



Public Health  
England

Protecting and improving the nation's health

# Young people's substance misuse data: JSNA support pack

Key data for planning effective young  
people's substance misuse interventions in  
2016-17

East Sussex

(using latest available data)

## ABOUT THIS JSNA SUPPORT PACK

While the majority of young people do not use drugs, and most of those that do are not dependent, drug and alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life. It is for these reasons that Local Authorities are strongly encouraged to continue to invest in substance related service provision across the different levels of need from schools to treating young people's substance misuse.

This pack provides key performance information about young people (under the age of 18 years) accessing specialist substance misuse interventions in your area alongside national data for comparison. The data is taken from the National Drug Treatment Monitoring System (NDTMS) which, for young people, reflects specialist treatment activity reported for those with problems around both alcohol and drug misuse.

Although the data provided in this pack focuses solely on specialist interventions, the emphasis within the young people's strand of the drug strategy (2010) is also on protecting young people by preventing or delaying the onset of substance use. The strategy advocates for the provision of good quality education and advice to young people and their parents, and for targeted support to prevent drug or alcohol misuse and early interventions to avoid any escalation of risk and harm when such problems first arise. The data in this pack should therefore be considered as part of the wider health and wellbeing data that is available nationally and locally to support the drug and alcohol strategies.

Evidence suggests that specialist substance misuse interventions contribute to improved health and wellbeing, better educational attendance and achievement, reductions in the numbers of young people not in education, employment or training and reduced risk taking behaviour, such as offending, smoking and unprotected sex. The data in this pack provides a comprehensive overview of these specialist interventions.

A key national resource is the Child and Maternal Health Observatory (ChiMat) website which provides information and intelligence about the health of young people at local authority level. This includes both a substance use and a youth justice hub. The latter supports the effective commissioning and delivery of services for young people and their families, whose behaviour puts them in contact, or at risk of contact with the youth justice system. A significant proportion of the young people known to youth justice disclose concerns relating to substance use and misuse.

[www.chimat.org.uk](http://www.chimat.org.uk)

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## VALUE FOR MONEY

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 two years and up to £8.38 in the long term. Specialist services engage young people quickly, the majority of whom leave in a planned way and do not return to treatment services.

This indicates that investing in specialist interventions is a cost effective way of securing long-term outcomes, reducing future demand on health, social care, youth justice and mental health services, and supporting the Troubled Families agenda.

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The data within this pack is based on young people accessing specialist substance misuse services in the community and, where stated, the secure estate.

Your local needs assessment can also provide further information about the needs of young people who are not in contact with young people's specialist substance misuse services to help assess if there is unmet need. Information about smoking, drinking and drug use below the threshold for a specialist intervention can be found at:

<https://www.gov.uk/government/statistics/smoking-drinking-and-drug-use-among-young-people-in-england-2014>

Please note that the percentages given in this pack are rounded to the nearest per cent. Totals may not add up to 100 due to rounding. Figures displayed here are based on annual report methodology and so may differ slightly from previously released figures in quarterly reporting or the needs assessment data. Please be mindful that small numbers in this report may lead to large changes in local proportions over time which do not reflect significant change.

## NUMBERS IN SERVICES

These figures reflect the number of young people in specialist substance misuse services in your area during 2012-13, 2013-14 and 2014-15; the number of young adults in young people only specialist services; and the number of young people who have received specialist treatment within a secure setting.

Reporting into NDTMS by the providers of specialist substance misuse interventions in the secure estate began in young offender institutions (YOIs) in 2012-13 and was then rolled out to secure training centres (STCs) and secure children's homes (SCHs) from April 2013.



## CONTINUITY OF CARE\*

The data below shows the number and proportion of young people known to substance misuse services within the secure estate who have been released back into this partnership and referred directly from the secure estate to community based specialist treatment. It also shows the number of these who started an intervention or were assessed at a specialist service in the community within three weeks of their release from the secure estate.

With the reduced use of custodial disposals for under-18s, the total number of children and young people detained in secure settings is low but those who are placed in these establishments often have complex health needs including substance misuse. The data below indicates how routinely the young people's substance misuse service in your partnership area is able to identify and engage with young people on their release from a secure environment back into the community.

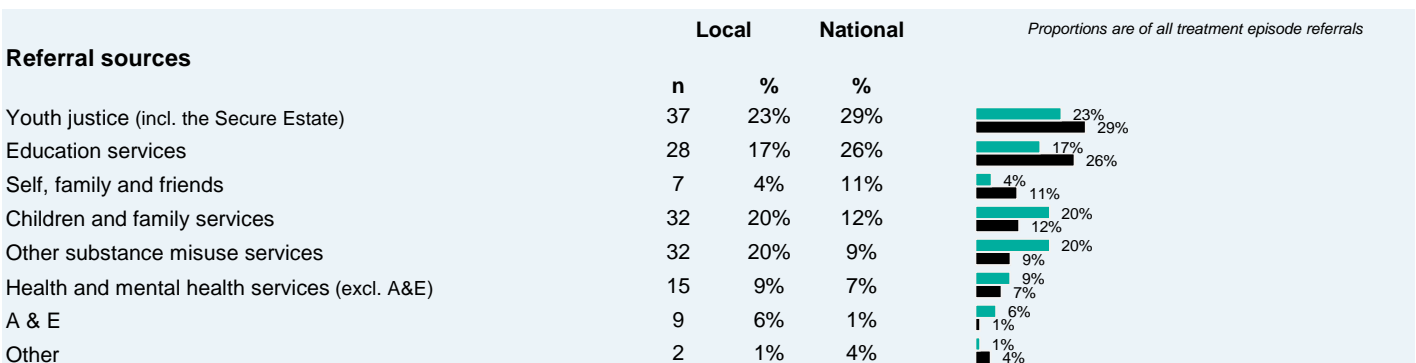
	Local	National
Number of young people referred to treatment in this partnership on release from the secure estate	0	134
Number of young people picked up by a community service within three weeks of release	0	21
Proportion of young people picked up by a community service within three weeks of release	0%	16%

\* Please be aware that data for the secure estate in 2014-15 only covers activity from 1 April 2014 to 31 October 2014. This is due to the lack of data available as a result of the closure of NDTMS data collection and data submission systems between November 2014 and March 2015.

## REFERRAL SOURCES

Local ● National ●

Young people come to specialist services from various routes but are typically referred by youth justice, education, self, family and friends, and children and family services. If your performance differs significantly from the national figure, you can use local NDTMS to identify shifts in the volume and sources of referrals. Changes in universal and targeted young people services may affect screening, referrals and demand for specialist interventions. There should be clear pathways between targeted and specialist services, supported by joint working protocols and good communication.

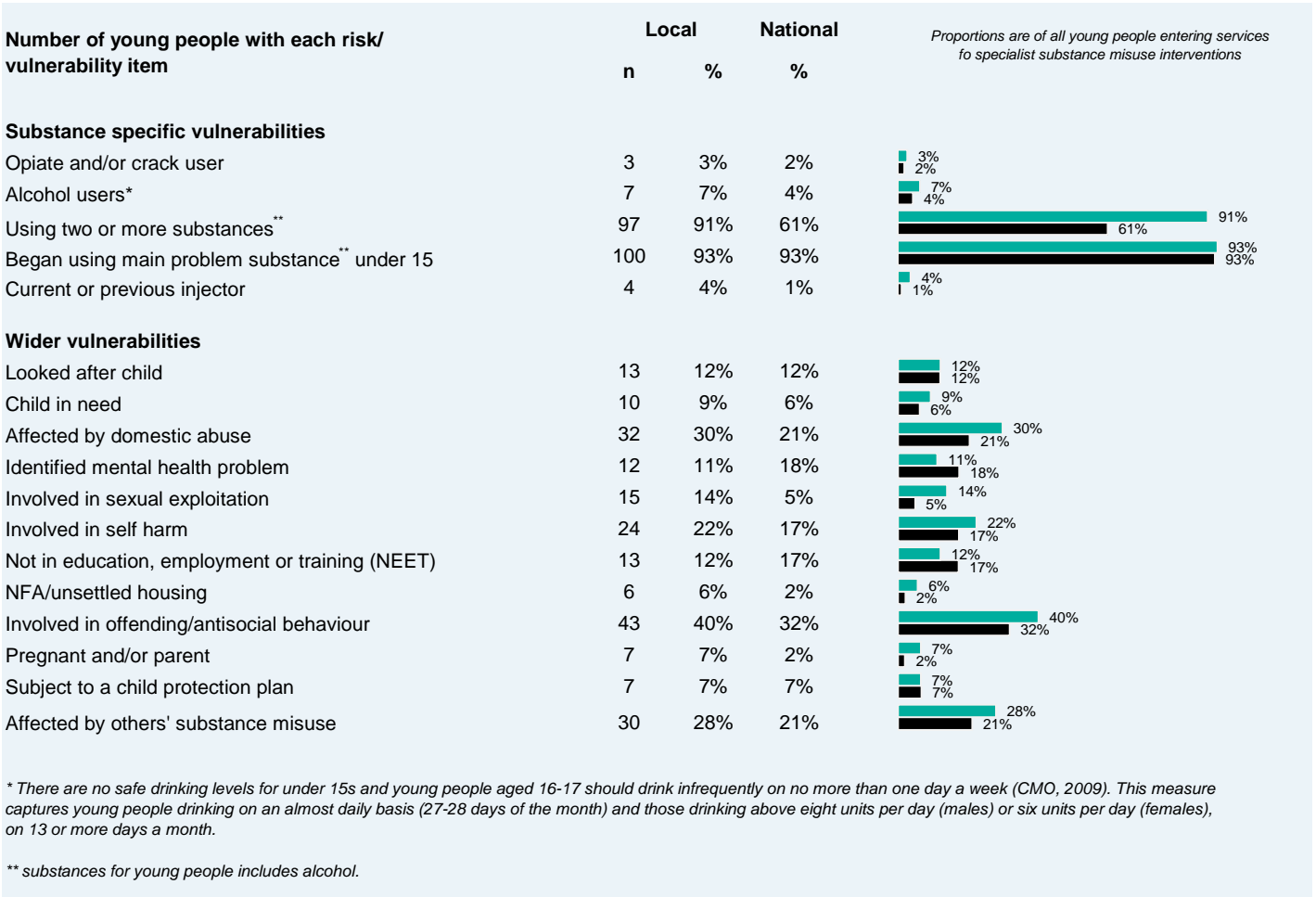


## PROFILE OF YOUNG PEOPLE IN SPECIALIST SUBSTANCE MISUSE SERVICES

Local ● National ●

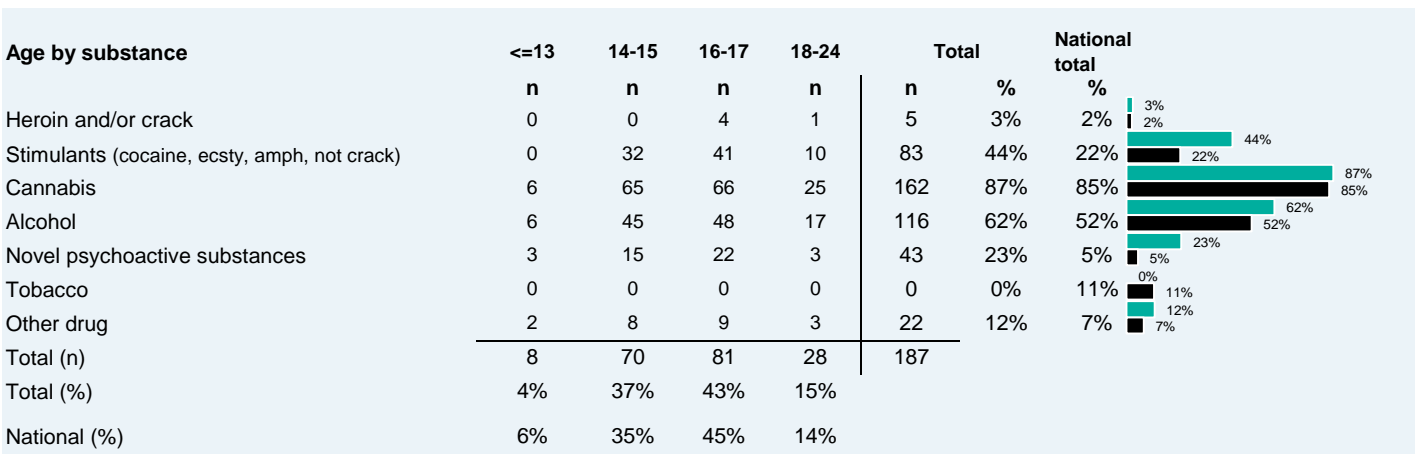
Many young people receiving specialist interventions for substance misuse have a range of vulnerabilities. They are more likely to be not in education, employment or training (NEET), have contracted a sexually transmitted infection (STI), experiencing domestic violence, experiencing sexual exploitation, be in contact with the youth justice system, be receiving benefits by the time they are 18, and half as likely to be in full-time employment.

Universal and targeted services have a role to play in providing substance misuse advice and support at the earliest opportunity. Specialist services should be provided to those whose use has escalated and is causing them harm. There should be effective pathways between specialist services and children's social care for those young people who are vulnerable and age-appropriate care should be available for all young people in specialist services.



The data below also includes those aged 18 and over in 'young people only' specialist substance misuse services.

Specialist services must deliver age-appropriate interventions and promote the safeguarding and welfare of children and young people. The partnership may wish to investigate why young adults (18-24s) are being offered support to address their substance misuse within the under-18s service. The needs of 18-24s are different to those of under-18s, as is the legislative framework. A good public health approach should however consider the needs of developing young adults up to the age of 24, a period which includes heightened stages of exposure to health and wellbeing risks. Clear transitions and joint care plans with adult services will help under 18s who require on-going support beyond their 18th birthday.



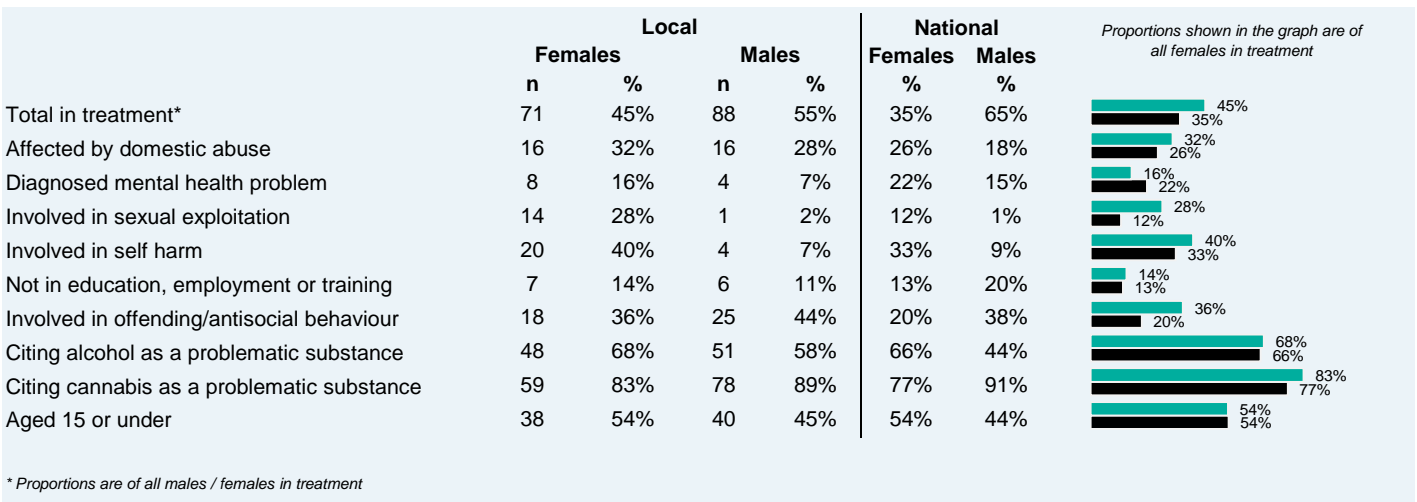
## GENDER DIFFERENCES

Local ● National ●

This section shows some areas where, nationally, the presenting needs of girls seem to differ from boys when in specialist services.

Substance misuse services for young people may need to consider gender differences in the treatment population. There are a number of specific issues facing girls; including increased citation of alcohol as a problematic substance, involvement in self-harm, being affected by domestic violence, and involvement in sexual exploitation.

Services available need to be tailored to the specific needs of girls and boys within these services and ensure that young people with multiple vulnerabilities or a high risk of substance misuse-related harm get extra support with clear referral pathways and joint working protocols.



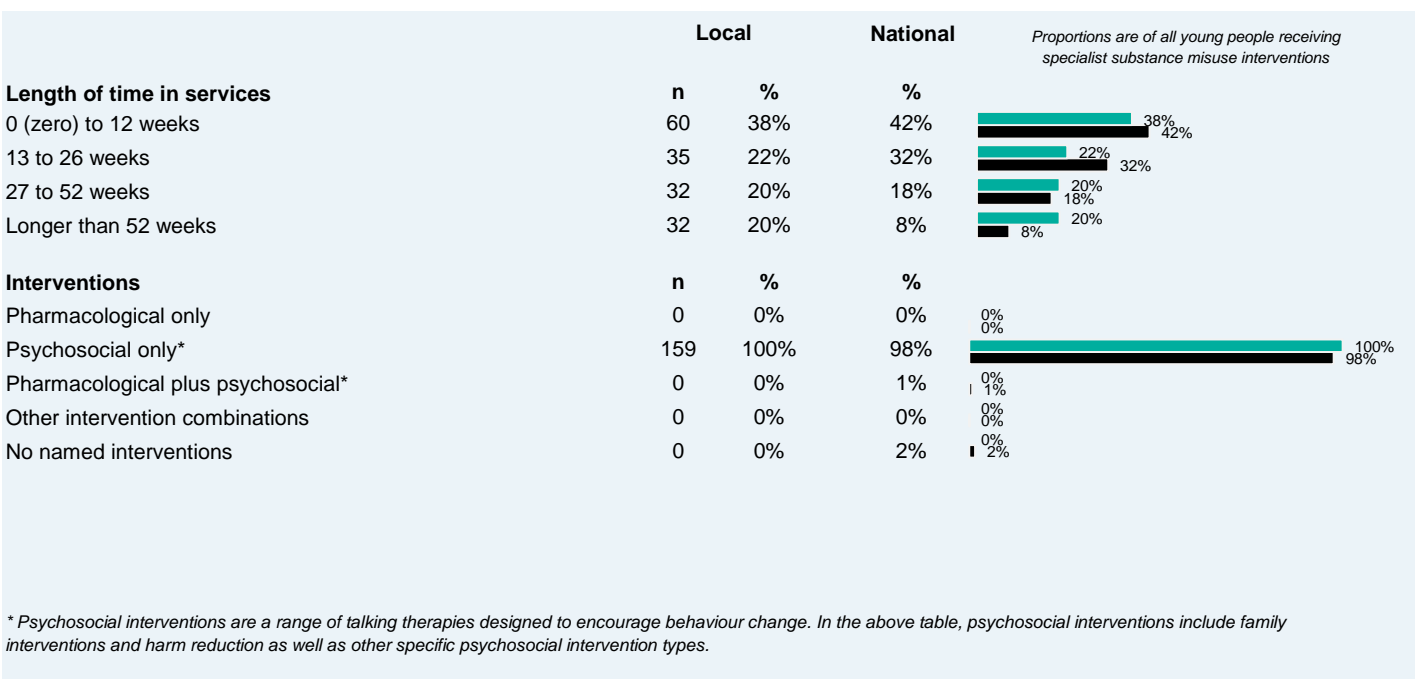
## LENGTH OF TIME IN SERVICES AND INTERVENTIONS DELIVERED

Local ● National ●

This shows the time young people in your area spent receiving specialist interventions (latest contact). Young people generally spend less time in specialist interventions than adults because their substance misuse is not as entrenched. However, those with complex care needs often require support for longer.

Young people have better outcomes when they receive a range of interventions as part of their personalised package of care. If a pharmacological intervention is required, it should always be delivered alongside appropriate psychosocial support.

Psychosocial interventions are a range of talking therapies designed to encourage behaviour change. In the below table, psychosocial interventions include family interventions and harm reduction as well as other specific psychosocial intervention types.



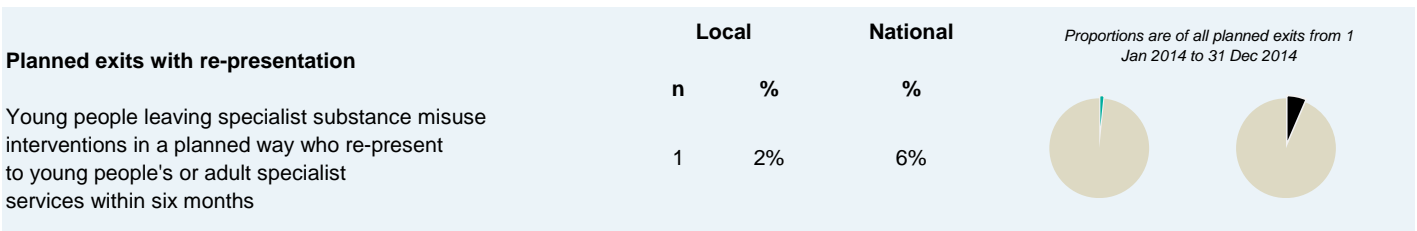
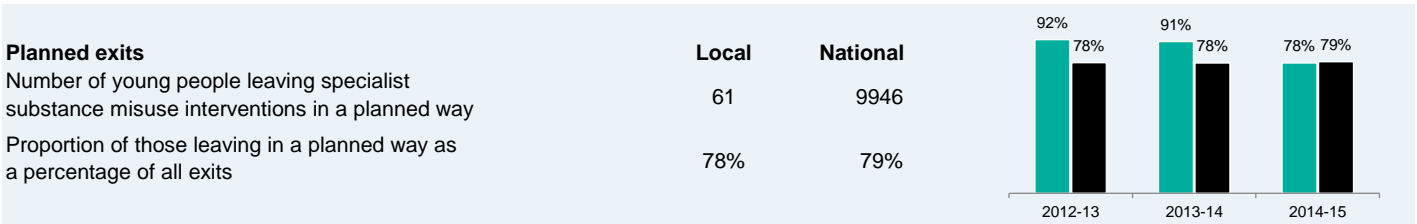
## PLANNED EXITS

Local ● National ●

This section shows the number of young people who have left specialist interventions successfully and the proportion of those who then came back to treatment.

Young people's circumstances can change, as does their ability to cope. If they re-present to treatment, this is not necessarily a failure and they should rapidly be re-assessed to inform a new care plan that addresses all their problems.

The re-presentation information is based on planned exits between 1 January 2014 and 31 December 2014. It is included to help with monitoring the effectiveness of specialist interventions (a high re-presentations rate may suggest room for improvement).



### RESTRICTED STATISTICS

You are reminded that the data provided in this document are official statistics to which you have privileged access in advance of release. Such access is carefully controlled and is provided for management, quality assurance, and briefing purposes only. Release into the public domain or any public comment on these statistics prior to official publication planned for December 2015 would undermine the integrity of official statistics. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including descriptions such as "favourable" or "unfavourable". If in doubt, you should consult Jonathan Knight via [EvidenceApplicationTeam@phe.gov.uk](mailto:EvidenceApplicationTeam@phe.gov.uk), who can advise. Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others who have not been given prior access and use it only for the purposes for which it has been provided. If you intend to publish figures from the JSNA after the annual report has been released, you must restrict all figures under 5 and any associated figures to prevent deductive disclosure.

The restricted status of this data will be lifted after the release of the Young People's Annual Report planned for December 2015.