

ACMD evidence for a report on young people's drug use and treatment – WithYou response

October 2020

Points of interest to the ACMD

<p>Prevalence and nature of drug use among young people</p>	<p>With You's experience of delivering young persons services throughout the UK has shown us that young people who use drugs and alcohol are not a homogenous group; we see very different types of presentations depending on the type of service, age and demographic of the service user. Our services that predominantly focus on child exploitation for example will see very different patterns of use compared to our services for young people from a family background of substance and alcohol use.</p> <p>Though the number of young people using drugs is relatively stable, evidence shows it is slowly increasing. While cannabis remains the most prevalent substance among our young service users, we are particularly concerned about the increase in harm from prescribed drugs, such as Xanax (both prescribed and black market). National data shows there was a 53% increase in young people reporting a problem with benzodiazepines last year. The number is now 3 times what it was in 2016 to 2017.¹ However, it remains likely that a significant proportion of young people who use these substances are not presenting to young persons drug and alcohol services in the numbers we would expect, and there are likely to be significant hidden harms (such as anxiety and other mental health issues) present among this demographic. This is a concern considering there has been a 7% reduction in young people contacting alcohol and drug services between April 2018 and March 2019, and a 40% reduction on the number in treatment compared to 2008/9 (24,053).² It is clear</p>
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¹<https://www.gov.uk/government/publications/substance-misuse-treatment-for-young-people-statistics-2018-to-2019/young-peoples-substance-misuse-treatment-statistics-2018-to-2019-report#substance-use-by-young-people>

²<https://www.gov.uk/government/publications/substance-misuse-treatment-for-young-people-statistics-2018-to-2019/young-peoples-substance-misuse-treatment-statistics-2018-to-2019-report>

	<p>that too many young people remain unaware of the treatment and support options available.</p> <p>In the last year our young persons services have also seen an increase in the use of 'unknown substances' often accessed online (WhatsApp or through the Dark Web). They are usually sold as Ecstasy type pills or Benzo's, the potency is unknown and has led to cases of hospitalisations, overdose and deaths.</p> <p>With You is also seeing a growing number of young people presenting to services with complex needs, including poor mental health, experience of self-harm, offending, exploitation. They often have experience of domestic abuse, neglect, parental substance misuse, parental poor mental health and increasingly school exclusion. This is reflected by the rise in the national data which shows almost a third of young people (32%) who started treatment this year said they had a mental health treatment need, which is higher than last year (27%).³</p> <p>However, despite these areas of concern, the vast majority of young people will experiment with drugs without any short or long-term issues. Our experience working with young people has shown that the traditional 'just say no' and fear arousal approaches are ineffective in reducing use and can leave young people sceptical of advice given to them by professionals. We believe that we will not reduce young people's drug use, or the harm they experience by using these approaches. Instead the focus should be on providing confidential and judgement free education on harm from drugs and how they might reduce it, and on young people's wellbeing and their ability to make informed, safe choices.</p>
Evidence of effective treatment	<p>The key principle to effective drug and alcohol treatment for young people is to understand young people's services are different to adult services, and the recovery agenda and adult pathways do not apply in the same way. The focus needs to be on taking a rounded view of the person – on them as individuals not on their 'drug' of choice.</p> <p>Young people do not present in treatment in the same way as adult service users. We believe effective treatment for young people must focus on engaging them in the type of support they receive, explain why their engagement is key, provide quick assessments, develop</p>

³<https://www.gov.uk/government/publications/substance-misuse-treatment-for-young-people-statistics-2018-to-2019/young-peoples-substance-misuse-treatment-statistics-2018-to-2019-report#mental-health-needs>

	<p>joint care plans, provide harm reduction advice and prioritise where the young person sees the significant need. We believe this is a reason why attendance rates in our young persons services are consistently high at 90% and our successful completions are well over 90%. We have found that if they don't see benefits relatively quickly, they will often quickly disengage.</p> <p>To ensure the effectiveness of the services we provide, young people in our services are asked to complete a rating after each session on how that session and the worker met their needs. This allows practitioners to monitor the sessions and alter the topic or approach if the young person is starting to have a lower satisfaction score and risks disengaging. It also allows for continual professional development. Our data also shows that a higher number of child and young people leave With You through a planned exit than the national average, with 99% of children and young people achieving their care-plan goals at exit, higher than the national average of 90%.</p> <p><i>Additional evidence of effective treatment is included in the following section.</i></p>
<p>Descriptions of interventions or treatment models being used</p>	<p>With You currently supports around 5,000 young people aged 11-24. We achieve this through delivering prevention and early intervention programmes, structured treatment and universal programmes working with young people, their families, teachers and peers across a range of different localities and demographics, including rural and urban, affluent and disadvantaged areas. We deliver specialist young persons services in Kent, Shropshire, Bournemouth, Lancashire, Cornwall, Redcar and Cleveland, Lincolnshire, Cheshire, Liverpool, Sefton, Shropshire, Hereford, Stoke, Wigan, South Lanarkshire, East Dunbartonshire.</p> <p>With You's model for young people's drug and alcohol services are designed and developed in co-production with young people, their families/carers, partner agencies, commissioners and experts in the field, with a strong evidence base and in-line with national guidance and standards.</p> <p>Our approach focuses on:</p> <ul style="list-style-type: none"> ● taking a holistic approach, addressing a wide range of risk-factors and risk-taking behaviours ● achieving at least 90% attendance rates, using a variety of

engagement techniques, including digital (including automated but personal text reminders for appointments and ensuring young people know who they are meeting before the first meeting)

- segmenting caseloads to ensure resources are targeted efficiently and young people get support appropriate to their needs
- robustly monitoring the impact on young people's outcomes
- engaging young people in shaping the service through co-production
- promoting early intervention and prevention through training the wider children's workforce to deliver harm reduction information, brief interventions, and make appropriate referrals
- harnessing local assets and giving stakeholders a voice in how services are delivered

Screening and referral

Our flagship referral and screening tool is our comprehensive **Drug Use Screening Tool (DUST)**. DUST guides the referrer to gather a holistic account of a young person's presenting needs, risks and resilience through frank, open discussions around substances, family and homelife, friendships and relationships, emotional and mental health and wellbeing (including self-harm), and risk-taking behaviours – not solely focussed on their substance use. They will also find out whether any other agencies are already involved (eg. social care/child and adolescent mental health services). By recording and sharing this information, we reduce the need for different people to ask the young person the same questions over and over. Using DUST in our Kent service improved referral rates by 24% in the first year of delivery and has maintained the numbers across the contract.

We believe the most effective way to work with young people is through exploring wider behaviours and consequential thinking. We focus on finding out about the person, not just the drug they use. We use motivational interviewing and cognitive behavioural approaches to help young people understand their behaviour and the decisions they take.

Specialist early intervention

Specialist early intervention is a critical area of our work. This relies

on identifying those young people at risk of misusing substances through partnerships working (child exploitation & child sexual exploitation, pupil referral units, child and young persons services, youth offenders services) and assertively engaging young people in evidence-based programmes and interventions, exploring wider behaviours and consequential thinking

We use **RisKit**, a multi-component risk reduction programme for young people who are vulnerable to risk taking behaviour including drug and alcohol use, early and unprotected sex and offending. It was developed, in consultation with young people, through a review of research literature and has been updated to respond to social trends across the UK. The RisKit programme is delivered by experienced Early Intervention practitioners working in collaboration with a range of other specialist agencies to ensure that RisKit reflects the ever-changing needs of the participants. The RisKit programme is targeted at young people who are aged between 14 and 16 years old and aims to help them explore the reasons why they might take risks in order to help them reduce or avoid risk-taking behaviour.

We also deliver our **Mind and Body** programme which is focused on targeted prevention and early intervention for young people who engage in risk-taking behaviours that are associated with self-harm. This programme was designed and developed in our Kent and Cornwall young people's services, and has been highly effective, with 94.64% of participants in Kent in 2018/19 reporting that they are better able to manage risks relating to self-harm following participation.

Working in **schools and educational settings** is another important part of our specialist early intervention work. We deliver drug and alcohol training to teachers and other school staff, parents, and the wider community to raise awareness and build their capacity to deliver harm reduction information, brief interventions, and be able refer into our service using DUST. We deliver evidence based drug and alcohol education packages that support the PSHE curriculum in secondary schools and colleges which focus on awareness, harm reduction and risk management. We also work to support the development of schools' drug and alcohol policies to encourage diverting young people to our schools-based interventions, or service, rather than face instant expulsion when found in possession.

We also deliver **family and affected other programmes** which is delivered through a 7 x session group work programme for young people affected by parental substance misuse.

Lastly, we deliver several programmes aimed at keeping young people out of the **criminal justice system**. The Kent Youth Drug Intervention Scheme (KYDIS) provides an alternate means of dealing with young people under the age of 18 who were found in possession of class B or C drugs, and with no long-term history of drug use. The programme aims to reduce the likelihood of young people falling into a cycle of criminality by diverting them from entering the criminal justice system. During the course of the programme, the young person receives one-to-one interventions with With You. There they can access support, education on illegal drugs and the law, prevention of drug use and harm reduction advice. Once police have received confirmation of attendance from With You, the associated crime report is finalised as a 'Community Resolution with Restorative Justice'. Last year's data showed that 83.3% of young people did not re-offend having completed the programme (in the 5 to 12 months that followed).

Other criminal justice focused programmes include our **child criminal exploitation** work in Shropshire. This involves working in a multi-agency approach to share our knowledge and expertise in relation to substance use and of at-risk young people. We work in close partnership with a range of other services, and offer a fast-track service to get vulnerable young people into treatment as soon as possible to divert them from potential exploitation. Our "Meet and Greet Service" allows a young person who has been identified by a professional as being at-risk of, or is being exploited but is reluctant to consent to a service, to have an informal meeting with one of our professional workers allowing them to explain what we do and how we can support them.

Diversifying how we provide support

Feedback from our service users has shown that there is a clear appetite for greater **diversity of options about how they engage** in treatment, and what works best for them. Alongside providing a greater range in-person and online/phone appointments to enable young people to engage in a way that's easiest and most appropriate to their circumstance, we have expanded our **webchat** service, which

can be used anonymously, and is freely available to all on our website.

We have also been able to effectively make use of our **social media platforms** to meet both local and national needs in relation to harm minimisation information for young people. We use these platforms to deliver targeted messages through SnapChat and Instagram, YouTube, Facebook, and partner's social media sites. For example, all young persons workers at our service in Wigan have Snapchat and Instagram on their work phones which they use as tool to engage with service users, whether through direct messaging appointment reminders, conducting opinion polls, broadcasting drug quality warnings, and monitoring for safeguarding threats eg. online bullying, child sexual exploitation, grooming and drug sales. Our "Drug Of The Month Campaigns" have also been used by the PHE National School Nurse Service.

Intervention, treatment and group work

For young people aged 15 and over with low substance use and few presenting needs, we deliver targeted **brief interventions**, this includes up to three 1 on 1 and/or group work sessions. Our **group work** sessions are tailored to meet local needs eg: Substances (eg. cannabis, cocaine, alcohol), gender, healthy lifestyles, protected characteristics eg. LGBTQ+ and learning needs, concerned others/parental substance misuse.

For young people under 15 who are using drugs and alcohol, and those over 15 who are using substances to a moderate or severe level and/or have complex needs, we deliver **specialist structured treatment** that includes:

- Comprehensive strengths-based assessment
- My Journey Guide: A 12 week programme of psychosocial interventions
- Joint sessions with partner agencies where appropriate
- 6 weekly reviews (up to a threshold of 24 weeks)

Clinical interventions improved by effective partnership working

Though young people presenting with **opiate dependency** is relatively rare, we work closely with adult services to provide young people with access to needle exchange services and pharmacological interventions at different locations from adults to

	<p>keep young treatment naïve clients away from treatment wise adults.</p> <p>Where With You hold both adult and young person contracts, medical assessments and prescribing are delivered in-house. In the case of dependency, we work closely with adult providers, social care and GPs to develop the right package of support. In our Cornwall service, we provide direct access to a young persons residential treatment programme. In other areas, we work in partnership with other providers to ensure a smooth treatment pathway. For example in Kent, we have joint working protocols with CGL and The Forward Trust to support fast and effective access to medical assessments for opiate, alcohol and other substance use.</p> <p>Other effective partnership working can be seen in our work with Boswyns Young Persons Residential Treatment service, providing assessment, support and relapse prevention on exit, for young people aged 16 to 18 requiring detox and residential treatment.</p>
<p>How responses could be improved</p>	<p>We believe responses could be improved in the following ways:</p> <p>Understand young people services are different to adult services, the recovery agenda and adult pathways do not apply. Most adult treatment services are geared towards opiate users, whilst young people who need support tend to use alcohol, cannabis, cocaine, ecstasy and increasingly prescribed medicines. The focus on working with young people needs to be on taking a rounded view of the young person – on them as individuals not on their ‘drug’ of choice. Substance misuse in young people rarely occurs in isolation and is often symptomatic of wider problems, so commissioning and delivering services that recognise, understand and tackle multiple vulnerabilities and complex needs is crucial.</p> <p>Design and run services for young people with the understanding of them as a specific group with different needs, not as an ‘add on’ to adult services. Specialist young persons drug and alcohol services are uniquely placed to understand, identify and respond to the issues impacting young persons drug and alcohol use, including spotting signs of child exploitation and abuse, or developing resilience tools, support focused on helping young people with healthy decision making. Many vulnerable young people will need ongoing support such as targeted youth provision, education, employment and housing support, and they might be referred back to, or stay in touch</p>

with, other agencies that are providing these services to help them maintain their achievements in substance misuse services. At With You our experience of young persons' services being able to support individuals after they have turned 18 is also positive and can mitigate the risk of people disengaging from treatment if they otherwise would need to transfer to a separate adult service.

Commission with longer commissioning cycles. This will help support stronger working partnerships between young people's drug and alcohol providers and other young people's services, such as Child and Adolescent Mental Health Services, to prevent young people from slipping through any gaps.

Flexible commissioning to enable those young people 18+ to continue to receive a young people service appropriate to their needs up to 21 or 25. Young people will often have to navigate the adult service system including treatment, housing, adult mental health service, probation, social care, with much higher thresholds, less flexibility, and with much higher expectations of personal responsibility. These young people can often fall through gaps in services and re-emerge with more complexities later on. As such, there needs to be more flexibility in commissioning age ranges to 21 or 25 - with appropriate funding.

Encourage funding only to be awarded to evidence-based programmes. Where support goes to projects that do not have a strong evidence base or clarity about the outcomes, it means service providers do not know if projects are effective. All young people's services should be using or contributing to developing our understanding of what works.

Encourage schools to engage with and work together with local young people's drugs and alcohol services as trained experts in how to engage young people, and to provide drug and alcohol education. There is also a need for consistent delivery of evidence-based substance misuse education programmes in schools as part of the PSHE curriculum funded through the Department for Education.

Encourage authorities to remove barriers to mental health support, and to find ways to join up working between mental health and drug and alcohol services. Child and adolescent mental health services will often require a young person to be substance free to accept a referral. There is a need for more joint treatment pathways or jointly

commissioned services where young persons substance misuse services and Child and Adolescent Mental Health Services can jointly identify and work with young people with co-occurring conditions.

Encourage a more diverse model of service delivery. Feedback from our service users has shown us that there is a clear appetite for greater diversity among our young service users about how they engage in treatment, and what works best for them. Structured treatment can often be designed to focus on specific demographic groups and there is a need to develop greater awareness among services of the specific needs of other groups, such as LGBTQ, BAME or those with protected characteristics, including those with learning difficulties.

There is a significant lack of honest and accessible information and testing provision in areas where young persons drug use is most common, such as at music festivals, and nightclubs. There is an important opportunity here for information services to be far more prominent in these settings, offering open harm reduction advice, equipment, and resources.

The cuts to youth services has led to reduced opportunities to identify early on those young people that require a referral into specialist substance misuse services. This could be part of the reason why there has been a reduction in young people accessing treatment. This can then lead to young people becoming more complex and entrenched in behaviours, with associated increased risk factors (school exclusion, offending, poor mental health, exploitation) before a first time referral has been initiated.

Phase 1 of the Black Review noted that some local authorities have reduced spending by up to 40% and the reduction nationally in young people's services has created a big gap in some areas. Greater investment in youth services and stand-alone young persons drug and alcohol services would help to ensure that the growing gaps in provision are filled and that young people can access the type of support they need.

Lastly, an improved data set from PHE that captures Early Intervention information as well as structured treatment information would enable a more accurate picture of the level of need and response required.

Case studies of note	<i>Case studies have been included in the previous questions</i>
<i>If you have evidence and practice examples to share which don't fit into one of the categories above, please add detail here</i>	