

North Somerset Young People's

Substance Misuse Needs Assessment and
Treatment Plan

Part 1

Young people's specialist substance misuse
needs assessment April 2018/March 2021

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24/09/2018**

National Strategy

The National Drugs Strategy was introduced in 2010 and set out a clear and balanced approach to tackle drugs. Local communities were put at the heart of the public health agenda, giving local government the freedom, responsibility and funding to develop their own ways of improving public health in the local population.

By 2017 there continued to be an urgent need to go further to address these harms and the underlying factors that can lead to drug misuse. This must be done alongside action to tackle the evolving threats from new drugs markets and patterns of use that are ever changing and often targeted at the most vulnerable in society. We must continue to act, and we must act now to build a safer, healthier society: one that works for everyone.

The 2017 Strategy sets out clear expectations for action from a wide range of partners, including those in education, health, safeguarding, criminal justice, housing and employment.

It also outlines the actions that will be taken at a national level to support local areas to ensure everyone plays their role in:

- preventing people – particularly young people – from becoming drug users in the first place;
- targeting those criminals seeking to profit from others' misery and restricting the availability of drugs;
- offering people with a drug dependence problem the best chance of recovery through support at every stage of their life; and
- leading and driving action on a global scale.

The strategy identifies Young people's substance use as a distinct problem and looks to invoke actions to prevent the onset of drug use, and its escalation at all ages, through universal action combined with more targeted action for the most vulnerable. This includes placing a greater emphasis on building resilience and confidence among young people to prevent the range of risks they face (e.g. drug and alcohol misuse, crime, exploitation, unhealthy relationships).

The majority of young people do not use drugs and most of those that do, are not dependent. But drug or alcohol misuse can have a major impact on young people's education, health, family life and long-term life chances.

Young people's services are configured and resourced to respond to these particular needs and to offer the right support as early as possible. Services need to respond to emerging trends and adapt accordingly specially in relation to the following;

- The provision of good quality education and advice so that young people and their parents are provided with credible information to actively resist substance misuse
- Early intervention for young people and families - Some young people face increased risks of developing problems with drugs or alcohol.
- Targeted support for vulnerable groups to prevent drug or alcohol misuse or early intervention for those at risk groups
- Intensive support for young people – rapid access to specialist support for those young people whose drug or alcohol misuse has already started to cause harm
- Diverting vulnerable young people away from the youth justice system where appropriate
- Keeping children safe and rebuilding families

Contents

Executive summary	4
Policy context	6
Background.....	6
Population	7
Local Profile.....	7
Deprivation	9
Service Delivery	10
What the data says.....	11
Profile of Young People in Specialist Substance Misuse Services.....	13
Treatment Map	20

Executive summary

Overview

The governance and accountability processes are consolidated within the Youth Offending Service Management Board and the Community Safety Drug Action Team Joint Commissioning Group under the auspices of the established People and Communities Board. The Joint Commissioning Group has delegated the governance and 'sign off' of the Treatment Plan to the YOS Management Board. The specialist service provision is provided through the Youth Offending Service managed Substance Advice Service (SAS). Earlier interventions are provided across underlying risk and vulnerability factors by a range of Partners including the established Community Family teams; Resource Service, Schools, Academies, Vulnerable Learning Services, the Voyage Learning Campus and Weston College.

Overall, treatment services in North Somerset appear to be meeting the needs of those young people who access them.

All young people requiring a service are treated in a specialist young people's service. In 2017-18 126 referrals were received, 58 requiring structured treatment. Waiting times to start treatment were short with all young people commencing treatment within 15 working days of being referred. All young people accessing treatment had a specialist care plan within 2 weeks of starting their treatment.

In the specialist service 2017-18, the most common drugs young people required help with is cannabis 84% an increase of 7% on 16/17, secondary is Alcohol 67% up 13% on 16/17.

The most common routes into specialist substance misuse services were from education and youth justice services. Education provision accounted for 27.6% of the total and 26% from the Youth Offending Team, however referrals were received from a wide variety of sources including, 20% from children and family services, and 19% from Family /Self.

The majority of young people accessing the specialist substance misuse services are using a range of substances and have a range of problems or vulnerabilities related to their substance use. These wider factors that can impact on their substance use and include self-harming, offending or domestic abuse.

With two thirds (65.4%) of the young people accessing the service resident in the Weston area and 30% living in two wards (Central and South) which are amongst the top 20% most deprived areas in the country, with pockets in the top most 4% deprived, it is likely that the higher levels of vulnerabilities of the young people accessing services in North Somerset is linked to the levels of deprivation.

The high level of vulnerabilities experienced by young people in North Somerset is reflected in a reduction in treatment outcomes with 66% of young people leaving services in 2017/18 (78% 2016-17), in a planned way and no longer requiring specialist treatment.

All treatment modalities will continue to be offered incorporating harm reduction and family intervention options.

The demand for specialist substance misuse treatment services have now been tracked and monitored against key performance indicators for some years as detailed in key findings section. The current staffing establishment through SAS addresses this need although there is continuing uncertainty as to the amount of service provision required in the coming years for children of substance misusing parents. Data from 17-18 tells us that 50% of our young people were affected

by a family members substance use, an increase on 2016/17 of 6%, but still much higher than the 19% nationally (most recent figure from 15-16). In addition, 48% of young people in structured treatment were identified as having mental health problem, of which 80% had an identified treatment need

Quality data collection and analysis remain high priorities to inform and monitor service delivery.

Key Priorities

Key priorities for developing young people's specialist substance misuse treatment interventions to meet local needs during the next financial year include;

- i. Continue to train, subject to available resources, alcohol and drug awareness work within Academies/Schools and other agency staff in order to;
 - equip for early intervention work
 - refer young people into specialist treatment services e.g. SAS
- ii. Monitor numbers of young people presenting in accident and emergency at Weston local hospital with alcohol/substance misuse risks and referral to SAS and subsequent outcome measurement.
- iii. The YOS and SAS Managers will monitor performance and take exception reports to the YOS Management Board/Joint Commissioning Group/Public Health England Regional Lead for Young People Drugs & Alcohol should the need arise.
- iv. Monitor the numbers of young people using Stimulants and Novel Psychoactive Substances (NPS).
- v. Monitoring numbers of young people not in education, training or employment (NEET)

The 2016-17 Treatment plan identified a number of potential gaps and priorities to be addressed throughout this year. A summary of those priorities and the progress that has been made to date are in the Forward Plan

Policy context

The Young Person's Substance Misuse Needs Assessment has been compiled in accordance with their Public Health England guidance¹. The purpose of the needs assessment process is to examine the relative needs and harms of young people to enable evidence-based and ethical decisions on how these needs can be most effectively met within available resources by focusing on in particular:

- Those young people who are in treatment for whom treatment appears to be meeting their needs (planned discharges, positive outcomes).
- Those who are in treatment, but their needs appear not to be being met – e.g. long waits, low planned discharges, differential outcomes.
- Those young people who are known to have a treatment need but are not currently in treatment (e.g. unsuccessful Children Looked After (CLA), Youth Offending (YOT) referrals).
- Those young people who have a treatment need but have not been identified
- Those who need access to treatment services (e.g. following release from secure estates).

This Young People's Needs Assessment builds on the findings from previous years and will assist with the planning and delivery of services to support vulnerable young people by contributing to the 2016/17-19/20 Young People's Treatment Plan.

Background

The Substance Advice Service (SAS) is a specialist service for Young People in North Somerset with substance misuse issues. It is managed through the Youth Offending and Prevention Service. This Service is distinct from North Somerset adult treatment services as often a different response is required for young people with alcohol and drug problems. Consideration needs to be given to a range of factors this includes the age and maturity of young people, delivery of child friendly services and the need to respond to safeguarding concerns. Additionally, requisite support is required in ensuring young people are not exposed to the more problematic adult drug users.

The Substance Advice Service (SAS) is a combined service working with young people delivering unstructured and structured interventions (formally Tier 2 and 3) depending on the needs of the individual young people involved. It works closely with a range of agencies delivering services to children and young people. The Service, by agreement delivers a range of training and information awareness programmes to schools and professionals.

Problematic drink and drug use leading to acute harm amongst service user is rare but does happen. Young people often have a wider range of problems including risk factors such as offending, lack of education training or employment, neglect, underlying mental health concerns, risk of sexual exploitation / sexual activity and domestic abuse and parental substance misuse which can be linked to substance misuse.

The data contained within this report must be considered with caution due to variability of the data; any data involving percentages is especially variable due to the small numbers involved; numbers have been redacted when values are five or less, this is indicated by an asterisk * against each relevant data item. Therefore, any small differences in numbers or percentage need to be considered carefully as they are unlikely to be significant. All data unless stated is sourced from ILLY the case management system used by the Young People's Substance Advice Service

¹ PHE Young people's drug, alcohol and tobacco use: joint strategic needs assessment (JSNA) support pack - Good practice prompts for planning comprehensive interventions in 2016-17

**Population
Local Profile**

Mid-year estimates from the Office of National Statistics (2017) give the population of North Somerset as 212,834 people. Of these just over half, 109,187 were female and 103,647 were male. This is a similar split to that seen nationally.

Population projections suggest that by 2039 21% of the North Somerset population will be young people aged below 19 years and 30% will be people aged over 65 years. It is predicted that the elderly population will grow at a faster rate than the younger population (Fig 1).

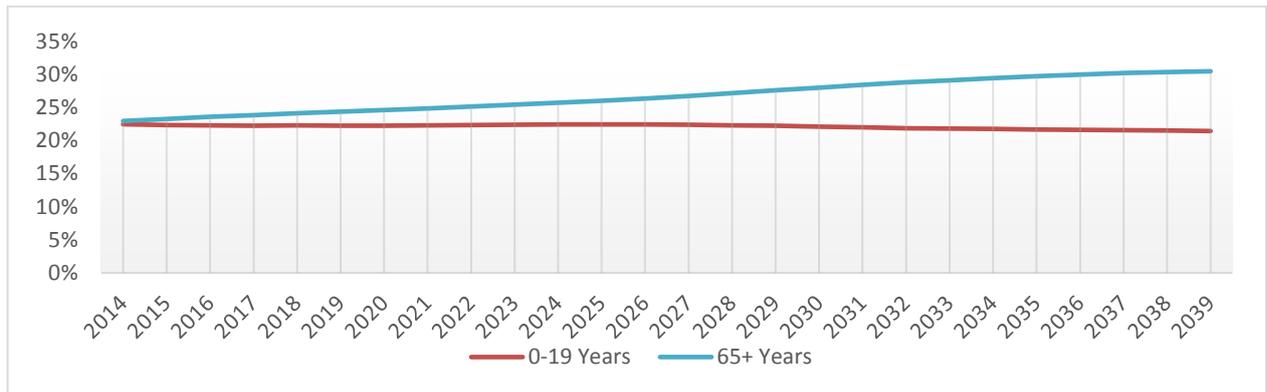


Fig 1: Populations projections North Somerset under 19 years and +65 years Source: ONS

The projected under 19 population percentage of North Somerset in 2039 is similar to that of the national population (21.4% compared to 22.6%).

Population density (number of people per hectare) in North Somerset is 561 people per square km. This compares to 534 in Bath & North East Somerset and 553 in South Gloucestershire. Bristol is the local area with the greatest population density with 4,085 people per square km.

154,000 residents live within towns in North Somerset, with the remaining 54,000 spread across rural areas. The rural area of North Somerset is three times the size of the towns and has 2 people per hectare, compared to 16 within a town. Portishead is the most densely populated area, with Portishead East ward recording 52 people per hectare. It is also the smallest town, with an area of 899 hectares. Wards recording 50 people or more per hectare include Weston-super-Mare Central, Mid and North Worle and Clevedon South.

It is anticipated that there will be another 8,327 new homes built in North Somerset over the next five years, of which 3,061 are expected to be in the Weston-super-Mare villages. This will impact on potential services, particularly in already densely populated areas.

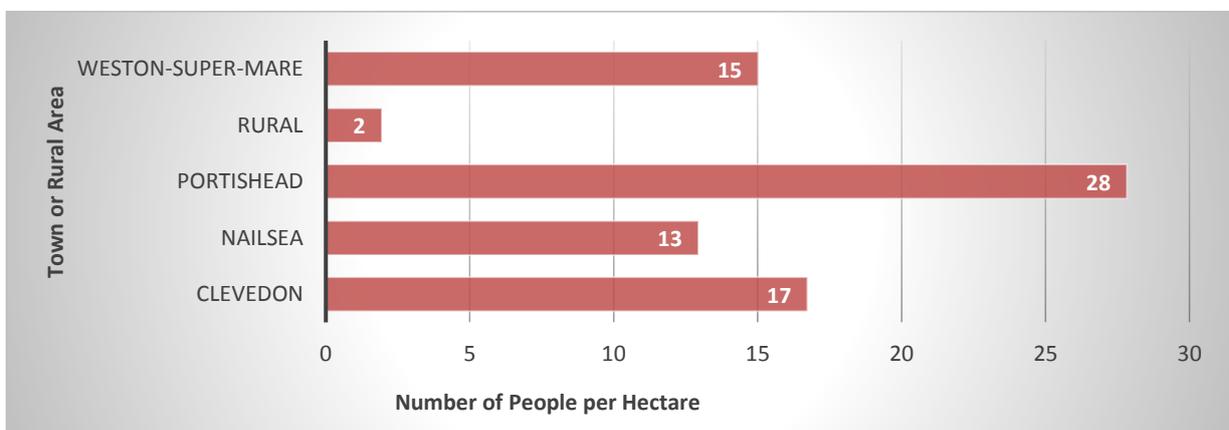
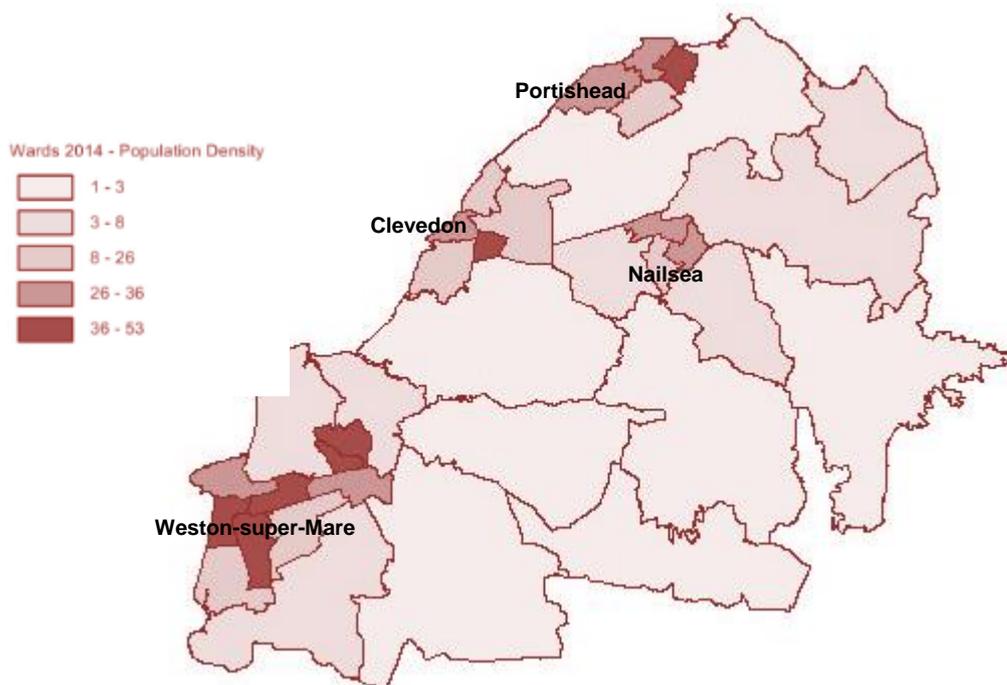


Fig 2: North Somerset Population Density

Fig 3: Population Density Map North Somerset Wards (People per Hectare)



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60% of North Somerset is considered rural, 40% of the total population lives in Weston-super-Mare and 30% in the towns of Clevedon, Nailsea and Portishead. Overall, North Somerset is a prosperous area, scoring above national average on key health, crime, education and employment indicators. However, around 10% of North Somerset's population lives in areas that are amongst the 20% most deprived in England. All of these are in Weston-super-Mare, however, there are also significant pockets of deprivation in the other towns and in some villages.

- Based on the 2017 population mid-year estimates there were a total of 47,282 children and young people aged 0–19 living in North Somerset, about 22.2% of the total population
- 95.7% of pupils in North Somerset are of white British or other white origin, with 4.3% from a black or minority ethnic background (2018 May School Census).
- 159 young people received a treatment during 2017/18 of whom 96.2% are of white British or other white origin, with 3.8% from a black or minority ethnic background (2016/17: 153yp, 97.4% White British, 2.6% Black or Minority background).

An individualised approach ensures ethnicity and cultural aspects are recognised and taken into account in work with young people and families.

For further information in relation to the North Somerset profile refer to The North Somerset Children and Families Partnership Plan for 2016-2019; and the *Joint Strategic Needs Assessment*.

Not in Employment, Education or Training (NEET)

Overall North Somerset NEET (16-18yr) has increased from 3.7%² in 2016/17 to 5.4% in 2017/18

² Local reporting NEET data and includes those young people 16-18yr not known as NEET

Crime

The overall rate of crime and anti-social behaviour in North Somerset has increased³. There remain challenges in addressing issues which have a significant impact on health and wellbeing, such as violent crime and domestic violence.

Deprivation

Deprivation in North Somerset can be measured through a number of indicators, but the principal estimate is the Index of Multiple Deprivation (IMD)⁴.

The IMD is a Lower Layer Super Output Area (LSOA)⁵ measure of deprivation covering the population of England. It is based on the premise that multiple deprivation is made up of the following separate dimensions, or domains of deprivation, each of which is weighted as follows:

- income deprivation (22.5%)
- employment deprivation (22.5%)
- health deprivation and disability (13.5%)
- education, skills and training deprivation (13.5%)
- barriers to housing and services (9.3%)
- crime (9.3%)
- living environment deprivation (9.3%)

In North Somerset there are 135 LSOAs, of which 18 were in the most deprived 25% of areas nationally, 17 were between the most deprived 25% and the average, 42 were between the average and the least deprived 25%, whilst 58 were in the least deprived 25% nationally (fig 2.6). This suggests that North Somerset overall has relatively low deprivation, with almost three quarters of LSOAs less deprived than average.

However, population estimates show that over 27,100 North Somerset residents live in one of the 25% most deprived LSOAs in England, including over 4,770 children aged between 0-15 years.

³ <http://www.ukcrimestats.com/>

⁴ 'The English Indices of Deprivation 2015' reports, Department for Communities and Local Government, September 2015.

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

⁵ Lower Layer Super Output Areas are relatively small areas, each with an average population of 1,500 residents, and enable comparison of like-sized areas across the country. In England there were 32,844 LSOAs compared to around 7,669 wards.

Service Delivery

Interventions

North Somerset can provide the full range of treatment modalities in line with NTA Guidance; Psychosocial, Family and Harm Reduction interventions are all provided by North Somerset's Young People's Substance Advice Service (SAS) and during 2017-18 accounted for 100% of all interventions. There is a protocol in place with the Adult Specialist Drug and Alcohol Specialist Service (SDASS) to provide any Pharmacological interventions as required in conjunction with SAS, and any young person requiring residential treatment would be funded accordingly to attend a specialist facility although there is one residential rehab in Weston-super-Mare which is registered to treat young people.

Continuity of Care

SAS do not operate a policy of only treating young people under 18; if a young person turns 18 whilst in treatment, SAS will continue working with that young person whilst helping them access adult services. If a young person is considered to be particularly vulnerable or has complex needs they may continue working with that person until they are either ready to move on or have finished their treatment possibly up to the age of 20.

Benefits of specialist substance misuse interventions

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 long term. ⁽ⁱ⁾ Specialist services quickly engage young people, 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.

Prevention and Training

The demand for specialist substance misuse treatment services is met by the current staffing establishment although SAS addresses this need there is continuing uncertainty as to the amount of service provision required in the coming years for children of substance misusing parents. Data from 17-18 tells us that 50% of our young people were affected by a family members substance use, an increase on 2016/17 of 6%, but still much higher than the 19% nationally (most recent figure from 15-16).

SAS workers are monitoring national and local trends of drug use and consequently continue to raise awareness of this to young people and partner agencies through training initiatives. Partnership working with the youth service providers, Health workers, No Worries Clinics, and other agency workers continue to address the needs of young people in their own settings.

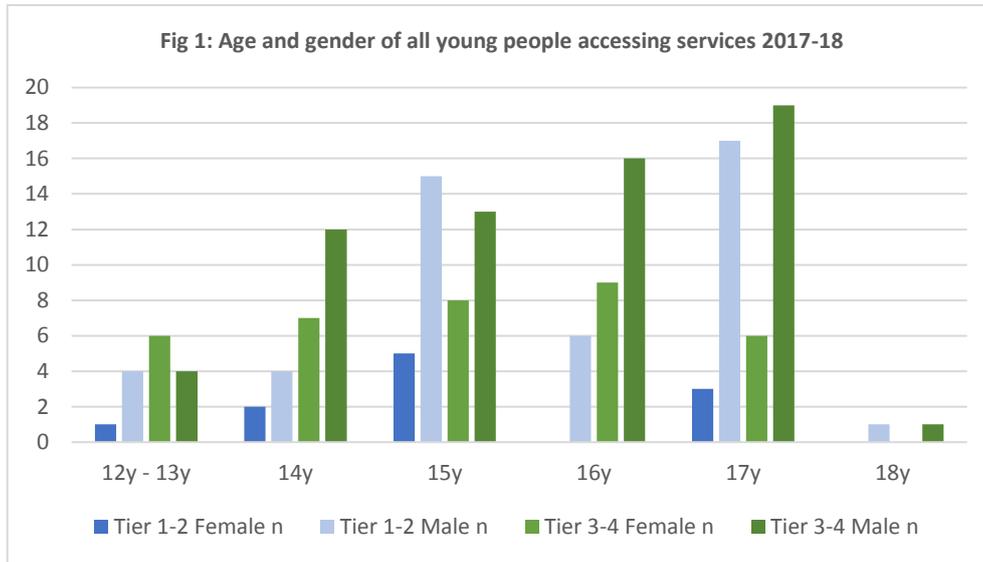
The projected numbers of young people requiring the additional intervention of a prescribing service is likely to be minimal based on previous figures.

SAS will, subject to capacity, continue to work proactively with academies/schools and partner agencies to provide training input to enhance prevention and early intervention, and to identify any additional young people requiring treatment intervention. Traded services will be agreed where appropriate.

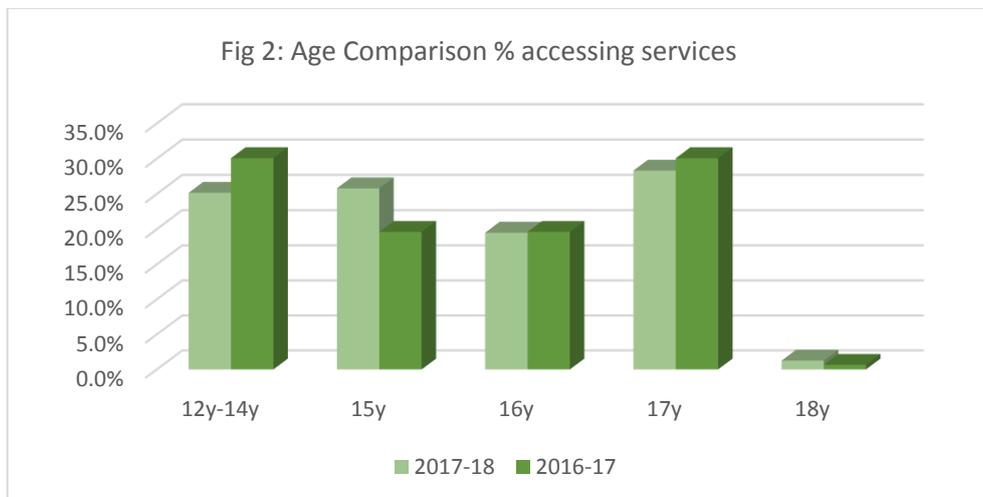
During 2017-18 the SAS team delivered 12 education, awareness and training events which involved 79.65 staff hours and engaged with 2,910 individuals. The events took place throughout the whole of North Somerset and covered a variety of topics including mental health, alcohol, cannabis, legal highs as well as general drug awareness. The increase in uptake and requests in events could be reflective in the increase and wider range of referrals being received.

What the data says

Age and Gender of all young people accessing service



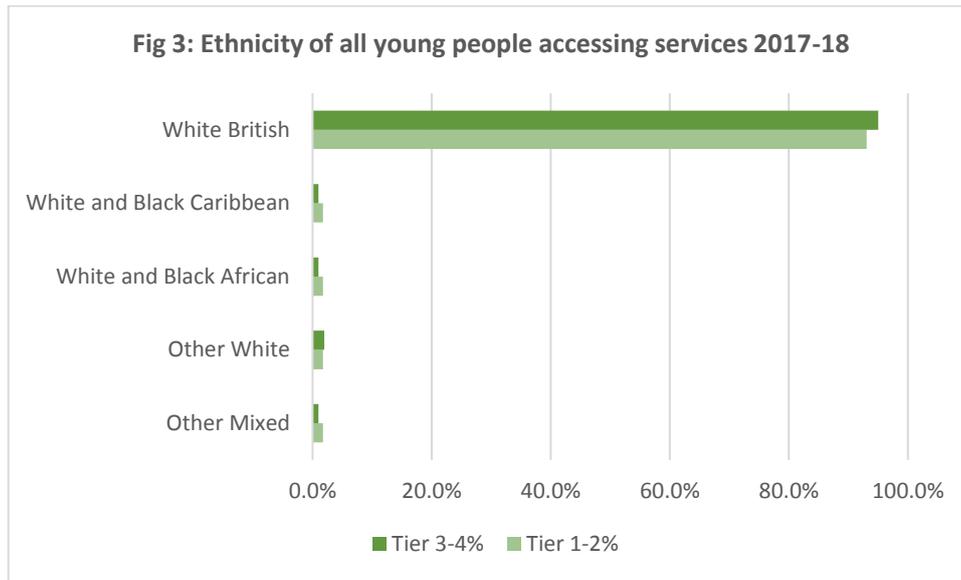
Most young people receiving unstructured (Tier 1-2) and structured (Tier 3-4) treatment were aged between 15 and 17 (79% & 70% respectively), for 2016-17 this was 64% Tier 1-2 & 74% Tier 3-4.



There is an increase in the number 15-year olds accessing services, 41yp, equating to 25.8% of service users and a 4.9% reduction in 12-14yr olds (6yp) compared to 2016-17.

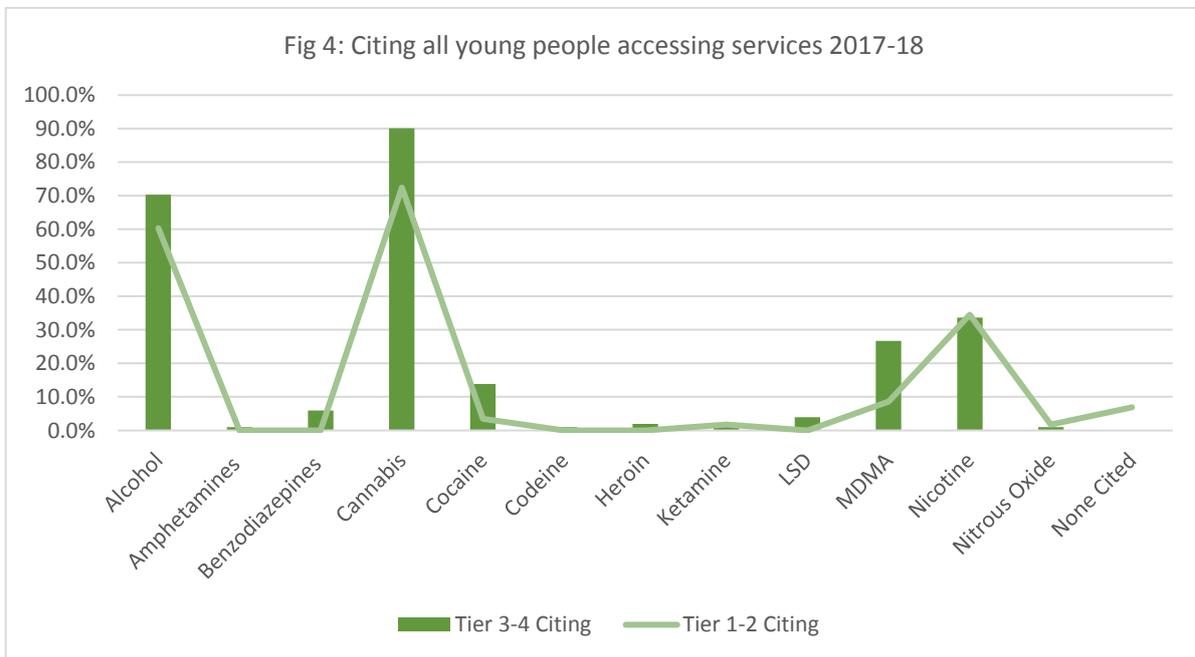
The overall age profile for unstructured treatment was slightly older with 79% aged 15 or older compared to 70% for structured treatment. However, there were twice as many 16-17-year olds, 50yp, accessing structured treatment. In addition, there was a 61% increase (11yp) in the number of 12-14yr olds accessing structured treatment compared to 2016-17.

Ethnicity of all young people accessing service



Most young people receiving unstructured (Tier 2) and structured (Tier 3) treatment were White British 96.2%. Ethnicity was stated in all cases.

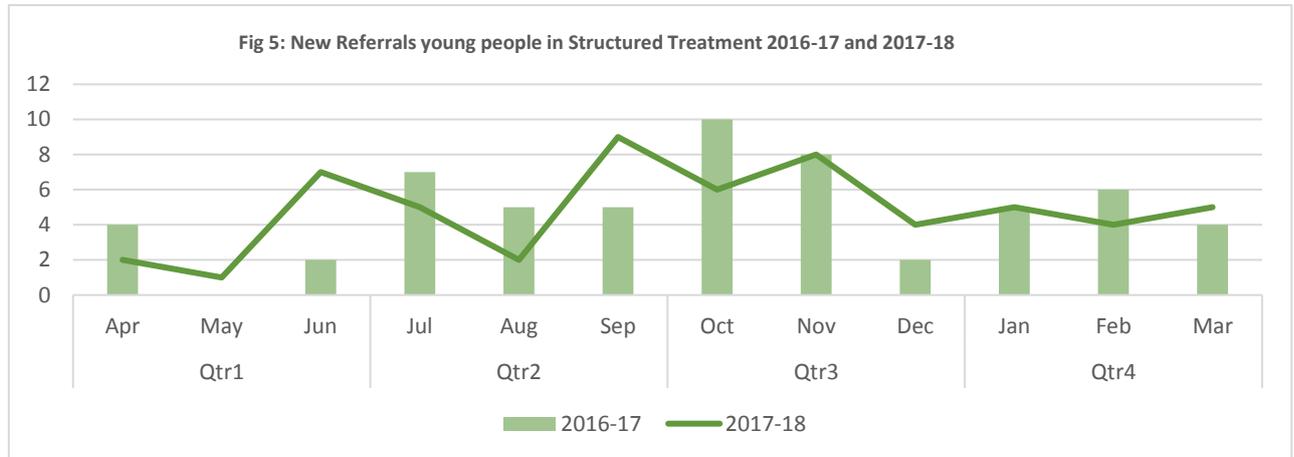
Substance Use of all young people accessing service



Cannabis was the main drug cited for structured and unstructured clients 90.1% and 72.4% (94.4% and 61.7% 16/17) respectively. Second was alcohol 70.3% and 60.3% (63.9% and 44.4% 16/17). Third was nicotine (27.8% and 19.8% 16/17). Additionally, 26.7% of those in structured treated cited MDMA.

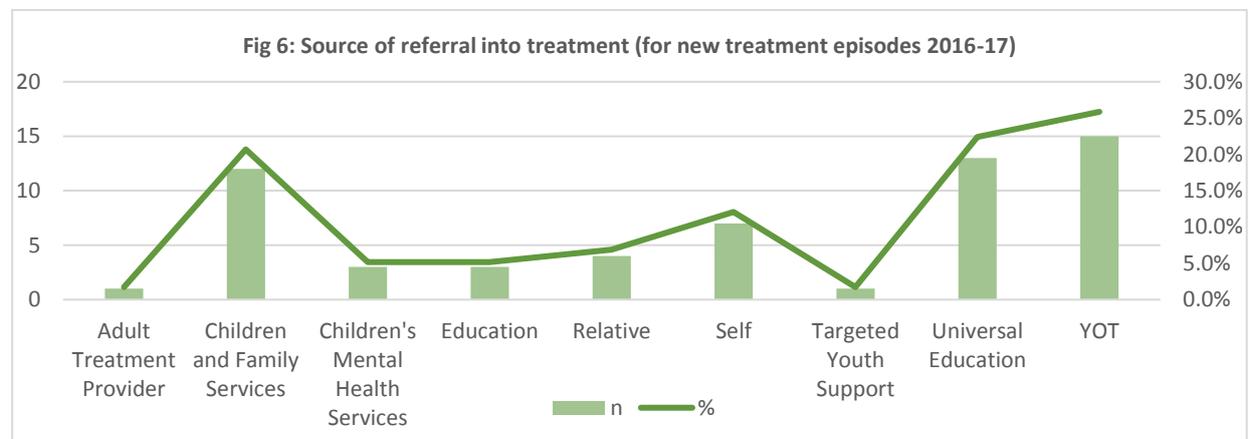
Profile of Young People in Specialist Substance Misuse Services

New Referrals



There was no change in the number of new referrals (58) for structured treatment in 2017-18 compared to 2016-17. The profile of the young people accessing the service was predominately White British (96.6%) a change of 3.4% on 2016-17; male 60.3% a reduction of 5.2% on 16/17; aged 15-17 69.0%, an increase of 8.6% on 16/17; with 88% (17/18) and 93% (16/17) citing use of cannabis.

Source of referral into treatment (for new treatment episodes)



Most new referrals, 27% came from Education (8.6% 16/17), and criminal justice services 26% (48.3% 16/17). Additionally, referrals from Children's social care accounted for 20%, up 1% and self (family) for 19%, up by 7%.

Access to services

The table below shows a breakdown of waiting times under and over three weeks. 81% of young people referred were assessed and accessed services within 3 weeks of referral.

Waiting Times (days)	Female	Male	Total
< 3 Weeks	18	29	47
3 - 6 Weeks	3	5	8
> 6 Weeks	2	1	3
TOTAL	23	35	58

Tb11 Waiting Times 2017/18

Substance use of all young people in treatment 2016-17

Individuals accessing substance misuse treatment services are categorised by the substances they cite as problematic at the start of treatment. They are categorised by the following hierarchal criteria:

- any mention of opiate use in any episode would result in the client being categorised as an **OPIATE** client (irrespective of what other substances are cited)
- clients who present with non-opiate substances (and not opiates or alcohol) will be classified as **NON-OPIATE ONLY**
- clients who present with a non-opiate substance and alcohol (but not opiates) recorded in any drug in any episode in their treatment journeys will be classified as **NON-OPIATE AND ALCOHOL**
- clients who present with alcohol and no other substances will be categorised as **ALCOHOL ONLY**

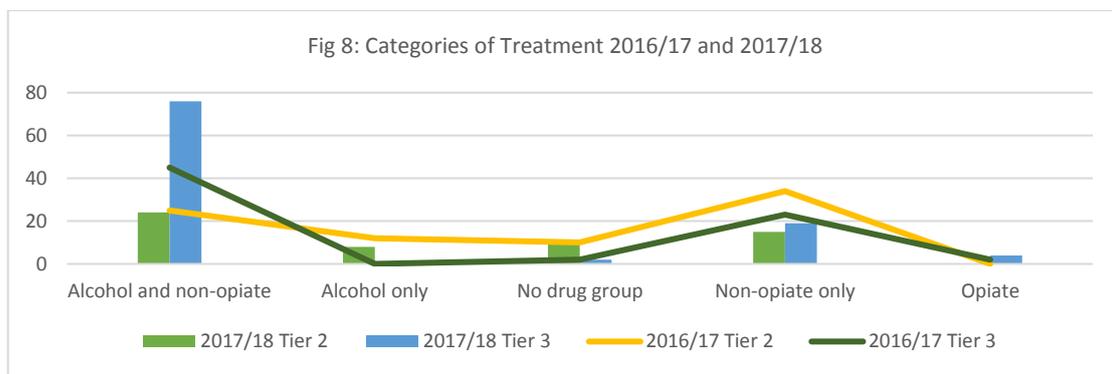
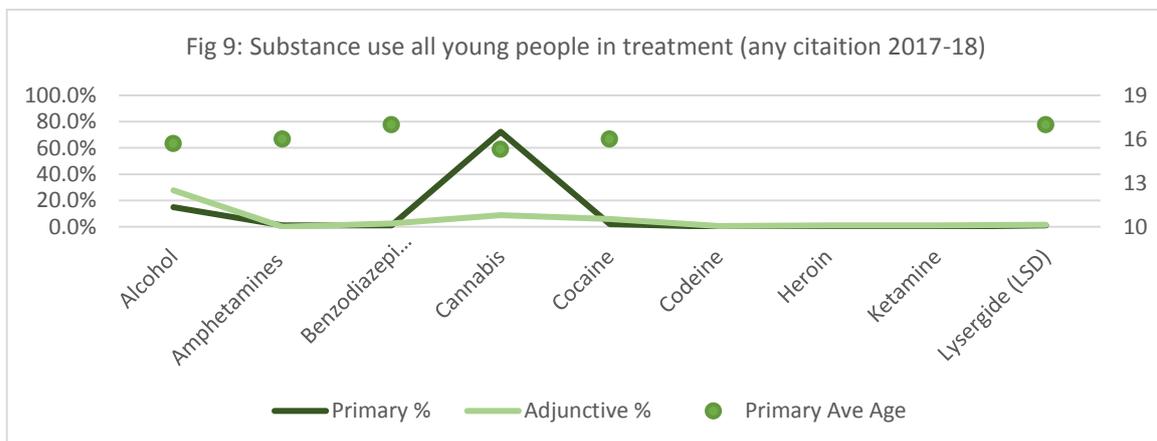


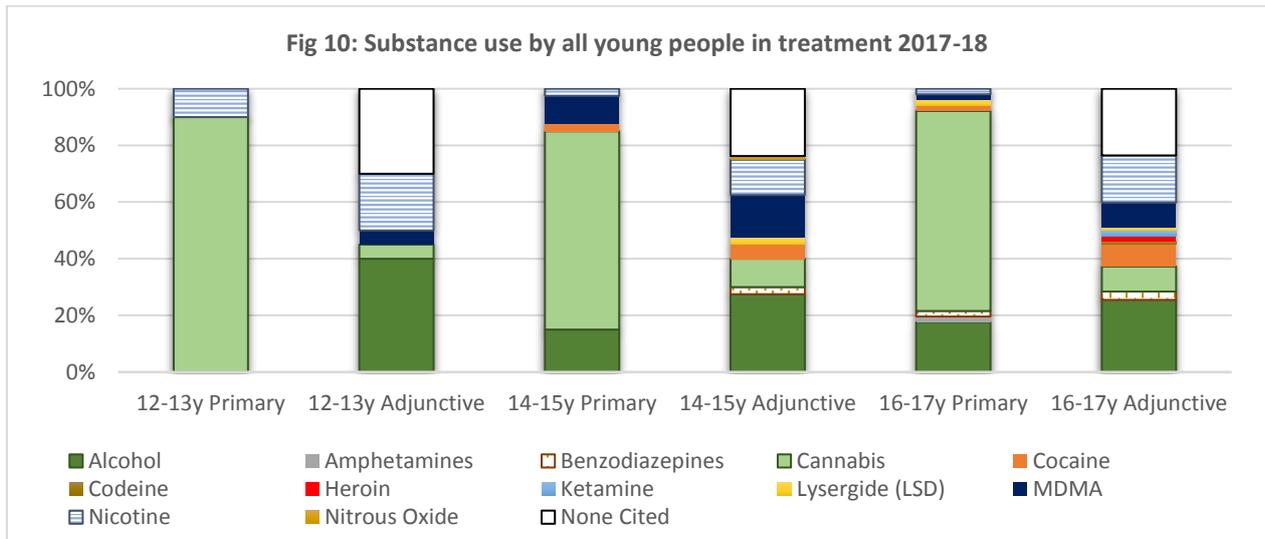
Fig 8 shows the number of young people accessing treatment in each of the 4 NDTMS Drug Groups. Well over half of all referrals included alcohol, with the majority referred for alcohol and non-opiate treatment.



The majority of young people in North Somerset presenting to SAS record either cannabis 66.0% (77.8% 16/17) or alcohol 17.6% (13.9% 16/17) as their primary substance with very few citing the use of heroin, crack or the use of New psychoactive substances (NPS).

When the whole drug profile is considered (including second and third drug choices), a different pattern emerges and shows that 44% (28% 16/17) record the use of Class A substances (heroin, cocaine (including crack), methadone, ecstasy (MDMA), and LSD), with MDMA accounting for 28% (17% 16/17) and 12% Cocaine (6% 16/17). There was no recorded the use of NPS. Additionally, of those in treatment 24% did not cite second and third drug choices.

Substance use by age all young people in treatment 2017-18



The average age of young people based on the primary substance is 15.4yrs (15.4yrs 16/17). For those citing cannabis and alcohol this was 15.4yr and 15.8yr respectively (15.5yr and 15.3yr).

Residency of all young people

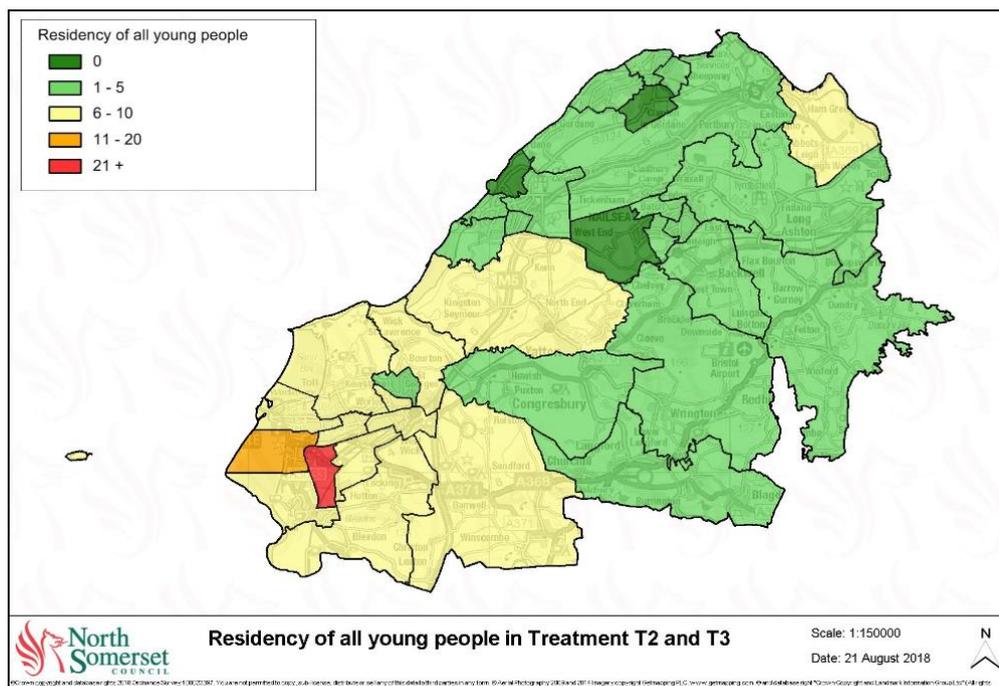
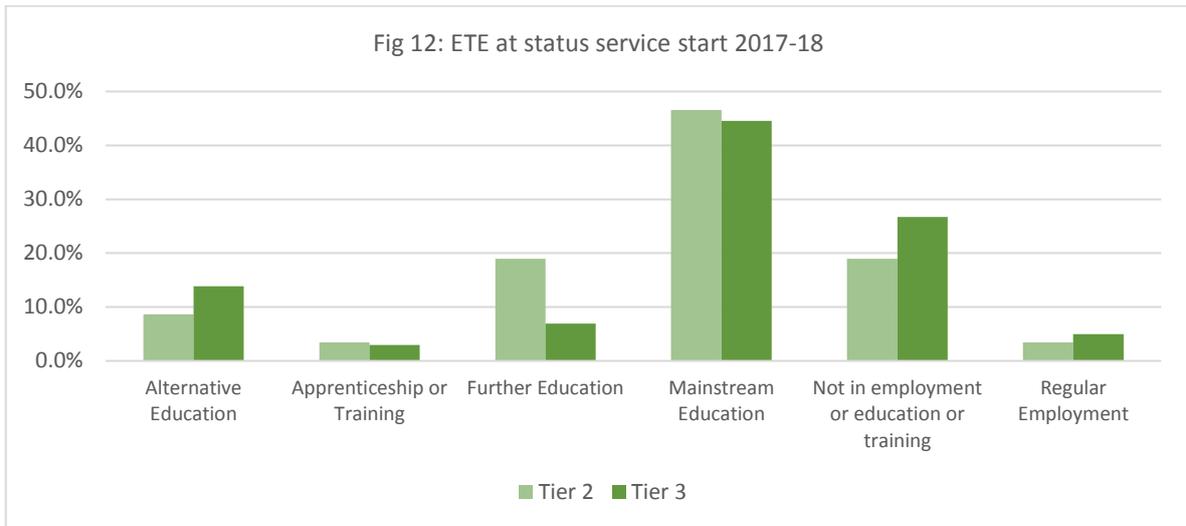


Fig 11: Residency all young people in treatment 2017-18

Whilst the young people accessing SAS were resident throughout the whole of North Somerset; as can be seen from the map, two thirds (65.4%) lived within the Weston area, (72.4% 16/17), with 24.9% living in 2 wards (Central and South) (30.3% 16/17). These wards are amongst the top 20% of the most deprived areas in the country, with some pockets in the top 4% most deprived areas.

A further 8.1% lived in the Clevedon area 4.9% in Portishead areas and 3.8% in both the Pill and Nailsea areas.

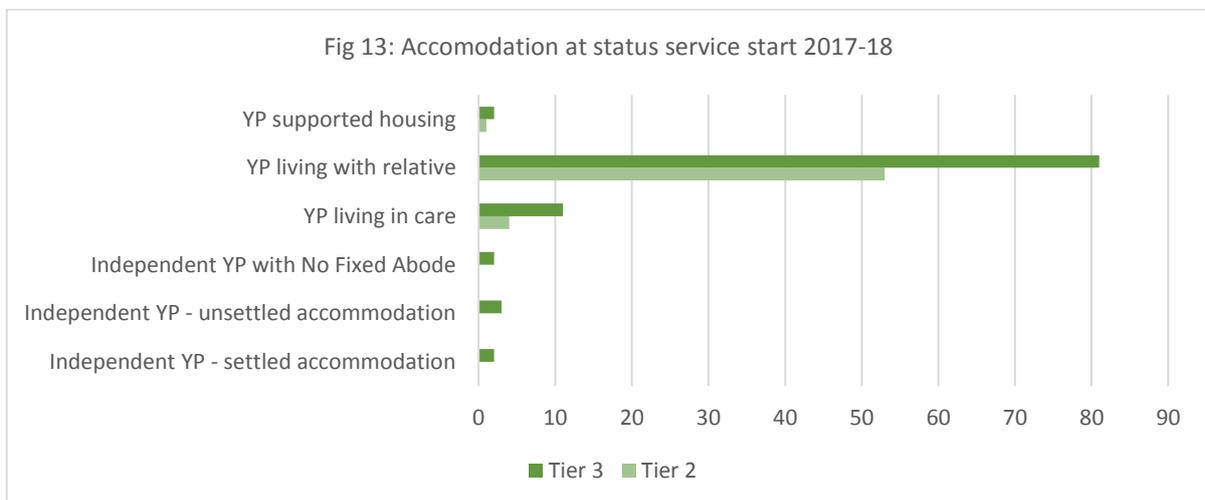
Education and employment status



Not in Education data includes yp; not in employment or education or training or Permanently Excluded or With Persistent absence

For those young people accessing structured treatment, 44.6% were in mainstream education and 13.9% were in alternative education. For young people accessing the unstructured treatment the proportion in mainstream education was 46.6% and; Further Education Training or Employment 19.0%. In respect of those identified as NEET (Not in Education or Employment) accounted for 26.7% (structured) and 19.08% (unstructured). A total of 7 were in employment.

Accommodation status



The majority (80.2%) of the young people accessing structured treatment were living with a relative (79% 16/17); this was higher (91%) for the young people accessing the unstructured service (68% 16/17). However, the number of young people living in care⁶ accounted for 10.9% (n=11) of those in structured treatment and 6.9% (n=4) in unstructured treatment.

⁶ Figures include all CLA in service irrespective of Home Authority

Children's Social Care

	No in cohort	Unstructured Tier 1-2		Structured Tier 3-4	
		n	%	n	%
Child Looked After (CLA)* 12months or more 2017-18	117	1	0.9%	5	4.3%
<i>Child Looked After (CLA)* 12months or more 2016-17</i>	115	7	6.0%	0	0.00%
CLA At any point 2017-18	200	5	2.5%	17	8.5%
<i>CLA At any point 2016-17</i>	208	20	9.6%	9	4.3%
Child in Need (CIN)* At any point 2017-18	790	10	1.3%	43	5.4%
<i>Child in Need (CIN)* At any point 2016-17</i>	1159	16	1.4%	18	1.6%

Tbl 2 Care Status

In 2017-18 there were 6 North Somerset Young people in long term care referred and receiving intervention with 5 young people required structured intervention, (2016-17 7yp all unstructured), 11.0% of all Children Looked After accessed services. There has been a significant increase in the number of CIN young people accessing structured treatment, 25 yp a 3.89pp rise.

Vulnerabilities

Young people at Structured Treatment Start	Female		Male		Total	
	n	%	n	%	n	%
Registered Disabled	0	0%	0	0%	0	0%
Registered with GP	20	56%	36	55%	56	55%
Affected by Domestic Abuse	7	19%	13	20%	20	20%
Engaged in Unsafe Sex	11	31%	15	23%	26	26%
Smoking Status (Current / Previous)	2	6%	6	9%	8	8%
Involved in ASB Or Crime	12	33%	30	46%	42	42%
Involved in Self Harm	20	56%	16	25%	36	36%
Involved in Sexual Exploitation	10	28%	1	2%	11	11%
Substance Misuse in Family/Members	21	58%	29	45%	50	50%

Tbl3 Vulnerabilities 17/18

Multiple vulnerabilities reported

Total Vulnerabilities Reported	n	0	1	2	3	4 or More
	101	3 (3%)	15 (15%)	25 (25%)	26 (26%)	32(32%)

Tbl4 Multiple Vulnerabilities 17/18

Mental Health

Mental Health Need	Female	Male	Total
Identified MH Problem	20	28	48
Identified MH Treatment Need	17	21	38
Dual Diagnosis	7	6	13

Tbl4a Mental Health Need 17/18

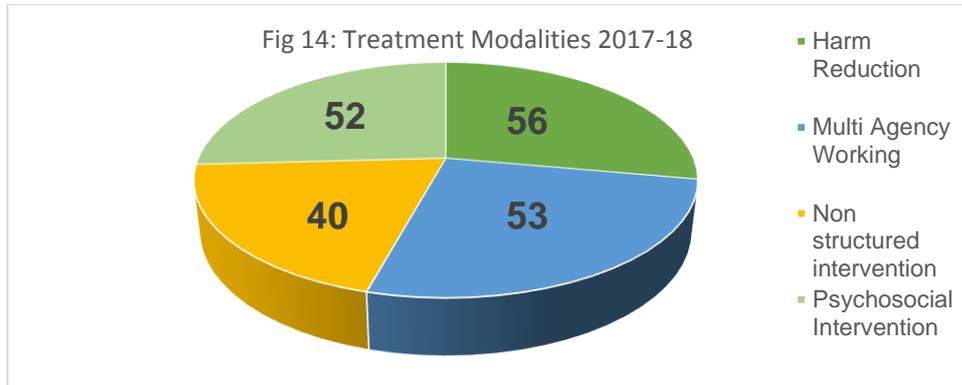
Mental Health Treatment	Female	Male	Total
Already engaged with the community services	8	7	15
Client declined to commence treatment	4	8	12
Receiving treatment of a mental health problem in drug or alcohol services	1	0	1
Receiving mental health treatment from GP	1	1	2
Treatment need identified but no treatment being received	3	5	8
Total	17	21	38

Tbl4a Mental Health Treatment 17/18

During 2017-18 a total of 48 (47.5%) young people in structured treatment, 28 male and 20 females, were identified as having mental health need, (2016-17, 35yp /50%). Of those with an identified mental problem, 79.2% had an identified treatment need and 27.1% had a dual diagnosis. Of those with an identified treatment need 47.4% were engaged with services, however 31.6% declined treatment and 21.1% had an identified need but no treatment was being received.

Treatment Modalities

As part of a young person’s treatment package, an individual may receive more than one intervention (ie, more than one type of treatment)



In the instances where non-structured interventions were commenced additional interventions were added following commencement of treatment.

A full range of interventions were delivered across structured and unstructured services. With all young people accessing the service receiving at least one modality.

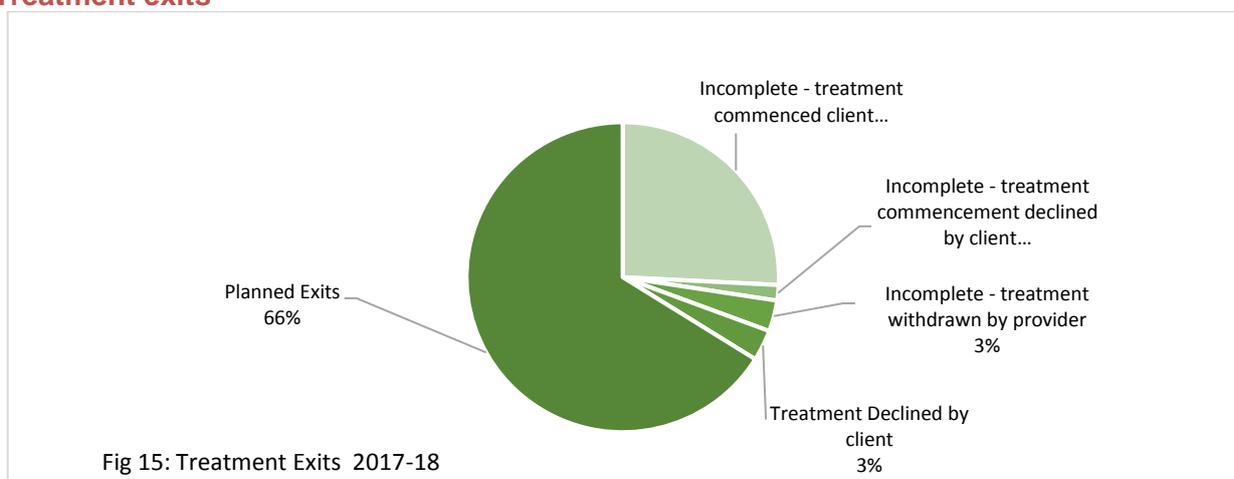
Length of treatment episode

Most young people’s most recent episodes were 27-52 weeks in duration 47.5% (13 to 26 weeks 65% 16/17). However, 11.9% (8% 16/17) of young people were in structured treatment for more than a year, the average (mean) time of an individual’s most recent episode of treatment delivered during 2017-18 was 235days (2016-17 / 180 days).

Episode Length	n	%
0 (zero) to 12 weeks	14	13.9%
13 to 26 weeks	27	26.7%
27 to 52 weeks	48	47.5%
Longer than 52 weeks	12	11.9%
Total	101	100%

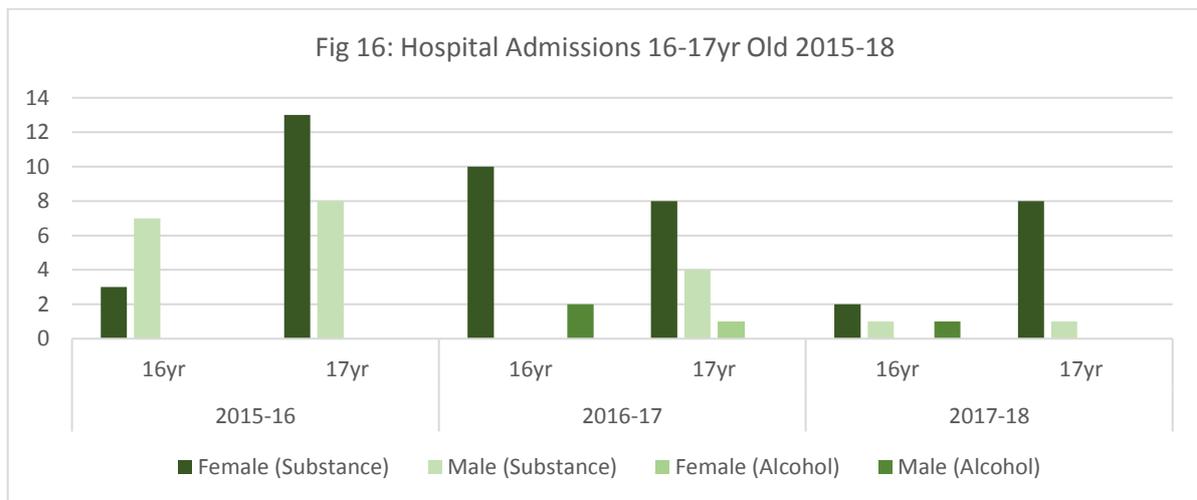
Tbl 5 Episode Length 16/17

Treatment exits



Of those accessing structured treatment 41(n) have subsequently exited treatment of which 66% did so in a planned way. This compares to 78% (37n) in 2016-17.

Hospital Admissions



The data related to hospital admissions was supplied by the Weston General Hospital and relates only to 16 and 17-year-old.

The Number of drug related hospital admissions for young people has remained at relatively low levels and constant over the last 10 years.

Referrals to SAS from health services (G.P.'s A&E departments, Hospitals) have remained very low and although the number of young people actually being admitted to hospital with drug and alcohol issues is small, it would be expected that more would be referred to the specialist young people's service in the area as these cases are likely to be the ones with a significant need.

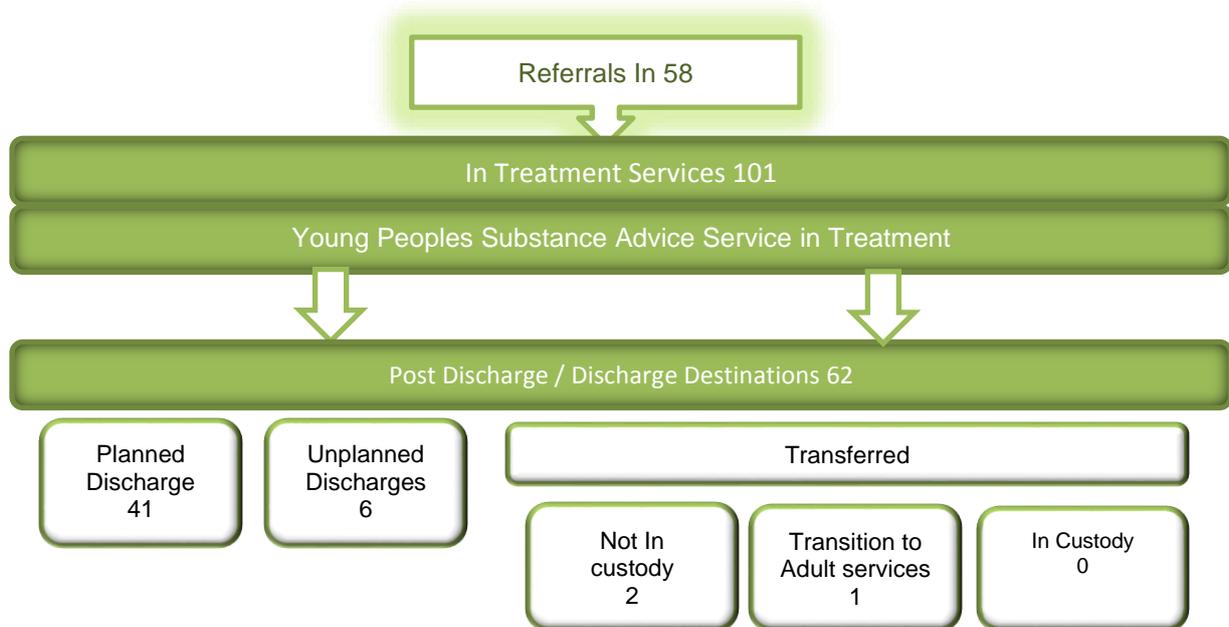
Treatment Map

In North Somerset there is only one provider; The Substance Advice Service (SAS) a specialist service for Young People in North Somerset with substance misuse issues. It is a combined service delivering a range of training and information awareness programmes to schools and professionals working with young people as well unstructured and structured interventions (formally Tier 2 and 3) depending on the needs of the individual young people involved.

Where a young person requires substitute prescribing, SAS work in conjunction with North Somerset's specialist adult drug and alcohol provider (Addaction) to provide all their treatment needs. If a young person lives on the edge of the county boarder they may then access services elsewhere.

The needs assessment data (treatment map, client profiles) is sourced from the ILLY 2017/18 data and includes all Tier 3 / 4 activity within the partnership. A client is classified as a young person if they were under 18 at their first point of contact with the treatment system in 2017/18, or if they started treatment prior to 2017/18 and continued in to the year they are included if they were under 18 on 1 April 2018.

**Figure 17. Young Peoples Treatment System Map Tier 3&4
ILLY 2017/18**



⁽ⁱ⁾Specialist drug and alcohol services for young people: a cost benefit analysis, published by Department for Education, 2011