

Hertfordshire

Young People's Substance Misuse Needs Assessment

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Introduction

The National Treatment Agency (NTA) requires Partnerships to conduct a needs assessment every year in order to inform their Specialist Substance Misuse Treatment Plans.

This is the third needs assessment that Hertfordshire has produced and will enable partners to make evidence based and ethical decisions on how young people's substance misuse needs might be most effectively met within available resources. It will support partners to make these decisions by providing data and analysis to answer the following questions:

- 1. What do we know about young people in treatment in Hertfordshire?**
- 2. What does the treatment system look like?**
- 3. What is the nature and extent of substance use in Hertfordshire?**
- 4. What are the gaps between the needs of those misusing substances and existing service provision?**
- 5. What are the priorities for young people's specialist substance misuse treatment?**

It is important to remember that data and analysis do not make decisions. It is the role of commissioners and stakeholders to investigate, challenge and discuss the findings of the needs assessment, before identifying and implementing changes to the delivery of specialist substance misuse treatment services.

The needs assessment was completed predominantly from desk based research. It involved analysis of current treatment data, local and national data sources and anecdotal evidence gathered from partners and focus groups. The focus groups were also used to test the data collected.

Two expert groups and a stakeholder action day were used to challenge and scrutinise data, the first expert group involved the Young People's Substance Misuse extended team, including the YPSM strategic team, all A-DASH workers (specialist and targeted), the Drug Education Consultant and the Youth Connexions Drug Education Worker. The Young People's Joint Commissioning Group formed the second expert group.

The stakeholder action day was attended by 80 people, representing the wide range of partners involved in delivering substance related interventions to children and young people across the Children's Trust Partnership.

This method enabled estimation of current and future needs of the population, indicated the geographical distribution of need, identified those people who have the greatest needs and helped to identify the gap between met and unmet need.

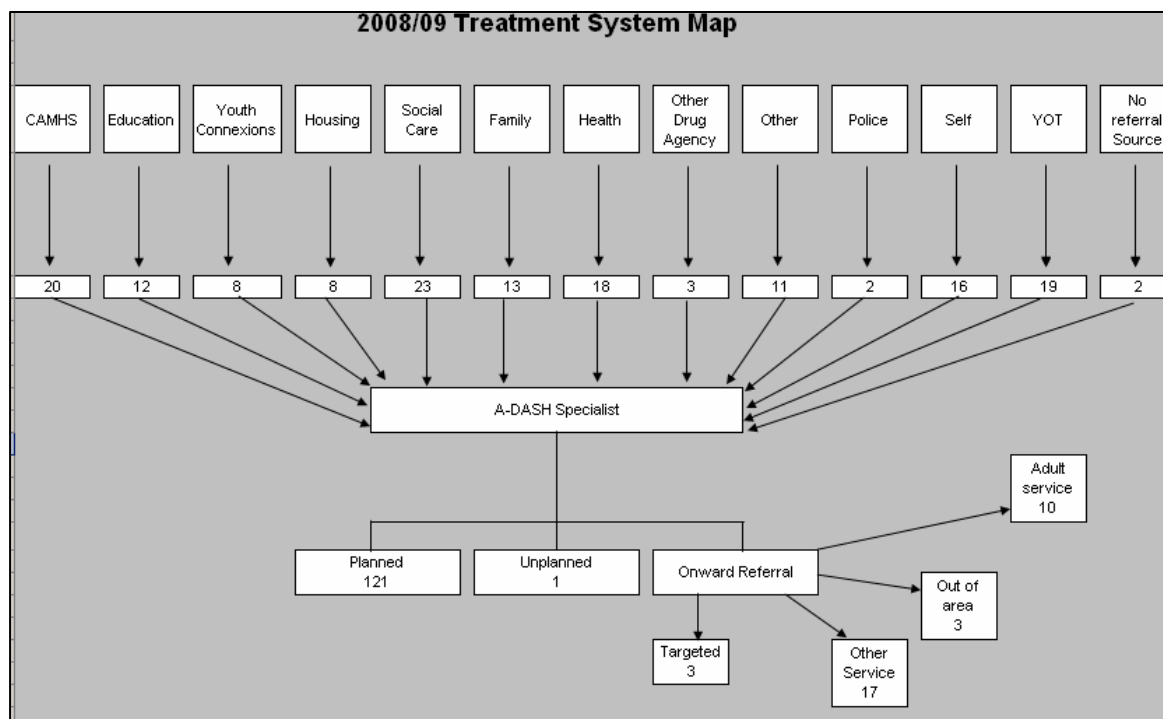
Current Demand

- A-DASH provides a full range of treatment options to meet the needs of a wide range of young people.
- Analysis of the last 12 months of referral /treatment data shows a 27% increase in appropriate referrals for specialist treatment, however there has been a 23% decrease in referrals for targeted treatment.
- Analysis of the data also shows more under 14's being referred but a lack of 14 year olds being referred and treated. .
- The main substances of use are cannabis (59% of referrals) followed by alcohol (30% of referrals).
- Powder cocaine use remained stable (7% of referrals). .
- Low numbers of young people from BME communities in treatment.

Referrals

Where do referrals come from?

- In 2008/09 155 young people were referred to the A-DASH Specialist service to treat their substance misuse problems which is a new peak in terms of referrals in a year.
- The number of referrals to the specialist service increased from 134 in 2007/08 to 155 in 2008/09 This is a percentage increase of 27%
- of these referrals 121 were new presentations



Referral Source	Number of Referrals 2007/08	Number of Referrals 2008/09	
CAMHS	31 (23%)	20 (13%)	▼
Education	10 (7.5%)	12 (8%)	▲
Youth Connexions	11 (8%)	8 (5%)	▼
Housing	5 (4%)	8 (5%)	▲
Social Care (including CLA)	15 (11%)	23 (15%)	▲
Family	12 (9%)	13 (9%)	▲
Health	11 (8%)	18 (12%)	▲
Other Drug Agency	9 (7%)	3 (2%)	▼
Other	4 (3.5%)	11(7%)	▲
Police	1 (1%)	2 (1%)	—
Self	11 (8%)	16 (10%)	▲
YOT	14 (10%)	19 (12%)	▲
Not Recorded	0 (0%)	2 (1%)	▲
Total	134	154	▲

Unlike other specialist treatment services, A-DASH Specialists do not ordinarily receive high numbers of referrals from the Youth Offending Team. This is due to the Targeted Workers providing the named drug worker role to the Youth Offending Team and therefore enabling the Specialist Workers to deal with the more complex and genuine specialist cases. However with the loss of 2 targeted workers in 2008/09, some referrals were made to the specialist team to help the remaining 2 targeted workers. (2 posts vacant for the whole of 2009)

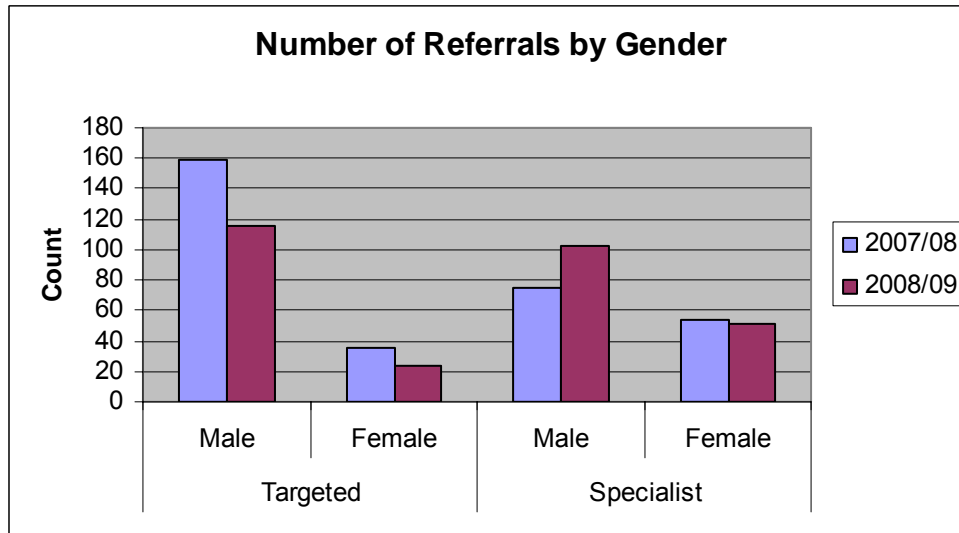
The highest number of referrals during 2008/09 was received from Social Care (23, 15%). This highlights the success of integrated practice arrangements and the work the service has done in actively promoting itself.

The numbers of self referrals has increased from the previous year to 16. Significantly Cocaine powder users are the highest source of self referrals in comparison to all other drugs with 1 in 5 being self referral in the past year.

The number of referrals from CAMHS has dropped significantly from 31 (23%) in 2007/08 to 20 (13%) in 2008/09. There was also a decrease in the number of referrals from Other drug agencies 9 (7%) to 3 (2%).

Referrals by Gender

The Specialist Team receives more referrals for males than females with 67% of clients recorded as male. 83% of the Targeted Team clients were male which still, as with previous years reflects the fact that the majority of referrals are received from the Youth Offending Team.

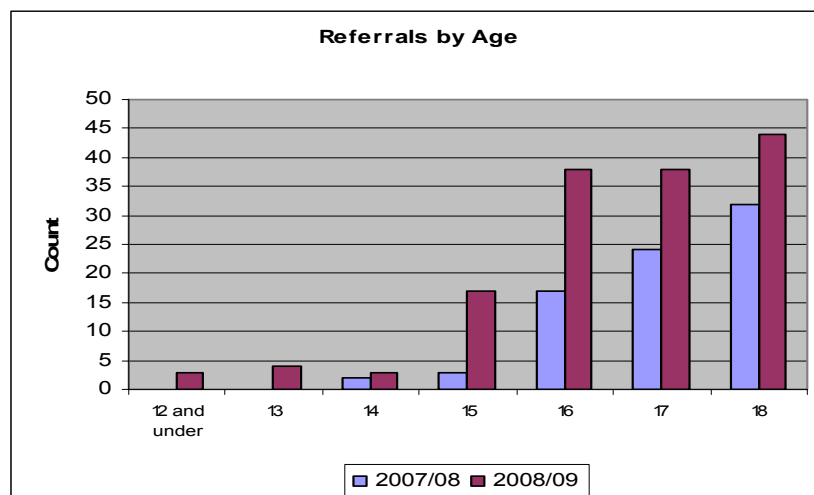


Referrals by Ethnicity

- In 2008/09, where ethnicity was known 10% of young people referred had a non-white British ethnicity recorded. This compared with 11% in 2007/08 and 12% in Hertfordshire.
- There are still extremely low numbers of young people from BME Communities being referred.
- 0 non white females referred.

Referrals by Age

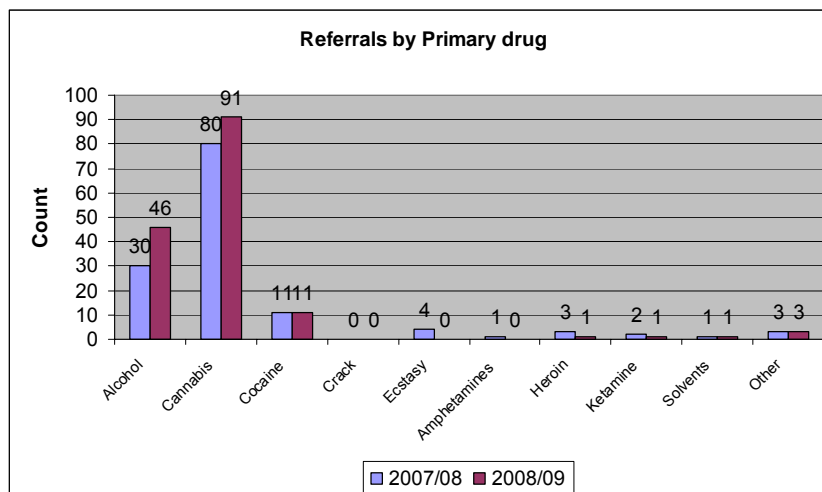
- In 2008/09, there was an increase in the number of young people presenting in each age group.



- The largest increase in referrals was of young people aged 16 and under (66% increase from 2007/08).
- The number of under 14's in treatment increased from 0 in 2007/2008 to 7 in 2008/2009.
- Low number of 14 year olds being referred

Referrals by Main Drug

- Cannabis remains the most popular drug for those referred to the A-DASH treatment service. It accounted for 91 or 59% of referrals.
- Alcohol accounted for 46 or 30% of referrals.
- Cocaine as the primary drug remains consistent accounting for 11 or 7% of referrals Significantly cocaine powder users are the highest source of self referrals in comparison to all other drugs with 1 in 5 being self referral in the past year, 1 in 6 from CAMHS, with YOT 1 in 10 and the rest spreading across services including schools.



Targeted Referrals

The majority of referrals to the Targeted Workers are received via the Youth Offending Team; this remains the same as in the previous year at 96%. The remaining referrals were received from Children, Schools and Families.

The percentages of males and females referred also remains the same as for 2007/08 at 82% and 18% respectively.

In Treatment

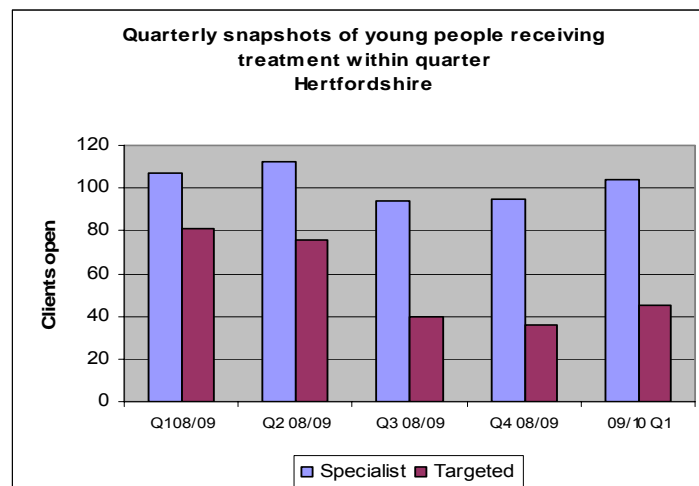
During 2008/09 financial year **184** young people were open to A-DASH Specialist Service for treatment. This was an increase of 37% from 2007/08. Based on the current rising trend of referrals for specialist treatment, it is expected that we will see a 10% increase over the next two to three years.

Year	No of Open Clients
2004/05	115
2005/06	107
2006/07	106
2007/08	134
2008/09	184

In 2008/09 **167** young people were seen by the A-DASH Targeted workers. This was a decrease of 23% from 2007/08.

The Specialist Team saw more males than females with 63% of clients recorded as male. 86% of the Targeted Team clients were male which still, as with previous years reflects the fact that the majority of referrals are received from the Youth Offending Team.

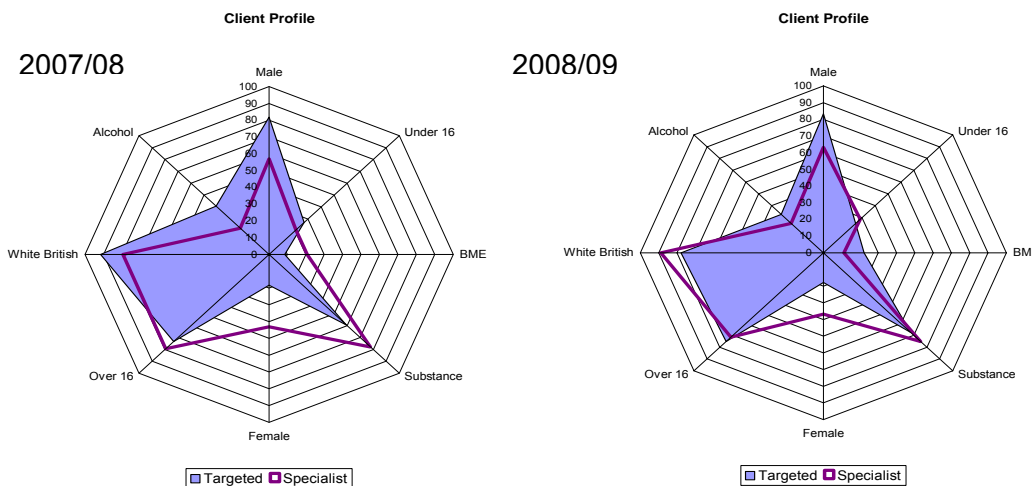
The proportion of females receiving a service for their substance misuse decreased from 42% in 2007/08 to 37% in 2008/09. This would suggest that Hertfordshire is better at identifying and referring young males who have a substance misuse issue that requires a specialist intervention than females, as national prevalence research suggests girls are as likely to drink alcohol and only slightly less likely to take drugs than males.



Client Profile

The following figures display the characteristics of clients for both the Specialist and Targeted services during the final quarter of 2008/09 in comparison to that of 2007/08. This shows that:

- The proportion of males in targeted and specialist treatment has increased from 2007/08.
- The proportion of under 16s accessing specialist services increased by 6% from 2007/08.
- The proportion of young people in targeted treatment with a white British ethnicity decreased from 91.5% in 07/08 to 77.8% in 08/09. In comparison, white British clients accessing specialist services increased by 8%.
- The proportion in specialist treatment for alcohol problems has increased from 07/08, however the number has decreased for those accessing targeted treatment.

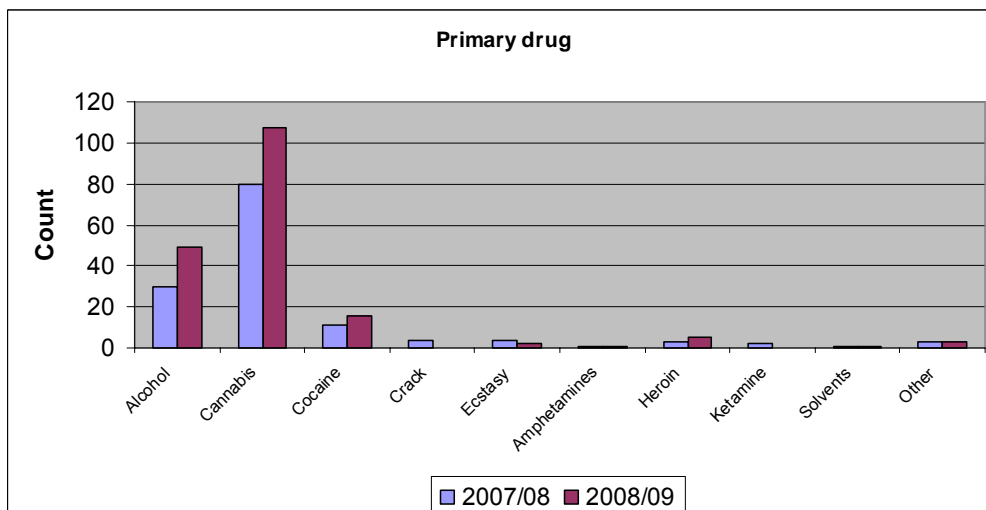


* 'Not Stated' data not included

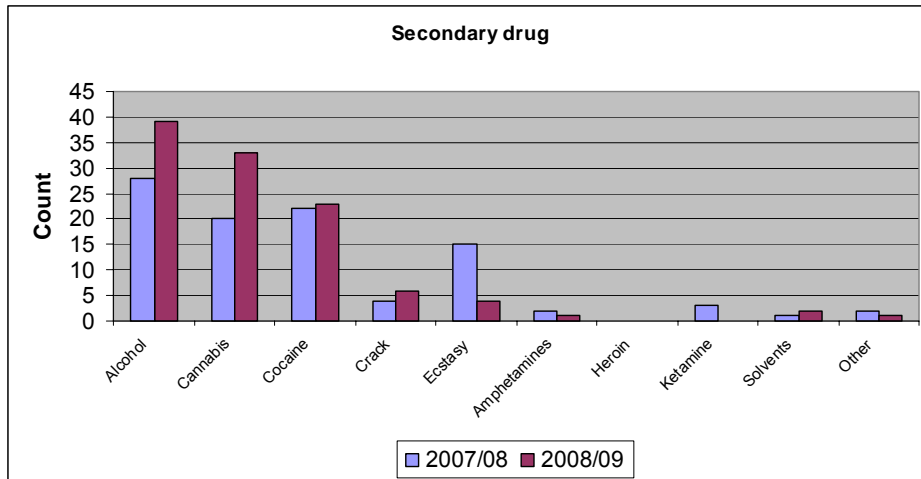
Drug of Choice

Primary

The graph below displays the primary drugs of choice for young people accessing specialist treatment. Cannabis (58%) and alcohol (26%) remain the main primary drug of choice. Cocaine accounted for 9%.



Secondary



When looking at the secondary drug of choice, alcohol becomes the top drug with cannabis moving up to second for the Specialist Service, replacing cocaine from the previous year. This highlights again that overwhelmingly the main drugs of choice for young people in Hertfordshire remain alcohol and cannabis, however cocaine as a secondary drug of choice needs to be monitored as the number of clients being referred and treated with cocaine as a secondary drug continues to increase year on year, which reflects the current national trend of increased cocaine use by young people and anecdotal evidence collected from youth workers and other agencies.

Problem Drug Users (PDU's)

Historically Hertfordshire's Young Persons Drug Treatment Service has never had a significant number of Problem Drug Users (Users of heroin or crack cocaine).

Since 2001 there have been 28 users of heroin, 19 primary and 9 secondary users: Crack 16 primary users and 31 secondary users.

PDU Drug use

Year	2005	2006	2007	2008
Primary Heroin users	3	7	2	1
Secondary users	0	3	1	0
Primary Crack Users	2	1	0	0
Secondary Crack Users	4	3	5	2

On closer examination of the data there were 7 PDU's in 2005, 13 PDU's in 2006, 6 in 2007 and 2 PDU's in 2008.

PDU by Gender

Gender	2005	2006	2007	2008
Male	4	3	3	1
Female	3	10	3	1

It can be clearly seen from above that females are over represented in the PDU population in comparison to the total in treatment. For PDU's as the male to female is just over 1 to 2 in comparison to the overall treatment ratio of 6 to 4. This supports the anecdotal perception of the treatment workers.

Cocaine and Crack Cocaine

Both forms of cocaine, cocaine powder and crack cocaine have been overall the most popular Class A drug use reported to the service in comparison to all other Class A drugs including ecstasy since its conception.

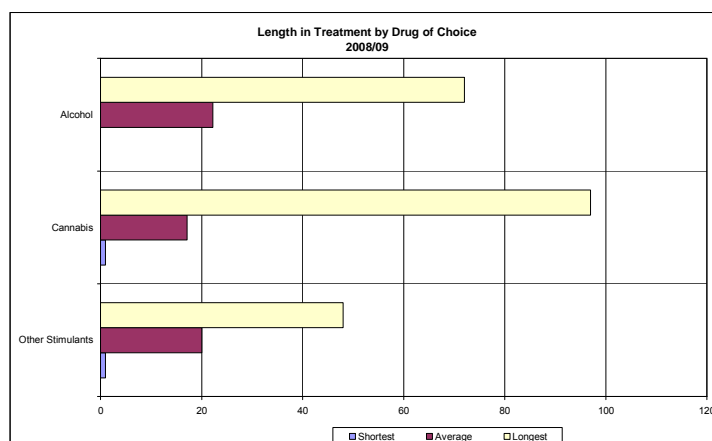
2003/04 (166 total of referrals, by all drug types based on client self reports)
Six had primary cocaine powder use with another 20 who had used cocaine powder at some point, making a total of 26 clients referred having ever used cocaine powder. This compared with six primary crack users with another 10 having ever used crack at some point, a total of 16 clients referred having used crack.

2008/09 (155 total of referrals)
Eleven had primary cocaine powder use with another 26 having used cocaine powder at some point, a total of 37 clients referred having ever used cocaine powder. This compared with no primary crack users and only 2 having ever used crack at some point, a total of 2 clients referred having used crack.

This is a significant change in that crack use has reduced markedly with overall cocaine referrals remaining broadly similar.

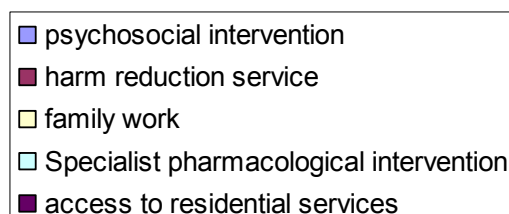
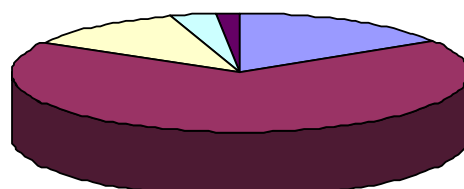
Length in treatment

The graph below shows the average length of treatment along with the shortest and longest length by drug of choice. The average length of treatment for a young person receiving treatment for alcohol is slightly lower than that of a young person receiving treatment for cannabis, which is the reverse of last year where the length of treatment for alcohol was longer than that for cannabis.



Interventions Received

Intervention	Number	Percentage
psychosocial intervention	36	16%
harm reduction service	153	68%
family work	26	12%
specialist pharmacological intervention	7	3%
Access to residential services	4	2%



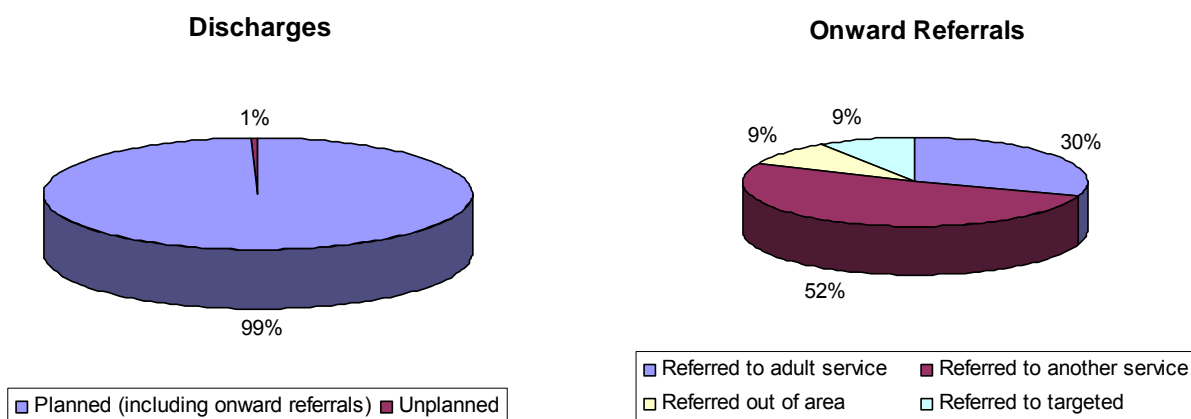
The availability of specialist pharmacological interventions is essential as is the availability of residential services particularly of specialist foster-placements, especially for young dependent heroin users who require intensive support in the community and where appropriate in-patient specialist interventions.

Treatment Exits and Outcomes

Discharges by reason

- There has been a 14% increase in the number of discharges from 2007/08 to 2008/09.
- There were 121 planned discharges, 1 unplanned discharge and 33 onward referrals, of these:
 - 11% were referred on to another service (Children Looked After (2), CAMHS (3), Youth Connexions (2), Community Mental Health Team (2), Adolescent Outreach Team (2), Solve It (1) Specialist Adolescent Team (1), CSF (2), Herts Young Homeless (1), GP (1))
 - 6.5% were referred on to an adult service
 - 2% were referred on to the A-dash targeted service
 - 2% were referred out of the area.

The pie charts below show the percentage of planned (including onward referrals) to unplanned discharges and the breakdown of the onward referrals for 2008.09



Treatment Outcome Profiles (TOP's)

The table below shows the latest 3 month rolling report for TOP's. All calculations were based on individuals aged 16 & 17 at triage, exiting treatment completely between 22nd May and 21st August 2009.

Agency Name	Number of Treatment Exits	Number of planned Treatment Exits	Number of exit TOP forms completed outside of +/-2 weeks guidelines	% of exit TOP forms completed outside of +/-2 weeks guidelines	Number of any TOP forms completed within guidelines (+/- 2 weeks of treatment exit date)	% of any TOP forms completed within guidelines (+/-2 weeks of treatment exit date)
A-DASH	18	13	0	0%	13	100%
Targeted	11	8	0	0%	4	50%
Total	29	21	0	0%	4	81%

TOPs forms for 54 Clients who were discharged between April and September of this year were analysed to assess treatment outcomes.

Of these;

- 36 saw a positive outcome to their substance misuse and overall health and emotional wellbeing (*contributes to ECM 'Being Healthy' outcome*).
- 4 saw positive outcomes in their overall health and emotional wellbeing, but did not decrease their substance use.
- 3 left treatment with the same or slightly increased level of drug use and with no improvement to their overall health and emotional wellbeing.
- 11 Clients either did not have either a start or end TOP or the client had refused to answer some questions so outcomes could not be assessed.

HoNOSCA

The Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) was developed in response to the need to measure the health and social functioning of those suffering from mental illness, by a joint research team from The Royal College of Psychiatrists Research Unit and The University of Manchester, Department of Child and Adolescent Psychiatry. Specifically HoNOSCA is a routine outcome measurement tool that assesses the behaviours, impairments, symptoms, and social functioning of children and adolescents with mental health problems.

This form is being used by the A-DASH specialist workers with clients who are under 16 and therefore cannot be assessed using the TOPs form. The form is completed with the client at the start and end of their treatment to rate and assess improvement or deterioration.

There are 13 questions covering a wide range of health and social domains- psychiatric symptoms, physical health, functioning, and social relationships including:

Disruptive, anti-social or aggressive behaviour , overactivity attention and concentration, non accidental self-injury, alcohol, substance / solvent misuse, scholastic or language skills, physical illness or disability problems, hallucinations and delusions, non-organic somatic symptoms, emotional and related symptoms, peer relationships, self care and independence, family life and relationships, poor school attendance

8 Clients had a completed start and end HoNOSCA which could be used to assess treatment outcomes.

Of these;

- 7 saw a positive improvement to their overall health and emotional wellbeing and in particular to their substance misuse.
- 1 deteriorated slightly; however, this young person was unwilling to engage fully with the A-DASH service from the start.

Severity is measured in the following 5 point scale where:-

0 = No problem, 1 = Minor problem requiring no action, 2 = mild problem but definitely present, 3 = moderately severe problem, 4 = severe to very severe problem.

Client	At Start		At End	
	Substance misuse	Overall	Substance misuse	Overall
1. Female	3	17	1	7
2. Male	2	17	1	10
3. Male	3	25	1	20
4. Female	3	13	1	3
5. Male	3	24	1	8
6. Male	4	13	2	3
7. Male	4	13	1	3
8. Male	4	20	4	21

A further 8 clients have completed a start HoNOSCA, but have not yet left the A-DASH service., and so cannot be assessed yet for their treatment outcomes

District Information

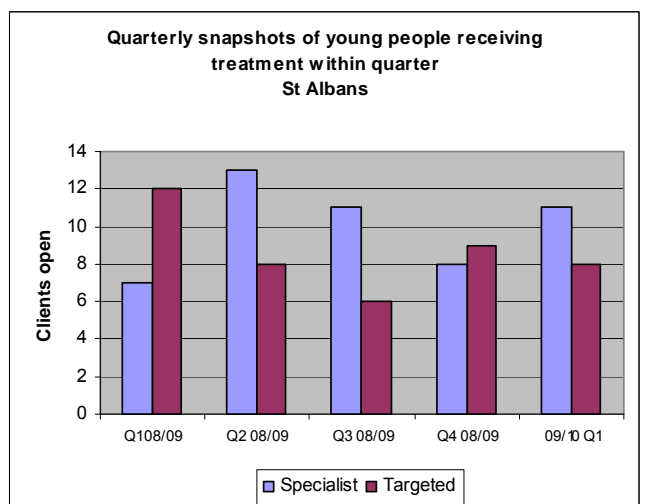
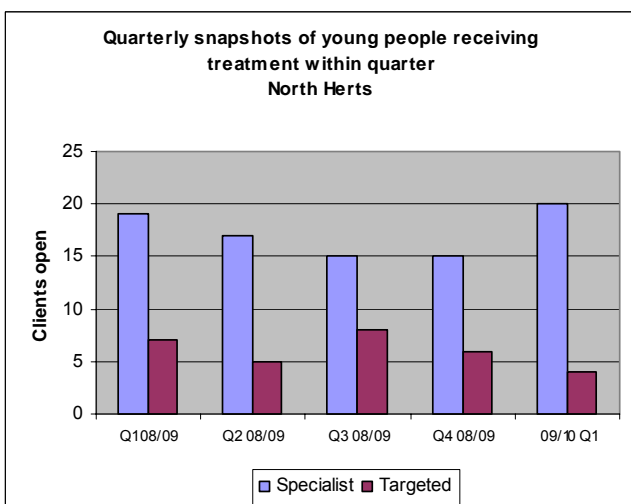
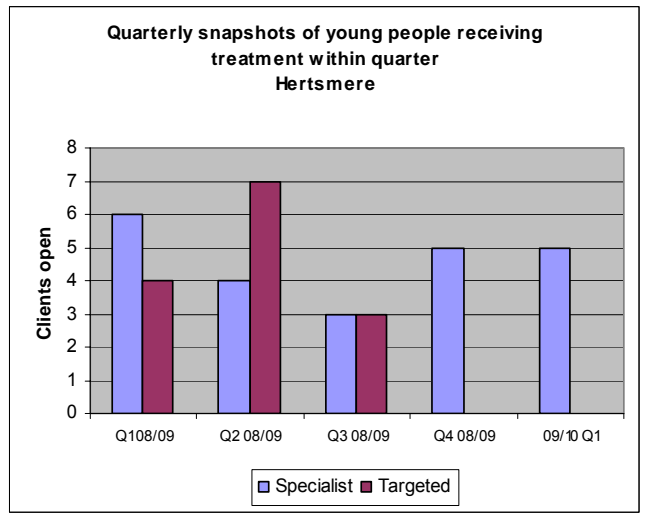
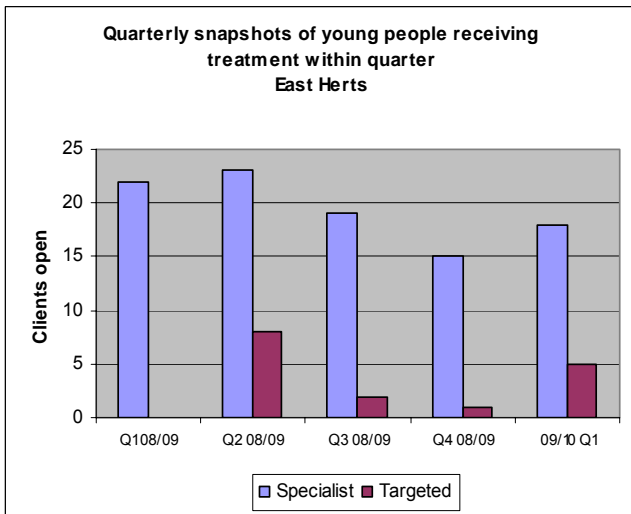
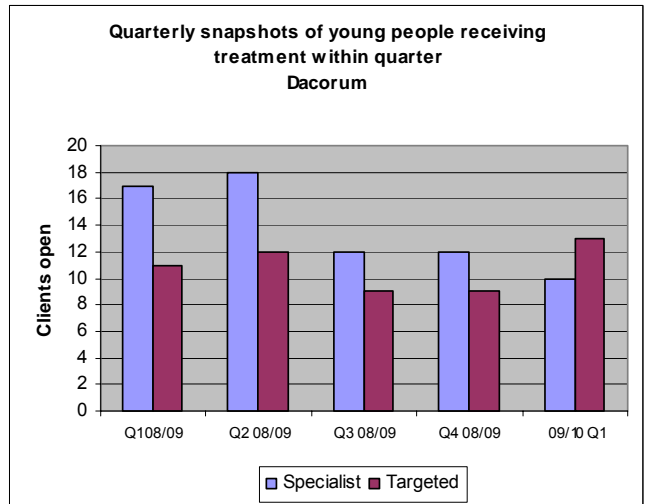
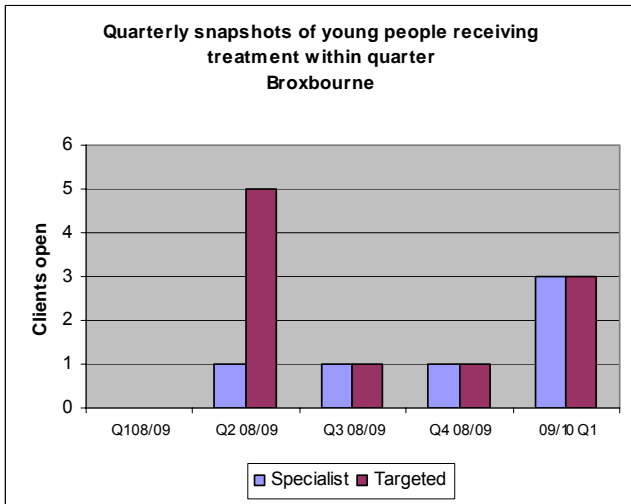
This section looks at the numbers of young people receiving treatment in Hertfordshire per quarter. The figures are snapshots of numbers seen within each quarter and therefore can not be calculated as annual totals.

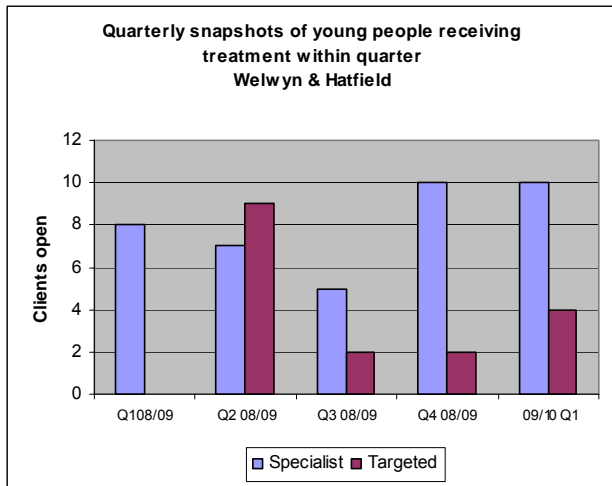
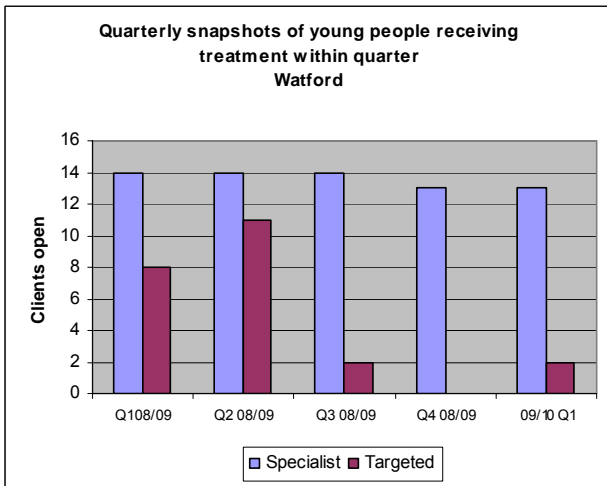
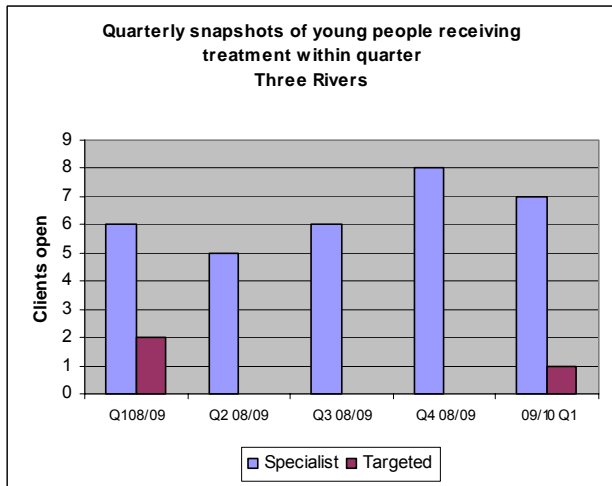
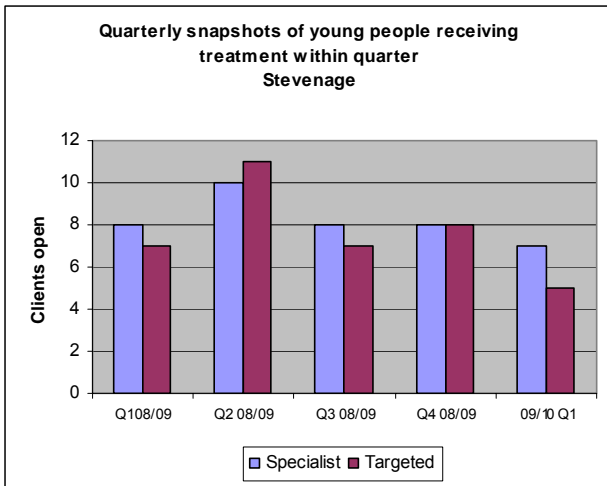
For Q1 of 2007/08 the Targeted data was only available by YOT area and not district therefore the figures were included in the Hertfordshire total but represented by * in the district. Data quality for the Targeted Service continues to improve but needs to remain an ongoing priority to ensure that true levels of activity within the county are captured.

District	Service	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Q1 09/10
Broxbourne	Specialist	0	1	1	1	3
	Targeted	*	5	1	1	3
Dacorum	Specialist	17	18	12	12	10
	Targeted	11	12	9	9	13
East Herts	Specialist	22	23	19	15	18
	Targeted	*	8	2	1	5
Hertsmere	Specialist	6	4	3	5	5
	Targeted	4	7	3		0
North Herts	Specialist	19	17	15	15	20
	Targeted	7	5	8	6	4
St Albans	Specialist	7	13	11	8	11
	Targeted	12	8	6	9	8
Stevenage	Specialist	8	10	8	8	7
	Targeted	7	11	7	8	5
Three Rivers	Specialist	6	5	6	8	7
	Targeted	2	0	0		1
Watford	Specialist	14	14	14	13	13
	Targeted	8	11	2		2
Welwyn & Hatfield	Specialist	8	7	5	10	10
	Targeted	*	9	2	2	4
Total	Specialist	107	112	94	95	104
	Targeted	81	76	40	36	45

- Dacorum, North Herts and East Herts are again the districts with the highest level of activity for the Specialist Service.
- Broxbourne continues to have low referral and treatment numbers for both specialist and targeted.

The figures on the previous page are represented by district in the following graphs.





Unmet Need

Local prevalence estimates of drug use among some vulnerable groups indicate that there may be higher numbers of young people involved in drug use than are currently presenting to the treatment service. In particular the Needs Assessment has identified the following groups of young people whose needs remain at least partially unmet:

- Young drug users who are not in contact with services – many of whom do not perceive their drug use as problematic.
- Children Looked After and young people in residential establishments.
- Young people presenting to A and E for substance misuse who do not receive further support.
- Young people from BME communities- just 10% of young people in treatment have a minority ethnic heritage
- Children of substance misusers – it is known that there is a large number of children in substance misusing families who are not being identified and are not receiving support and appropriate targeted interventions aimed at reducing risk and enhancing protective factors,

but who do not fall within the thresholds for formal child in need and child protection proceedings

Potential demand for services

Using information from the Health Related Behaviour Survey 2008 and applying it to the prevalence estimate method used by Fuller an estimated 8280 young people aged 10-15 in Hertfordshire have used a drug. This does not mean this many young people need specialist drug misuse treatment, but it does mean that this many young people could do with some substance use prevention work in order to stop their use becoming a treatment problem.

The likelihood of a young person using drugs increases with age from 5% of 11 year olds to 20% of 15 year olds. Based on these figures it is estimated that there are 345 11 year olds and 1380 15 year olds in need of some sort of substance misuse intervention.

The estimated prevalence of 11 year olds who are in need of substance misuse intervention appears to be in line with the data collected from adult drug users on their age of first use. 4.7% said they were 12 or under when they first took drugs. In comparison only 1.95% of 12 and under were referred into treatment in 2008/09.

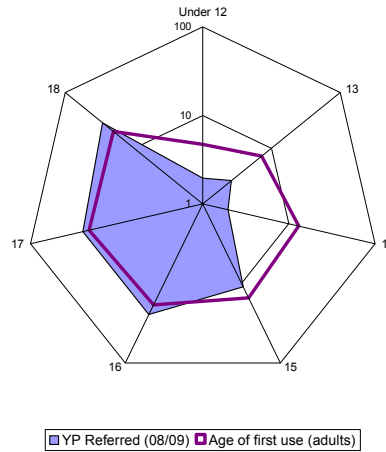
	YP Referred (08/09)	Age of first use (adults)
Under 12	1.95%	4.7%
13	2.6%	7.2%
14	1.95%	13%
15	11.04%	15.2%
16	24.68%	18.6%
17	24.68%	20.9%
18	28.57%	20.1%

It is also interesting to note the low number of 14 year olds in treatment compared to the number of adult drug users who said they were 14 when they first started taking drugs.

In a survey of adult drug treatment clients 80% were 14 or under when they first used cannabis and 100% said that they did not think they had a problem with their drug use. 60% also said that they knew of drug and alcohol services locally but didn't want any help. This reflects anecdotal evidence from A-DASH workers and staff from other agencies who have said that this age group is likely not to perceive their drug use as a problem and that at that point in their life taking drugs is seen as exciting.

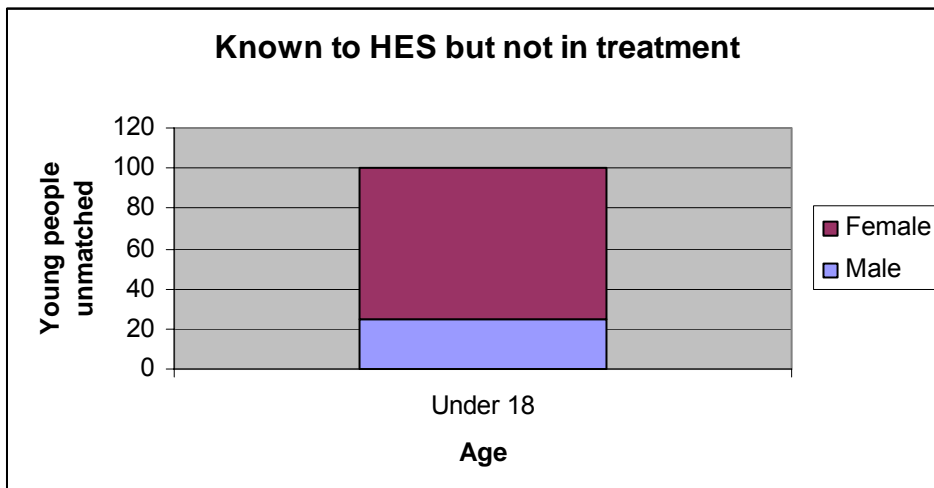
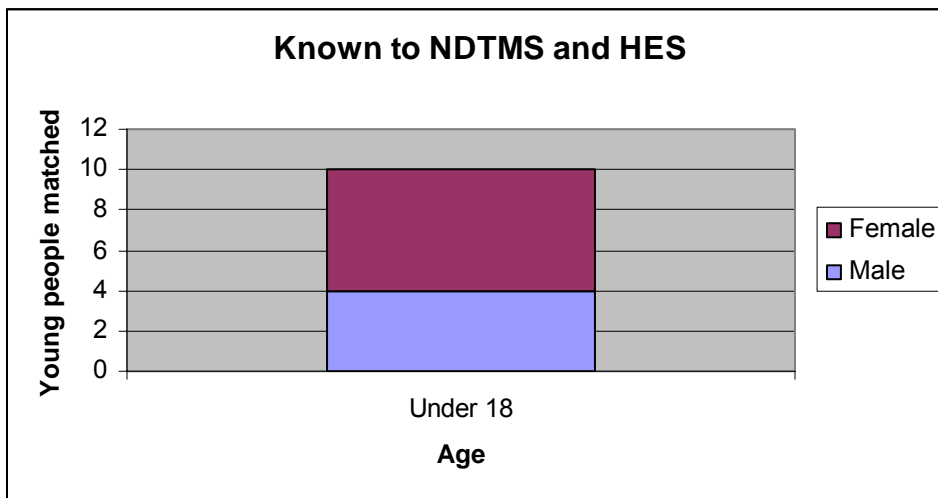
When young people were asked about publicising A-DASH to friends, several said that their friends did not think that they had a problem.

Age of first use compared to age of first use for adult drug users



Hospital Episodes Statistics (HES)

The graphs below show the number of young people who are known to the hospital system for their substance misuse and who have accessed some level of treatment (either targeted or specialist) and also those known to the hospital system but who have not accessed any sort of treatment. This suggests that there is a large number of young people who have been seen in hospital but are not accessing treatment for their substance misuse.



The A-DASH team has been actively working with A and E departments to increase awareness of the service and referrals have increased from 2007/08 but more work still needs to be done to continue to increase referrals.

Ethnicity

- There are still extremely low numbers of young people from BME Communities being referred.
- 19% of 12-15 year olds from BME communities have ever taken drugs (HRBS 2008)
- 0 non white females referred.
- The percentage of non-white females aged 12-15 who reported ever taking a drug in Hertfordshire is 10% (HRBS 2008).
- Only 11% of BME females knew there was a local drug or alcohol service (HRBS 2008).

The table below shows the number of young people referred by ethnicity

Ethnicity	Male	Female	Total
White British	70	42	112
White and Black Caribbean	2	0	2
White and Asian	1	0	1
Other White	1	1	2
Other Mixed	2	0	2
African	1	0	1
Caribbean	3	0	3
Asian British	1	0	1
Not Stated	10	4	14
Total	91	47	138*

*The total number of young people referred by ethnicity is different to the total number of referrals as not all young people in treatment had an ethnicity recorded.

The HRBS also reported that young people from Bangladeshi and Pakistani communities were the only groups to say they had used Ketamine.

Using a community development approach, the service in participation with the Minority Ethnic Curriculum Support Service (MECSS) is looking to engage with groups from local BME communities. The aim will be to provide a secure environment to improve knowledge and awareness of substance misuse issues with a traditionally hard to reach group.

Children Looked After

The 2008 OC2 report reported that there were 729 children looked after in Hertfordshire. 4.1% of children that were looked after had a substance misuse problem in the twelve months leading up to September 2008. This compared with 3.4% in 2007/08, 4.9% for England and 3.6% for the East of England. Of these 56% received an intervention in Hertfordshire compared to 68% in 2007/08, 66% in England and 53.6% in the East of England. 40% were offered an intervention in Hertfordshire but had refused it compared to 35% and 48.4% in England and the East of England respectively.

Children of Substance Misusing Parents

Information collected from NDTMS and analysed by MUSE indicates that in 2008/09 there were 770 parents and 22 pregnant women in treatment for drug or alcohol misuse.

There were 3 CAFs and 22 CAF enquiries relating to parental substance misuse.

There are currently 77 children on the Child Protection Register where substance misuse of parents has been recorded as an area of concern. 58 children are affected by alcohol misuse and 40 children affected by drug misuse. This shows that there are some cases where children will be affected by both alcohol and drug misuse (21 children).

Recent research suggests that the children of problem drug users are 7 to 8 times more likely to become drug users themselves, and estimates that there are 1 million children living in the UK with at least one problem drug user and 2 and a half million children in England affected by parental alcohol use. This information indicates that there is a high number of children and young people in Hertfordshire who are at risk of future substance misuse and highlights the importance of joint working with adult services to support the whole family.

Ketamine

Although the HRBS indicates that young people from Bangladeshi and Pakistani communities were the only groups to say they had used Ketamine. Anecdotal evidence from A-DASH workers is that Ketamine use is on the increase due to its falling price and its availability, with Watford and Borehamwood being cited as areas with a known problem. This view of Ketamine becoming a preferred drug was supported by several of the young people interviewed as part of this needs assessment.

Anabolic Steroids and Legal Highs

Although not being seen in treatment, intelligence collected from several sources, including schools, suggests that the use of anabolic steroids by young males and legal highs for both males and females is on the increase.

Both the A-DASH Specialist and Targeted teams are now receiving multiple reports on the use of the legal high Mephedrone by young people, many of school age. Research indicates that young people do not associate risk with the taking of these particular substances, therefore do not see their use as a problem. The Herts Drug Education Forum has begun to address the issue of legal highs with a series of brief statements which have been written and disseminated to relevant colleagues and young people; however with new anecdotal evidence particularly involving Mephedrone this issue needs to be addressed separately and monitored.

National Comparisons and Surveys

The Health Related Behaviour Survey 2008 for Hertfordshire sampled 10,581 pupils in 124 schools and compared the results with a wider survey sample which included schools from Bristol, Cambridgeshire, Camden, Cumbria, Dudley, Durham, Essex, Gateshead, Greenwich, Haringey, Knowsley, Lambeth, Lancashire, N. Yorkshire, Peterborough, Southampton, Sunderland, Swindon, and Wiltshire.

- Hertfordshire Year 6 pupils are less likely to say that they don't drink alcohol at all. 45% compares with 54% saying the same in the wider sample.
- Hertfordshire pupils are more likely to say that they know someone who takes drugs. They are no more likely however, to say that they have ever taken drugs.
- Hertfordshire pupils were less likely to say that they had been drunk in the previous week. 23% of Year 10 girls said that they had been drunk compared with 36% of the wider sample. Year 10 boys 17% compared with 29% in the wider sample.

NI 115 Substance Misuse by Young People

Data collected for NI 115 from the TellUs3 survey indicates that 12.2% of young people reported either frequent misuse of drugs/volatile substances or alcohol, or both. This compared with 10.9% for England and 11.2% for the East of England.

What Young People Said...

Young people and their parents were selected by Adolescent Drug and Alcohol Service Hertfordshire (A-DASH) staff and the Youth Offending Teams (YOT).

A small but satisfactory geographical sample range was achieved. (North, South and East)

As this was a time limited research undertaking, a group of 12 people were identified, 3 of whom were parents. In addition an information discussion was held with a group of children looked after (CLA).

Drug dealers smoke more

The young people that reported dealing cannabis said that it was during this time that they smoked the most.

“Weed is not a drug”

- There was a perception amongst several of the young people that cannabis is “natural” as opposed to a man made drug.
- They also believed that cannabis:
 - “Calms you down and makes you feel good”
 - “Doesn’t get you into as much trouble as you do with Class A and B drugs or alcohol”.
 - “Just helps you ‘chill’ ”.
 - “Is not a problem and therefore you don’t need to stop”.
- When young people were asked about publicising A-DASH to friends, several said that their friends did not think that they had a problem.

Ketamine

Ketamine was mentioned by some young people, as the preferred option because of the falling prices.

Cocaine

- Cocaine is easier to go undetected by parents than cannabis.
- One young man said that coke had less tell tale signs and his mum couldn’t easily recognize what he was up to.

“Fitting in”

- Several young people interviewed spoke about not fitting in with the type of pupils that were in their schools
- Young people in isolated villages have found that making friends is not easy and sometimes being part of the gang, means doing what everybody is doing.
- There is a lot of drugs and alcohol present in young adolescent friendship circles. There are too few non-alcohol/drug free fun experiences.
- One young man who called himself a “football freak” in his childhood, said that it was in the parks that older boys encouraged him to “try weed.” Another said that he was teased about being a girl for refusing to

try drugs. His exact words about social pressure were that – *“if my mates didn’t want to do it, I wouldn’t.”*

- The young men who were trying to ‘stay clean’, and avoid old friends/gangs after their referral orders spoke about feeling “left out.”

The influence of older siblings’ drug use

- Comments from some of the young people highlighted how older siblings have set the scene with their drug taking behaviours. One young person spoke about his brother’s refusal to seek ADASH support; and admitted that this makes his task of quitting more of a challenge.

School

- Some of the young people asked felt that school did not provide an individual learning style. Several of these young people wanted a more practical based approach to learning.
- They spoke of their difficulties at school, with the curriculum and with their teachers.
- They did not feel understood.
- Part of their rebellion included escaping school to take alcohol and drugs and hang out with their friends.
- One young person who suffered from dyslexia spoke about the frustration he’d experienced in school and in contrast the feel good factor of being involved with drugs.
- Some of the young people asked who had been excluded from school felt that they did not know enough about the full implications of exclusion at the time, and expressed regret at leaving school.

Spare time and spare money

- Of the young people interviewed, a majority admitted that they had too much free time, with little to do and those with extra money from weekend jobs/paper rounds were more open to temptations.
- Young people also said that transport is expensive, and that all the interesting things to do are too costly.
- One young man spoke about spending time at rugby, football and jump biking. Then once he’d lost interest, never finding a suitable activity to feel enthused about. Drugs were a fun alternative.
- College finishes early and there are days when they are roaming about with nothing to do. They are bored and looking for fun ways to entertain themselves.
- Those who were put on part time timetables at school faced the same problem.
- Some of the criminal elements of the young people’s behaviour had started with a prank, for fun or because they were bored and drunk/stoned. One young person confessed that they didn’t even do anything with the “stuff they stole.”
- Several young people want something to do and are actively looking for work.

There were a number of ways the young people said were triggers to stop drug taking, including:

Avoiding getting into trouble

A lot of the young people realised that they were getting into more trouble, when they were under the influence of drugs and hanging around with “gangs that cause trouble.”

Increased health concerns

Several young people reported having difficulty with their memory, depression, paranoia and anxiety. This together with other problems has spurred them on to stop.

Fear of a criminal record

The majority of the young people interviewed, did not want a criminal record and wanted to avoid going to prison at all costs. This is seen as a deterrent.

Upsetting parents

Several young people with a criminal record felt that they had let their parents down and were intent on trying harder not to fail them again.

There were a number of ways the young people and their parents thought **service provision and drug and alcohol education** could be improved and made more effective, including:

- It was felt that more harm reduction messages would be useful. At present there is an emphasis on identifying those moments when you are most vulnerable (to being influenced to take drugs) and looking for ways to combat them.
- Clients that were seen at home preferred this confidential one to one service.

Engaging and Communicating

A-DASH

- A-DASH was described by service users as an extremely valuable and effective service.
- The young people and their parents commented on the workers’ ability to listen and empathise with individual client situations, working at the pace of clients with compassion and sensitivity and without judgment or ridicule.
- A-DASH were described as being good at communicating with young people, *“they don’t force, they advise, and they want what’s best for you”*. This same young person who was interviewed had suffered acute mental health issues as a result of high cannabis usage, and felt that if

it wasn't for A-DASH he would not have left the house. A-DASH were crucial to his "recovery".

- Young people and their parents spoke about the "relaxed" and "down to earth" qualities of staff, which they found very approachable.
- A lot of time and trouble was taken by staff to build up a trust relationship with clients.

YOT

Young people have spoken positively about relationships with staff and appreciated the way in which goals were set and were made more achievable.

Police

One young person felt that the accusatory reactions of the police that dealt with him displayed a lack of understanding of young people. He felt that the policeman who had dealt with him had already assumed that he was guilty and would not listen to his side of the story. He instead attempted to prove his guilt rather than innocence.

Specialist at QE2

One young person was particularly unhappy about the way he was spoken to by a specialist who he described as only having had experience with working with children with ADHD. He was portrayed as rude and unsympathetic, showing little understanding of young people's needs. *"I couldn't speak to him, he couldn't understand me."* *"It was like talking to a brick wall... he was sarcastic"*. *"He shut me up with high dosage drugs"*. This service was compared alongside the positive approach by ADASH.

Knowledge of Child and Adolescent Development

- Staff who were better informed about child and adolescent development were better able to communicate with young people without making them defensive.
- Several young people spoke about being spoken to rudely by their teachers, who didn't want to understand what they were trying to say, It appeared that their "insults" further inflamed the young peoples' already waning commitment to the school culture and which in turn made drugs more appealing.
- A-DASH were seen as a positive model in the way they respected young people's decision making. A good example was that of a young man who asked if he could increase the frequency of his ADASH visits because he felt that he was in danger of "slipping back" again. The trust that the worker bestowed on this young person motivated him to take control of his own decisions.

Multi-agency Working

- Some services were seen as good models for managing to share information in an accurate and timely manner, e.g. YOT and A-DASH.
 - Sharing information with partner agencies and joined up working was responsible for several young people accessing YOT, linking up with Youth Connexions Workers to identify and enrol in appropriate education institutions.
 - YOT workers appear to network successfully with a range of partner agencies, especially making appropriate links for young people to access education and training.
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A-DASH Experience of Service Questionnaire 2009

Questionnaires were sent to A-DASH clients, their parents/carers and their referrers during the summer/autumn of 2009 on their experience of the A-DASH service at the beginning and the end. A total of **48** responses were received.

Below is a summary of the responses received from respondents at the end of the service

17 responses were received from clients at the end of the service, of these:

- **100%** said that their work with A-DASH had helped them make positive changes
- **94%** (16) said that they definitely felt listened to, 6% said mainly.
- **76%** (13) said that they definitely felt understood, 24% said mainly.
- **85%** (15) said that felt that they were met at a time and place suitable to them, 6% said mainly, 9% said sometimes.
- **76%** (13) said that they definitely felt included in their care planning, 24% said mainly.
- **82 %** (14) would definitely recommend A-DASH to a friend.

8 responses were received from parents/carers at the end of the service, of these:

- **100%** said that their experience of A-DASH was helpful
- **63%** (5) said they were mainly clear about the work A-DASH does, 37% said definitely.
- **50%** (4) said they definitely understood their child's situation, the other **50%** said they mostly understood.
- **100%** definitely felt listened to, **88%** (7) definitely felt understood.
- **100%** definitely felt they were met at a time and place convenient to them.
- **100%** would definitely recommend A-DASH to another family.

8 responses were received from referrers at the end of the service, of these:

- **88%** (7) felt that their referral to A-DASH was very useful.

- **88%** (7) were very happy with the service they received.
- **100%** would definitely recommend working with A-DASH.

Comments from young people who have used A-DASH

“I was told ways to enable me to cut down smoking cannabis and it worked!”

“I was able to make positive changes to my lifestyle. I was a frequent cannabis smoker and I feel the help from ADASH I no longer needed it, it also helped me realise I did not need drugs to feel better”.

“A-DASH helped me face up to myself and encourage me to make my own decisions”.

“A-DASH made me think about the future and this is not how I want to be”.

“Working with ADASH was really useful and helped a lot. I felt really comfortable when I had problems to talk about it with ADASH”.

“I felt comfortable and that I was always made to feel like everything said was confidential”.

“Good talking to someone who wasn’t a hysterical parent made me feel more in control”.

“Supportive and understanding. Talking to someone that had some of the experiences I did and then to see where they were made me think I can do it too”.

Comments from parents/carers who have used A-DASH

“My relationship with my daughter improved and we can now talk about things”.

“Finally had support and understanding of MY son’s behaviour and diagnosed Bi Polar”.

“I felt less alone and able to get a more balanced understanding, it changed how I reacted to situations”.

“My daughter is back on track, talking to you helped her a lot”.

“It helped her to express herself a lot and then she felt she could talk to me more about it”.

“We found the help ADASH gave us invaluable and we had a great person dealing with our family”.

“A wonderful service, I feel it should be more widely advertised as I had to go through my doctor to find out about it, I think more parents would use you if they knew”.

Comments from professionals who have used A-DASH

“Very Impressed with speed of response – THANKS!” (GP)

“It was really useful to have a quick response to referral and to contact and meet client in Community – as he struggles to attend appointments” (CAMHS)

“Really good response and Support” (NHESC)

