



## Substance Misuse Chapter 0-19 JSNA

### What is a JSNA?

The Joint Strategic Needs Assessment (JSNA) is the comprehensive assessment of the current and future health and social care needs of children and young people aged 0 to 19 (25 with SEND) and their families, with a focus on improving the health and wellbeing and reducing inequalities. There are nine individual chapters that comprise this JSNA.

A Joint Strategic Needs Assessment (JSNA) looks at all the information available around the current and future health and social care needs of populations in the local area. It will then use the data to inform and guide the planning and commissioning of health, well-being and social care services within a local authority. The implementation of recommendations will be overseen by the Health and Wellbeing Board.

As part of the JSNA's development, we have ensured the following principles and values have been considered:

- Think Family
- Our Way of Working and trauma informed practice.
- Prevention, early intervention and avoiding escalation of need.
- The voice of children, young people and families is central to the design, delivery and evaluation of service provision.
- Strength-based, personalised service provision focussed on relationships.
- Integrated services which mean that families tell their story once and can easily access seamless support.
- Equality.
- Reducing inequality.

### Chapters Introduction

Cheshire West and Chester Councils 0-19 (25 with SEND) JSNA aims to bring benefits by identifying key health, wellbeing, and social care needs. Findings will help the Council and its partners to make more informed decisions about how we provide support and services to achieve the best outcomes for our children, young people, and their families/carers.

Each chapter has considered literature relevant to the assigned area of focus, drawing on this information to highlight key points that could contribute to findings and recommendations.

Although each JSNA chapter can be read as an individual report. Throughout every chapter, there were common themes relating to how we collect and analyse data particularly in relation to outcome information for certain groups; how inclusive and consistent messages are communicated and how we would like to do more coproduction and peer mentoring.



## **Substance Misuse Chapter 0-19 JSNA**

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## 1.0 Introduction

The aim of this chapter is to establish whether current commissioned services meet the needs of young people displaying risky behaviours and improving health behaviours and reducing inequalities; that minimises harm and supports choices that promote positive health outcomes.

The scope of this chapter focuses on risky behaviours and improving healthy behaviours in relation to Substance Misuse for children and young people aged 11 to 24.

Adolescence is a time of huge change and experimentation. In seeking greater independence many young people will engage in some level of risky behaviour and, for most, there will be no lasting harm. However, there are some young people for whom this risk-taking behaviour becomes a challenge, with profound negative consequences that last well into adulthood.

Risky behaviour constitutes going beyond initial experimentation and risk-taking,<sup>1</sup> to that which is regular, ongoing and unsafe; therefore, exposing young people to significant risk of harm. This can hinder their ability to achieve their full potential and detrimentally affect their health and well-being<sup>2</sup>. Examples include:

- Risk factors: Circumstances that compromise optimal outcomes due to factors such as poverty, deprivation, ill health, and poor relationships.
- Risky behaviours: Potentially harmful actions like smoking, substance misuse, and unsafe sexual practices.
- Young people at risk: A term referring to those who are potentially vulnerable, including individuals experiencing abuse or neglect, or those in care or custody.

Although most young people will use substances during their adolescence, only a small proportion will go on to develop long term addiction. However, most adult addicts began misusing substances as young people, making prevention in the earlier part of the life course key.<sup>3</sup>

The risk of substance use escalating to substance misuse increases with the earlier initiation of substance use. Substance misuse can lead to consequences beyond addiction, necessitating the need for specialist substance misuse services for more young people.

Public Health England highlights the critical disadvantage faced by these young people, emphasising the risk of their life trajectories being adversely affected by continued substance misuse into adulthood, with potential negative implications for future generations.

The misuse of legal and illegal mood-altering substances by young people can lead to significant harm, both immediately and over the long term. Substance misuse, including

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<sup>1</sup> 2 Kipping, R, R., Campbell, R, M., MacArthur, G, J., Gunnell, D, J. and Hickman, M (2012) Multiple Risk Behaviour in Adolescence *Journal of Public Health*, Volume 34, Issue 1, supplement 1, page i1-i2 [online]

<sup>2</sup> Cabinet Office. 2015. Children and young people's risk behaviour: discussion paper [online]

<sup>3</sup> HM Government. 2017 Drug Strategy. 2017;(July):48



alcohol and drugs, may be indicative or a result of other underlying issues and vulnerabilities in a young person's life.<sup>4</sup> These include<sup>5</sup>:

- Mental health issues.
- Experience of domestic violence and or sexual exploitation.
- Not being in Education, Employment or Training (NEET).
- Exposure to parental substance misuse.
- Being in care or a care leaver.

Public Health England assert that: "These young people are already at a significant disadvantage in life and, without effective joined up support, there is a very real risk that their lives get derailed, that drug and alcohol misuse continues into adulthood and negatively impacts future generations".

Prevention and early intervention are crucial, with the most effective approaches focusing on strengthening protective factors and reducing risk factors among children and young people.

## 2.0 National Policy Landscape

In 2019, the UK Health and Social Care Committee advocated for a fundamental shift in the UK's drug policy, moving from a criminal justice approach to a health-focused approach. This would place the responsibility for drug policy with the Department of Health and Social Care<sup>6</sup> rather than the Home Office. The Committee recommended a comprehensive approach to drugs, encompassing improved treatment services, the introduction of harm reduction interventions, and enhanced education, prevention, and social support.

In December 2021, the government's revised strategy, titled "From Harm to Hope: A 10-Year Drugs Plan to Cut and Save Lives,<sup>7</sup>" based on the review by Dame Carol Black, outlined a vision to combat illegal drugs. This plan aims to disrupt the supply chains of drugs by criminal gangs, reduce drug-related crime, deaths, and overall drug usage, and provide individuals with drug addictions a pathway to a productive and drug-free life.

The goal of the strategy is to establish a world-class treatment and recovery system in England, treating addiction as a chronic health condition. This approach aims to eliminate stigma, save lives, and significantly disrupt the cycle of crime often associated with addiction by:

1. Delivering world-class treatment and recovery services – rebuilding local authority commissioned substance misuse services to improve quality, capacity, and outcomes.
2. Rebuilding the professional workforce – developing and implementing a comprehensive substance misuse workforce strategy.

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<sup>4</sup> Gilvarry E, McArdelle P, O'Herlihy A, Mirza K, Bevington D, Malcolm N. Practice standards for young people with substance misuse problems. CCQI 127. 2012;(127).

<sup>5</sup> PHE, Public Health Matters, What we know about young people in alcohol and drug treatment (2017)

<sup>6</sup> UK Parliament, Health and Social Care Committee (2019)

<sup>7</sup> <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>



3. Ensuring better integration of services – addressing individuals' physical and mental health needs to reduce harm and support recovery.
4. Improving access to accommodation alongside treatment – ensuring access to quality treatment for everyone sleeping rough and providing better support for securing and maintaining safe and stable housing.

Following this, in June 2022, guidance for local delivery partners was issued, outlining the structures and processes through which local partners in England should collaborate to fulfil the strategy's ambitions. This guidance introduced the National Combating Drugs Outcomes Framework as the sole mechanism for monitoring progress across the Combating Drugs Partnership.

It is noteworthy that, as of now, there is no national alcohol strategy in place. However, the National Local Outcomes Framework includes specific measures for young people concerning alcohol.

### **3.0 Summary**

**Prevalence and Perception:** Cannabis is the most common substance misused in Cheshire West and Chester, perceived as less dangerous by young people. Ketamine use is rising among 16-17-year-olds.

**Mental Health and Substance Misuse:** A significant number of young people report mental health needs upon entering treatment and continued mental health needs post treatment. There's anecdotal evidence of cannabis being used to cope with mental health issues.

**Treatment Engagement and Success:** In 2019 Cheshire West and Chester had 100% in successful completions with no representation within 6 months. In 2020 Cheshire West and Chester had 93% with 7% representation within 6 months.

**Demographics and Vulnerabilities:** The majority in treatment are males aged 16-17, with females presenting a younger cohort. Many have vulnerabilities like polydrug use, mental health needs, and social challenges.

**Referral Sources:** Most referrals to substance misuse services come from Children's Social Care, Health Services, and self/family/friends.

### **4.0 Gaps and Unmet Need:**

**Lack of Awareness:** There exists a notable deficiency in awareness among adolescents regarding the hazards associated with the use of substances such as cannabis and ketamine.

**Unaddressed Mental Health Requirements:** A considerable segment of the youth population in structured treatment continues to exhibit unmet mental health needs upon exiting treatment.

**Precocious Initiation of Substance Usage:** The initiation of substance use at an early age is prevalent, thereby escalating the likelihood of enduring dependency.



**Educational Disciplinary Challenges:** There is a higher incidence of disciplinary actions, including exclusions and suspensions, in schools across Cheshire West and Chester, attributable to substance misuse compared to England.

**Gender-Specific Variations:** A disproportionately higher number of young females undergoing treatment are engaged in self-harming behaviours.

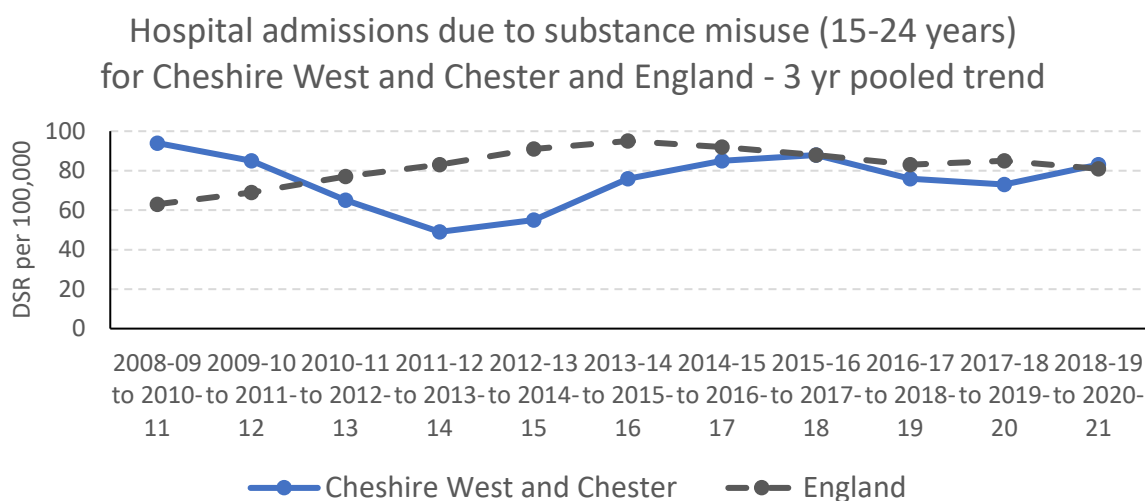
### 5.0 Quantitative Data in Cheshire West and Chester

Quantitative data is primarily focused on the National Drug Treatment Monitoring System (NDTMS) service data; the consistent intelligence allowed for comparisons nationally and monitoring over time. The NDTMS data is for the period 1 April 2021 to 31 March 2022, though some data sources have longer time-lags in publication for example the prevalence data is due to be updated in October 2023 and hence was not included.

#### Hospital admissions due to substance misuse amongst 15–24-year-olds

These indicators show young people’s substance misuse causing hospital admissions. Figure 1 shows hospital admissions due to substance misuse for 15-24-year-olds; data on under-15s is not available in the NDTMS commissioning support pack.

Fig 1. Hospital admissions due to substance misuse for 15- to 24-year-olds for Cheshire West and Chester and England. Source: Office for Health Improvement and Disparities



Latest hospital admissions for substance misuse amongst 15–24-year-olds are higher than the England average at 83 per 100,000, this is not significantly different.

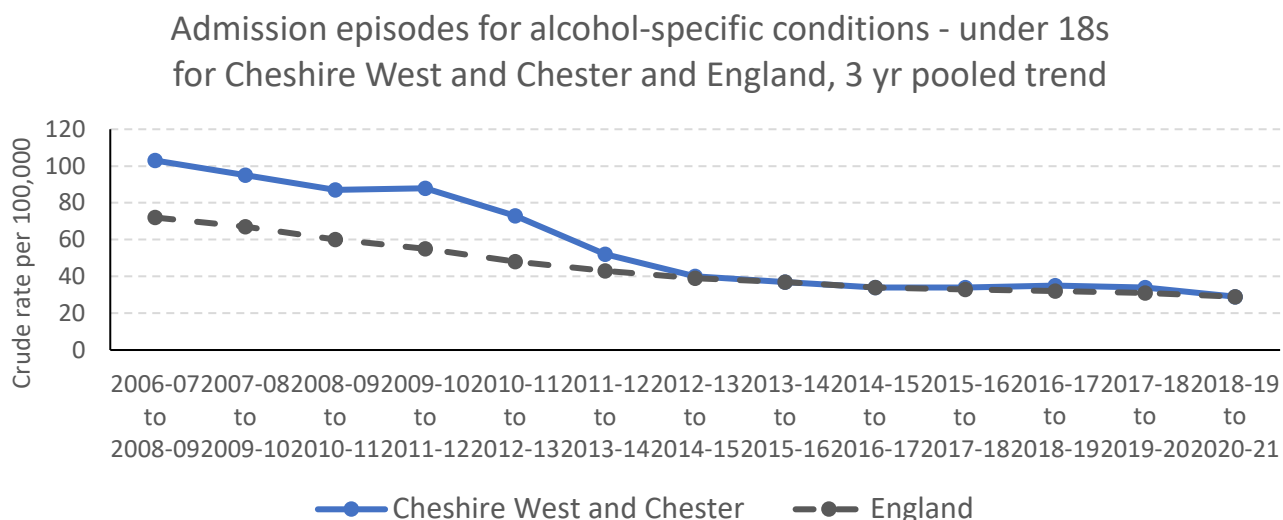
After a rise locally, admissions for substance misuse have been falling in the 15–24-year-olds in more recent years however the most recent data point has shown an increase.

The second indicator (Fig. 2.) is an ‘alcohol-specific’ indicator, where alcohol is causally implicated in all cases, this is as opposed to a broad indicator that includes conditions where alcohol causes some but not all cases adjusted by an alcohol-attributable fraction. This means the second indicator shows a direct health impact of alcohol on the health of under-18s (both males and females).



Historically under 18 admissions for alcohol specific conditions have been higher than the England average, however in recent years local rates have been in line with England rates.

Fig. 2. Admission episodes for alcohol-specific conditions for under 18s in Cheshire West and Chester and England. Source: Office for Health Improvement and Disparities

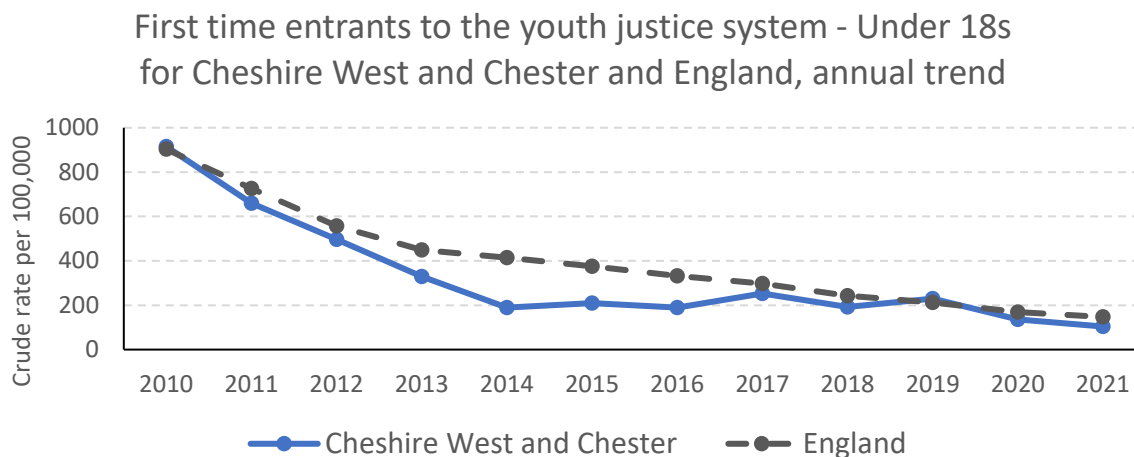


**First time entrants to the youth justice system**

Youth justice, particularly Youth Offending Teams, are a major source of referrals into substance misuse treatment for young people. Latest figures regarding first time entrants to the youth justice system in Cheshire West and Chester are lower than England average.

The trend for both Cheshire West and Chester and England, have seen a consistent reduction in first time entrants to the youth justice system, with CW&C showing a steeper reduction since 2012. Apart from 2019, rates in Cheshire West and Chester have remained lower than the national average.

Fig. 3. First time entrants to the youth justice system for under 18s for Cheshire West and Chester and England. Source: Office for Health Improvement and Disparities



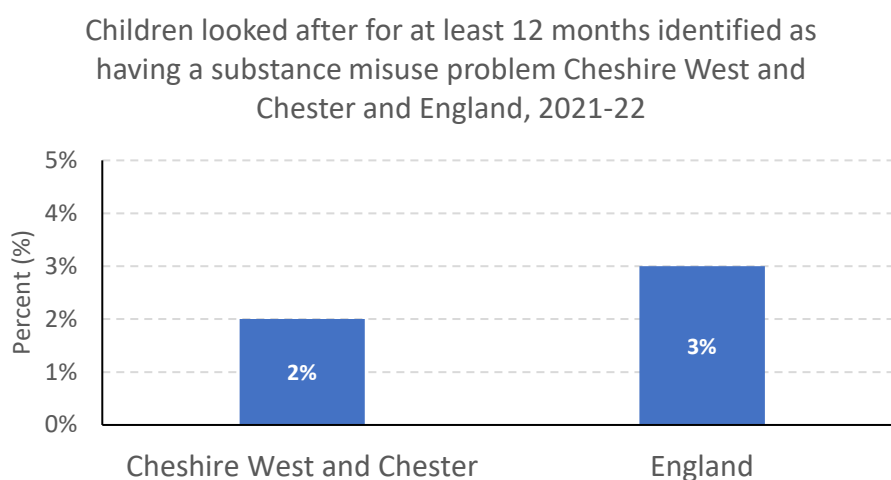


### Looked After Children

Looked After Children (LAC) are a vulnerable group who are at higher risk of substance misuse. Nationally, 42% of LAC with an identified substance misuse problem received an intervention, this includes non-structured interventions. However, this information is unavailable within NDTMS.

Local figures regarding looked after children with a substance misuse problem in Cheshire West and Chester is lower than the national average at 2% with the national figure at 3%.

Fig 4. Looked after Children for a 12-month period identified as having a substance misuse problem in Cheshire West and Chester and England. Source: Department for Education



### Permanent exclusions and suspensions from school for drugs and alcohol

Schools are an important part of any young people’s drug strategy, for building resilience, for early prevention, to identify substance misuse and refer into specialist substance misuse services. Being excluded and or suspended from school can have a negative effect on young people and increase their vulnerability to problematic substance misuse.

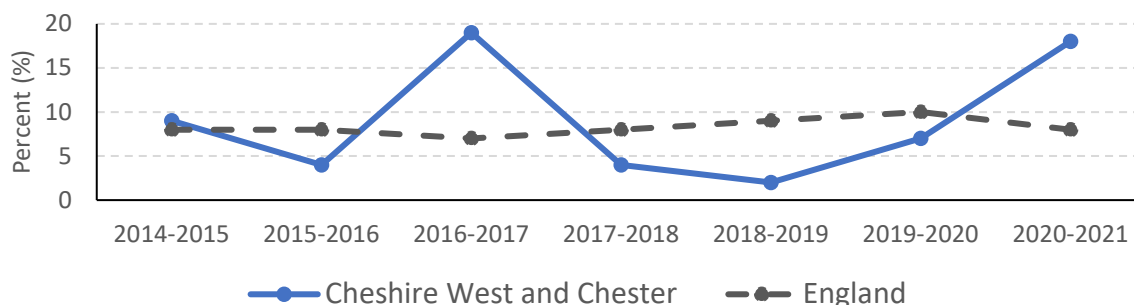
Permanent exclusions from school for drugs and alcohol have been falling in recent years in Cheshire West and Chester, however latest figures in 2020-2021 show an increase in exclusions at 18% higher than the England average at 8%.

Fig. 10. Permanent exclusions from school related to drugs and alcohol for Cheshire West and Chester and England trend. Source: Department for Education





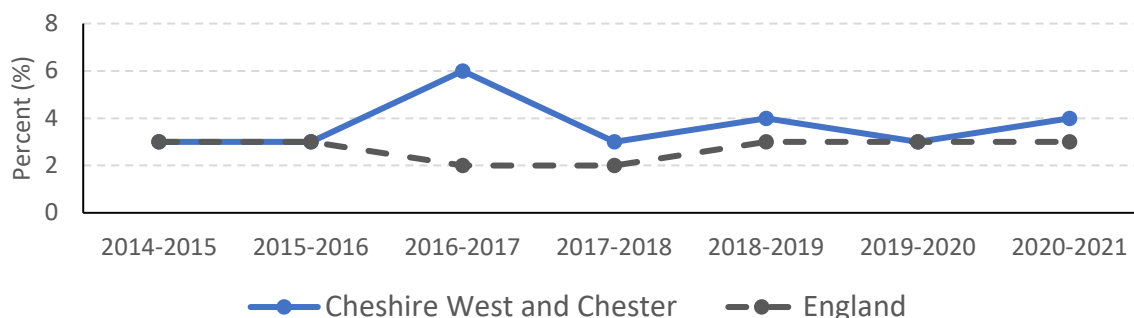
Permanent exclusions from school related to drugs and alcohol for Cheshire West and Chester and England, trend



Suspensions from school for drugs and alcohol in Cheshire West and Chester are also higher than the national average of 3% of total suspensions at 4%.

Fig. 8 Suspensions from school related to drugs and alcohol for Cheshire West and Chester and England trend. Source: Department for Education

Suspensions from school related to drugs and alcohol for Cheshire West and Chester and England, trend



### Data from local treatment system

The following section provides detailed information on young people who are receiving structured treatment in 2021-22. It includes demographics like age and sex, numbers starting treatment, and treatment details and outcomes. The data in this section refers to community structured treatment only, for under 18s and 18-24s in young people’s services.

Young people’s substance misuse services also deliver unstructured interventions such as brief interventions, these are not included on the NDTMS; as records are not collected nationally, local data has not yet been provided.

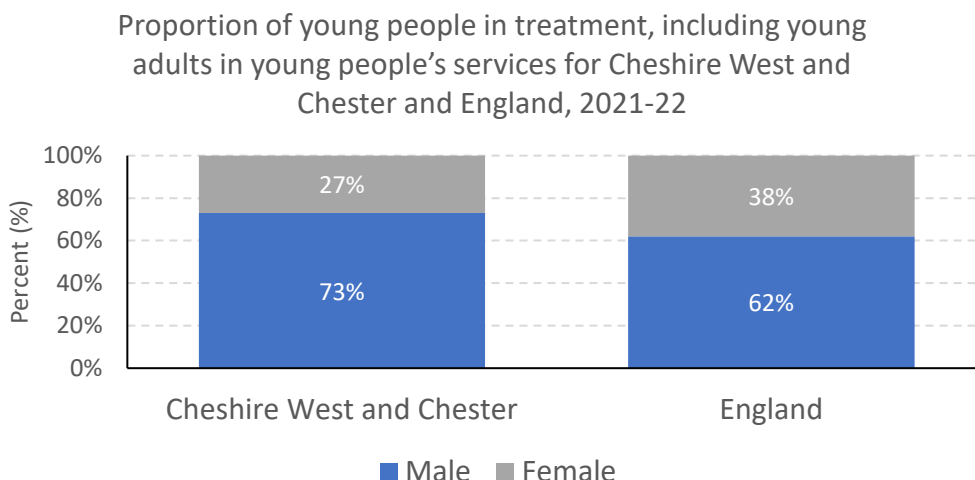
### Young people in treatment (including young adults)

There were 64 young people receiving structured treatment in Cheshire West and Chester in 2021- 2022, 73% were male and 27% female.

Cheshire West and Chester has a higher proportion of young males in treatment compared to the England average.



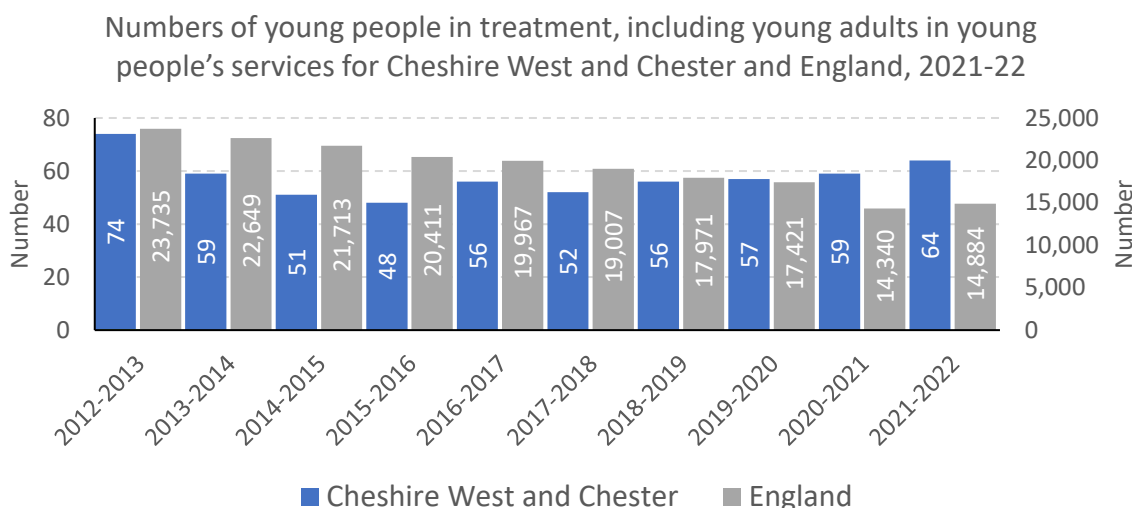
Fig. 11. Proportion of young people in treatment, including young adults in young people’s services for Cheshire West and Chester and England for the year 2021-22. Source: NDTMS



Over the last 10 years, there has been on average 58 young people receiving treatment in Cheshire West and Chester per year.

In recent years numbers have been slowly increasing in contrast to the England trend which has seen numbers consistently falling.

Fig. 12. Numbers of young people in treatment, including young adults in young people’s services for Cheshire West and Chester and England in 2021 – 2022. Source: NDTMS



### Young people in treatment by age

Over 80% of young people (83%) in treatment in Cheshire West and Chester are under 18, higher than the England average of 76%.

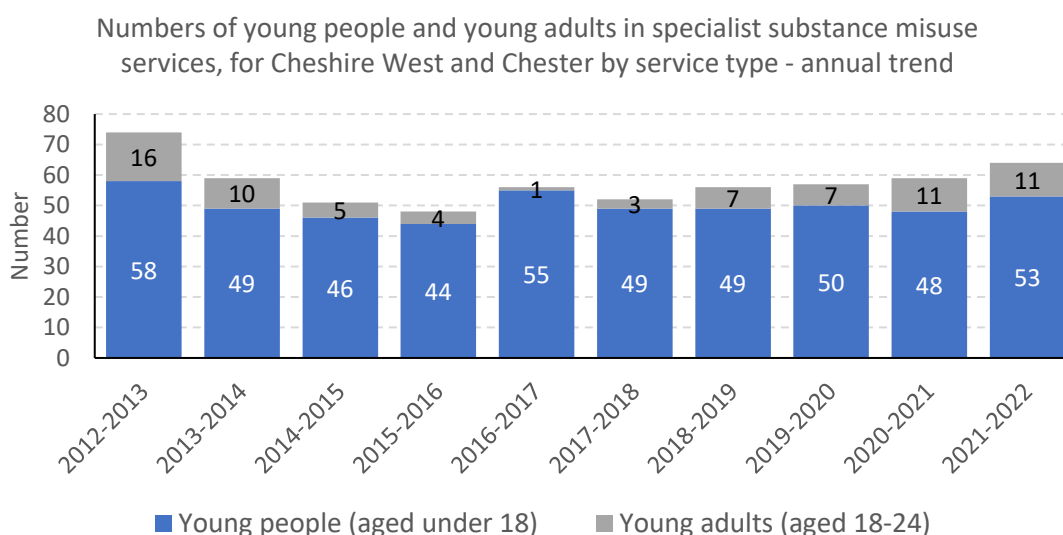
Table 1. Source: NDTMS



Service type	Total in treatment	Male (%)	Female (%)
Young people (aged under 18)	53	74%	26%
Young adults (aged 18-24)	11	73%	27%
<b>Total</b>	<b>64</b>	<b>73%</b>	<b>27%</b>

Numbers of under 18s have increased in the most recent year, whereas 18-24 year olds have remained constant.

Fig. 13. Number of young people and young adults in specialist substance misuse services for Cheshire West and Chester by under 18 and young adults 18-24. Source: NDTMS



16-17 year olds account for the highest proportion of young people in treatment. 55% of all young males in treatment in Cheshire West and Chester are aged 16-17, compared to the majority of young females in treatment being aged 14-15 (53%).

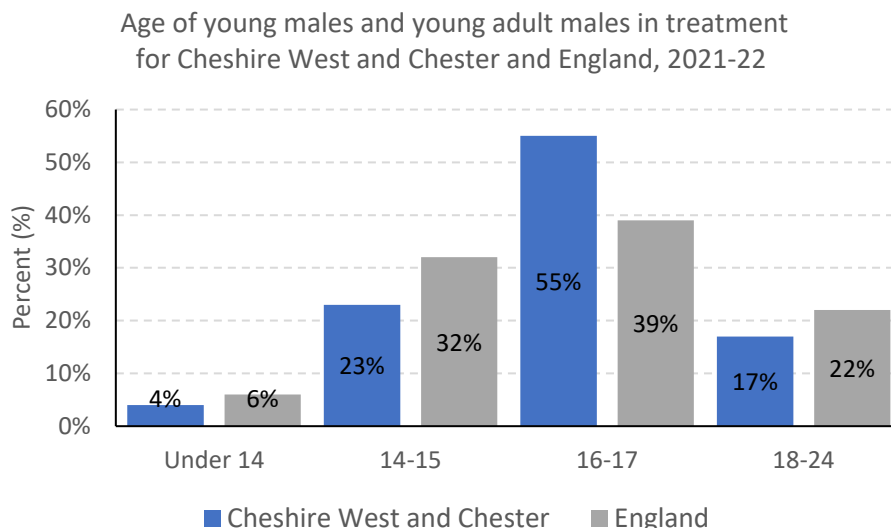
Table 2 Source: NDTMS

Age	% of all in treatment	Male (%)	Female (%)
Under 14	3%	4%	0%
14-15	31%	23%	53%
16-17	48%	55%	29%
18-24	17%	17%	18%

The age demographic of young males in treatment in Cheshire West and Chester generally reflects the national picture.

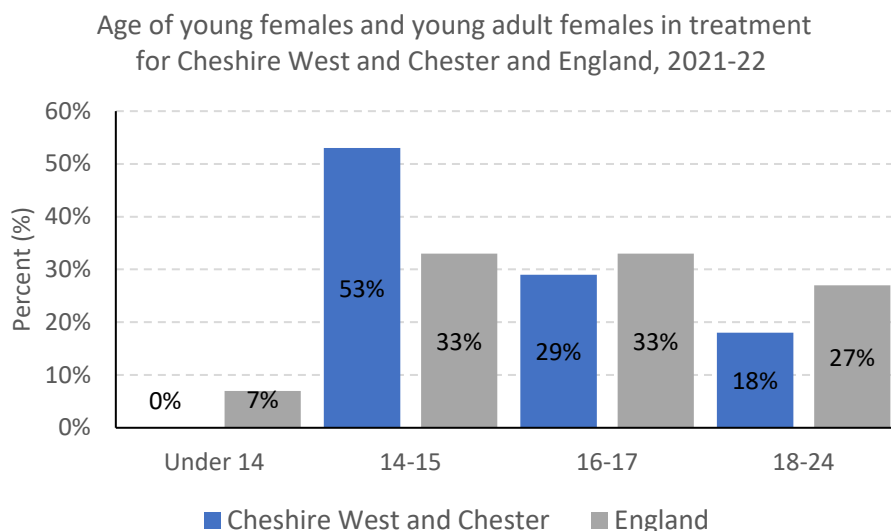


Fig. 14. The age of young males and young adults in treatment in Cheshire West and Chester and England in 2021-22. Source: NDTMS



Locally females in treatment present a younger cohort compared to the national picture.

Fig. 15. The age of young females and young adult females in treatment for Cheshire West and Chester and England in 2021-2022. Source: NDTMS



The age demographic of young males in treatment in Cheshire West and Chester generally reflects the national picture.

### Young people starting treatment in 2021-22

Over three quarters of young people starting treatment in Cheshire West and Chester in 2021-22 are males, higher than the England average.

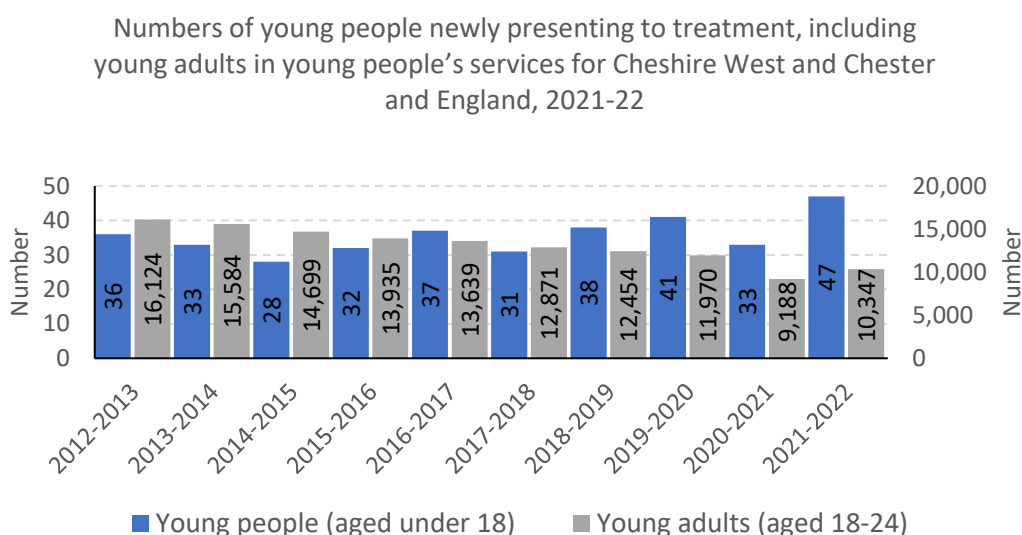
Locally the numbers of young people and young adults starting treatment had been rising.



Numbers starting treatment have generally fallen year on year in England since 2012-13, however the most recent year has seen an increase.

2021-2022 has seen the largest number of young people start treatment since 2012-2013.

Fig. 16. Numbers of young people newly presented to treatment, including young adults in young people’s services for Cheshire West and Chester and England in 2021-22. Source: NDTMS



### Routes into treatment

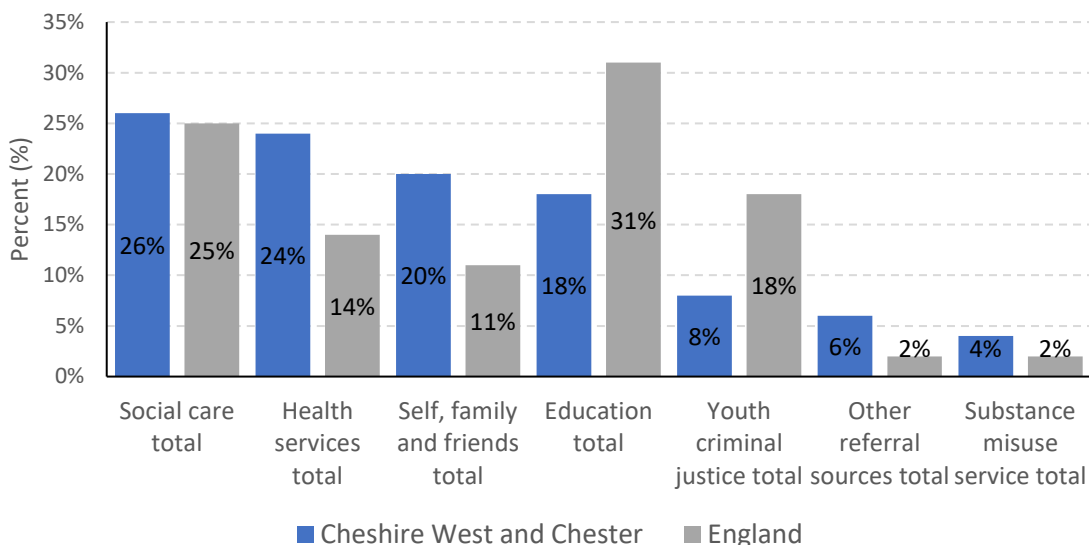
Young people come to specialist services from various routes but are typically referred by education, youth justice, children and family services and self, family and friends. Changes in universal and targeted young people’s services may affect screening, referrals and demand for specialist interventions. There should be clear pathways between targeted and specialist young people’s services, supported by joint working protocols and good communication.

Primary routes into treatment in Cheshire West and Chester are through social care, health services, self-referrals and education services. Cheshire West and Chester reports significantly lower levels of referrals from education services at 18% locally compared to the England average at 31% and the youth justice service with referral locally at 8% compared to England average at 18%.

Fig. 17. Sources of referrals for young people under 18 in treatment for Cheshire West and Chester and England 2021-2022. Source: NDTMS



Sources of referral for those young people (under 18) in treatment for Cheshire West and Chester and England, 2021-22



Males in Cheshire West and Chester are more likely to be referred by social care services or self, family friends compared to females. Females are more likely to be referred via education services or health services compared to males in Cheshire West and Chester.

### Types of Substance misuse

The data includes those aged 18-24 in specialist substance misuse services for young people. Cannabis is typically the most common substance for young people’s substance misuse, followed by alcohol.

Commissioned specialist services must deliver age-appropriate interventions and promote the safeguarding and welfare of children and young people.<sup>8</sup> Services should be based on developmental need rather than age. The needs of 18-24s are different to those of under-18s, as is the legislative framework. Every effort should be made to assess the risk of children and young people interacting with older service users. Clear transitional arrangements and joint care plans will ensure continuity of care.<sup>9</sup>

The Crime Survey for England and Wales for 2020-2021 estimated that around one in five 16-to-24-year-olds had taken a drug in the last year; data on younger people is not available. The survey found that cannabis was the most common drug, used by 19% of 16-24-year-olds. The second most common was powder cocaine, at 4% (down from 5.3%), and nitrous oxide was the third most common, at 3.9%, down strongly from 8.7%. Drug use was more likely in low-income household.

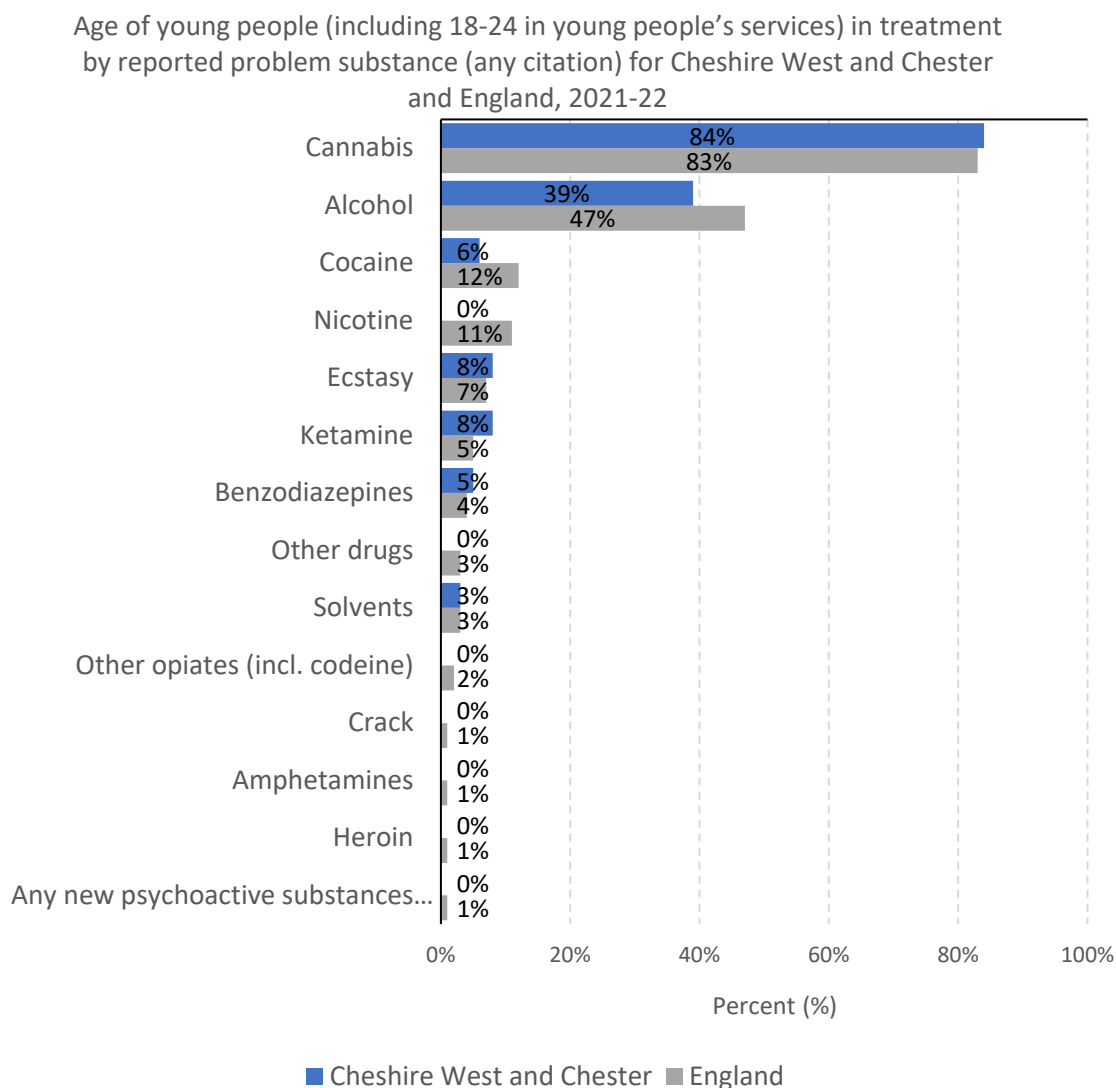
<sup>8</sup> Gilvarry, McArdle, O’Herlihy, Mirza, Bevington & Malcolm (2012) Practice Standards for young people with Substance Misuse Problems.

<sup>9</sup> National Institute for Health and Care Excellence (2016) Transition from children’s to adults’ services for young people using health or social care services:



In Cheshire West and Chester 84% of young people reported cannabis as a problem substance, compared with 83% of the England average, with the largest cohort between the ages of 16 to 17, followed by 14- to 15-year-olds. Alcohol was cited less frequently by young people locally compared to the England average. Ketamine tended to be cited by young people between 16-17 years old.

Fig. 18. Percentage of young people (including 18 to 24) in structured treatment by reported problem substance in Cheshire West and Chester and England. Source: NDTMS



### Tobacco use of young people in substance misuse service

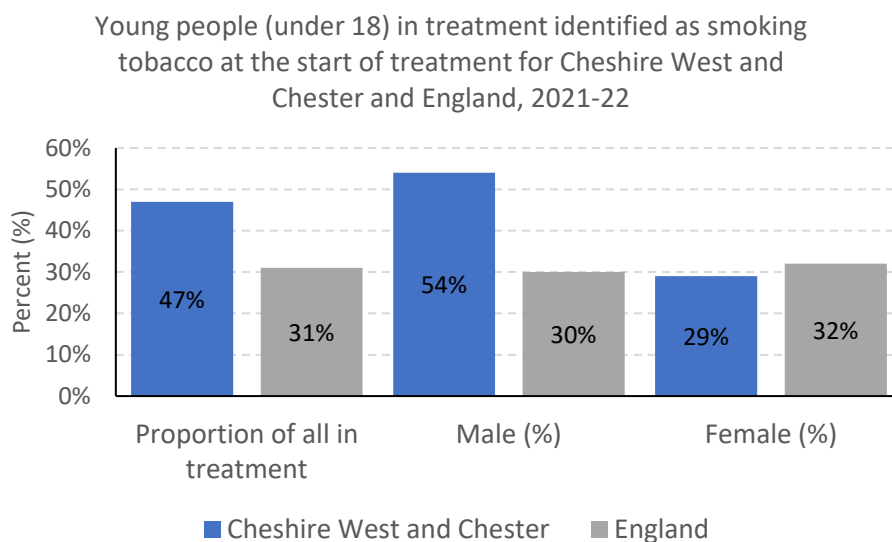
Commissioned substance misuse service Via screens and records the smoking status of all service users, offer advice on effective methods to quit to all smokers (access to effective stop smoking products combined with behavioural support) and act on the individual's decision.



The Smoking, Drinking and Drug Use among Young People in England survey<sup>10</sup> disclosed that pupils who use drugs and alcohol are more likely to smoke as well.

47% of young people in structured treatment in Cheshire West were smokers at the start of treatment, higher than the England average of 31%; with 54% being male and 29% females.

Fig. 19. Source: NDTMS



29% of young smokers in structured treatment at review identified as abstinent from tobacco, higher than the England average of 21%.

### Drinking levels

This section illustrates the number of units of alcohol consumed by young people in the 28 days prior to commencing treatment. Most young people who require structured treatment for alcohol dependence will be drinking at higher risk levels. Drinking levels can be used as a rough proxy for level of dependence and levels of alcohol health risk. An indication of drinking levels in treatment may be useful in understanding which groups of young people are receiving treatment and whether those with the highest levels of harm are receiving effective interventions.

There is a strong association between levels of consumption and severity of dependence, but they are not equivalent. For example, women are likely to become dependent at lower levels of consumption than men<sup>11</sup>.

Consumption is based on drinking levels over the 28 days prior to assessment. There may be some moderately or severely dependent young people who have stopped or reduced

<sup>10</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021>

<sup>11</sup> Department of Health (2009), Guidance on the consumption of alcohol by children and young people, available here: <https://www.ias.org.uk/uploads/pdf/News%20stories/doh-report-171209.pdf>

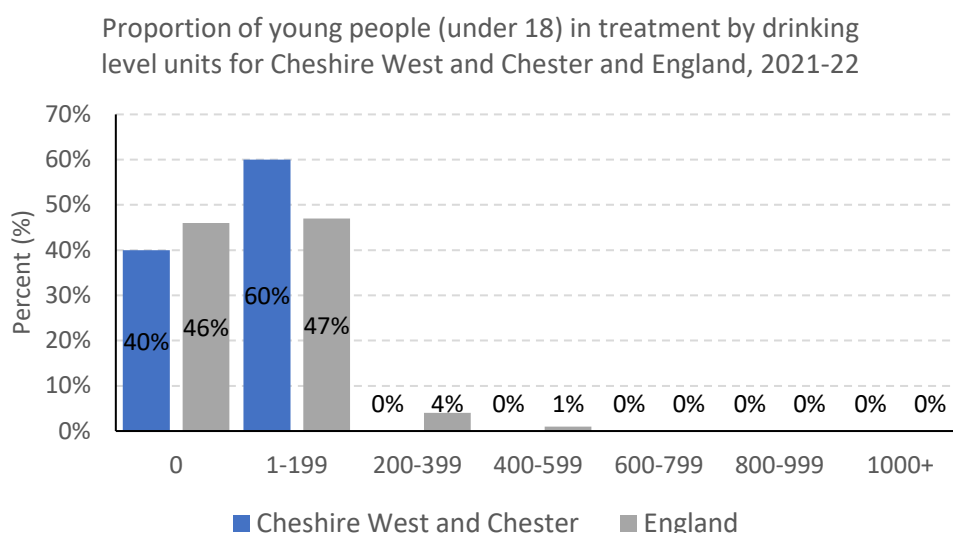




consumption prior to treatment (for example in hospital or prison) so will appear in the lowest category even though they are alcohol dependent and will require treatment.

All young people in treatment in Cheshire West and Chester drank less than 199 units in the last 28 days, with 40% of local young people not drinking any units of alcohol.

Fig. 20. The proportion of young people (under 18 in treatment by drinking level units for Cheshire West and Chester and England. Source: NDTMS



All young people in treatment in Cheshire West and Chester drank less than 199 units in the last 28 days, with 54% of local young people not drinking any units of alcohol.

### Co-occurring mental health issues and substance misuse issues

The data below demonstrates the number of young people in treatment who were identified as having a mental health treatment need at the start of treatment and, of these, the number who were receiving treatment from health services.

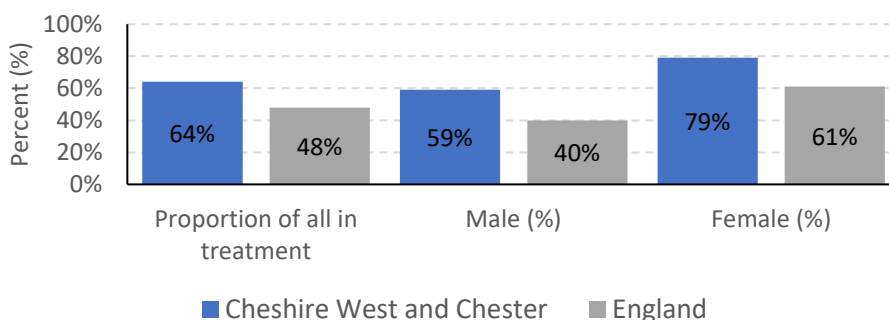
Local data cites 64% of young people (under 18) in treatment were identified as having a mental health treatment need at the start of treatment, significantly higher than England average. Locally and nationally females are more likely to be identified as having a mental health treatment need, however in Cheshire West and Chester the identified mental health need is higher than the England average.

Fig. 21. Young people (under 18) in treatment and identified as having a mental health treatment need at the start of treatment for Cheshire West and Chester and England.

Source: NDTMS



Young people (under 18) in treatment in 2021-22 and identified as having a mental health treatment need at the start of treatment, for Cheshire West and Chester and England



Young people in treatment identified as having a mental health treatment need and receiving treatment for their mental health in Cheshire west is at 88% higher than the England average at 71%.

Table 2 depicts young people in treatment identified as having a mental health need and receiving treatment for their mental health for Cheshire West and Chester and England.  
 Source: NDMTS

Treatment type	Local (n)	Proportion of those with mental health need	Male (%)	Female (%)	England (n)	Proportion of those with mental health need	Male (%)	Female (%)
Already engaged with CMHT*	*	29%	26%	36%	3,205	59%	57%	62%
GP*	*	21%	13%	36%	503	9%	9%	10%
NICE*	*	68%	65%	73%	192	4%	4%	3%
Engaged with IAPT*	*	0%	0%	0%	92	2%	1%	2%
Place of safety*	*	0%	0%	0%	88	2%	2%	2%
<b>Total</b>	<b>30</b>	<b>88%</b>	<b>87%</b>	<b>91%</b>	<b>3,820</b>	<b>71%</b>	<b>68%</b>	<b>73%</b>

\* Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem in drug or alcohol services,

**Unmet mental health treatment need**

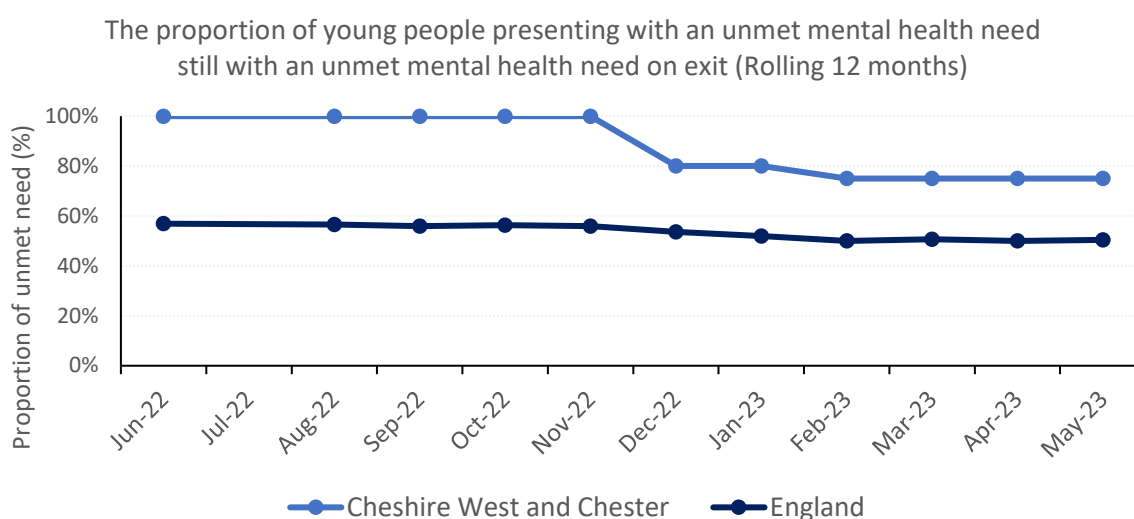


There is a clear link between mental health and substance misuse. However, not everyone diagnosed with mental health challenges are linked to the misuse of substances and vice versa. However anecdotally there is a clear link with young people self-medicating to help with anxiety, addiction and ‘escapism’.

Where a young person has both mental health and issues with substance, these often need to be treated together to gain an effective outcome.

The number of young people presenting with unmet mental health needs are low in Cheshire West and Chester (less than 5 in May 2023), however it is concerning that on exit the majority of these individuals needs are still unmet.

Fig. 22. Source: NDTMS



### Housing and homelessness

A safe, stable home environment enables people to sustain their recovery. All young people in structured treatment in Cheshire West and Chester are living in some type of accommodation.

87% of young people in Cheshire West and Chester in treatment are either living with parents or in settled accommodation. 6% are living in care; there are no young people in treatment in Cheshire West and Chester with an urgent housing need.

### Time in treatment

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 in structured treatment in Cheshire West and Chester are likely to spend longer in treatment with 44% of young people staying in treatment between 27 to 52 weeks compared to the England average at 19%.

Table 3 depicts the length of time in treatment for young people exiting treatment for Cheshire West and Chester and England, 2021-22: Source: NDTMS



Length of time in treatment	Local (n)	Proportion of all exits	England (n)	Proportion of all exits
12 weeks and under	8	24%	3,607	40%
13 to 26 weeks	8	24%	3,029	33%
27 to 52 weeks	15	44%	1,767	19%

### Interventions delivered

Young people have better outcomes when they receive a range of interventions as part of their package of care. If a pharmacological intervention is required, it should always be delivered alongside appropriate psychosocial support<sup>12</sup>. Psychosocial interventions are a range of talking therapies designed to encourage behaviour change. All interventions delivered to young people in structured treatment in Cheshire West and Chester are psychosocial. Cheshire West and Chester has a higher proportion of harm reduction interventions at 100% compared to England average at 68%.

Table 4. Proportion of young people (under 18) in treatment in high level interventions across the treatment journey for Cheshire West and Chester and England, 2021-22. Source NDTMS

	Local			England		
	Psychosocial	Harm Reduction	Prescribing	Psychosocial	Harm Reduction	Prescribing
Proportion with this intervention*	100%	100%	0%	100%	68%	0%

\*Harm reduction intervention is a form of psychosocial intervention

<sup>12</sup> Drug misuse and dependence: UK guidelines on clinical management: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/628634/clinical\\_guidelines\\_2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628634/clinical_guidelines_2017.pdf)



### Vulnerabilities of young people in specialist substance misuse services

Many young people receiving specialist interventions for substance misuse have a range of vulnerabilities. Examples of the types of vulnerabilities / risks young people report having at the start of treatment include not in education, employment or training (NEET), in contact with the youth justice system, experience of domestic abuse and sexual exploitation. Substance misuse, for example, is associated with early sexual initiation and other risky sexual behaviours.

Fig. 23 demonstrates the wider vulnerabilities of young people in treatment in Cheshire West and Chester. In line with national trends, Cheshire West and Chester have a higher proportion of young females entering treatment in and are involved in self-harm (50% of all females) compared to males (36% of all males). Source: NDMTS

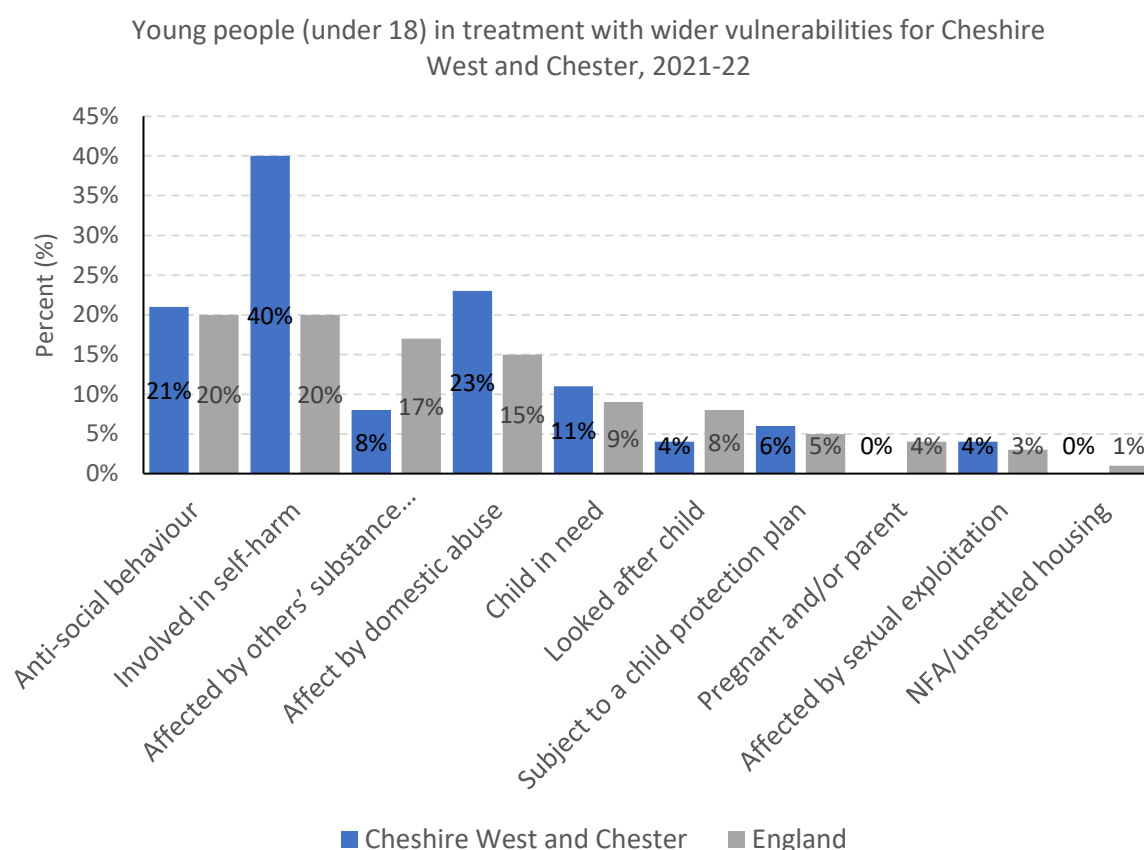


Table 4 presents substance specific vulnerabilities for young people (under 18) in Cheshire West and Chester. Source: NDMTS



Substance specific vulnerabilities	Proportion of all in treatment	Male (%)	Female (%)	Total young people	Proportion of all in treatment	Male (%)	Female (%)
Early onset*	57%	62%	43%	6,528	58%	57%	59%
Using two or more substances (incl. alcohol)	47%	49%	43%	4,471	39%	37%	44%
High risk alcohol users**	2%	0%	7%	430	4%	3%	6%
Opiate and/or crack	0%	0%	0%	188	2%	2%	1%
Injecting	2%	3%	0%	48	0%	0%	1%

Early onset\* is defined as substance misuse starting before the age of 15, either by the age of first use of their reported primary substance, a substance they are currently using (reported on an outcome form), or the young person's age. Over half of young people (under 18) in structured treatment in Cheshire west and Chester experience early onset substance misuse. Nearly half of young people (under 18) in structured treatment in Cheshire West and Chester are using two or more substances (including alcohol). Nearly a third of young people (under 18) in treatment in Cheshire West and Chester are using two or more substances (including alcohol).

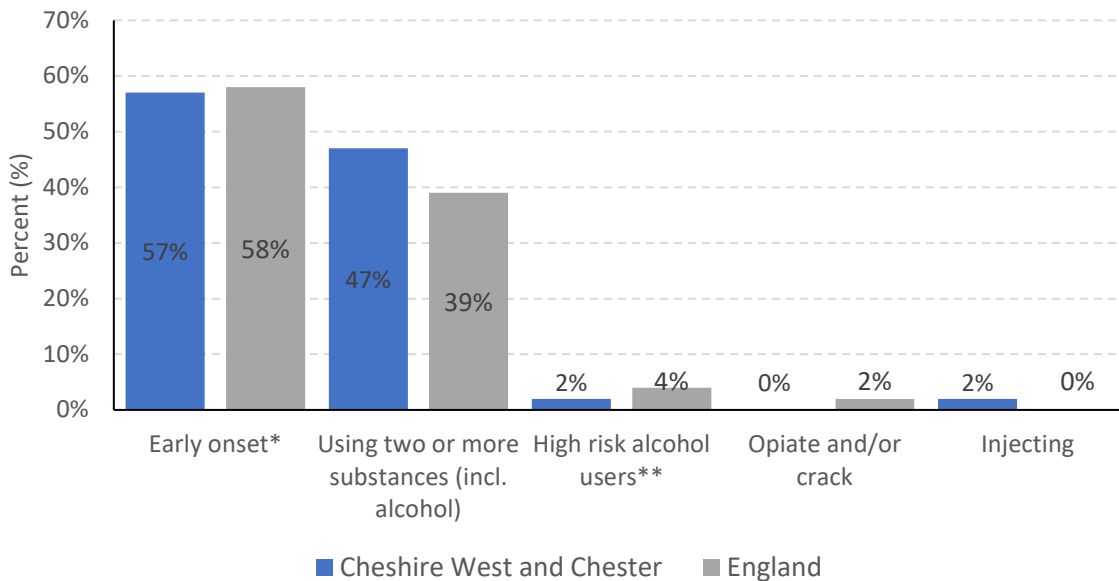
\*\*There are no safe drinking levels for under 15s and young people aged 16-17 should drink infrequently on no more than one day a week<sup>13</sup>. This measure captures young people drinking on an almost daily basis (27+ days out of 28) and those drinking above eight units per day (males) or six units per day (females), on 13 or more days a month. The numbers for high-risk alcohol users are significantly low in Cheshire West and Chester.

Fig. 24. Depicts young people under 18 in treatment by specific vulnerabilities for Cheshire West and Chester. Source: NDMTS

<sup>13</sup> Guidance on the consumption of alcohol by children and young people



Young people (under 18) in treatment by substance specific vulnerabilities for Cheshire West and Chester, 2021-22



### Successful Completions and re-presentations in 2021 - 22

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 are 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 2021 and 31 December 2021, with re-presentations up to 6 months after exiting. It is included to help with monitoring the effectiveness of specialist interventions; a high re-presentation rate may suggest a problem with the treatment system, or an outside factor driving young people to need to return to treatment.

In Cheshire West and Chester 34 young people (under 18) in Cheshire West and Chester exited treatment in 2021-22; with successful exits at 91%. This percentage has seen a slight decrease in successful completions, although local successful completion rates remain higher than the national average.

In 2021, there were no young people in Cheshire West and Chester re-presented within 6 months of exiting treatment. Latest Cheshire West and Chester data shows an improvement on the previous year’s re-presentation rate and remains higher than the national average.

### 6.0 Service Provision

Both the Starting Well program and Via (the commissioned provider for specialised substance misuse services), in alignment with The Council Plan, are committed to fostering the development of children and young people, ensuring they have the best start in life. Public health nurses providing a service in schools play a crucial and distinctive role in bridging the gap between children, young people, schools, families, and broader community services.



Their presence spans from the early years, primary to secondary schooling and extends into early adulthood. During these formative years, public health nurses provide guidance and support to children, promoting both physical and mental well-being.

Via's operations are centred around three primary hubs located in Chester, Ellesmere Port, and Northwich, with additional satellite services in Frodsham, Neston, and Winsford. Services are also peripatetically delivered across Cheshire West and Chester from various venues, including schools, colleges, children's centres, and general practitioner surgeries.

Via offers a specialised Young Person's service catering to those experiencing substance misuse. This service provides tailored substance misuse interventions, encompassing medical, psychosocial, and specialised harm-reduction strategies. These interventions are designed to enhance resilience in young people, mitigate risks, and prevent the escalation of substance misuse.

These specialist interventions are part of a broader service framework addressing a wide range of needs in young people. This framework adopts a life course approach, integrating with early years' services, family support services, and targeted and specialist support for young people.

Via aids young people, parents, and families dealing with substance misuse by collaborating with universal services such as schools, public health nurses, health visitors, or through referrals for additional support via Partnership Plus. This includes Team Around the Family, Early Help and Prevention, or Social Services. In cases where children require further support, referrals are made to Children's Social Care, where care is provided through various plans such as Child in Need Plan, Child Protection Plan, Education Health and Care Plan, or Care Leaver Pathway Plan. Child welfare referrals are managed through the Integrated Access and Referral Team (i-ART).

Both Via and Starting Well services adopt a "Think Family" approach, recognising the comprehensive needs of the family as a crucial element of early intervention and targeted prevention work.

Via and Starting Well are both integral to local safeguarding arrangements, with safeguarding practices deeply embedded in their daily operations. Via additionally supports Children in Care and Care Leavers, who are experiencing issues with substances, helping them to achieve their full potential. This includes involvement with families under the Team Around the Family (TAF), Child in Need (CIN), or Child Protection (CP) plans. However, there is a noted gap in meaningful data concerning young people classified as Child in Need, or those on a Child Protection Plan or a Team Around the Family, particularly in accessing early intervention and prevention services with significant outcomes and impact.

Via's services for young people contribute to the Early Help and Prevention agenda and the Team Around the Family approach, as outlined in the Early Help Strategy endorsed by the West Cheshire Children's Trust. The Service collaborates extensively with all children's services. If a young person presents additional needs beyond substance misuse, their situation is assessed using the Team Around the Family Framework, with care coordination





led by a designated professional. Complex cases may require oversight by the complex care panel for funding and care arrangements.

Via also maintains close partnerships with Child and Adolescent Mental Health Services (CAMHS), Cheshire Young Carers, and third-sector organizations like Alateen. Via has established robust pathways and partnerships with statutory organizations, playing a vital role in supporting children, young people, and their families towards achieving positive outcomes.

For cases requiring highly specialised and/or residential services, Via seeks local solutions to maintain family connections and provide ongoing support services.

The Starting Well Service, as specified in its service outline, aims to identify and provide early interventions and continuous support for individual and group health needs on a universal and non-stigmatising basis.

The Public Health Nursing workforce, responsible for delivering services to 5-19-year-olds, cannot operate in isolation. It is imperative that Public Health Nurses and the broader Starting Well workforce establish strong multi-agency working arrangements.

According to the service specification of Starting Well, Public Health Nurses collaborate with other professionals, including school leaders, teachers, and youth services, to assist children and young people in making healthy lifestyle choices. This includes focus areas such as physical activity, healthy eating, emotional well-being, smoking, sexual health, alcohol, and substance misuse. Special attention is directed towards vulnerable children who experience poorer health outcomes, including Children in Care, those not in education, employment, or training (NEET), young offenders, children with disabilities, and young carers.

In secondary schools, public health nurses offer drop-in appointments for young people, addressing a wide range of health issues, including substance misuse. Performance data indicates that currently, only a small proportion of these appointments are utilised for substance misuse issues, despite an increase in the number of young people facing suspensions or exclusions due to substance misuse. This situation highlights the need for enhanced awareness and utilisation of available health services among young people.

## **7.0 Lived Experience**

Cheshire West and Chester Combating Drugs Partnership (CDP) has commissioned Healthwatch Cheshire West to actively capture the voices of young people, individuals, families, friends, and communities affected by substance misuse. This co-production work aims to ensure that the first-hand perspectives of those impacted by drug addiction are included in the development of commissioning substance misuse services.

The co-production work with Healthwatch will serve as a crucial resource to identify gaps in current substance misuse services, understand the specific needs of affected young people, individuals, and tailor interventions accordingly.

In 2023 an initial investigatory survey was sent to Citizens Focus Panel, which is a cross section of volunteers across Cheshire. The survey featured open ended questions to capture



experiences and views to support in identifying themes. This initial approach of the open questions provided a richness of qualitative data.

Healthwatch is currently undertaking face to face engagement with present and ex-service users, their carers' and families as recognised experts of lived experience. Healthwatch continues to undertake face to face engagement with a variety of groups including young people, youth services, teachers, children centres, mum/family support groups, colleges, gyms, schools, substance misuse recovery groups, mental health groups, social prescribers' homeless groups, and housing providers. Results of this engagement via a written report on their findings will be available in March 2024 and further fed back to those who participated in the engagement process.

Via is further commissioned to incorporate the views of young people who may benefit from support for substance misuse, including young people who are attending treatment and recovery services and their friends and family to ascertain how to improve accessibility into the service. Below is a recent case study.

### **Young Person Case Study**

Abby (not real name), a young individual facing a challenging set of circumstances, was referred to Via due to her daily cannabis use. Her life had been significantly impacted by cannabis use, including poor school attendance, and she found herself entangled in court proceedings. These challenges had taken a toll on her mental health, amplifying her struggles.

#### **Actions Taken by Via:**

Via, committed to helping young people like Abby, initiated a comprehensive plan to support her on her path to recovery, which included:

- **Risk Assessment and Reduction Plan:** Abby's keyworker engaged in motivational interviewing and open discussions with her about the short and long-term risks associated with her cannabis use. Together, they developed a reduction plan to gradually reduce her cannabis intake.
- **Weekly Psychosocial Sessions:** Regular psychosocial interventions such as talking therapies designed to encourage behaviour change were employed, utilising a hybrid approach of face-to-face meetings as well as remote methods. This became a vital mechanism for Abby to explore her motivations for reducing her substance use and identify the triggers that hindered her from quitting.
- **Mental Health Support:** Recognising the impact of her struggles on her mental well-being, Abby's keyworker ensured she had access to consistent mental health support. They helped her develop strategies to manage her anxiety effectively.
- **Building Trust:** Initially, Abby had reservations about engaging with professionals. Work was undertaken to explore various approaches to build trust with Abby, eventually encouraging her to actively participate in the program.

#### **Outcomes for Abby:**



The outcomes of Abby's journey with Via have been positive of which include:

1. Reduction in Cannabis Use: Abby succeeded in reducing her cannabis consumption, eventually achieving abstinence.
2. Relapse Prevention: Her keyworker guided her through relapse prevention strategies, equipping her with tools and knowledge to maintain her substance-free lifestyle in the future.
3. Improved Mental Health: Abby reported significant improvements in her mental health since receiving additional support and ceasing substance use. This positive change has contributed to her overall emotional well-being.
4. Enhanced School Attendance: One of the initial challenges, poor school attendance, has been addressed successfully, with Abby showing improved attendance.

### **Further examples of feedback to Via**

The names are made up for anonymity.

Lucy's mum: "I just want to thank you for all the work you have completed with Lucy. I want you to know you are by far her favourite worker (she's had over 20) and she enjoyed her time with you. Lucy doesn't engage with anyone, and as her mum I am very impressed by your ability to engage with a complex need's child who's aggressive towards staff - so professional. Lucy was always smiling and calm around you and able to open up to you which is a very rare skill. You are a natural people person and a credit to your team."

Shannon's guardian: "Your work with Shannon without question has enabled her to get back on track, and she's back in full time education and for that Shannon and I are grateful."

### **8.0 Evidence of good practice**

Dame Carol Blacks recommendations are aimed at creating a holistic approach that not only addresses the immediate issues of drug and alcohol misuse among young people but also works towards preventing these problems before they start. Dame Carol Blacks recommendations highlights the need for a multi-faceted approach that involves key stakeholders such as schools, Via, Starting Well, Family Hubs, Health and Social Care, and the community. Dame Carol Blacks recommendations include:

**Prevention and Education:** A significant emphasis is placed on the criticality of early prevention and education. This encompasses initiatives within schools and community-based programs designed to educate young people about the hazards associated with drug and alcohol consumption.

**Early Intervention:** It is imperative to identify adolescents at risk of substance misuse at an early stage and intervene accordingly. This requires specialised training for professionals in frequent contact with young people, such as educators and social workers, to detect indicators of substance abuse.

**Access to Support Services:** It is crucial to ensure that adolescents have access to suitable support services, including counselling and treatment programs tailored to their specific age group.



**Family and Community Involvement:** The involvement of families and communities in supporting adolescents is essential. This involves providing assistance to families grappling with substance misuse issues and engaging communities in fostering safe and supportive environments for young people.

**Tailored Approaches for Different Groups:** It is important to acknowledge that diverse groups of young people may have varying needs and risks concerning substance misuse. Customized strategies are recommended for vulnerable groups, including those in the care system or those experiencing mental health challenges.

**Research and Data Collection:** Continuous research and data collection are vital to enhance the understanding of patterns of drug and alcohol use among young people and to assess the efficacy of various interventions.

**Policy and Funding:** Sufficient funding for prevention and treatment programs is essential, along with policies that advocate for comprehensive and integrated approaches to address drug and alcohol use among young people. This includes the development and implementation of strategies that are both effective and sustainable, ensuring long-term benefits for this demographic.

## 9.0 Recommendations

These recommendations aim to create a more effective, integrated approach to addressing substance misuse among young people in Cheshire West and Chester, focusing on early intervention, prevention, education, and comprehensive support.

### Whole Systems Approach:

1. Collaborative Early Intervention: Starting Well to partner with Via for targeted resilience workshops in schools with high-risk behaviours. Train staff to recognise and address substance misuse, mental health, and attendance issues.
2. Integrated Assessment and Referral Pathways: Use tools like [ASSIST-Lite screening tool](#) for early identification. Establish strong referral pathways involving schools, public health nurses, social care, and Via.
3. Education and Awareness Campaigns: Launch school-wide campaigns to demystify substance misuse. Collaborate with public health nurses, public health communications teams and Via for consistent messaging and health promotion.
4. Updated Training Programs: Ensure training programs like ' [Making Every Contact Count \(MECC\)](#) include current information on drugs, hidden harm, and vaping addiction.
5. Addressing Mental Health Needs: Link with mental health teams for comprehensive support, focusing on the connection between cannabis use and mental health.
6. Combating Stigma: Develop strategies to reduce stigma around substance misuse and mental health. Promote open dialogues and support accessibility for families.



7. Gender-Specific Services: Provide tailored services for boys and girls, addressing issues like abuse and self-harm. Ensure clear referral pathways for high-risk youths.
8. Local Drug Information System (LDIS): Integrate 0-19 staff into the LDIS network.
9. Follow-up Interventions: Ensure that issues identified in school drop-in sessions are followed up with targeted interventions.

**Specific to Starting Well: Enhanced Early Intervention and Prevention:**

10. Targeted Resilience Workshops: Implement workshops in schools with high suspensions and exclusions due to substance misuses.
11. Staff Training: Educate school staff on recognising and intervening in substance misuse and mental health related issues.
12. Public Health Nurse Champion: Appointing a public health nurse champion as a lead in substance misuse.
13. Preventive Education on Cannabis: Focus on cannabis education and support for at-risk students.
14. Stigma Reduction in Schools: Use assemblies, workshops, and PSHE sessions to address and destigmatise substance misuse.
15. Collaborative Approach: Foster a collaborative environment among school staff, public health nurses, and external agencies like Via to ensure a cohesive approach to early intervention and prevention.
16. Update Training Programs: Review the [Making Every Contact Count: evaluation guide](#) and the ['You're Welcome Standards](#) offer to ensure it includes up to date brief intervention messaging around drugs, hidden harm and specific concerns such as addiction to vaping.
17. Addressing Co-occurring Mental Health Needs: Recognise the link between cannabis use and mental health issues. Expand partnerships with mental health teams to provide comprehensive support, aiming to reduce substance misuse and improve emotional health.

**10.0 Conclusion**

By implementing these recommendations, Cheshire West and Chester can address the specific challenges identified, focusing on a whole systems approach and specific strategies for Starting Well. This JSNA aims to enhance early intervention and prevention, ensuring better outcomes for young people at risk of substance misuse.