs early and offer appropriate interventions.

The R&R model is largely based on prevention and early identification of need with swift referral to appropriate services. Universal services, for example teachers / schools, youth workers will receive mandatory training to enable them to provide basic assessments of need and R&R educational programmes. This will enable the Risk and Resilience Team to prioritise their work with young people who are at greater risk of engaging in risk taking behaviour which includes sexual health, substance misuse (including alcohol).

Core standards are currently being developed for each tier and a robust workforce development plan will be implemented to support the roll out of this model.

The Risk and Resilience Model is highlighted in the following diagram.



Level	Intervention	Core Standard	CAF
<b>1</b> Universal	<p>This level includes interventions which are available to all and is where the vast majority of children and families will have their needs met. There are no specific problems regarding emotional, physical or developmental progress.</p>	<p>Deliver Risk and resilience education programmes (RRE) in schools, colleges and youth settings.</p> <p>Deliver Emotional Health and Wellbeing programmes to all young people e.g. SEAL / PENN in schools.</p> <p>Promoting 'Resilience Therapy Magic box' as the underpinning principles of our work.</p> <p>All staff to receive training in early identification of risk and use of locally developed toolkits.</p>	<b>1</b>
<b>2</b> Progressive Universalism	<p>Tailored interventions targeted towards groups that have particular characteristics or circumstances that place them at additional risk requiring a more intensive focus.</p>	<p>All interventions at Level 1 but more intensive and targeted at those groups at greater risk of risk taking behaviour e.g. NEET, LAC, YOS, live in hotspots areas.</p> <p>Deliver targeted PENN &amp; TAHMS programmes to young people who are most likely to engage in risk taking behaviour.</p> <p>Provide family support regarding parenting and parenting programmes e.g. Matrix, Speakeasy.</p>	<b>2</b>
<b>3</b> Targeted / Individual	<p>Young people or families have been identified which require individual interventions in relation to emotional, physical or developmental needs.</p>	<p>A key aspect at this level is early identification and intervention by professionals who have more knowledge / skills in recognising risk taking behaviour e.g. sexual health / substance misuse.</p> <p>The needs led intervention will be provided by the 'Risk and Resilience Team'.</p>	<b>3</b>
<b>4</b> Multi Agency / Complex	<p>Children, young people and families where there is a high risk of emotional, physical or developmental harm. They require a full assessment of need and coordinated intervention from specialist and often multi-agency services.</p>	<p>Provide holistic specialist assessment for young people and their families who are at risk which leads to a planned package of care and treatment where appropriate.</p> <p>This intervention will require care coordination where multiple needs have been identified.</p>	<b>4</b>

As previously stated South Tyneside has worked towards a Risk and resilience approach for the past 3 years. The reporting structure was revamped and the function of the Teenage Pregnancy Partnership Board was reviewed. In light of the link with substance misuse and alcohol the R&R Commissioning Group, R&R Management Board and R&R Implementation Group were formed and membership reviewed.

However membership to all groups can be patchy and inconsistent with limited engagement from key partners. The value of this group continuing in its current format needs to be considered in line with the development of Health and Wellbeing Boards

## **5 Part 1 –Substance Misuse in young people aged under 18 years in South Tyneside.**

Routinely collected quantitative data on substance misuse issues affecting young people is derived from the NDTMS monitoring information system and local sources. This includes referrals into substance misuse services, numbers of young people in treatment and treatment exits. The information helps to identify gaps in care planning and provision and data is analysed by age, gender, ethnicity, main substance type.

Further analysis includes qualitative data which describes the social context of health and care provision and can provide a greater understanding of the range of issues involved. Data has been obtained from studying the views of young people and frontline professionals. This data will support evidence on service gaps and areas for development in current service provision.

This needs assessment also provides an analysis of the substance misuse responses in the Health Related Behaviour Questionnaire, which is administered to all year 8 and 10 secondary school pupils every five years, enables general health trends to be monitored. A pilot social norms “research programme” has commenced this year to more accurately identify the perceptions of young people concerning the “norm” for drug and alcohol use, and other risk behaviours, amongst their peer group.

Part 1 of this HNA will provide a local picture of the alcohol and substance misuse taking behaviour among young people in South Tyneside.

### **5.1 Prevalence**

Information below shows that over a 5 year period the most common age for substance misuse was 17 years. When broken down further this relates to 17 year old males with cannabis being the most frequent substance used. For females this was 15 years of age with alcohol being the most frequent, closely followed by 14 years.

Substance Misuse by age.									
	Age								Grand Total
	11	12	13	14	15	16	17	18	
Alcohol - Non PDU	2	2	19	21	29	26	25	5	129
Amphetamines (Excluding Ecstasy) - Non PDU					2		2	2	6
Anti-depressants - Non PDU					2				2
Benzodiazepines - Non PDU							2		2
Cannabis - Non PDU		3	11	28	43	50	53	8	196
Cocaine (excluding crack) - Non PDU				1		4	9	2	16
Ecstasy - Non PDU			2						2
N/A					2				2
Solvents - Non PDU			2		2				4
Grand Total	2	5	34	50	80	80	91	17	359

**Male**

	Age								Grand Total
	11	12	13	14	15	16	17	18	
Alcohol - Non PDU			2	1	8	9	16	4	40
Amphetamines (Excluding Ecstasy) - Non PDU								2	2
Benzodiazepines - Non PDU							2		2
Cannabis - Non PDU		3	9	14	35	42	42	5	150
Cocaine (excluding crack) - Non PDU				1		4	9	2	16
Solvents - Non PDU			2						2
Grand Total	2	2	21	34	37	25	22	4	147

**Female**

	Age								Grand Total
	11	12	13	14	15	16	17	18	
Alcohol - Non PDU	2	2	17	20	21	17	9	1	89
Amphetamines (Excluding Ecstasy) - Non PDU					2		2		4
Anti-depressants - Non PDU					2				2
Cannabis - Non PDU			2	14	8	8	11	3	46
Ecstasy - Non PDU			2						2
N/A					2				2
Solvents - Non PDU					2				2
Grand Total	2	2	21	34	37	25	22	4	147

**Figure 3: Substance Misuse by age.**

With regard to second drug use, those young people whose main drug was Cannabis, were more likely to drink alcohol (n41) than any other substance.

There have been no young people who have had Hepatitis B vaccination or a Hepatitis C test.

## 5.2 TELLUS survey

The TellUs survey asks children and young people from years 6, 8 and 10 for their views about a range of issues which includes substance misuse. The recent TELLUS4 survey reveals that nationally substance misuse has risen by 0.5% in the last year, up from 9.3 to 9.8 per cent.

Results show a slight increase in the proportion of young people frequently using drugs, alcohol or volatile substances in comparison to the Tellus3 figures.

There is considerable regional variation; the East Midlands seeing the biggest rise (1.4%) while Yorkshire and Humberside saw a fall of 1.5%. The North East saw a 0.4% increase from 12.1% to 12.5%

There appears to be some positive news in the survey's findings. The DCSF say:

- Cannabis use has fallen (4 per cent this year compared to 5 per cent last).
- 9 per cent of pupils had ever tried drugs in TellUs 4, compared to 11 per cent last year.

Other results from the survey include: nationally:

- 51% said they had never drunk an alcoholic drink.
- 68% have never been drunk, but 5% say they have been three or more times.
- 77% have never smoked, and 10% have only smoked once.
- Only 2% said they had taken volatile substances in the last 4 weeks.
- Only 2% said they had taken drugs other than cannabis or solvents in the last 4 weeks.

It is important that children and young people receive age appropriate information relating to substances and relevant legislation to prevent them engaging in substance misuse. Education is provided in schools across South Tyneside and effectiveness of this can be seen within the TELLUS survey.

	Alcohol			Drugs			Smoking		
	Sth Tyneside	National	TELLUS3	Sth Tyneside	National	TELLUS3	Sth Tyneside	National	TELLUS3
<b>Good enough / helpful</b>	62%	58%	<b>74%</b>	64%	62%	<b>75%</b>	65%	62%	<b>77%</b>
<b>Need more information/ not helpful</b>	19%	20%	<b>21%</b>	17%	18%	<b>19%</b>	18%	19%	<b>19%</b>
<b>Don't know</b>	12%	11%	<b>5%</b>	10%	9%	<b>6%</b>	10%	9%	<b>6%</b>
<b>Havn't received any</b>	7%	11%		9%	11%		8%	10%	

**Figure 4:** How helpful is the information and advice you get in school?

This information demonstrates how many young people felt that alcohol, substance misuse and smoking information was helpful. All responses are above the National average. But markedly lower than data from the previous years TELLUS 3 survey.

Young people were asked questions relating to alcohol and substance misuse, responses as follows:

- ✚ *Have you ever had a whole alcoholic drink?* – 49% stated yes which is above the National average of 42%
- ✚ *In the last 4 weeks, how many times have you been drunk?* – responses varied with 63% stating none / never had an alcoholic drink. Other responses included once – 7 responses, twice – 5 responses, three times or more – 6 responses, don't know / can't remember 4 responses.
- ✚ In relation to smoking, 75% (lower than the National average of 77%) of young people stated they had never smoked. A further 10% stated they had only smoked once.
- ✚ *Have you ever taken drugs?* – 89% stated no which is similar to national average (88%). This is slightly higher than TELLUS3 findings which were 84%.
- ✚ In relation to drug use, the following were used by young people one or more times in South Tyneside: Cannabis: 2%, Solvents: 1%, Other drugs e.g. cocaine:1%

The young people taking part in the survey were aged between 10 – 15 years. The biggest responses were from those aged 12 & 15 years with a 28% response, followed by 25% aged 10 years. The findings from the survey highlighted above, particularly in relation to alcohol, raises concerns for young people in South Tyneside

Interestingly, when young people were asked to highlight 3 things that would make their life better, results as follows in order of priority:

- ✚ More place to go with my friends (40%)
- ✚ More interesting school lessons (35%)
- ✚ More help to plan my future (34%)

While the sample size is too small to draw any significant conclusions, it may be suggested that young people aspire to have positive relationships with their peers and have aspirations for their future.

### **5.3 Risk and Resilience Education audit.**

In September 2010 young people in both secondary schools and youth / community settings were asked questions relating to substance misuse / sex and relationships education in their setting. All groups who took part stated that they received information about substance misuse (including alcohol) from teachers / outside visitor and youth / community workers. However most groups said they would like more information and links with practical demonstrations e.g. beer goggles. Two groups would also like it to be linked to the SRE programme.

Interestingly the two main findings within the audit were that young people would like more information about positive relationships and self esteem. One young person stated

*'If we got more information about how to feel good about ourselves and relationships, we would be less likely to take part in risk behaviour, for example drinking alcohol and taking drugs'.*



## 5.4 Health Related Behaviour Questionnaire (HRBQ)

The last HRBQ for South Tyneside was carried out in 2006 and these results are the compilation of data collected from a sample of secondary pupils aged 12 to 13 and 14 to 15. While the information is now dated, it still remains useful when supported by the other data available such as Tellus 4 and local audits. It will be further enhanced, giving an even more robust picture on completion of the planned Social Norms project which is being piloted in South Shields Community School 2011 – 12.

A total of 1177 pupils took part in 7 secondary schools. Below are some of the findings between the South Tyneside 2006 data and the SHEU wider 2006 databank. The results are a compilation of a sample of almost 34,000 pupils.

### Local findings

#### Drugs

- 27% of year 8 pupils and 59% of year 10 pupils are fairly sure they know someone who takes drugs
- Pupils are more likely to say that they know someone who uses drugs in 2006, they are also more likely to have been offered drugs. In 2006, for example, 25% had been offered cannabis compared with 18% in 2000.
- By Year 10, 37% of boys and 36% of girls have been offered cannabis and 34% of boys and 37% of girls at least one of the other drugs listed in the questionnaire.
- Overall 16% of pupils reported that they had taken an illegal drug at some point in the past.

#### Alcohol

- Pupils in 2006 are more likely to have drunk alcohol from those in the 2000 survey. They are also more likely to have drunk alcohol at a friend/relations house. The older girls are more likely to have drunk alcohol outside in a public place.
- The proportion of pupils drinking over 11 units of alcohol in the seven days before the survey rose as the pupils got older

Units	Boys		Girls	
	Year 8	Year 10	Year 8	Year 10
1-3	10%	10%	13%	11%
4 – 10	6%	17%	7%	11%
11+	2%	18%	2%	14%

**Figure 5:** Number of alcohol units drunk by young people in year 8 & 10

- 43% of pupils reported that their parents always knew if they drank at home.

### Differences between South Tyneside the wider sample

- Lower proportions of pupils in South Tyneside recorded scores of high self-esteem. 38% compares with 43% in the wider sample.
- South Tyneside pupils are more likely to smoke or have tried smoking in the past. 45% compares with 40% in the wider sample.
- 24% of pupils in South Tyneside said they got drunk in the past 7 days. This compares with 19% of pupils saying the same in the wider sample.
- 12% of pupils bought alcohol at an off-licence in the seven days before the survey, this compares with 7% in the wider sample.
- Pupils in South Tyneside are more likely to say they know someone who uses drugs (46% vs. 39%). They are also more likely to have been offered drugs (26% vs. 17%)

- They are no more likely however to have taken drugs compared with pupils in the wider sample.

The HBQ has not been completed in South Tyneside since 2006 due to funding issues. However, South Tyneside PCT has agreed to continue funding Healthy Schools for a further 6 months, the HRBQ will be carried out in secondary schools as part of this agenda.

This HRBQ highlights that young people are starting to engage in alcohol substance misuse use at a young age which appears to continue for a number of years.

## 5.5 North East Big Drink Debate

Balance, the North east Alcohol Office launched the North east Big Drink Debate (2009) to build a clearer understanding of attitudes and behaviour held by people in the North East in relation to alcohol consumption.

In the North East overall, under-age drinking is the leading social concern – 2 in 3 of those surveyed stated that this is a concern that they worry about. Violence and rowdy behaviour are also key concerns, cited by 61% and 56% of respondents respectively as a concern they worry about

The opinions of South Tyneside residents are broadly in line with the North East picture. Children and young people drinking in parks / on street corners, violence caused by people drinking and people being drunk and rowdy in public is the leading social concerns for South Tyneside residents.

## 5.6 The Place Survey

The Interim Place Survey 2009 captured local people's views, experiences and perceptions of their local area, the council and other public service. Whilst there was no statutory requirement to carry out an Interim Place Survey in 2009 South Tyneside council decided to carry out the survey to help track progress on perception based national indicators. A total number of 6000 questionnaires were distributed, of which 829 responded.

Two indicators are relevant in building a picture of young people's substance misuse as this indicates the level of exposure among adults where the young people live as this may increase the likelihood of the young people engaging in risk taking behaviour themselves. The two indicators are:

- Drunk or rowdy behaviour
- Drug use and dealing.

NI	Question	2008 score	2009 score	% change (+ / -)
41	Perceptions of drunk or rowdy behaviour as a problem	32.4	33.0	+0.6%
42	Perceptions of drug use or drug dealing as a problem	27.8	27.4	0.4%

**Figure 6:** People's perceptions or rowdy behaviour & drug dealing

The Interim Place Survey shows a slight improvement in NI 42 (perception of drunk or rowdy behaviour as a problem) with an increase of 0.6% in NI 41 (drunk or rowdy behaviour a problem).

## 5.7 Risk factors which make young people more vulnerable to substance misuse.

There are a number of risk factors which would increase the likelihood of young people engaging in risk taking behaviour, which includes substance misuse and alcohol. These factors can include the following:

- *Family* e.g. poor parental support, family conflict, attitudes condoning problem behaviour, drug misuse by family members and families living in poor housing and have a low income.
- *School* – Low educational attainment, aggressive behaviour including bullying, truancy, lack of commitment.
- *Community* – geographic deprivation,
- *Individual and peers* – Early / friends involvement in problem behaviour, alienation and lack of social commitment, attitudes to condone problem behaviour and low self esteem, negotiation skills, looked after children, sexually exploited etc.
- *Social* – homelessness or poor housing, involved in crime and antisocial behaviour

These risk factors could provide an early indication of who our potential clients for substance misuse services could be. Young people who have these risk factors are also more likely to have lowered resilience skills and therefore more likely to engage in risk taking behaviour.

## 6 Health

### 6.1 Child and Adolescent Mental Health Service (CAMHS)

From studies reported elsewhere it is estimated that in South Tyneside between 3,700 to 4,700 aged 0-19 years would be affected with some kind of mental health issue. The two most common conditions are emotional and conduct disorders. The following lists the estimated numbers of specific child and adolescent mental health disorders for South Tyneside

Condition	Estimated prevalence percentage rate	Expected number in South Tyneside
Autism	0.20% 0 – 18 yrs	74
ADHD (5-7%)	1.0% - 3.0% 0 – 18yrs	369 – 1107
Anorexia	0.20% 11 – 15yrs - 16 – 18 yrs	11 -
Bulimia	2.50% 13 – 18yrs	154
Conduct Disorder	4.00% 4 – 16 yrs	890
Emotional disorders		
Phobias	3.00% 3 – 18 yrs	963
Anxiety	1.00% 11 – 15 yrs	107
Depression	4.00% 16 – 18 yrs	233
Multiple disorder	0.03% - 0.6% 5 – 15 yrs	9 – 171
Obsessive compulsive disorder	0.20% 5 – 15 yrs 1.90% 16 – 18 yrs	45 111
Psychosis	0.00% 0 – 15 yrs 0.15% 16 – 18 yrs	- 9
Substance Misuse (illegal)	2.00% 11 yrs 16.00% 16 yrs	41 328
Attempted suicide	2.0% - 4.0% 13 – 18 yrs	249 – 498
Suicide	0.0008% 15 – 18 yrs	1

**Figure 7 : Research based estimated prevalence of specific child and adolescent mental Health disorders**

A number of social and economic factors are associated with prevalence rates for child and adolescent mental health problems. These factors can have an effect on the frequency and seriousness of mental illness in children and young people. In South Tyneside, several characteristics have been identified which might have an impact on mental well-being of children and young people. These were:

- 3,252 children in special school without statement of educational need and 754 children in all schools with a statement;
- 54 births where the mother was aged between 15-17 (about 50 per 1000 women aged 15-17 yrs);
- 5,929 (9.0% of the total) one parent households with dependent children;
- 5,236 (7.9% of the total) unemployed households with dependent children;
- 60% of all children in some parts of the Borough in families that are income deprived;
- 75 children on the Child Protection register;
- 270 looked after children;
- 909 school exclusions (although the majority of these are fixed term of 1-2 days);
- 154 asylum seekers with more than 50% of those were children;
- On average, more than 200 children (16 and under) attended A&E per annum for drug, alcohol and deliberate self-harm.

The Adolescent Mental Health Service indicated that all young people who access the Service are asked about substance misuse in their initial mental health assessment. From this, it was possible to determine that approximately 70% of mental health service users, aged 16 – 18, misuse substances, mainly alcohol and cannabis.

The Adolescent Service uses its own screening tool when undertaking assessments, rather than the Matrix screening tool, and all staff has been trained to undertake effective screening.

It was reported that young people are sometimes referred to the Matrix Service for specialist assessment /treatment, and a reciprocal arrangement is in place where the Matrix Service refer their service users to the adolescent mental health service when required. No young people are referred to the young people's family support worker at NECA. The Adolescent Mental Health Service has a substance misuse link worker, a Community Psychiatric Nurse, who meets regularly with Matrix workers.

There were no issues or barriers identified that prevented onward referral to the Matrix Service or in any element of the treatment pathway. It was reported that the arrangement between the Matrix Service and the Adolescent Service works very well. The referral process is via telephone contact, which again was thought to work well.

The Adolescent Mental Health Service deliver harm minimisation interventions through written materials and advice and no issues were identified in sustaining these interventions. It was reported that all staff are well trained and experienced in substance misuse issues and no training gaps were identified.

CAMHS Psychology Service

Two responses were received from CAMHS Psychology Service for 2009 – 10 HNA, one from the Senior Nurse Therapist, Child & Family Unit and another from a CAMHS Consultant Clinical Psychologist.

Both the Nurse Therapist and the Clinical Psychologist reported that substance misuse is not routinely included in the CAMHS initial assessment, but is undertaken if there is an indication of substance misuse risk (HNA 2010).

The Senior Nurse therapist sees relatively low numbers of CAMHS users with substance misuse issues, as she works with the younger age group. In contrast the Clinical Psychologist estimated that approximately 20% of CAMHS (Psychology Service) users would misuse substances. However, it was pointed out that further clarity is needed concerning the definition of what constitutes substance misuse e.g. “is a 14 year old drinking and getting drunk on a Friday night with friends classified as a substance misuse issue”. This highlights a need for substance misuse training.

It was reported that young people are referred to the Matrix service for specialist assessment/treatment. However, CAMHS Psychology Service staff has not received training in the use of the Matrix screening tool, and the tool is not used in the assessment process.

The service identified no issues/barriers that prevent referral to the Matrix service, nor in any element of the treatment pathway. Whilst there is no formal referral protocol referrals are communicated by letter, preceded by a telephone conversation.

CAMHS users are not referred to the Family Support Worker at NECA, as little is known about this service. It was thought that more information about the role of the Family Support Worker is needed.

The Head of Service (senior psychologist) is the key link worker who provides supervision to the Matrix Service by staff visiting the Matrix where possible (although this is not a formal process). There is also a therapist with a specialist interest in substance misuse issues, but this role needs formalising.

The CAHMS Senior Nurse Therapist and Clinical Psychologist do not provide specific harm minimisation interventions in therapeutic sessions unless substance misuse is identified as problem. The approach used is to explore ways of minimising risk through cognitive therapy based work and motivational interviewing.

The CAHMS Nurse Therapist reported that further training on substance misuse issues is required across the team, including a wider knowledge in relation to harm minimisation interventions. The Clinical Psychologist indicated that a short training session on general awareness of different drugs and signs and symptoms would be helpful (taken for HNA 2010 – 11)

## **6.2 Accident and Emergency**

Additional data from a range of sources is gathered to enable a more accurate picture of local need.

Figure 8 shows the number of young people admitted to hospital in South Tyneside over a 3 year period. In terms of numbers, this demonstrates an increase in admissions from previous year (2008 / 09) but less than 2007 / 08. This pattern is mirrored in Sunderland; however Gateshead remained static for 2 years and now demonstrates an increase.

Information Service Data Analysis Drug related admissions among young people		
PCT	Year	13 – 18 years
South Tyneside	2007/08	65
	2008/9	43
	2009/10	59
Sunderland	2007/08	146
	2008/09	116
	2009/10	135
Gateshead	2007/08	104
	2008/09	103
	2009/10	120

**Figure 8:** Number of Drug Related Admissions among young people.

The figure below demonstrates the most common diagnosis for hospital admissions for substance misuse across SOTW over a 3 year period (2007/08 - 2009/10). The pattern is similar across SOTW in that the most common admission is for poisoning by 4-Aminophenol derivatives for example paracetamol, with South Tyneside having the least admissions. This is followed by admissions for substance misuse relating to anti allergic and anti emetic drugs.

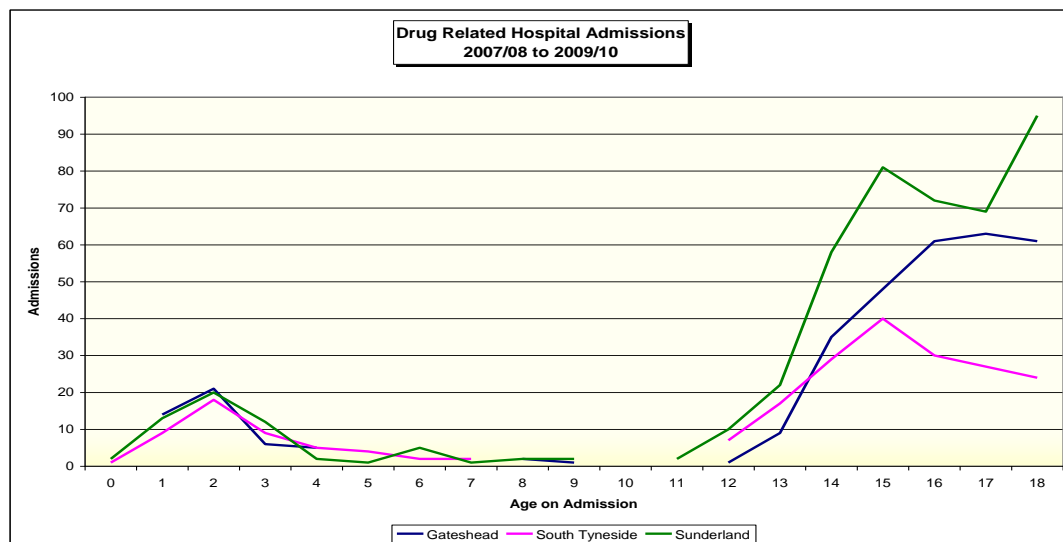
Most Common Diagnosis (13 to 18 Year Olds)					
Diagnosis	PCT				
	Gateshead	South Tyneside	Sunderland	SoTW	SoTW %
Poisoning by 4-Aminophenol derivatives (e.g. paracetamol)	146	88	217	451	53.6%
Poisoning by oth nonsteroid anti-inflammatory drugs [NSAID] ( <i>Non Steroidal Anti-Inflammatory Drugs (NSAIDs) are medications which, as well as having pain-relieving (analgesic) effects, have the effect of reducing inflammation when used over a period of time</i> )	34	12	39	85	10.1%
Poisoning by other and unspecified antidepressants	11	12	25	48	5.7%
Poisoning by other opioids	16	4	19	39	4.6%
Poisoning by Benzodiazepines ( <i>Benzodiazepines are sedative-hypnotic agents, commonly used for seizure control, anxiety, alcohol withdrawal, insomnia, and as muscle relaxants.</i> )	10	7	9	26	3.1%
Poisoning by psychostimulants with abuse potential	4	6	14	24	2.9%
Poisoning by Salicylates	4	1	11	16	1.9%
Poisoning by tricyclic and tetracyclic antidepressants	5	5	4	14	1.7%
Poisoning by oth & unsp drugs medicaments & biological subs	5	1	8	14	1.7%
Poisoning by antiallergic and antiemetic drugs	3	3	6	12	1.4%
Other	39	28	45	112	13.3%

**Figure 9:** Most common diagnosis for hospital admissions for substance misuse in 13 – 18 year olds.

The information below relates to alcohol admissions for South Tyneside. This demonstrates a significant reduction in quarter 3 (possibly due to young people being on holiday) with a marked increase in quarter 4, during the Christmas period.

The chart below demonstrates the age of young people admitted to hospital for drug related problems over the 3 year period. Interestingly, young people from the age of 12 years are

being admitted to hospital with a drug related issue. The age group mostly admitted was 15 years with a sharp decline in 16 & 17 years. Collectively this data relating to hospital admissions tells us that while we are unclear of the nature of the admission by the younger age groups, there is a significant area of concern with young people aged 15 years as to the reasons of their admission. Further exploration of this is recommended, particularly in relation to emotional health and wellbeing.



**Figure 10: Drug related hospital admissions**

### 6.3 Sexual Health

Inequalities in sexual health outcomes are an important public health priority. Sexual ill-health is clearly linked to deprivation and social exclusion and disproportionately affects particular groups. Teenage pregnancy and sexually transmitted infections (STIs) have both short and longer term effects on the health and wellbeing of young people. The consequences of poor sexual health can also impact on an individual's social and economic well-being.

It is estimated that sexual ill health costs the NHS more than £700 million a year. Reducing the incidence of STIs requires effective primary prevention, timely access to appropriate services and treatment in order to prevent further onward transmission. While the incidence of STIs may be rising, this may be attributed to improved access to services and screening. NICE guidance identifies a number of behavioural factors that affect the probability of unplanned teenage conceptions and STIs. Along with additional evidence of the indisputable link between alcohol, drugs and risky sexual behaviour, these factors include:

- Misuse of alcohol and/or substances;
- Early onset of sexual activity;
- Unprotected sex / poor contraceptive use;
- Frequent change of and / or multiple partners;
- Low self-esteem;
- Lack of skills (for example, in using condoms)
- Lack of negotiation skills (for example, to say 'no' to sex without condoms); lack of knowledge about the risks of different sexual behaviours; availability of resources, such as condoms or sexual health services;

- Availability of sex and relationship education (SRE)
- Unable to resist peer pressure / 'Dutch courage'.
- Young person may be unaware they have had sex.
- May become a victim of a sexual assault /may be less likely to report it.
- Higher alcohol consumption may equal more sexual partners.
- Sex and drugs linked to prostitution
- Drink spiking leads to increased vulnerability
- Drugs to attain 'the perfect body' e.g. amphetamines / steroids.

Chlamydia is the most common sexually transmitted infection in England and 15-24 years old are the age group most at risk of being diagnosed with a sexually transmitted infection with 65% of all Chlamydia being found in this age group. The health complications of Chlamydia include infertility, ectopic pregnancy and Pelvic Inflammatory Disease and its prevalence is increasing due to many factors including the fact that the majority of patients are asymptomatic.

South Tyneside is currently not meeting the target for Chlamydia screening, although intensive work is underway and it is hoped that the 35% target will be achieved by March 2011. The continued 35% target for 2011 – 12 to provide opportunistic screening to young people aged 15 – 24 years means that screening must be embedded in a range of services.

Currently the positivity rate is low which is due to targeting of educational establishments where positivity tends to be low and ineffective targeting of young people at greater risk. In light of this, Matrix Young People's Substance Misuse Service is a registered condom card and Chlamydia screening outlets and remains one of the higher performing outlets in South Tyneside.

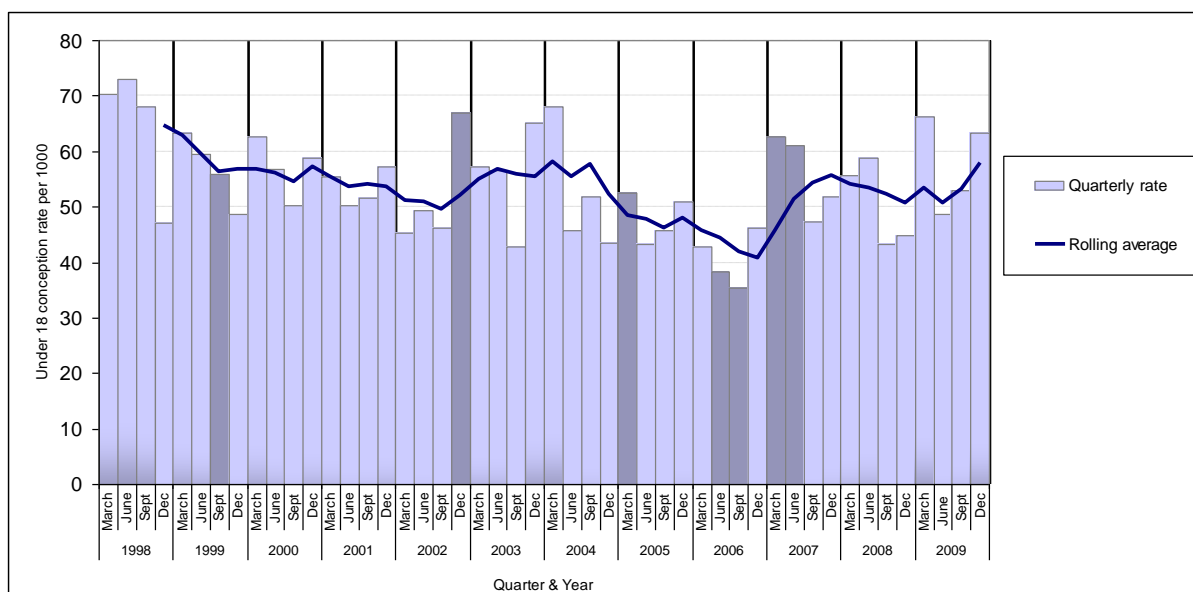
#### **6.4 Teenage pregnancy**

Teenage pregnancy is strongly associated with young people from poor socio-economic groups and those who are socially excluded. Other risk factors include low self-esteem, low educational achievement and those with mental health problems. While many young people become very competent parents, there is strong evidence that having a baby at a young age can be harmful to both physical and mental health. Babies born to young parents are also at greater risk of experiencing negative health outcomes themselves.

In South Tyneside the rate fell by 20% between 1998 and 2004, ahead of a milestone to achieve a 15% reduction over this period. The rate continued to fall up to 2006 but had risen sharply in 2007. The local rise in teenage conceptions in 2007 was reflected across both the North East region and, less markedly, England.

Although there was a slight decrease in 2008, disappointing latest data for 2009 demonstrates a sharp increase from 50.7 per 1000 young people aged 15 – 17 years to 57.8 per 1000 in 2009. In terms of numbers this has raised from 145 conceptions in 2008 to 161 in 2009, this equates to 16 conceptions.





**Figure 11: under 18 conception rates**

The table below outlines the rate in South Tyneside against the North East and England average and the reduction since the 1998 baseline.

Area	Number	Rate
<b>South Tyneside</b>	<b>161</b>	<b>57.8</b>
North East	2,225	46.9
England	35966	38.2

**Figure 12: comparison of teenage pregnancy rates to regional and national figures.**

There are variations in the under 18 conception rate between wards in South Tyneside with strong links to areas of deprivation. This is in line with areas with a greater risk of crime / antisocial behaviour and plans for 2001 – 12 include further detailed analysis with wards and substance misuse / alcohol use.

## 7 Youth Offending and Crime

There are a number of offences committed in the community which are alcohol / drug related. This may include alcohol fuelled violence, possession of drugs and supply of illicit substances. South Tyneside has made good progress in addressing this across the Borough, partnership achievements include

- ASB incidents reported to the police reduced by 24%.
- Offences committed by young people reduced by 22%.
- Number of Young people committing offences reduced by 31%.
- No waiting times for treatment both Tiers 2 and 3 alcohol treatment and additional choices for Tier 4 provision.
- Reduction in alcohol admissions to secondary care (NI 39).
- Anti-social Behaviour Unit incidents reduced by 43%.
- Safestop - 451 children taken into safety and 1056 containers of alcohol seized since the scheme began.

- Anti-social Behaviour reports both to the police and local authority have reduced but alcohol related have not.

### **7.1 Where are our hotspots?**

The neighbourhoods which figure with the highest rates of Anti-social Behaviour and for total crime are; Woodbine, Riverside, Laygate, Hill Park and Lawson and John Clay. This is with the exception of South Shields Town Centre which has a low population therefore rates highest in all categories. Across all categories of crime and disorder related activities, the neighbourhoods of Victoria Road, Laygate, Tyne Dock, Hill Park & Lawson, Harton Moor Woodbine and Horsley Hill show the highest rates. Seven of these eight also figure in the top ten areas of deprivation.

### **7.2 Who are our Offenders?**

Our offenders are predominantly white European, male, aged between the ages of 16 – 25 years.

18% of offenders were responsible for 26% of crime committed. Alcohol is likely to be involved in Criminal Damage, Violent Crime and Shoplifting.

67% offender's alcohol misuse is linked to their offending behaviour. Their criminogenic needs are most likely to be lifestyle and associates, thinking and behaviour, relationships, education, training, employment and attitudes.

61% engaged in violent behaviour linked to alcohol consumption.

They are most likely to live in the areas of highest deprivation such as Laygate, Victoria Road, Hill Park & Lawson, Horsley, Hill, Woodbine Estate although the two neighbourhoods with the highest rate of young offenders, the Lakes and Cleadon Park do not feature in the top ten most deprived areas.

The top three offence types for young offenders are public order, Theft & Handling and Violence Against the Person. Looked After Children committed 16% of all offences attributed to young people.

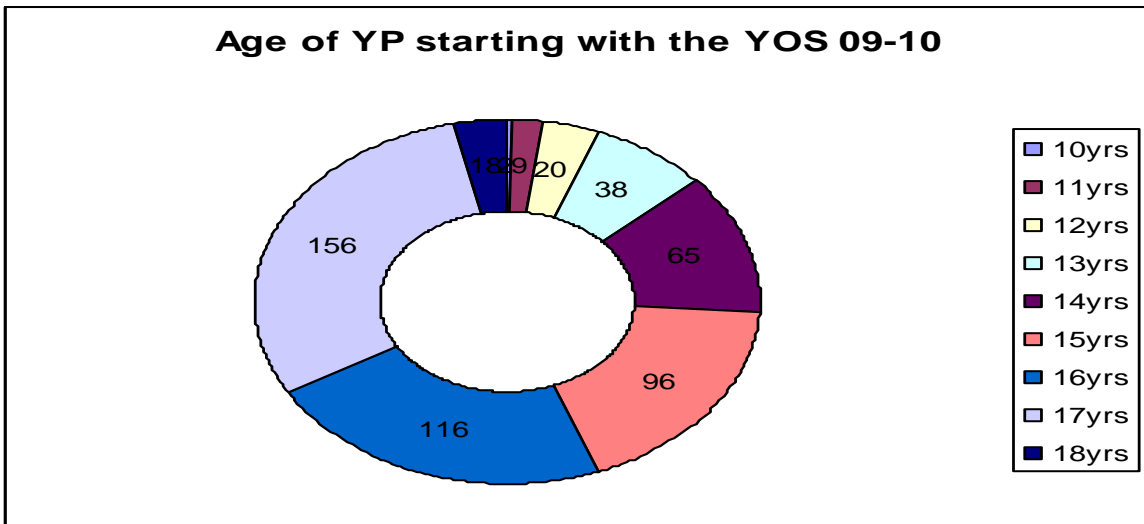
### **7.3 Youth Offending**

In 2009 – 10 there were 330 young people aged between 10 – 17 years who usually reside in South Tyneside, receiving pre court decision (this includes reprimands and final warnings).

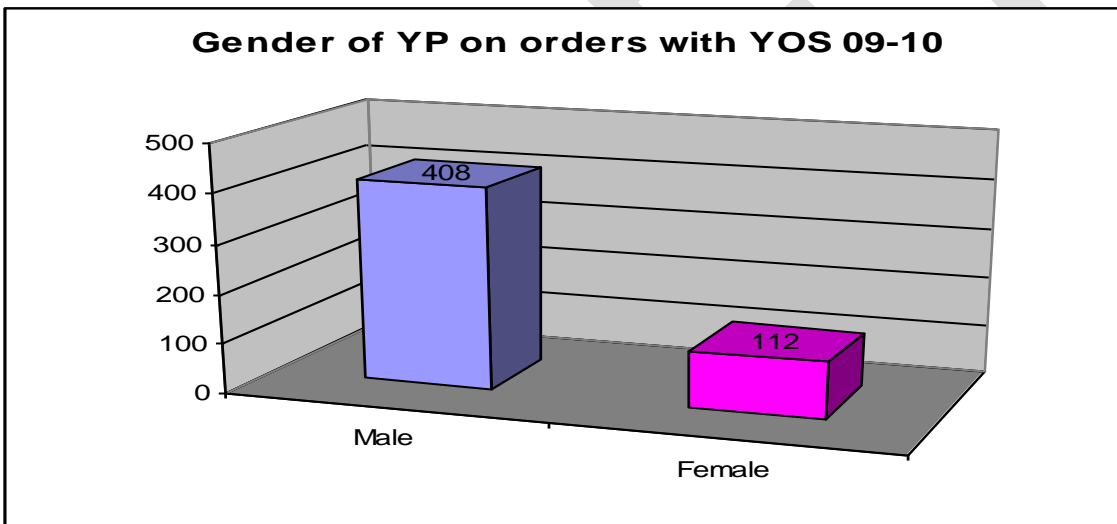
During the same period there were 432 young people aged 10 – 17 years who usually reside in South Tyneside receiving substantive outcomes at court. This includes orders by the courts which may involve interventions depending on assessments and young people's engagement within the process.

78.5% (408) young people receiving orders within YOS were male and 21.5% (112) were female.

The age of young people attending YOS for first intervention is 10 – 18 years. The largest proportion being 17 years of age, followed by 16 years.



**Figure 12:** Age of young people attending Youth Offending Service



**Figure 13:** Gender of young people attending YOS

Further analysis of data relating to young people attending YOS shows that crime relating to drugs starts to occur in the 13 year old age group. While alcohol related crime is not identified separately, it is worth noting the incidence of the number of public order offences and question whether this includes such offences.

**ALL OFFENCES RECEIVING A SUBSTANTIVE OUTCOME 09-10**  
**1076 offences**

	No	%
Theft and Handling	182	16.9
Public Order	170	15.7
Violence Against the Person	142	13.1
Breach of Statutory Order	141	13.1
Criminal Damage	135	12.5
Motoring	90	8.3
Other	38	3.5
Breach of Bail	32	2.9
Drugs	29	2.6
Non Domestic Burglary	26	2.4
Vehicle Theft	23	2.1
Racially Aggravated	13	1.2
Breach of Conditional Discharge	12	1.1
Robbery	11	1
Arson	10	0.9
Domestic Burglary	8	0.7
Sexual	7	0.6
Fraud and Forgery	7	0.6

**Figure 14:** Offences receiving a substantive outcome

The YOS funds 1.5 posts into the Matrix, providing YOS clients with appropriate screening, comprehensive assessment and treatment. The full time post is based within the YOS ensuring accessibility and speedy response although spending some time at the Matrix and the posts are managed by the Matrix manager with shared supervision with the YOS.

The YOS do not use Matrix screening toolkit for referral to Young People's Substance misuse services (Matrix) as young people are screened for substance misuse within ASSET screening. All young people who score 2 or more in the ASSET score must be referred to Matrix. Harm minimisation interventions with young offenders is normally carried out by case managers with additional support / advice provided by substance misuse worker based at the YOS . The Matrix worker carries out assessments on court cases prior to sentence. This information is then fed into the ASSET assessment whenever possible as there is a 2-3 week timeline for completion of reports/assessments for the court. However, the case manager also includes substance misuse in the ASSET assessment and any urgent issues are addressed.

#### **7.4 Drugs and Alcohol**

Alcohol continues to be a major factor in crime and anti-social behaviour and while total crime reduced by 17%, alcohol related only reduced by 12%. Alcohol is attributed to be involved in 43% of violent crime.

Incidents reported to the police show a similar trend with total number of incidents reducing by 18%, alcohol related only reduced by 9%.

Drug crime increased by 10% over the period April to September 2010 compared to a 5% increase force wide. This increase is all in the Riverside and West Shields areas but can be attributed to active Police activity to uncover drug crime. The highest number of seizures was for Cannabis, followed by Cocaine, Amphetamines and Heroin.

## **7.5 Reducing access to alcohol and drugs**

In addition to the above, South Tyneside Council Trading Standards has carried out the following operations:

- Oct 09 –Sept 10: 61 underage sales test purchase attempts, 9 sales resulting in 8 fixed penalty notices issued, 4 licence reviews taken, 6 written warnings and 5 simple cautions.
- Piloted working alongside Operation Safestop to identify where children are accessing alcohol
- Proxy sales - carried out 3 educational initiatives around proxy sales, increase in intelligence regarding proxy sales
- Participated with Northumbria Police in On Licence test purchase programme.

## **7.6 Drug Seizures**

There were 102 drugs seizures between July 2009 and June 2010. 37 of these were class A drugs. These results are comparable to the same period the previous year. The highest number of seizures was for Cannabis, followed by Cocaine, Amphetamines and Heroin.

The Youth Crime theme group action plan has been revised to take account of recent changes made by the new Government such as the dissolution of the Youth Task Force.

## **7.7 Looked after Children who Offend**

There has been considerable focus on ensuring a reduction in the number of Looked After Children who offend. South Tyneside underperforms against the national target (i.e. the percentage of LAC YP usually resident in the area receiving substantive outcomes in the period compared to total population should not exceed 5%) with 9.4% of Looked After Children receiving a substantive disposal in April-September this year. With this in mind, there is a proactive LAC offending Group who act as a sub-group of the YOS Management Board.

## **7.8 Operation Safe Stop**

In 2008 South Tyneside received funding to pilot Operation Safe Stop across the Borough. It is a partnership approach between the South Tyneside Area Command and the Youth Offending Service which aims to protect youngsters from the risk of significant harm of being a victim of crime or from offending. Police officers, accompanied by a uniformed inspector and members of the council's youth offending team, patrol anti-social behaviour 'hotspots' in the borough on Friday and Saturday nights, and take 'at risk' youngsters off the streets to a place of safety. Rather than being arrested, youngsters are taken to a reception centre where youth workers are on hand and parents or guardians are contacted to collect them.

Latest figures reveal a 24 per cent reduction in youngsters' bad behaviour on Friday and Saturday nights between April and October 2010, compared to the same period the previous year. During this time, there have been 54 operations, 163 youngsters have been taken into police protection and 492 containers of alcohol seized.

The scheme allows intervention by support agencies in order to change youngsters' behaviour, so they don't fall into the criminal justice system. Rather than being arrested, the youngster is taken to a reception centre where youth workers are on hand and parents or guardians are contacted to collect them.

By Oct 2010, there was also a 40 per cent drop in calls to police regarding youth anti-social behaviour on a Friday and Saturday, and the number of youngsters entering the criminal justice system has dropped by 30 per cent.

A significant number of young people have been approached via this scheme (163), and although all contacts are not necessarily alcohol related, anecdotal evidence suggests referrals to Matrix Young People's Substance Misuse Services, are low. This is a missed opportunity of an identified need and further training is therefore recommended.

Safestop has been an excellent example of joint working and has evidenced significant impact on youth related antisocial behaviour; reducing this by 30% on Friday and 24% on Saturdays over the course of the project. It also contributes to raising public confidence as well as identifying trends in terms of young people's use of alcohol

There is clear government focus on reducing the use of custody. South Tyneside benefits from amongst the lowest youth custody figures in the country; however custody figures rise sharply in the 18 – 25 year age group. Partners are working closely with the Northern Learning Trust who are leading a bid to the Lottery 'Youth in Focus' fund which will target 16-25 yr olds who are leaving custody; leaving care; are young carers or are priorities for being at risk of further prolific offending.

### **7.8 Tyne & Wear Fire and Rescue Service**

Initiatives on going within TWFRS designed to address ASB activity within the Borough during the period of the strategic assessment include:-

- Phoenix courses for young people referred via the YOS.
- 2 Respect courses.
- NECA (North East Council For Addictions) candidates required to attend as part of drug rehabilitation orders.
- 17 young people visited as part of the JFEP programme (one to one visit with their parents to young people who have been identified as deliberately setting fires)
- Anti-social behaviour talks to Hebburn comprehensive school (hot spot area for secondary fires) - all year groups
- Anti-social behaviour courses with young people identified via Outreach Youth Work
- 3 ASB lessons to young people identified via YOS

### **7.10 Accommodation**

There is considerable on going work to ensure that young offenders aged 17 plus have rapid access to suitable accommodation. Whilst figures are low (usually 2 or 3 young people in any one quarter) nevertheless these are often the most complex and difficult cases and improving a joined up approach will be of benefit.

Anecdotal evidence from a range of young people's services suggests there are a significant number of young people presenting as homeless or living nomadic lifestyles "sofa surfing".

Research commissioned by the DAT and Supporting People, highlighted that 33% of caseloads in 2006/7 across all supported people commissioned services, were vulnerable young people, including care leavers, aged 16 – 25. Whilst services were accessible to this group, they were working in excess of full capacity, with waiting lists for provision, and young people losing contact with services. The same evidence source identified a serious shortage of floating support services for vulnerable young people and analysis of supply and demand indicated that capacity should ideally be increased by at least 50%.

To address the gaps, commissioning priorities for vulnerable young people are explicit in the Supporting People Commissioning and Procurement Strategy 2008 – 2011: These priorities include:

- The development of support services in a structured and secure accommodation setting – the “Foyer model”
- The development of specific floating support provision for vulnerable young people (under 25 years)
- The development of specific floating support service for young parents (under 25 years)

The services for young people are divided into three groups, as shown below:

*Young people with high needs*

- For vulnerable young people who need intensive floating support, including young offenders, care leavers, street homeless, moving on from supported accommodation and leaving care.

*Young people needing early intervention*

- For young people with lower level needs who are living independently or moving into their own accommodation. The focus on prevention and early intervention will operate across all tenures.

*Young parents*

- For young parents, with priority being given to those parents living independently and those moving on from young parents supported accommodation services.

Places of Change – Residential Sports Academy

In late November 2007, Communities and Local Government announced a £70m capital bidding round for local authorities to apply for capital funding to reconfigure or develop new services to help meet targets in reducing homelessness or rough sleeping.

Gateshead and South Tyneside have no emergency direct access homeless provision for 16 to 25 year olds. Currently, the majority of individuals who require this support are accessing services in Newcastle. However, this is becoming increasingly difficult due to significant sub-regional demand on provision in Newcastle.

In an effort to alleviate this migration, a joint bid was developed with the Gateshead and South Tyneside Supporting People teams and Tyneside Cyrenians to develop a 20 bed direct access project. In this way Gateshead and South Tyneside Council will be able to address their own homeless needs. As the majority of the young people (16-25 yrs) who access services also have a range of problems in addition to homelessness, particularly drug or alcohol misuse and mental health problems, the residential facility will offer a structured sports programme.

The benefits of exercise on physical and mental well-being are well documented, and the impact of exercise and team sports has also been found to be a powerful instigator of change and personal development. Thus the facility will be designed to improve fitness levels, raise self-esteem and enhance personal development thus reducing vulnerability risk factors.

## Current Service Provision

Currently, the Supporting People programme funds 3 accommodation based support services, a resettlement service and 4 floating support services for young people at risk. The re-configuration of floating support services in 2009 has increased provision, which is planned to deliver a range of proactive services across all tenures, including social rented housing, private rented and owner occupiers.

This floating support service is aimed at young people with complex needs, (substance misuse issues, dual diagnosis, anti-social behaviour, young offenders, single homeless and rough sleepers.) New information will be available to show the impact of this provision once contracts are in place.

### **7.11 NEET**

A study by Hughes J et al 2008 identifies “inter-related “situational, behavioural and external factors” including substance misuse, which may lead to a young person being at risk of entering the NEET group”. The situational factors include a family history of unemployment/ parental beliefs concerning the value of education; parental mental health issues and drug/alcohol problems; a culture of low aspiration; young people leaving the looked after care system and housing issues. The behavioural variables which heighten risk include those young people with substance misuse problems, mental health issues, including low self esteem and lack of confidence and offending behaviour. The external factors include; absence of appropriate placements; no suitable / lack of available courses(s) at school / college; lack of finance for study/ access to a computer/ transport and lack of flexible formal and informal routes to accreditation.

The same Study identified that it was possible to recognise at an early age, even in primary school, signs of children being at risk of entering the NEET group in later years, which suggests the need of a preventative focus on identifying and addressing vulnerabilities at a much earlier age (HNA 2010 – 11).

## **8 Part 2 – Meeting young people’s needs**

Effective monitoring of National Drug Treatment Monitoring system (NDTMS) is needed to ensure effective treatment services are provided for young people and gaps are identified. This section will therefore be divided into 3 parts and provide information relating to entering treatment, in treatment and exiting treatment.

### **8.1 Entering treatment:**

Matrix is the sole provider for Young People’s Substance Misuse services in South Tyneside. They provide a confidential service for young people who have substance misuse and / or alcohol problems and offer advice and support regarding a range of issues including detox, education, and sexual health etc. Support is also provided to parents / carers if appropriate.

The majority of young people accessing the Matrix service use alcohol and/or cannabis and as a result require only psychosocial interventions. The demand for pharmacological interventions within the treatment population under the age of 18 is low. There is no evidence of a significant injecting population among under 18s. Some young people who use alcohol may require interventions to reduce life threatening intoxication or overdose.

All young people, in both universal and targeted settings, need to receive information relating to substance and alcohol misuse and education programmes are delivered by practitioners



based within Matrix. Training has also been provided to professionals in terms of referral to Matrix and how to complete the Matrix screening toolkit.

Staff working with young people are ideally suited to ask basic questions and provide brief interventions and swift referral into Matrix where necessary. Table 15 provides information relating to quarter 3 NDTMS 2010 data which identifies referral routes. While a significant number of staff has been trained to use the Matrix Screening Toolkit, referrals are very low, particularly in services where a higher number would be expected e.g. School Nursing Service, Targeted Youth Support, Crime prevention, Custody Service etc. The data below shows the highest number of referrals from

- Youth Offending team 32
- Children and family Service – 10
- Universal education 5
- Relative referrals 5

Services showing low levels of referrals include:

- Alternative Education – 0
- Outreach – 0
- GP – 0
- Primary Care – 0
- Custody Service – 0
- Targeted Youth Support – 1
- CAHMS – 1
- A & E / Hospital – 1 each
- School Nurse – 1
- Crime Prevention – 1
- Post Custody Service – 1

The referral routes identified above demonstrate a similar pattern across the region and continue to mirror data from the previous year. Given the data already highlighted in this report, it is suggested that if the Matrix screening toolkit was embedded in young people's services and there was a more robust use then the incidence of young people engaging in substance / alcohol misuse may be even higher than local evidence demonstrates.

Referral source into treatment	Number of referrals	Percentage of total referrals
<b>Children and Family Services</b>		
Children and Family Services	10	15%
CLA - Children Looked After	2	3%
Universal Education	5	7%
Alternative Education	0	0%
Targeted Youth Support	1	1%
Outreach	0	0%
<b>Health and Mental Health Services</b>		
GP	0	0%
Primary Care	0	0%
Child Mental Health Services	1	1%
A & E	1	1%
Hospital	1	1%
Non Child mental health	0	0%
School Nurse	1	1%
<b>Substance Misuse Services</b>		
Adult Treatment Provider	1	1%
Young People's Treatment Provider	0	0%
Non Treatment Substance Misuse Service	0	0%
Frank	0	0%
<b>Criminal Justice</b>		
Crime Prevention	1	1%
YOT	32	47%
Custody Service	0	0%
Post Custody Service	1	1%
<b>Family and Friends</b>		
Self	3	4%
Relative	5	7%
Concerned	1	1%
<b>Other</b>		
Employer	0	0%
Website / Helpline	0	0%
Young People Housing Service	2	3%
Other	0	0%
No Referral Source Recorded	0	0%

**Figure 15:** referrals to Matrix

An investigation was carried out within the Matrix Review relating to the reasons why health services and particularly CAMHS did not refer into the Matrix Service however protocols have now been developed to address this. Their conclusion was that health services are simply not identifying young people with a drug problem and therefore the question of referral does not arise. However, the purpose of the screening toolkit is for early identification. It could therefore be argued that by using this in day to day work and providing brief interventions and swift referral into appropriate services, this may reduce the likelihood of young people suffering negative consequences of substance / alcohol misuse. There is an urgent need for training for frontline health workers who work with children and young people to develop their skills in identification of drug problems especially among vulnerable groups of young people.

The small but growing number of referrals from children's services is more likely to be the result of Matrix transferring their management to these services rather than the training to use the Matrix Screening Tool. Children's services reported that they did not insist that their staff used this screening tool although they could choose to do so if they wished (Matrix review 2010).

School Nurse Drop in's also provide an ideal opportunity for young people to seek confidential support and advice. However, these are not robustly established in every school across the Borough due to competing priorities.

## 8.2 Nurse Led Matrix clinic A&E.

The A&E liaison role for the Matrix started in January 2010. Matrix established that if the onus is placed on busy A&E staff to refer, referrals did not happen. Matrix identified when young people present under the influence that in terms of cognition it is not the most appropriate time to ensure consent to referral. Posters are clearly displayed in the A&E department and in all clinical rooms

Since January 2010 there has been 61 A&E slips received for drug or alcohol presentation. All young people are sent relevant literature on alcohol/r drugs, Matrix leaflet and follow up appointment.

- young people have attended follow up appointment
- 4 young people have attended for brief intervention work
- 4 have required tier 3 interventions and have engaged with the Matrix
- Of these one young person also required referral onto adolescent MH team from Matrix
- Parent support and information has been provided to 6 parents
- 4 young people were already open to the Matrix where interventions were adapted to manage current risk.

Hospital admissions are also monitored through ward twelve where ward staff contact Matrix for those young people who are admitted to the ward from A&E. Matrix referral is also included in the illegal substance use protocol 'Children who ingest illegal substances' which formalises the process.

Matrix have identified that it would be helpful to do further training with hospital staff and ward staff to increase awareness and appropriate responses to drug and alcohol related issues. They are currently exploring the possibility of including this training within the FHCT training programme as it is with the LSCB.

### 8.3 Profile of young people entering treatment

The figure below highlights the number of young people entering treatment between 2006 - 10. In 2010 this figure appears low as it states that there were 83 referrals into Young people's Substance Misuse services. The number of referrals for 2010 appears low as this represents quarter 1 & 2 only. Local data suggests there are currently a similar number of referrals to the previous year.

Using evidence below, the age which most referrals are made is:

- 17 years (24 referrals: a significant reduction from previous year)
- 16 years (21 referrals: a reduction from previous year)
- 15 years (16 referrals: a significant reduction from previous year)

This has changed from the previous year in that 15 year olds were the second highest referral.

In terms of gender split, more boys are being referred than girls which is a similar pattern to previous years) with the exception of 2007)

#### National Drug Treatment Monitoring System (NDTMS) South Tyneside

SEX	Year					Grand Total
	2006	2007	2008	2009	2010	
Female	1	6	34	75	31	147
Male	6	6	39	109	52	212
Grand Total	7	12	73	184	83	359

SEXAGE	Year					Grand Total
	2006	2007	2008	2009	2010	
11					2	2
12				3	2	5
13	4	3	7	14	6	34
14		3	17	21	9	50
15		3	16	45	16	80
16	3	3	21	32	21	80
17			8	59	24	91
18			4	10	3	17
Grand Total	7	12	73	184	83	359

**Figure 16:** Number of referrals

Matrix sees very few clients from ethnic minority backgrounds All young people accessing Matrix currently are White British and staff within Matrix acknowledged this gap, which is similar to other universal and targeted services. If additional funding were possible it may be worth considering additional staff with a specific remit to work with ethnic minorities. However, in line with current financial climate this is unlikely to happen therefore adequate

engagement with ethnic minorities should be discussed by the Alliance in relation to all tiers of children and young people's services.

With regard to geographical area of young people referred into Substance misuse Services, 'Riverside' has consistently been the highest over a 3 year period with males having the highest referral rate. Further analysis of this data shows males residing in 'Riverside' aged 17 years having the highest referrals with females aged 15 years. The second highest referral in terms of geographical area is East Shields, followed closely by Hebburn.

Over the same period, there is a significant increase in the number of 13 year olds referred into services with the greatest increase in females (13 males, 21 females).

#### 8.4 Injecting status

There are currently no young people attending Matrix who are injecting.

#### 8.5 Housing

Further information relating to the profile of young people entering treatment includes a breakdown of accommodation. While the majority of the 359 young people (from 2006 – 10) are living with a relative (248), the next highest cohort are looked after children living in care (39) followed by independent young people in settled accommodation (19).

While remaining numbers in alternative accommodation are low, they are at significant risk of substance misuse / risk taking behaviour and may have unmet needs.

### 9 **Young people in treatment.**

Figure 17 below shows that during 2009 – 10 there was a total of 199 young people entered into treatment which is a slight drop from 2008 – 09.

The average age of the clients accessing treatment is 15.4 years.

	2006-7	2007-8	2008-9	2009 - 10
<b>Total Referrals for drug and alcohol treatment</b>	<b>277</b>	<b>226</b>	<b>228 (149 at tier 3, 52 at tier 2)</b>	<b>233</b>
Entered into treatment	237	207	207	186
Appointments attended	1087	1192	1341	1440
Average age of clients	15.7	15.5	15.5	15.4
<b>Referrals for non user support</b>	<b>16</b>	<b>9</b>	<b>7</b>	<b>13</b>
Entered into treatment	12	9	5	11
Appointments attended	61	150	80	103
Average age of clients	13.1	13.6	13.7	13.7

**Fig 17** Matrix total caseload 2006 - 10

This information suggests that the roll out of the Matrix screening tool is beginning to have an effect on referrals from some, but not all universal services. If we consider the possible impact of prevention, early identification and swift referral to appropriate services there are 2 services which we must build on: education and screening for substance misuse. Both

educational settings and Youth services have a poor number of referrals yet they are the ideal settings where young people can be accessed, particularly the 15 year age group.

As previously state, Matrix provides a range of services. Care plans are completed for each young person with Matrix achieving 100% started within 2 weeks of treatment intervention date. For the purpose of NDTMS, data relating to the type of intervention is recorded and is reflected in table below

<b>Intervention</b>	<b>No of interventions</b>	<b>Percentage</b>
YP Psychological intervention	96	61%
YP Harm reduction service	55	35%
YP Family work	6	4%
YP Specialist pharmacological intervention	-	-
YP access to residential services	-	-

**Figure 18:** Types of intervention

It is worth noting that young people may receive more than one intervention according to individual need.

The length of time in treatment varies in accordance to individual need and substance used. Table 19 demonstrates the length of time young people remain in treatment in weeks.

<b>Length of time in treatment (weeks)</b>				
	No. discharged	Average time in treatment	Shortest time in treatment	Longest time in treatment
Opiates / Crack	0	-	-	-
Other Stimulants	2	58.00	14	102
Cannabis	30	35.30	2	217
Alcohol	20	23.95	3	86
Other	0	-	-	-

**Table 19:** Length of time in treatment

### 10.1 Exiting treatment

It is essential to ensure the young person remains in treatment until they are ready to leave in a planned way which will enable them to lead a healthy lifestyle. Data below shows the vast majority of young people were referred back to referrer who had made the initial referral.

There are a number of protocols in place within Matrix for young people to be referred to other services as appropriate. Clients are regularly referred in to other services prior to discharge as part of the care plan. The Matrix service would continue to work with them during this time but this would not show up on NDTMS which is based on referrals at discharge. It must also be recognised that lack of onward referrals may simply reflect the short term nature of young people's treatment needs compared to adults.

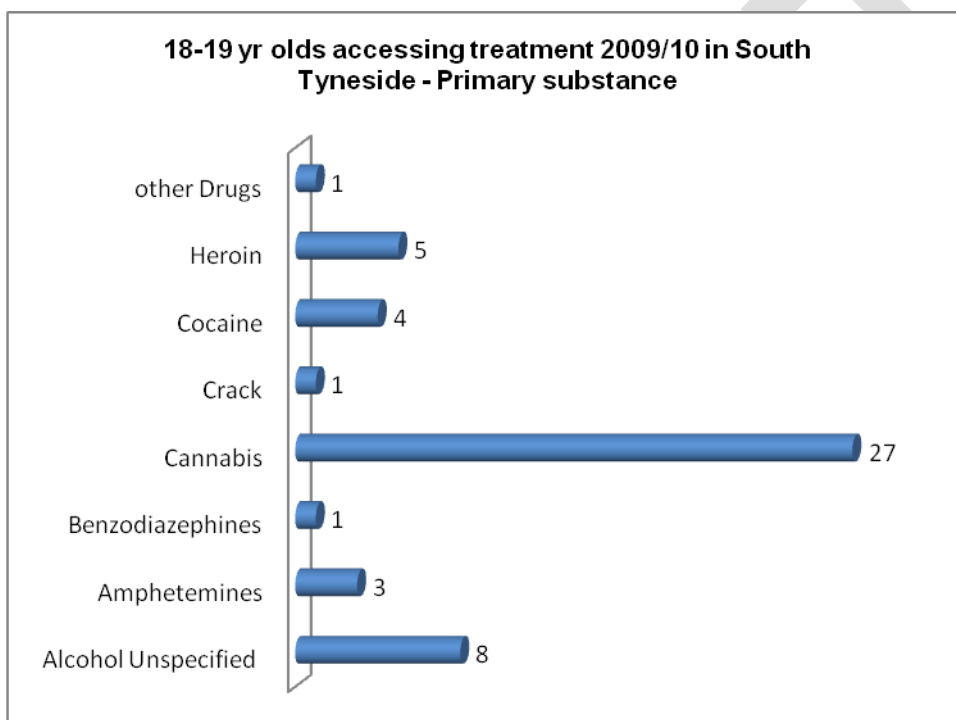
Quarter 3 data from NDTMS shows that the vast majority of referrals made back to the initial referrer e.g. Children's Services. A small number of other referrals were made to Generic Children's Services, Targeted Youth Support, Lead Professional, Children's Mental Health, Accommodation services, no onward referral and no referral required.

In addition to substance misuse intervention and treatment, at the point of discharge Matrix services provided CAF, Sexual Health and GP registration interventions.

### 10.1 Young adults In South Tyneside Accessing Adult Services

Last year, 68% (n34, 18-19 year olds) of the 50 young adults entering into Adult Treatment services are doing so without previously being treated. The main drug used at this time was Cannabis (27) followed by alcohol unspecified (8) and then Heroin (5). This raises two areas of concern:

- 3 How this significant number of young adults have not been identified and referred into young people's services previously.
- 4 We are now starting to see Heroin use which has not been identified as an issue previously.



**Figure 20:** Number 18 – 19year olds accessing treatment.

Referral sources: 41 out of this group of young adults came from Arrest Referral or the Criminal Justice system, only 3 came for another Drug service

Demographics: Demographics of this group is predominantly male (84%, n42), 16% Female

Parental status/Children: In terms of parental status, 5 stated that their children didn't live with them, 3 stated that children lived with another family member and 1 stated that their child was in care.

## 11 Part 3: Meeting the needs of young people outside treatment services

### 11.1 Hidden Harm

It needs to be acknowledged that many children and young people and their needs are hidden from services therefore part of the partnerships work within South Tyneside will be to improve the understanding and accuracy of these figures.

It is estimated nationally that there is an average of one child for every problem drug user. In South Tyneside the most recent estimates show that there are between 620 (95% lower confidence interval) and 916 (95% higher confidence interval) giving us a “smoothed “ median figure of 752. We can therefore broadly assume that from these statistics generated by Glasgow University that there are a similar number of children affected.

A slightly more detailed estimate of the total number of children affected in the South Tyneside Local Authority area can be achieved through an analysis of population figures. The Office for National Statistics report illustrates that there are a total of 38,574 children (under19) in South Tyneside. Using the Hidden Harm prevalence estimates of 2-3% of all children being affected by parental substance misuse the following table provides a breakdown for South Tyneside by age of children:-

#### **Total Children affected in South Tyneside by Substance Misuse\***

	<b>Under 10 yrs</b>	<b>10-16 yrs</b>	<b>Under 16 yrs</b>	<b>16-18 yrs</b>	<b>Under 18yrs</b>
<b>Low estimate – 2%</b>	363	258	621	79	700
<b>High estimate – 3%</b>	544	387	931	118	1050

**\* Data estimated from Office of National Statistics and the Hidden Harm prevalence**

The Institute of Alcohol Studies estimate that there are one million children living with a parent whose drinking has reached a harmful level. These figures localised for South Tyneside suggest that the following number of children are implicated locally:-

#### **Total children implicated in South Tyneside by Problem drinking**

	<b>Under 10 yrs</b>	<b>10-16yrs</b>	<b>Under 16 yrs</b>	<b>16 – 18yrs</b>	<b>Under 18 yrs</b>
<b>Estimate 10%</b>	1815	1290	3105	395	3499

PLEASE NOTE: The figures from the above tables can not simply be added together to achieve a total number of children affected by drug and alcohol use as there would be significant double counting of those with combined drug and alcohol problems.

- ❑ 617 adult services users who accessed drug and alcohol treatment in 2007/2008 have children
- ❑ 35 clients who accessed services in 2007/2008 were pregnant
  - 17 between age 20-30
  - 9 between age 18-21
  - 5 between age 30-40
  - 4 between age 41-59
  - 4 were dual diagnosis (substance misuse / mental ill health)
  - 7 have previously/are currently injecting
  - High proportion of self referrals



## 11.2 Targeted services

The programme of work of the two prevention workers based within Matrix is to target those young people most at risk of exclusion. The Alliance needs to ensure that every school automatically screens all such young people for possible substance abuse problems and refers those who need help to the Matrix Service for assessment. There is an opportunity within the schools improvement programme for the Alliance to raise the profile of this work within the Safeguarding agenda and to ensure that schools carry out their responsibility to deliver substance misuse advice and support to pupils and programmes of work as part of their PSHE curriculum.

## 11.3 Those excluded from school and truanters

Matrix makes contact with this group through their two prevention workers. They work into Alternative Education Provision and main stream schools. Matrix currently encourage the service involvement in pastoral plans to help reduce exclusion rates supporting young people as part of a pastoral plan

The Alliance needs to ensure that every school automatically screens all young people at risk of exclusion and persistent absentees for possible substance abuse problems and refers those who need help to the Matrix Service for assessment. This should be part of every schools policy on substance misuse. The prevention workers have supported schools in this regard but at present there is no consistency across the LEA.

## 11.4 Homeless

The Needs Assessment noted that there were few young people presenting as homeless to the Matrix Service although there was evidence from children's services that there is a number of young people in the Borough who are either homeless or of no fixed abode (including 'sofa surfing'). There is a strong commitment to prioritise responses to the needs of this vulnerable group in the Supporting People Commissioning and Procurement Strategy 2008.

## 11.5 Those involved in commercial sex work

The Needs Assessment 2010/11 contained no information around this vulnerable group and there are no specialist services for this group in South Tyneside. This does not necessarily mean that there are no under 18's involved in sex work. Matrix is involved in the sexual exploitation agenda by sitting on the groups and work close with SCARPA, with clear referral pathways. Due to the significant links between exploitation and substance misuse the Matrix include assessment of exploitation as part of the specialist assessment

This area will be further explored in 2011 – 12 and will be included in HNA 2012.

## 11.6 Those with behavioural, mental health or social problems

This is a disparate vulnerable group and Matrix already has protocols and pathways with most of the targeted services that see them.

### 11.7 Volatile substances and steroid use among young people.

At the time of writing this report there was limited time available to explore volatile substance misuse and steroid use among young people. It is therefore recommended that this area be explored in detail over 2011 – 12 to enable a baseline to be set

### 11.8 Media Campaigns and Advertising.

Over the past year Matrix has been involved in a number of health promotion events which include Alcohol Awareness week and Sexual Health week. Much of the advertising of Matrix Service appears to be 'word of mouth', some posters can be seen in some youth settings although this appears to be quite patchy.

The links with sexual health and antisocial behaviour have already been identified and it is therefore recommended that a cohesive annual media and communication plan is developed.

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### **13 Discussion and recommendations.**

This purpose of this HNA is to identify the needs of young people in South Tyneside who access Young People Substance Misuse Services. It is clear that a problem relating to substance misuse / alcohol exists and a robust multi agency approach is essential to address this. The views of young people are important in developing services and programmes, therefore their views have been included in this assessment.

Both the Tellus Survey and Health Related Behaviour questionnaires, which were completed by young people, shows that young people are drinking alcohol and trying drugs at a young age. The recently completed Social norms project in South Shields Community School has also demonstrated interesting results with regard to alcohol consumption. While on average 89% of young people chose to drink non alcoholic drinks in their spare time, 82% chose to drink alcohol indoors with 18% drinking alcohol outdoors.

While many young people have stated within the Tellus Survey that they have received substance misuse education (86%) it is worth noting that this was completed a few years ago. During a recent Risk and Resilience Education Audit (2010) young people were asked their view on substance misuse education and the response was that they would like also information relating to self esteem positive relationships and negotiation skills. Many of the young people taking part felt that if this was improved it would have a positive impact on the likelihood of them engaging in risk taking behaviour, which also includes unprotected sex and / or non compliance contraceptive use.

**Recommendation – deliver ‘ONE LIFE’ Education resources to young people in both Universal and targeted settings. Use of local data must be used to ensure young people at greater risk of risk taking behaviour are prioritised.**

In addition to this, all comments and views included within this report are from young people in mainstream education. There is a significant gap in views from young people once they have left school. In order to assess local unmet need further reviews are recommended with young people accessing College and those who are harder to reach e.g LAC

**Recommendation – carry out Audits in College and settings which include young people who are most vulnerable’ to assess local need.**

This report has also shown the strong overlaps between substance misuse, sexual health and anti social behaviour. This includes identifying wards of increased deprivation where there is a greater likelihood to engage in risk taking behaviour. In light of this South Tyneside has moved to a Risk and Resilience approach which includes teenage pregnancy, substance misuse and emotional health and wellbeing. The main focus of this model is prevention, early identification and swift referral to appropriate services. This year the membership of the groups will be reviewed and robust performance indicators will be identified. In addition to this, the R&R data set will be updated.

**Recommendation – Update R&R data set and monitor quarterly.**

While some R&R education has been delivered in both universal and targeted settings, this has not been consistent across all young people’s services. Matrix service no longer has the capacity to deliver programme in Universal settings (schools. youth clubs). It appears that young people who are at greater risk of engaging in substance misuse receive very little education regarding this, which is a significant gap. It is essential that all staff working with young people in a range of settings receive robust training to deliver R&R education programmes. Furthermore it is proposed that specialist trained staff prioritise their work to

enable young people who are more vulnerable receive specialist support (as identified within report) and education programmes in accordance to their need.

**Recommendation – All frontline staff receive level 1 R&R training to enable them to deliver R&R education in their setting.**

**Recommendation – Implement a Risk and resilience Team of specialist staff who are dual trained in substance misuse and sexual health. Specialist staff prioritise work for young people at greater risk.**

The R&R model has been highlighted in this report and work is taking place to ensure this is embedded across young people's services. This will deliver an approach based on prevention and early identification and based on the young person's individual needs. A joint action plan will once again be developed to reflect key priorities and local performance indicators.

**Recommendation – Develop R&R action plan with clear priorities and performance indicators.**

The data presented highlights that the most common substance used for young males is Cannabis with the most common age group being 17 years. In contrast alcohol is the highest substance misused by girls aged 15 years. With regard to second drug use, those whose main drug was Cannabis were more likely to drink alcohol (n41) than any other substance. This information reinforces the need for robust educational programmes to be delivered to young people.

The North East Big Drink Debate has highlighted that under age drinking is the leading social concern, which is broadly in line with local findings. In addition to this, young people were asked about risks with alcohol use within the social norms programme delivered in South Shields Community School. Findings of this were alarming in that:

- 19 (4.3%) young people had been admitted to hospital as a result of alcohol use
- 60 (13.6%) young people had been involved with the police as a result of alcohol
- 9 (2%) young people were a victim of crime
- 59 (13.3%) young people had been involved in a physical fight as a result of alcohol use
- 80 (18.1%) young people had had an accident or been injured

Local Police are working with key partners in addressing antisocial behaviour across the Borough and operation Safe Stop is a key element of this.

A clear need has been identified regarding substance misuse training across a range of services. A 3 tiered programme will be developed to ensure appropriate training is provided in accordance to level of need and local priorities. This must be in line with LA workforce development plan which includes child protection training and Matrix Screening toolkit.

**Recommendation – Develop and deliver a 3 tiered workforce development plan in line with LA plans**

Despite a decline in admissions to hospital from 2007 – 8 to 2008 – 09, there was a marked increase during 2009 – 10 of 16 admissions. During this 3 year period the most common reason for admission was poisoning by 4-Aminophenol derivatives e.g. Paracetamol. This was closely followed by anti allergic and antiemetic drugs. Further more the age which young people are being admitted for substance related issues is low (12 years with young people aged 15 mostly admitted. Further exploration is to the reasons for this is recommended

## **Recommendation – Carry out Audit regarding reasons for hospital admissions**

### **Youth Offending and Crime.**

There is clear evidence locally that there are a number of offences committed in the community which are alcohol / drug related. South Tyneside continues to make good progress in addressing this with a robust partnership approach. Local data demonstrates the 'hotspot' areas across the Borough and this is similar to areas of high substance misuse and under 18 conceptions. This needs further exploration to ensure those areas are targeted effectively with education programmes, and training for staff. It is interesting to note however that although there are strong links with alcohol and crime, the numbers of referrals from agencies where such young people are accessed are low. This is a missed opportunity for young people with an already identified need.

## **Recommendation – Provide training which includes Matrix screening toolkit to staff working with harder to reach young people.**

While Drugs is identified as an offence by young people, the number of those receiving a substantive outcome is relatively low. However on further analysis the top three offences the top three offence types for young offenders are public order, theft and handling and violence against a person, all of which may be associated with alcohol / substance misuse. South Tyneside are making steady progress in addressing this. Alcohol continues to be a major factor in crime and anti social behaviour and while total crime reduced by 17%, alcohol related crime only reduced by 12%. Alcohol is attributed to be involved in 43% of crime.

A number of additional partnership initiatives are delivered across the Borough which includes Tyne and Wear Rescue Service and Operation Stay Safe. The impact of Operation Stay Safe is evident in relation to protecting young people from the risk of harm of being a victim of crime or from offending. Latest figures reveal a 24% reduction in 'youngster's bad behaviour' on Friday and Saturday nights between April 2010 and Oct 2010 from the same period in the previous year. During this period, 163 youngsters were taken into police protection and 492 containers of alcohol were seized. However, at the time of writing this report, it was unclear as to how many Screening Toolkits were completed or referrals were made to Matrix.

## **Recommendation – Provide Matrix Screening Toolkit training to staff and monitor referrals made from Operation Safe Stop to Matrix.**

Furthermore, funding for Operation Stay Safe may be at risk due to competing funding priorities. Due to the success of this initiative in terms of impact, it is recommended that continued funding should be provided.

## **Recommendation – agree funding for the continuance of Operation Stay Safe**

### **Entering treatment**

Matrix is the sole provider for prevention and treatment services in South Tyneside. The majority of young people accessing Matrix is for alcohol and / or Cannabis issues with alcohol being most common for females and cannabis for males. The demand for pharmacological interventions is low and there is currently no evidence of injecting status among young people under 18 years. However, when reviewing evidence from adult services, there are five 18 year olds attending for Heroin use. It is unclear how long those people have used Heroin or why they have not been identified previously.

Referrals into Matrix continue to be low as was previous year. It is unlikely that this is due to a reduction in substance misuse by young people but more likely to be related to non use of the screening toolkit and lack of early identification of need. This is relevant across all services but particularly in services where young people who are more vulnerable access. This is a missed opportunity for early intervention programmes and needs to be addressed.

**Recommendation – provide substance misuse training to frontline staff (which includes the screening toolkit)**

The Nurse led Matrix Clinic delivered in A&E is proving to be a success with 61 referral slips received. Further training with A&E and ward staff relating to awareness and appropriate response to drug / alcohol related issues has already been identified as a need

**Recommendation – provide training re appropriate response to drug / alcohol related issues to A&E and Ward staff.**

It is expected the number of referrals for 2010 will be similar to previous year and all young people attending are White British. Matrix acknowledges there may be a gap in accessing young people from ethnic minority backgrounds. However it is unlikely that additional funding would be available for additional staff due to current financial climate.

**Young people in and exiting treatment.**

There was a total of 199 young people referred to Matrix during 2009 – 10 which is a slight decrease from previous year. The average age of the young people were 15.4 years, with cannabis being the most common drug for males and alcohol for females.

Further analysis of young people in treatment is recommended to identify whether earlier identification could have been possible. Depending on findings, specific services may require additional training.

**Recommendation – Audit health profile of young people accessing Matrix to determine whether earlier identification relating to risk factors is possible.**

Matrix continues to provide a range of services for young people which include a robust holistic care package. This can include psychological interventions, harm reduction and family work.

The vast majority of young people referred to matrix were referred back to the original referrer on exiting treatment. It is worth noting that only a small number of referrals were made back to targeted settings where additional support may be provided.

In addition to this, a number of 18 – 19 year olds entering adult treatment are doing so without previously being treated. It is also the first time Heroin use has been noted in 5 of the 50 young people attending. Further exploration of the reasons how these young people have not been previously identified needs exploring.

**Recommendation – Explore reasons for non referral in young people aged 18 – 19 years who have entered adult services without prior treatment.**

## Hidden Harm

There are number of settings identified within this report where data has not been provided due to time constraints and limited data available. Over 2011 – 12 this will be addressed through the development of a R&R data set. This will give South Tyneside a robust picture of the needs of young people residing in the Borough.

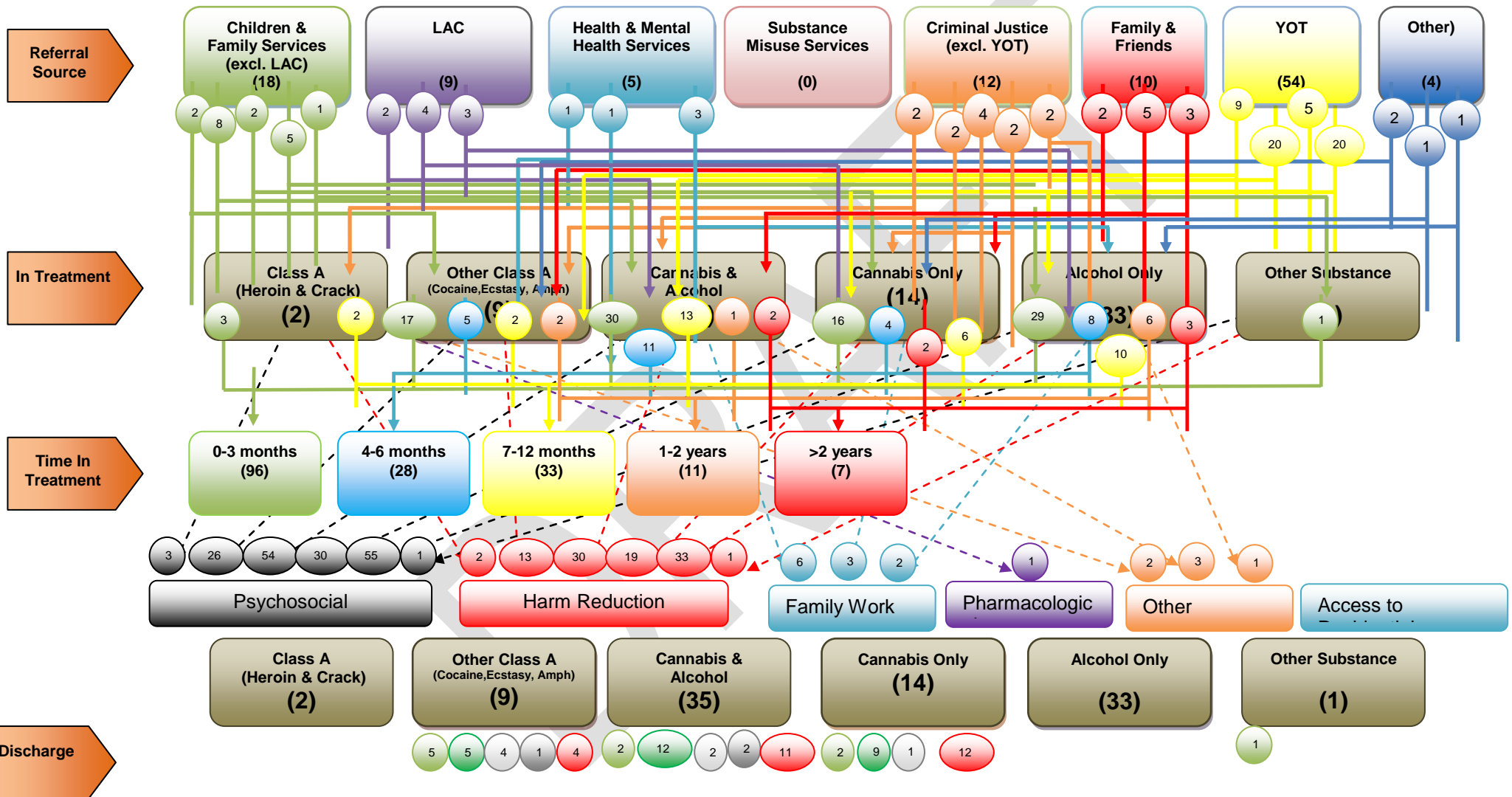
**Recommendation – Complete an R&R Data set for South Tyneside which includes Substance misuse, teenage pregnancy and other risk taking behaviour.**

**Establish baseline for steroid and volatile substance misuse among young people in South Tyneside.**

It is clear that young people need access to age appropriate information relating to risk taking behaviour which includes substance misuse, alcohol, sexual health, teenage pregnancy and anti social behaviour. Over the past couple of years, promotion work in relation to developing and supporting events has been limited due to capacity. It is recommended that this be built on in 2011 – 12.

Recommendation – develop a proactive Media programme for South Tyneside which supports key health promotion events e.g. Alcohol Awareness week, Sexual Health week.

South Tyneside Young People Treatment Map 2010

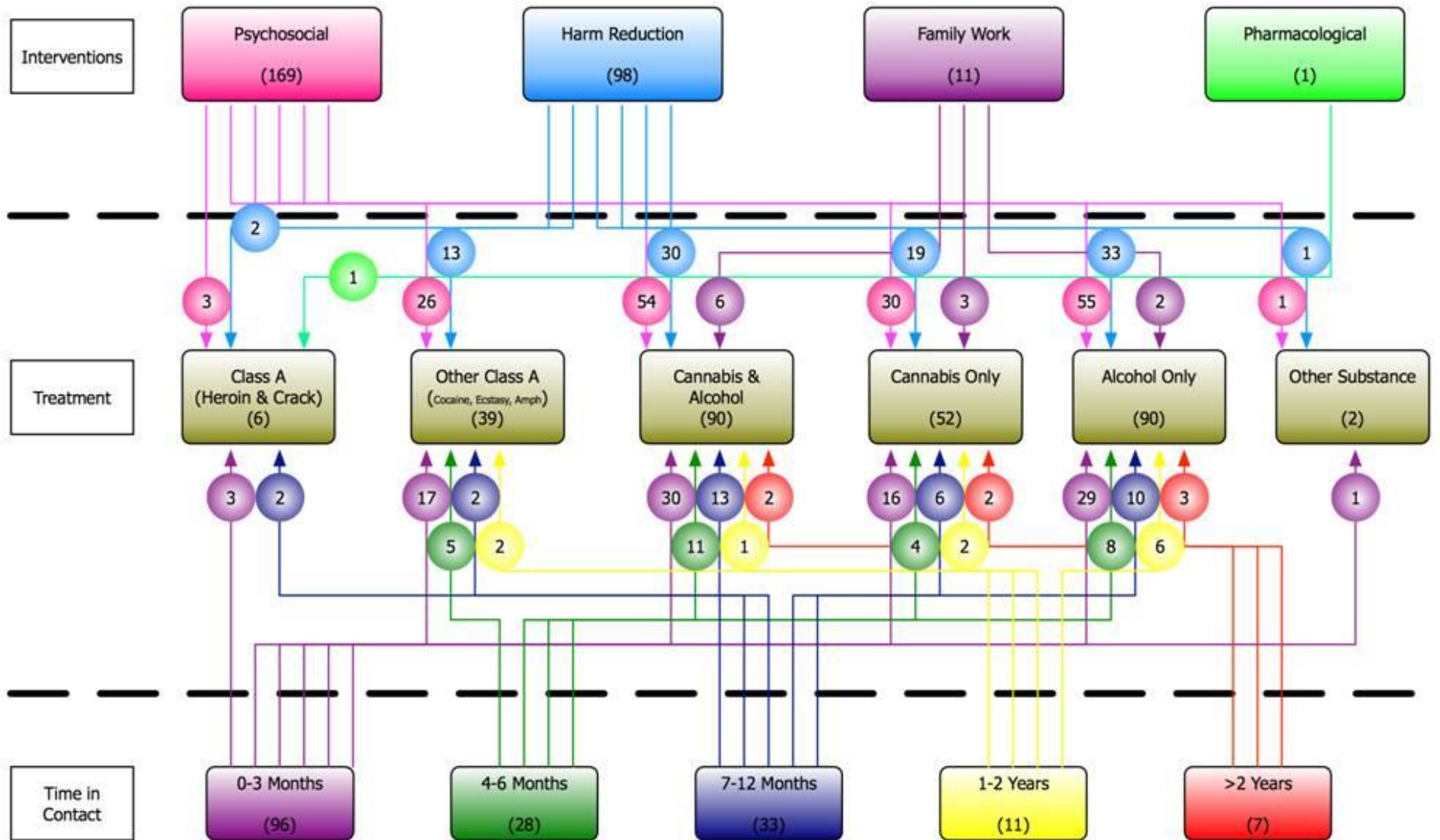


Elizabeth Chalk Substance Misuse Health Needs Assessment 2011





South Tyneside Young People Treatment Map 2010



## **Appendix 1: Progress update on treatment plans 2010 - 11**

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## Appendix 1: Referral Routes:

**Recommendation 1** - Investigate in the forthcoming review the lack of referrals from health services into specialist substance misuse services.

**Progress:** Completed via Matrix review 2010. With regard to referrals from health services the conclusion was that they are not being identifying young people with a drug problem and therefore the question of referral does not arise. CAHMS stated that they deal with substance misuse problems in house rather than refer to Matrix. The report stated that young people were happy with this arrangement.

**Recommendation** To increase the number of health referrals, the partnership should consider running a workshop for health practitioners on substance misuse issues affecting young people, the screening and referral process and brief interventions.

**Progress:** While some training has been provided to health staff, there have been limitations in number of sessions provided. This includes strategic influence to ensure staff are given protected time and embedding Matrix Screening tool in their setting and funding for training. Training to date includes:

- Matrix re-visited A&E working protocol to ensure effectiveness
- GP team meetings arranged to promote services available from Matrix

**Recommendation for 2011 – 12** – provide structured risk and resilience (which includes substance misuse), training programme to services across the Borough

**Recommendation 3** - There is a need to continue to penetrate universal services, to encourage use of the screening tool amongst professionals, as well as target potential service users/ parent /carers with the same

**Progress:** Use of Screening toolkit has been patchy across a range of services. It is essential to embed this across all young peoples settings and training is to be provided accordingly. To date progress as follows:

- Screening Tool training now part of LSCB training programme
- Ongoing training with universal services including Youth Service and Connexions

**Recommendation for 2011 – 12** – Deliver structured training programme to staff in a range of setting (priority to services who work with young people who have more than 1 risk factor

**Recommendation 4** - Although low in number the partnership should investigate the 'other' referral source to gain as complete a referral picture as possible

**Progress:** This is no longer a recommendation as the database has changed and 'other' is not an option

## Gender

**Recommendation 5** - Further efforts are needed to improve referral pathways with CAMHS, to help identify a further female population of potential drug users

**Progress:** Working protocols are established with CAMHS (unclear of the recommendation relating to identification of further female population of potential drug users).

## ETHNICITY

**Recommendation 6** - To investigate the ethnic origin of "other" in future recording of information

**Progress:** Due to change in data base, the need to investigate ethnic origin of 'other' is no longer applicable.

**Recommendation 7** - Universal services should aim to identify young people from the BME community who may need substance misuse interventions

**Progress:** Universal services aim to identify any young person in the community with substance related need which includes BME population.

**Recommendation 8** - Undertake some targeted work with BME communities to explore prevalence of young people's substance misuse.

**Progress:** Most young people from the BME community attends mainstream school and therefore some needs will be met in this setting However limited resources available around the prevention agenda it may result in some unmet need.

## SUBSTANCE USE OF REFERRALS

**Recommendation 9** - Work to penetrate the potential unmet need re opiate users. Even if this need in the population is small, it is clearly a high risk group

**Progress:** For the past 2 years the Matrix have had no Opiate users with very low numbers across the region. While there may be young people who may not access services but the evidence in terms of inquisitive crime and non users coming through the Youth Offending Service suggests otherwise.

## INJECTING STATUS ON REFERRAL

**Recommendation 10** - To focus on the promotion of substitute prescribing and harm minimisation for injecting drug users

**Progress:** As yet South Tyneside has not identified a need for this provision however it acknowledges a need to have this system in place. Plans were in progress however this is currently on hold due to Consultant Paediatrician leaving post.

#### AGE: REFERRALS

**Recommendation 11** - The Health Related Behaviour Questionnaire suggests that the average age of first use is 13 years, which indicates that some young people may have a drug career of over four years before being referred into treatment. The Partnership should therefore continue to focus efforts on prevention and early identification measures to address unmet need

**Progress:** Focus on prevention and early intervention is a key aspect of services delivered to young people across The Borough. , Matrix provides targeted work with vulnerable groups including YOS, alternative education. Training is also provided to young people's workers across universal services to support practitioners to identify substance related need earlier with hope of early identification and provide appropriate responses at tier 2

**Recommendation 12** - It will be interesting to explore reasons for why 16 year olds are so much more likely to engage in treatment, and whether the Matrix service can be made more attractive to the younger potential clients

**Progress:** universal services are meeting need more complex young people present later meeting tier 3 criteria

**Recommendation 13** - Explore reasons for why 18 year olds are no longer engaging in treatment

**Progress:** Matrix no longer accepts referrals for 18 year olds who would be referred to adult services. Therefore this recommendation is not applicable.

#### ONWARD REFERRAL

**Recommendation 14** - Examine the reasons for the lack of recorded outward referrals to other services, including adult substance misuse services. Efforts should also be made to improve transitional arrangements into adult services and/or ensure that these cases are recorded for monitoring purposes

**Progress:** Recording processes have been amended to record outward referrals for some time and robust transition arrangements are in place with adult services

#### TREATMENT / DISCHARGE / EXITS

**Recommendation 15** - Given that South Tyneside has a higher number of unplanned exits than the regional average, further work may be needed on exit strategies

**Progress:** This is not an issue, South Tyneside no longer has a high number of unplanned exits

### ESTIMATE PREVALENCE IN VULNERABLE GROUPS

**Recommendation 16** - To carry out research to investigate the issue of unmet need in relation to Class A drug use and seek to improve penetration rates via outreach activity

**Progress:** There is no evidence to support Class A drug use, research has been undertaken by adult services with little evidence of those under 18 using

### Hidden Harm

**Recommendation 17** - To continue to build on the work of the Safer Parenting group which has now been established as a sub group and integrated into the reporting mechanisms of South Tyneside Safeguarding Children Board

**Progress:** This is included in the adults needs assessment it is not for the young people's needs assessment as the hidden harm is regarding parental use

**Recommendation 18** - To develop the safeguarding parent strategy ensuring that all partners are fully supportive and that any commissioning recommendations are passed to the Children's trust for consideration

**Progress:** This is included in the adults, it is not for the young people's needs assessment

**Recommendation 19** - Continue roll out of Hidden Harm Training including the use of the pre CAF assessment checklist with adult providers and via local Safeguarding Board Training sub group representation. Ensure roll out to the wider universal services and that monitoring processes are in place for those services outside of the DAAT performance monitoring framework

**Progress:** This is included in the adults, it is not for the young people's needs assessment

### NEET

**Recommendation 20** - Of this vulnerable group those identified as NEET from ConneXions (NEET) are still not reflected in the numbers of those referred into treatment. This area needs further investigation, including a review of training, screening and referral pathway

**Progress:** This is a valid recommendation training ongoing

**Recommendation 2011 – 12:** To identify reasons for non referral to Matrix by ConneXions and provide training accordingly.

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## SURE START PLUS SERVICE RESPONSE

**Recommendation 21** - Further investigation to identify more accurately the role that alcohol is playing in the increase in teenage pregnancies

**Progress:** Young people audits carried out in 2010 – 11 regarding sexual health and alcohol. Significant National and regional evidence to support links.

**Recommendation 22** - Alcohol brief intervention training needs to be rolled out to the wider young peoples services to act as an early intervention for alcohol misuse

**Progress:** Some brief intervention work has been provided in the training delivered this year, however Matrix has not had the capacity to deliver as much as they would like. Matrix would like to develop a brief intervention pack for universal services to use if capacity was increased.

## LOOKED AFTER CHILDREN SERVICE RESPONSE

**Recommendation 23** - The Matrix Service to investigate the accuracy of LAC statistical information concerning young people with a substance misuse issue

**Progress:** Although it appears that LAC numbers access Matrix in South Tyneside are high, this is due to the working protocol that is in place were Matrix assess all LAC young people in Children's homes

**Recommendation 24** - To ensure that the Matrix Screening tool is rolled out to all LAC via the Matrix service

**Progress :** Completed, additional training needs to be built on within the R&R model and R&R tiered training programme.

**Recommendation 25** - To formalise the referral process with a written referral protocol, (including regional protocol) and strengthen SLAs with Independent Fostering Agencies to ensure that substance misuse interventions /treatments are accessible to all looked After Children living away from home

**Progress:** SLA'S with independent fostering services would not be the responsibility of Matrix, however training and referral information is provided to all foster carers both in and out of borough



<b>CAHMS</b>
<b>Recommendation 26-</b> To formalise the referral pathway through a written referral protocol
<b>Progress:</b> Working referral pathways now in place awaiting changes to CAHMS structure and re tendering before formalised
<b>Recommendation 27 -</b> To formalise the referral pathway through a written referral protocol
<b>Progress:</b> Working referral pathways now in place awaiting changes to CAHMS structure and re tendering before formalised
<b>Recommendation 28 -</b> To include CAMHS services in the roll out of the Matrix screening tool
<b>Progress:</b> Completed: to continue 2011 - 12
<b>Recommendation 29 -</b> To provide training on awareness of different drugs / signs and symptoms to CAMHS workers
<b>Progress:</b> Completed: training to be continued 2011 - 12
<b>MATRIX SERVICE USER RESPONSE</b>
<b>Recommendations 30 -</b> To review and evaluate the effectiveness of current substance misuse education programmes and consider incorporating the above approaches across different settings, targeting vulnerable groups.
<b>Progress:</b> Completed: R&R Education action plan has been developed with clear objectives relating to delivering universal and targeted R&R Education programmes.
<b>HEALTH RELATED BEHAVIOUR QUESTIONNAIRE</b>
<b>Recommendation 31 -</b> The HRBQ data although useful needs to be updated in view of the research planned for the Borough looking at Social Norms
<b>Progress:</b> The HRBQ was last completed in ... and was not continued due to funding issues. However a recent proposal to secure funding for continuation of Healthy Schools has been agreed for 6 months by PCT. Within this plan is for the 'adapted' HRBQ to be completed.
<b>Recommendation 32 -</b> The HRBQ data covers seven secondary schools in South Tyneside representing a Borough wide picture of substance misuse. It is

necessary to explore further the geographical spread of substance misuse by looking at the data on a school by school basis. This will ensure that outreach services are targeted in the appropriate areas and that any prevention and education work planned for schools is appropriately delivered

**Progress:** As above

**Recommendation for 1011 – 12:** carry out HRBQ within secondary schools across South Tyneside

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## Appendix 1 – Data sources

- National Drug Treatment Monitoring System (NDTMS) - data used to obtain information relating to referral, treatment and outcomes.
- British Crime Survey – annual household survey which asks people about crime and use of illegal drugs.
- Tells Us Survey and Health Related Behaviour Questionnaire 2005/06 – a health analysis for young people in years 4, 6, 8 & 10 (year 10 has a stronger focus on substance use)
- Census information – for data relating to population etc.
- Agency information on vulnerable groups, including service perspectives.
- Locally held data – PCT for Ambulance call out data for drug/alcohol related events, A&E attendance data for drugs/alcohol, hospital episode statistics for drug and alcohol admissions
- Partner information – Matrix, YOS, Education, Healthy Schools Team, LA
- ONS – Under 18 conception data
- Substance misuse service user perspective
- Views from referral agencies
- Information on progress against 2010 - 2011 actions provided by Matrix Provider and Adult Substance Misuse Commissioner.