

DRUGS AND ALCOHOL USE IN EALING

YOUNG PEOPLE

JUNE 2019

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INTRODUCTION

Adolescence is a life course stage characterised by considerable biological (hormonal and neuronal) changes, in addition to social role transitions, including progression through education and first employment. Adolescence represents a broad group including school aged children, teenagers and young adults (10-24 years, although the upper and lower limits are often arbitrary).

Due to the rapid brain changes and the susceptibility to their social environment (particularly peer influences), there is a **propensity for exploratory risk-taking behaviour, including use of drugs and alcohol**. The pattern of use in adolescence is typically sporadic, often experimental and opportunistic. As adulthood approaches, an increasing number of young people have income from employment and increased independence in the ways in which they spend their time. Some people begin to use drugs and alcohol more frequently than before. A small number of young people progress to regular use and a subset of these develop dependent use.

However, while risk taking behaviour in adolescence can be considered a normal part of development, there is concern about the **neurobiological vulnerability of adolescents to the adverse effects of regular drug and alcohol use on cognitive and emotional development**. Substances impact on physical health also, including sleep and liver disease. Substance misuse often co-occur with, and complicate the course of, common mental health problems that emerge in adolescence. Using drugs and alcohol during times of key psychosocial transitions (e.g. completing education, transition to employment, forming sexual relationships, transitioning to marriage and parenthood) is of concern to the extent that it might impair these transitions. In the short term, drugs and alcohol impair young people's judgements, leading them vulnerable to risky situations.

It should be noted that there is a **higher prevalence of problematic drug and alcohol use amongst vulnerable groups of young people**, including those with co-existing mental health problems, with safeguarding needs (e.g. Looked After Children), those Not in Employment, Education or Training (NEET) and amongst young offenders. These young people remain vulnerable to risk-taking who may be putting themselves at risk through engaging in multiple risk behaviours. The more risk factors young people have, the more likely they are to misuse substances. Risk factors include Adverse Childhood Experiences (such as experiencing abuse and neglect, or parenting substance misuse), truanting from school, offending, early sexual activity and antisocial behaviour.

Given that young people are at a different stage of life to the adult population, **the focus of response to substance use is on prevention, early intervention and reduction of harms in those who have begun to use substances rather than intensive treatment of dependent users**. Indeed, most young people using substances, even heavy use, do not yet have established drug dependence (particularly in the teenage years).

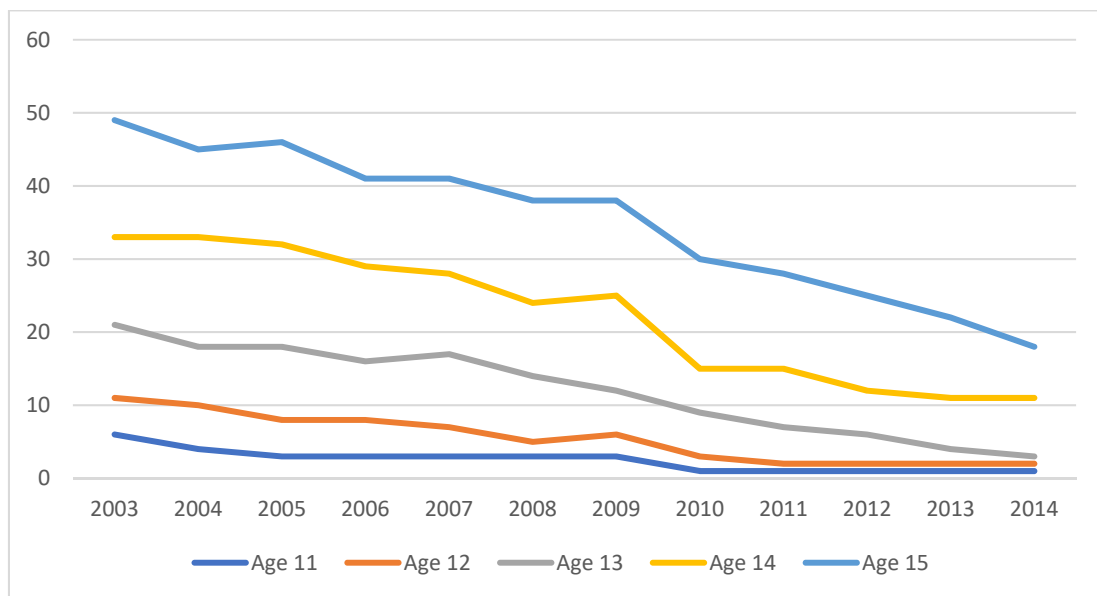
Evidence [summarised by the United Nations Office on Drugs and Crime \(UNODC\)](#) shows that **physical and mental wellbeing, and good social relationships and support are all protective factors**. Important predictors of wellbeing are positive family relationships, a sense of belonging at school and in local communities. Other factors include good relationships with adults outside the home, and positive activities and hobbies.

LEVEL OF NEED IN EALING

PREVALENCE OF DRUG AND ALCOHOL USE AMONG YOUNG PEOPLE IN EALING

There has been a national decline in the prevalence of drug and alcohol use amongst young people in England. The ‘Smoking, Drinking and Drug Use’ surveys of 11-15 year olds in England have demonstrated that the proportions of young people who drink alcohol have been falling (Figure 1). This graph also depicts how the prevalence of alcohol use rises with age.

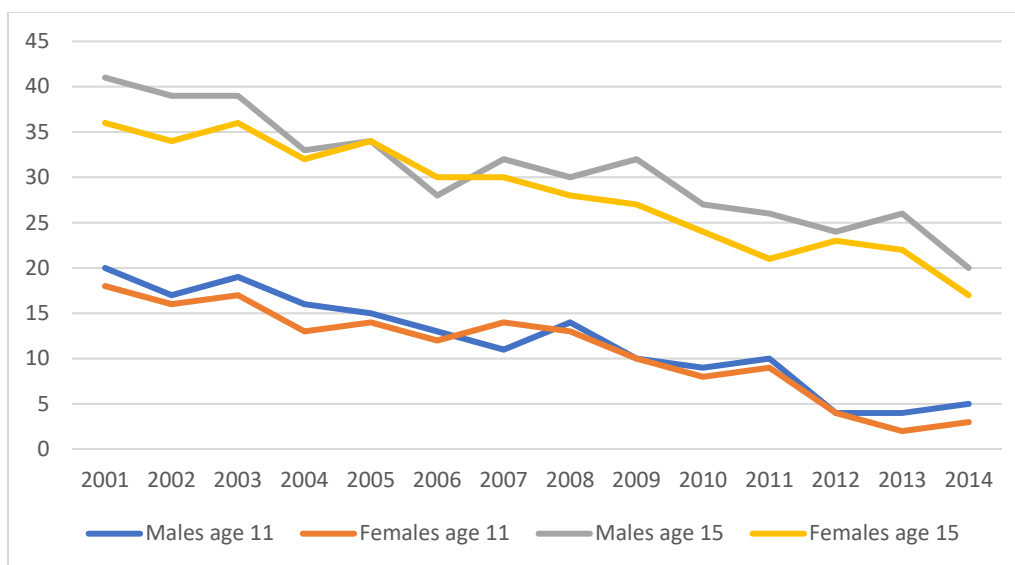
Figure 1: Prevalence of drinking alcohol in the last week, by age, England 2003-2014



HSCIC (2015), Smoking, Drinking and Drug Use Among Young People in England in 2014

There has been a similar downward trend in the proportion of young people who had reported using illegal substances since 2001 (figure 2). This figure also illustrates the same relationship with age as seen for alcohol, with an increase from the younger to older teens.

Figure 2: Proportion of pupils who had used illegal drugs in the last year, by age and gender, England, 2001-2014



HSCIC (2015), Smoking, Drinking and Drug Use Among Young People in England in 2014

The ‘What About Youth’ (WAY) survey in 2015 gives us the best local prevalence data for adolescent drug and alcohol use.

- 40% of 15 year olds in Ealing report ever having a drink, 7% have been drunk in the last month, and 2% report drinking regularly.
- 8% of 15 year olds in Ealing report having tried cannabis, 3.7% have tried cannabis in the last month, and 1.2% have taken drugs other than cannabis in the last month

Figure 3 below summarises the WAY results for Ealing, which shows that the prevalence of drug and alcohol use in Ealing is lower than the England average, although statistically similar to other London boroughs.

Figure 3: Summary of What About Youth Survey Results for Ealing

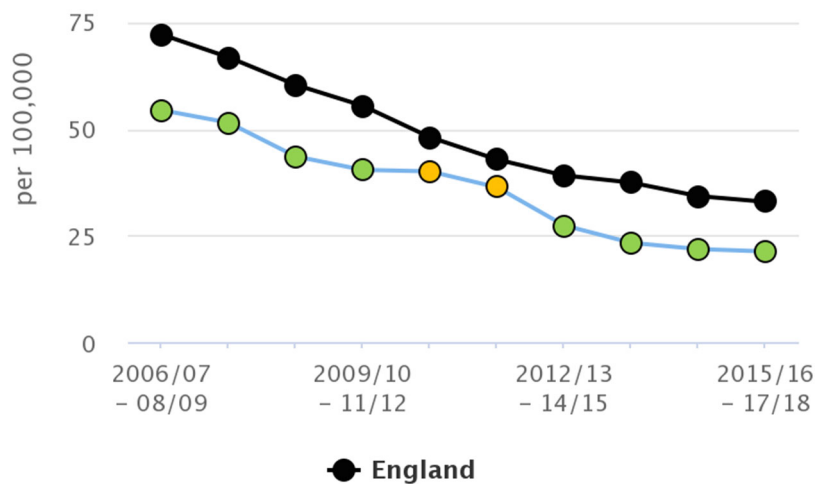
Indicator	Period	Ealing			Region England			England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	
Percentage who have ever had an alcoholic drink	2014/15	-	-	31.9%	41.2%	62.4%	77.6%		
Percentage of regular drinkers	2014/15	-	-	2.2%	3.1%	6.2%	12.3%		
Percentage who have been drunk in the last 4 weeks	2014/15	-	-	7.2%	8.9%	14.6%	27.0%		
Percentage who have ever tried cannabis	2014/15	-	-	8.2%	10.9%	10.7%	24.2%		
Percentage who have taken cannabis in the last month	2014/15	-	-	3.7%	5.0%	4.6%	14.4%		
Percentage who have taken drugs (excluding cannabis) in the last month	2014/15	-	-	1.2%	1.0%	0.9%	4.2%		

Compared with benchmark: Better Similar Worse

Source: ‘What About Youth’ Survey (2015), Public Health Fingertips (note, yellow is similar, and lower than, the England average).

Hospital admissions data can also shed some insight into drug and alcohol use amongst young people in Ealing. Figure 4 shows the declining rate of alcohol admissions for alcohol-specific episodes in under 18s, where the primary or secondary diagnoses are alcohol-specific (i.e. wholly attributable). Ealing’s rate is lower than England, but similar to London.

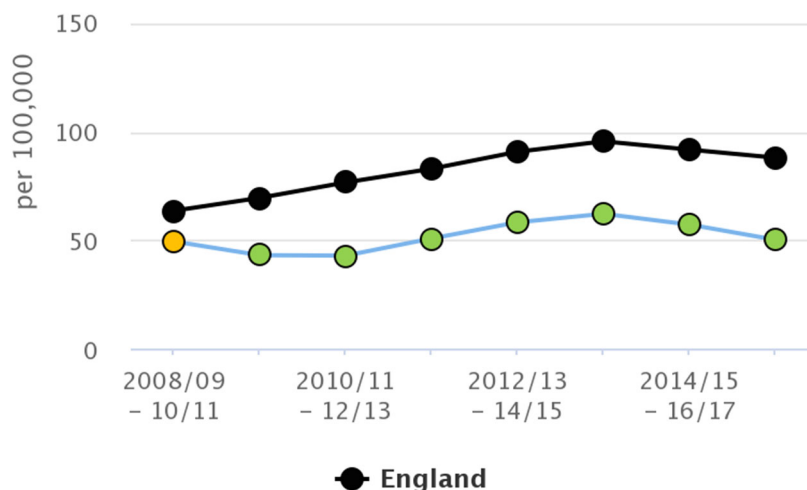
Figure 4: Alcohol admissions for alcohol-specific episodes, under 18s (2015/16-2017/13)



Source: ONS, Public Health Outcomes Framework (2018)

Hospital admissions due to substance misuse (15-24 year olds) is rising nationally, although broadly level in Ealing. Ealing’s rates are lower than the England, but similar to London.

Figure 5: Hospital admissions due to substance misuse (15-24 years), 2015/16 – 2017/18



Source: ONS, Public Health Outcomes Framework (2018)

YOUNG PEOPLE TREATMENT POPULATION

In 2017/18, there were 86 young people in Ealing accessed the structured treatment programme (EASY), which was a fall in numbers from the previous years (128 in 2015/16 and 125 in 2016/17).

Figure 6 highlights that most referrals into the service came from education (higher than England), followed by children’s social care (similar to national), followed by youth justice (lower than national).

Figure 6: Referral source into treatment service (2017/18)

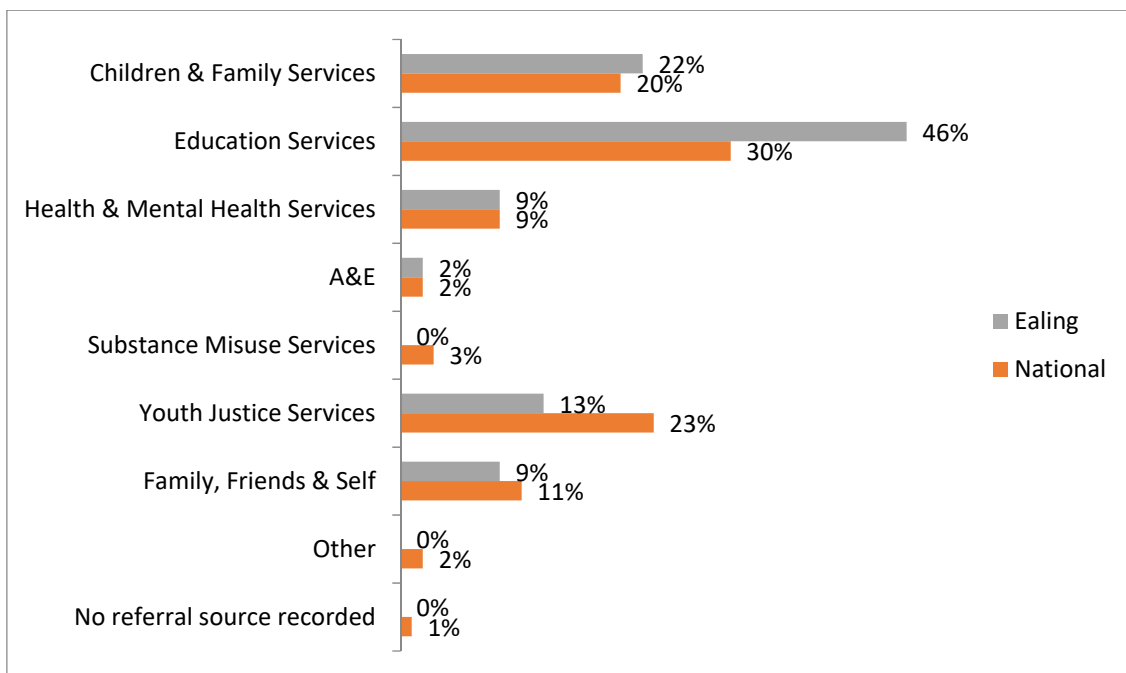
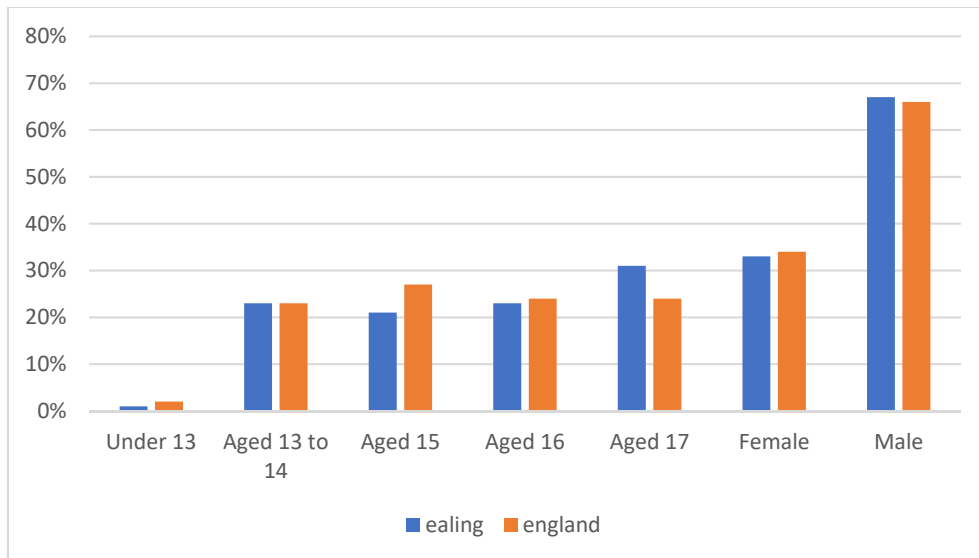


Figure 7 summarises the age and gender demographics, compared to England in 2017/18. There were more males in treatment (67%), which is similar to England average (66%)

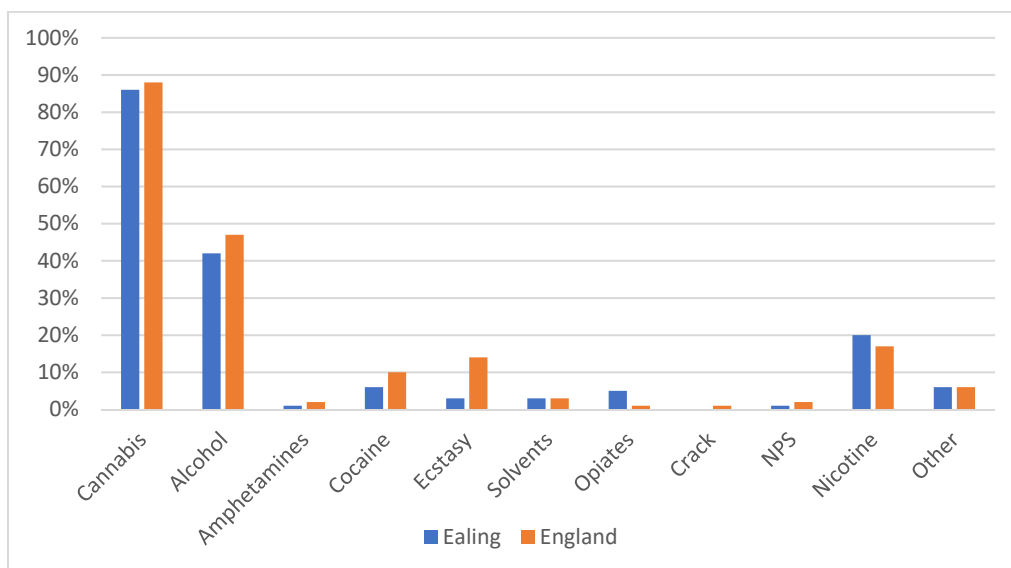
The demographics of the treatment population in 2017/18 is similar to national, although there tends to be an older cohort in Ealing (more 17 year olds, compared to 15/16 year olds).

Figure 7: Demographics of Ealing treatment cohort



Cannabis is the most common substance in the treatment service (86%), similar to the England average (88%). This is followed by 42% of clients who have alcohol issues (compared to 47% in England).

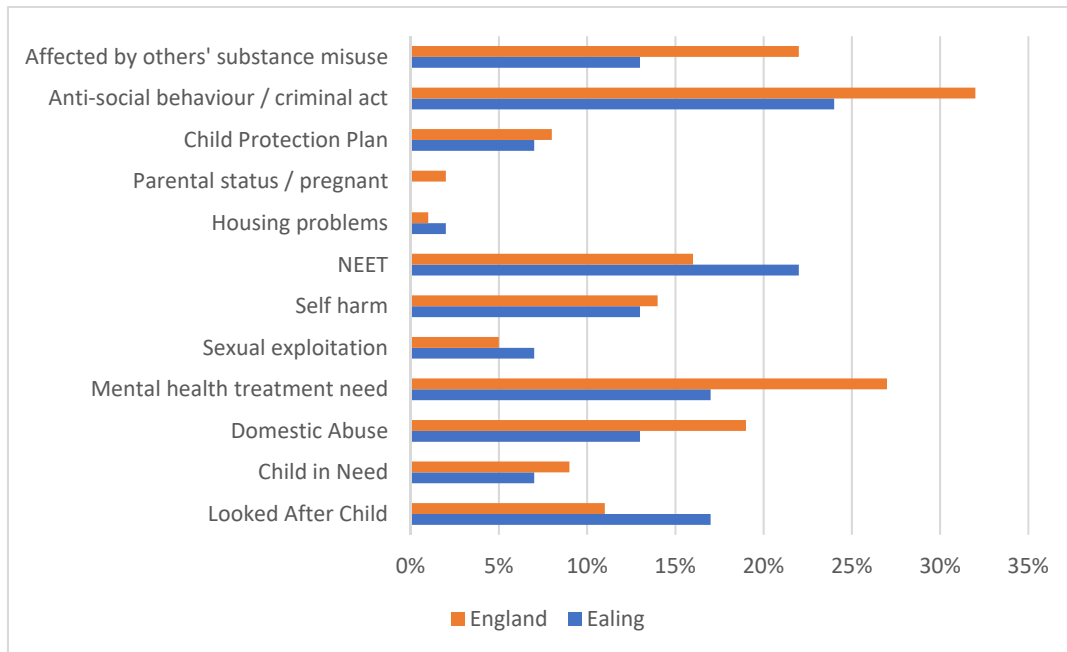
Figure 8: Substances of treatment cohort, 2017/18



In terms of vulnerabilities, 85% of clients in 2017/18 had 'early onset' of substance misuse (compared to 79%) nationally; 41% were poly-drug users (compared to 57% nationally). The age at which the young person starts using substances is the strongest single predictor of severity of substance misuse.

Figure 9 shows the wider vulnerabilities of the cohort of Ealing treatment users. This includes a higher proportion of looked after children (17%) and not in employment, education or training (22%) than nationally.

Figure 9: Vulnerability of the treatment cohort



There has been a year on year rise in treatment duration, from 16 weeks in 2015/16 to 36 weeks in 17/18 (compared to 22 weeks national average).

EVIDENCE OF EFFECTIVE INTERVENTIONS AND BEST PRACTICE GUIDELINES

PHE COMMISSIONING SUPPORT GUIDANCE (2018)

Specialist interventions for young people’s substance misuse are effective and provide value for money. A Department for Education [cost-benefit analysis](#) found that every £1 invested saved £1.93 within 2 years and up to £8.38 long term. Specialist services quickly engage young people, the majority of whom leave in a planned way and do not return to treatment services.

Interventions should follow the relevant NICE guidelines (e.g. [NG64](#), [CG115](#) and [NG58](#)).

Interventions include evidence-based psychological, psychotherapeutic or counselling-based techniques to help young people change their behaviour and lifestyles and to improve their coping skills. These also include evidence-based interventions such as motivational interventions, cognitive behavioural interventions, relapse prevention and structured family interventions.

Pharmacological interventions include prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as medication to prevent relapse.

Pharmacological interventions, as outlined in the [UK clinical guidelines for drug treatment](#) should be delivered in an age-appropriate manner and in the context of a clear clinical governance framework which sets out how prescribing should happen. Age-appropriate pharmacological interventions are provided in line with the [clinical guidelines](#).

The [You're Welcome standards](#), which provide a clear framework for ensuring services locally meet the needs of young people and improve access, particularly for vulnerable and at risk groups.

At a universal level, [UNODC evidence](#) suggests that prevention approaches for young people which focus on reducing risk and increasing resilience are more effective than those that focus on topic specific programmes and interventions.

Focusing on factors such as raising educational achievement, training and employment, promoting positive health and wellbeing, positive relationships and meaningful activities are all important long-term objectives for the prevention of substance misuse in young people.

Approaches that the evidence base suggests are least effective include:

- scare tactics and images
- knowledge-only approaches
- ex-users and the police as drug educators where their input is not part of a wider prevention programme
- peer mentoring schemes that are not evidence-based

At a school level, the National Institute for Health and Care Excellence (NICE) recommend that [‘whole school approaches’ to alcohol are most effective](#), where the formal personal, social, health and economic education (PSHE) and relationships and sex education (RSE) curriculum is complemented by other actions, including promoting a positive ethos and environment, and engagement with parents and carers.

School-based prevention interventions, including those delivered as part of the curriculum, have cost-benefits for society. For example, [research from the London School of Economics](#) has shown that interventions to tackle social and emotional learning save money in the first year by reducing costs for social services, the NHS and criminal justice system, and have recouped £50 for every £1 spent.

CURRENT INTERVENTIONS AND ASSETS

UNIVERSAL

In primary schools, the Ealing PSHE scheme of work covers substance misuse from Year 2 to Year 6. Topics covered as part of the substance misuse part of the curriculum include tobacco education, including e cigarettes (from Year 2), alcohol misuse (from year 4), caffeine (from year 3), and drug education (in year 5 and 6). In high schools, substance misuse is covered in PSHE lessons, drop down days or assemblies. Topics covered in high schools includes alcohol misuse, tobacco – including shisha and e cigarettes, legal and illegal highs, drug awareness. High Schools decide when to teach these topics, depending on the need in their school.

<https://www.egfl.org.uk/elp-services/health-improvement-schools/hit-resources-and-support/pshe/pshe-education>

Other universal services from young people include GPs, school nursing and sexual health services.

<https://www.ealingccg.nhs.uk/your-services/gps/gp-practices-in-ealing.aspx>

<https://www.egfl.org.uk/services-to-schools/ealing-school-nursing-service-201920>

<https://www.nwlondonsexualhealth.nhs.uk/>

AT RISK

There are several services available for at risk young people who may misuse substances. These include:

Ealing Youth and Connexions

<https://www.youngearing.co.uk/>

Ealing Youth Offending Service

https://www.ealing.gov.uk/info/201032/youth_offending

Family Nurse Partnership

<https://www.clch.nhs.uk/services/family-nurse-partnership>

Other community or voluntary settings

<https://www.ealingcvs.org.uk/>

EASY: EALING'S YOUNG PEOPLE'S DRUG AND ALCOHOL TREATMENT SERVICE

EASY is Ealing's support service for young people using drugs and/or alcohol aged 18 and under. The team is made up of experienced drug and alcohol workers who specialise in

working with young people and take the service out to meet young people wherever they feel most comfortable.

The service aims to reduce and stop young people using drugs and alcohol, through early intervention, prevention and targeted education, advice, guidance, training, assessment and treatment.

The team consists of 2 part-time Young People Recovery Workers and one part time YP Tier 2 Substance Misuse and Outreach Worker. The EASY staff also work closely with RISE's Young Adult Link Worker (YALW), who focuses on the 18-25 year old group.

The YALW offers appointments in convenient secure locations across Ealing because some clients find it difficult to get to RISE, (flexible working helps to keep clients engaged in treatment), and because it's not always appropriate to see service users from this vulnerable group within the RISE treatment hubs.

The YALW like the EASY staff tries to involve the family in the service user's recovery, with parents receiving support around building healthy relationships with their child, which helps retain clients in treatment and leads to better treatment outcomes.

<https://www.changegrowlive.org/young-people/easy-project-ealing>

STAKEHOLDER PERSPECTIVES

Interviews were held with stakeholders, across the EASY service, youth justice and children's services. An additional meeting was held to discuss how the service may be better aligned to children's services.

What are the main adolescent drug and alcohol challenges for Ealing?	Risks associated with being involved in drug supply chains, including county lines. Concerns were expressed at younger children and girls being used to hold drugs.
	Mental health coexisting with substance misuse. Young people 'self-medicate' to deal with intrusive thoughts and trauma.
What is working well in Ealing?	There is very good level of engagement with young people currently. Workers at the EASY project are good at meeting young people at accessible locations and are skilled at building relationships with them. The fact that the EASY workers are not statutory, helps to increase engagement.
	EASY workers have established good relationships with schools, including alternative provision, youth services, youth offending and the MAST team (children's social care).
	Complex caseloads. Although most referrals come from education, many young people are also known to social services. This complexity has an effect of increasing the length of treatment.
	Contextual safeguarding agenda – including new projects (such as the Trusted Relationships pilot in children's services and the Trusted Relationships mentors).
What is not working so well?	Large caseloads, and increasing complexity of client group.
	Lack of capacity to travel across the borough to meet young people, and to do more family work
	Some cohorts are hard to engage, especially in youth justice.
	Silo working, and barriers to sharing timely information with other agencies, including children's services and CAMHS. Data sharing issues – e.g. access
	Data sharing issues – EASY workers cannot access Framework i.
	Lack of understanding across the system of substance misuse issues. It was raised that social workers may be complacent of substance misuse.
What could be done better?	Working at an earlier age – e.g. 12/13 years, when the substance misuse is less entrenched.
	Working in a more trauma-informed way
	Train workers to work with families, as in the Brighter Future model
	Having access to CAMHS support to provide supervision/advice

RECOMMENDATIONS (FOR COMMISSIONERS)

1. To ensure that schools continue to prioritise substance misuse as part of wider social and emotional learning programmes (PSHE)
2. To consider placing the EASY workers within children's service, to enable a greater efficiency of the service. This will enable young people with multiple vulnerabilities or a high risk of substance misuse related harm to get extra support, as part of the Brighter Futures programme. The EASY workers will be embedded in multidisciplinary teams, who are trained in the Brighter Futures model (including AMBIT – Adolescent Mentalisation Based Integrative Therapy, which is a trauma-informed practice). They will also have access to clinical psychology supervision from Tier 2 CAMHS psychologists who are embedded in children's services.
3. To ensure substance misuse is considered when applying for any future government funding for children's services. This offers the best potential for expanding the service.

RECOMMENDATIONS (FOR PROVIDERS)

1. To ensure the necessary joint working protocols, information sharing agreements and ICT access are in place to facilitate the co-location of the two young people's substance misuse staff in children's services as part of a wider multi-disciplinary team.