



Alcohol and Drug Action Team

Steering Group

Date: 27th February, 2008

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Title:- CHILDREN AND YOUNG PERSONS' ALCOHOL AND DRUG SERVICES LOCAL NEEDS ASSESSMENT

Purpose of Report:- To inform members of the findings of the above needs assessment and to request that the findings be remitted to the Children and Young Persons' Alcohol and Drug Services Needs Assessment Steering Group so that recommendations can be added

Recommendations

ADAT Steering Group is asked to:

- Approve the work carried out to date
 - Submit the needs assessment to the Children and Young Persons' Alcohol and Drug Services Needs Assessment Steering Group for their consideration of suitable recommendations
 - Require submission of the finalised document with recommendations to the next ADAT Steering Group meeting
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EXECUTIVE SUMMARY

A needs assessment for alcohol and drug services for children (aged less than 16 years) and young people (aged under 21 years) was conducted during 2007. It brought together the findings from epidemiology, national policy direction, views of service providers and planners, the outcomes of discussions with children, young people and their carers, and the results of a literature review examining best practice in alcohol and drug services for these age groups.

Identified need within population

Alcohol Consumption

Self reported surveys (SALSUS 2002 and 2006) indicate that alcohol is far more widely used among children and young people than illicit drugs.

Whilst the majority of 13 and 15 year olds in Ayrshire & Arran have drunk alcohol, there are fewer children regularly consuming alcohol in 2006 than in 2002. However, those who did report drinking regularly are consuming larger quantities and reach the limits of maximum recommended adult consumption. A small proportion reported being drunk on a regular basis. It is noted that disinhibited behaviours such as engaging in fights, vomiting or sustaining an injury are commonly recognised as associated with excessive alcohol consumption.

For young people the survey data (Ayrshire and Arran Adult Lifestyle Survey 2002) suggest that alcohol consumption occurs less frequently than in older age groups but that excessive drinking, as noted by the incidence of drunkenness, is more common. It is noted that these survey data are now five years old and patterns may have altered.

These findings suggest that children and young people in Ayrshire & Arran are increasingly moving toward a culture of binge drinking.

Drug Consumption

It remains the case that the majority of Ayrshire schoolchildren have never tried illicit drugs with only around 1:12 13 year olds and 1:4 15 year olds reporting having ever done so. These 2006 data are an improvement on the 2002 levels of 1:6 13 year olds and 1:3 15 year olds. Cannabis is the most commonly used illicit drug among school pupils in Ayrshire & Arran, with 2% of all 13 year olds and 9% of 15 year olds reporting this use. Around 1:20 of the 15 year olds reported using some form of stimulant drug (e.g. ecstasy, cocaine, amphetamine) in the previous month. In terms of regular use of drugs (at least weekly use) only 1:100 13 year olds and 1:33 15 year olds reported regular use.

By comparison, almost half 16-24 year olds in the Ayrshire & Arran Adult Lifestyle Survey 2002 reported having tried illicit drugs.

Health Harms

Problems caused by the use of illicit drugs or alcohol in children and young people can present in a variety of ways. The majority of presentations are those associated with acute intoxication and its associated disinhibited behaviours.

Local NHS Ayrshire and Arran data indicate that there were around 1660 presentations of children and young people with alcohol and/or drug related issues between April 2001 and December 2006. This is considered to be an underestimate. A more accurate estimate is

obtained from a retrospective study of all 10-20 year olds attending Crosshouse Hospital Emergency Department in November 2006. This identified 67 attendances that were alcohol or drug related. Alcohol related presentations appear to be much more common than drug related ones, especially among the mid-teenage years. A high proportion of the children and young people presenting to the Emergency Department required admission (more than 45%).

The rate of hospital discharge for children and young people with alcohol or drug related diagnoses were almost double the Scottish rate in 2005-6. These rates increased rapidly with age. Alcohol related discharges were two and a half times more common than drug related ones. There were very few discharges of children aged under 14 years of age. The number of people aged under 21 years discharged from acute psychiatric inpatient units was also very low.

Since 2003, there have been around 500 referrals annually of people aged under 25 years to specialist addiction services. Prior to this time referrals were approximately double this number. Around half of these referrals relate to heroin use as their main drug, with one quarter being alcohol. Service users reported that their average age at first use was 15 years (range 7-24 years), with it taking around three years for this use to become problematic. More than two thirds of these service users indicated that they had sought help when less than 16 years of age.

Social Harms

Whilst there is extensive record keeping across the social care sector, much of these data relating to drug or alcohol use is not readily accessible.

Around 100 referrals were made to the Children's Reporter in Ayrshire & Arran in 2005-06 under ground 'J' of S.52 of the Children (Scotland) Act 1995: "Has misused alcohol or any drug, whether or not a controlled drug within the meaning of the Misuse of Drugs Act 1971." It should be noted that alcohol and drugs may also be a factor in other referrals to the Children's Reporter, however, would they would not be recorded as being related to alcohol or drug use.

Current service provision

Whilst there is no dedicated alcohol and drug problems service for children and young people, this client group do present with issues and problems which require to be addressed. There is a great number of education and prevention services in place including school education through personal social education, community education, local initiatives such as YIP World, diversionary activities such as Target Leisure (East Ayrshire) and Kincaidston Youth Café (South Ayrshire) and community health projects like Fullarton Health House. The school nursing service also provides educational and health promotion inputs. School nurses are informed of any pupil from their school cluster who attends the Emergency Department for alcohol, or drug related conditions. The Emergency Department may also refer on to the family doctor or social worker but there is no screening tool in place to identify and record alcohol or drugs as a key issue. Children who require admission as a result of their alcohol or drug use may receive informal educational input.

A large number of specialist services exist for children and young people (e.g. Children and Families Social Work teams, Child and Adolescent Mental Health Services, Youth Justice Teams), and for people with alcohol or drug problems (e.g. Alcohol Liaison nursing, Addiction Services, Townhead and Vernon Centres, Turning Point), there are no dedicated services for children and young people with alcohol or drug issues.

There are also several local planning structures that have a role in relation to the planning of alcohol and drug services for young people. However, there is currently no overarching strategy for providing such services.

Views of children & young people and their carers

This work showed that children and young people tended to use schools/colleges, friends/relatives and doctors as the key sources of information about alcohol and drugs services, as well as other professionals such as youth workers and social workers.

Children and young people showed low levels of awareness of the existing specialist alcohol and drugs services in Ayrshire and Arran; their parents and carers were more aware of services at the two hospital sites. Both groups felt that there should be dedicated alcohol and drug services for children and young people with accessible opening times including evenings and weekends, drop in services with the potential to address other areas of concern in the child or young person's life.

Parents and carers indicated that friends and relatives, publicity materials and doctors' surgeries are the main ways in which they find out about alcohol and drugs services.

Literature review of effective practice

There is a general lack of evidence regarding effective intervention for children and young people using alcohol and/or drugs. Much of the evidence found may not be generalisable to the Scottish population due to methodological issues and the dominance of US-based research.

There is some evidence available for the effectiveness of targeted prevention for those at risk of, but not necessarily already, using alcohol or drugs. However, effects do not seem to be sustained beyond six months, and in one study the intervention group actually displayed negative outcomes.

The most established screening tools for substance use have been designed for use with adults. The findings indicate that some adult screening tools can be suitable for use with young people if questions and cut-off points are modified to be more applicable to this age group.

There is some evidence that brief interventions are effective in reducing alcohol use, and weaker evidence in relation to reduced cannabis use, among young people who are already using these substances. The majority of research into brief interventions for young people has been with college/university age subjects. Emergency department-based brief interventions have also been seen to significantly reduce alcohol or drug related adolescents hospital presentations, and have limited success in engaging adolescents with treatment services.

A review of effective interventions conducted by the Scottish Executive's Effective Interventions Unit (Burniston et al 2002) found fairly strong evidence for the effectiveness of a range of counselling and behaviour modification approaches, especially when following on from residential treatment.

There is very limited evidence on the effectiveness of pharmacotherapies for treating alcohol or drug dependent young people.

Service provider views

Views from service providers were gathered through questionnaires and through participation at a stakeholder event. Service providers indicated that a readily accessible service which took an holistic approach to each child or young person was essential for effective practice. They also indicated that prevention and early intervention were central to service development and that all services required to appropriately funded for sustainability.