

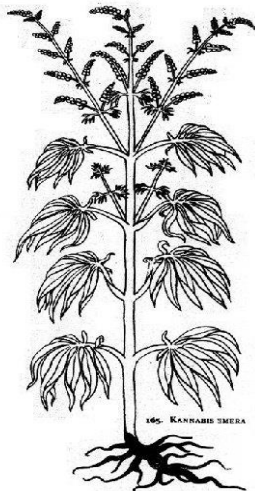


Substance Misuse in Young People

Overview

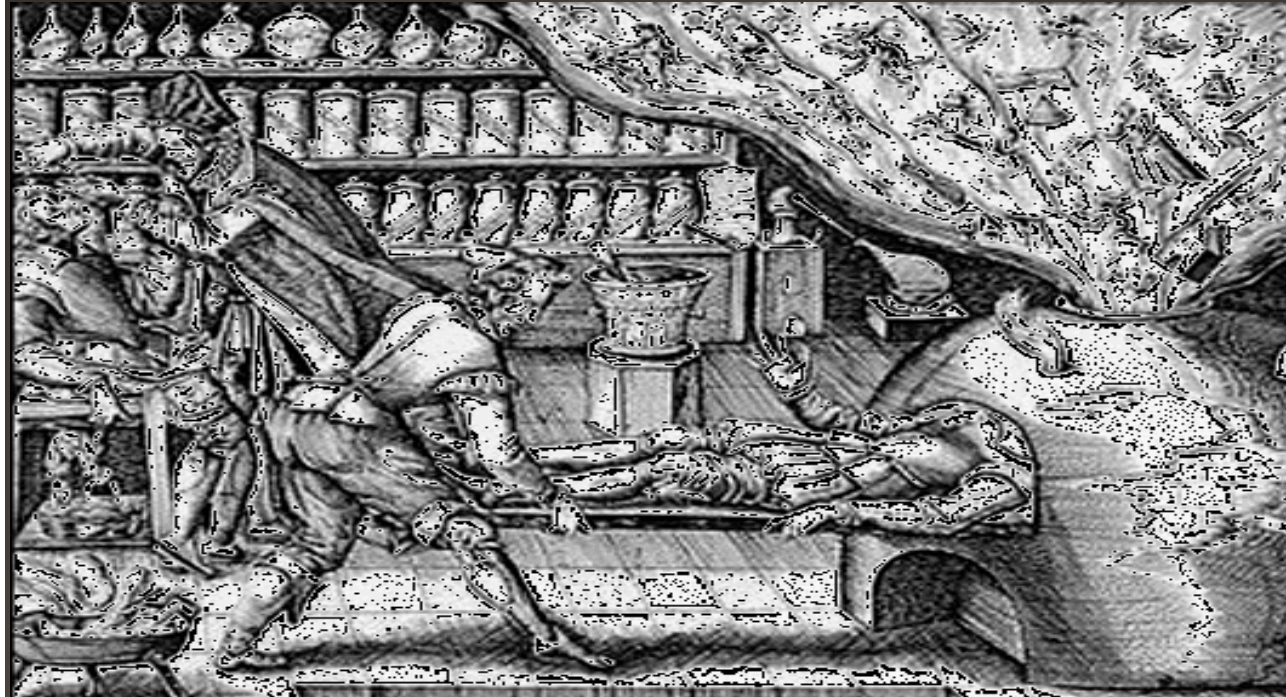


- Discuss the individual and social factors that influence the development of substance misuse in young people.
- Define the range of substance-using behaviours of young people in the UK.
- Identify the range of harms experienced by young people who misuse substances.
- Examine the relationship between vulnerability, risk and resilience.
- Identify elements of good practice in assessment, intervention and liaison in the facilitation of recovery.



165. KANNABIS EMEROS. Cannabis sativa
Hemp

Cannabis [some call it Cannabium, some Schoenostrophon, some Asterion, ye Romans Cannabis] is a plant of much use in this life for ye twistings of very strong ropes, it bears leaves like to the Ash, of a bad scent, long stalks, empty, a round seed, which being eaten of much doth quench geniture, but being juiced when it is green is good for the pains of the ears.

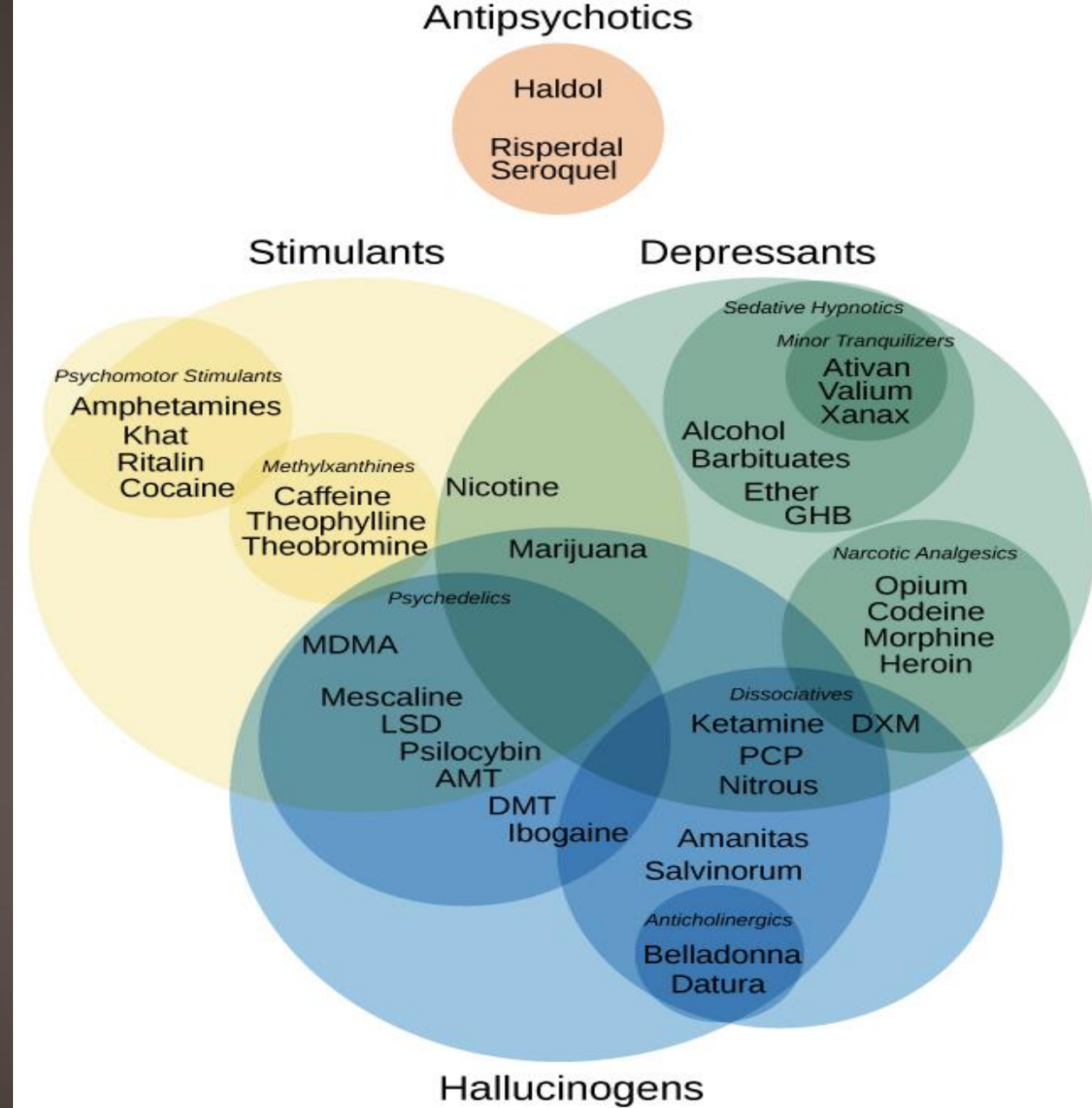


Leading public health bodies call for decriminalisation of drugs

Report from Royal Society for Public Health and Faculty of Public Health says misuse of drugs should be a health issue, not a criminal one



Classification



The Drug Classification System (UK)

- Class A drugs: heroin, cocaine (including crack), methadone, ecstasy (MDMA), LSD, and magic mushrooms.
- Class B: amphetamines, barbiturates, codeine, cannabis, cathinones (including mephedrone) and synthetic cannabinoids (spice).
- Class C: benzodiazepines (tranquilisers), GHB/GBL, ketamine, anabolic steroids and benzylpiperazines (BZP).

Key Definitions

- Substance use vs. substance intoxication
- Substance misuse vs. substance dependence
- Tolerance vs. withdrawal

Alcohol and sociability

I'd go out into sort of social situations without enough drink or drugs in my body and I just couldn't handle it you know I couldn't speak to people...so I got really, really fucking drunk...if people were talking about something that I didn't know anything about, I would try and evade the conversation and turning [it] into something I could talk about...it's just that kind of interacting with people on a normal basis...I was sort of gripped by fear...then I'd put drink and drugs in my body and that fear is gone.

Mike

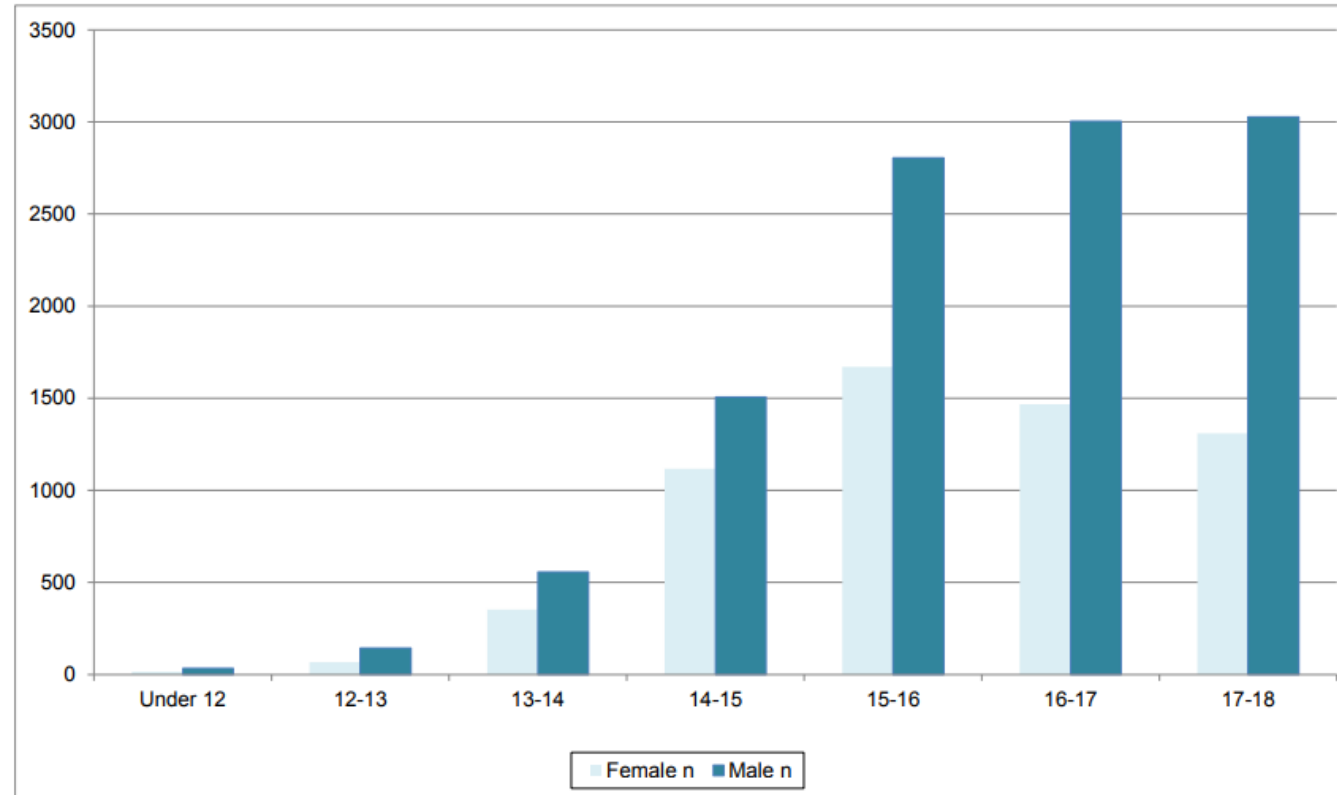
Young people's statistics from the National Drug Treatment Monitoring System (NDTMS)

Table 2.1.1 Age and gender of all young people in treatment 2015-16

Age	Female		Male		Persons	
	n	%	n	%	n	%
Under 12	14	0%	34	0%	48	0%
12-13	67	1%	144	1%	211	1%
13-14	352	6%	557	5%	909	5%
14-15	1,117	19%	1,507	14%	2,624	15%
15-16	1,670	28%	2,806	25%	4,476	26%
16-17	1,467	24%	3,005	27%	4,472	26%
17-18	1,309	22%	3,028	27%	4,337	25%
Total clients	5,996	100%	11,081	100%	17,077	100%

Young people's statistics from the National Drug Treatment Monitoring System (NDTMS)

Figure 2.1.1 Age and gender distribution of all young people in contact with treatment services 2015-16



Young people's statistics from the National Drug Treatment Monitoring System (NDTMS)

Table 2.2.1 Ethnicity of all young people in treatment 2015-16

Ethnicity	n	%
White British	13,196	78%
Other White	552	3%
White & Black Caribbean	518	3%
Caribbean	386	2%
Other Mixed	339	2%
African	274	2%
Other Black	247	1%
Other	246	1%
Bangladeshi	216	1%
Pakistani	197	1%
Other Asian	165	1%
White & Asian	159	1%
Not Stated	140	1%
White & Black African	122	1%
Indian	106	1%
White Irish	103	1%
Chinese	13	0%
Total	16,979	100%
Missing or inconsistent data	98	
Total	17,077	

Young people's statistics from the National Drug Treatment Monitoring System (NDTMS)

Table 2.3.1 Substance use of all young people in treatment 2015-16

Substance	Primary		Adjunctive^		Total		Primary
	n	%	n	%	n	%	median age
Cannabis	12,863	75%	2,005	12%	14,868	87%	16
Alcohol	2,556	15%	5,682	33%	8,238	48%	16
Ecstasy	261	2%	1,344	8%	1,605	9%	16
Cocaine	251	1%	1,226	7%	1,477	9%	16
Amphetamines	317	2%	835	5%	1,152	7%	16
New psychoactive substances	420	2%	636	4%	1,056	6%	16
Solvents	121	1%	320	2%	441	3%	15
Heroin	77	0%	24	0%	101	1%	17
Other opiates ^o	35	0%	70	0%	105	1%	16
Nicotine (adjunctive use only)	-	-	2,443	14%	-	-	-
Crack	21	0%	74	0%	95	1%	17
Other‡	148	1%	572	3%	-	-	16
Total	17,070	100%					16
Missing, misuse free or inconsistent data	7						
Total including missing	17,077						

Young people's statistics from the National Drug Treatment Monitoring System (NDTMS)

Table 2.4.1 Source of referral of all treatment episodes 2015-16

Referral Source	n	%
Mainstream education	3,878	21%
Alternative education	698	4%
Education service	617	3%
Other	25	0%
Education total	5,218	28%
YOT	4,265	23%
YP secure estate	145	1%
Other	454	2%
Youth / criminal justice total	4,864	26%
Children and family services	1,893	10%
Looked after child services	418	2%
Social services	255	1%
Social care total	2,566	14%
Self	1,216	7%
Relative, family, friend or concerned other	945	5%
Self, family & friends total	2,161	12%
Substance misuse total	1,546	8%
GP	192	1%
A&E	229	1%
School nurse	246	1%
CAMHS	689	4%
Hospital	138	1%
Other	87	0%
Health total	1,581	8%
YP housing	344	2%
Other	323	2%
Total (episodes)	18,603	100%
Missing or inconsistent data	33	
Total (episodes)	18,636	

Young people's statistics from the National Drug Treatment Monitoring System (NDTMS)

Table 2.6.1 Accommodation status of all young people in treatment 2015-16

Accommodation status	n	%
Living with parents or other relatives	13,969	83%
YP living in care	1,228	7%
YP supported housing	789	5%
Independent – settled accommodation	453	3%
Independent – unsettled/housing problem	183	1%
YP living in secure care	57	0%
Independent – no fixed abode	62	0%
Total	16,741	100%
Missing or inconsistent data	336	
Total	17,077	

Young people's statistics from the National Drug Treatment Monitoring System (NDTMS)

Table 2.7.1 Description of vulnerability factors identified via NDTMS

Vulnerability factor	Criteria
Early onset	Began using primary substance under the age of 15
Poly substance user	Reported using two or more substances in combination (poly substance use)
Antisocial behaviour	Young person has been involved in antisocial behaviour or committed a criminal act on more than one occasion in the past six months (this is the offending behaviour disclosed by the individual, not convictions)
Affected by others' substance misuse	Is affected by others' substance misuse in their close family and/or members of the household
Affected by domestic abuse	Has been affected by domestic abuse
Mental health problem	Reported a mental health problem
Self-harm	Reported self-harming behaviour
NEET	Is not in education, employment or training
Looked after child	Has a 'looked after child' status (see section 7.2)
Child protection plan	the young person is subject to a child protection plan
Child in need	Is a child in need
Sexual exploitation	Reported sexual exploitation
High-risk alcohol user	Drinks almost daily, or in excess of eight units (males) or six units (females) on an average drinking day when drinking 13 or more days of the month
Housing problem	Reports unsettled accommodation status or has no fixed abode
Pregnant and/or parent	Is pregnant or a parent
Opiate and/or crack use	Reported using opiates and/or crack among their presenting substances
Injecting	Has ever injected (currently or previously)

Young people's statistics from the National Drug Treatment Monitoring System (NDTMS)

Table 2.7.2 Individual vulnerabilities identified among all young people starting treatment in 2015-16

Vulnerability	Female		Male		Persons	
	n	%	n	%	n	%
Early onset of substance misuse	3,917	93%	7,325	92%	11,242	92%
Poly drug user	2,752	65%	4,581	57%	7,333	60%
Antisocial behaviour	815	19%	3,074	39%	3,889	32%
Affected by others' substance misuse	1,188	28%	1,559	20%	2,747	23%
Affected by domestic abuse	1,162	28%	1,439	18%	2,601	21%
Mental health problem	1,043	25%	1,233	15%	2,276	19%
Self-harm	1,407	33%	704	9%	2,111	17%
NEET	546	13%	1,474	18%	2,020	17%
Looked after child	587	14%	843	11%	1,430	12%
Child Protection Plan	463	11%	429	5%	892	7%
Child in need	406	10%	384	5%	790	6%
Sexual exploitation	598	14%	106	1%	704	6%
High risk alcohol user	319	8%	202	3%	521	4%
Pregnant and/or parent	102	2%	125	2%	227	2%
Opiate and/or crack use	93	2%	113	1%	206	2%
Housing problem	70	2%	115	1%	185	2%
Injecting	56	1%	57	1%	113	1%
Total new presentations	4,215	100%	7,976	100%	12,191	100%

Young people's statistics from the National Drug Treatment Monitoring System (NDTMS)

Table 2.8.1 Age and gender breakdown of young people starting treatment in 2015-16 and reported sexual exploitation

Age	Sexual exploitation				Total new presentations			
	Female		Male		Female		Male	
	n	%	n	%	n	%	n	%
Under 14 ^Δ	63	11%	8	8%	348	8%	578	7%
14-15	123	21%	19	18%	834	20%	1,172	15%
15-16	162	27%	25	24%	1,175	28%	2,050	26%
16-17	129	22%	24	23%	939	22%	2,015	25%
17-18	121	20%	30	28%	919	22%	2,161	27%
Total new presentations	598	100%	106	100%	4,215	100%	7,976	100%

Young people's statistics from the National Drug Treatment Monitoring System (NDTMS)

Table 3.2.2 Interventions received by young people in treatment 2015-16 (post November 2013 dataset change interventions)

Setting	Intervention type			Total individuals with this setting ^Δ	Percentage of total individuals with this setting
	Psychosocial (n)	Harm reduction (n)	Pharmacological (n)		
Community	15,061	9,637	85	16,347	97%
YP Inpatient unit	*	*	*	*	*
YP Residential unit	20	16	0	27	0%
Home	502	342	8	596	4%
Adult setting	10	*	6	13	0%
No setting recorded	*	*	0	*	*
Total individuals[‡]	15,502	9,965	99	16,838	100%
% of total individuals with this intervention	92%	59%	1%		

Young people's statistics from the National Drug Treatment Monitoring System (NDTMS)

Table 5.1.1 Number of young people in treatment by age (2005-06 to 2015-16)

Age	2005-06		2006-07		2007-08		2008-09	
	n	%	n	%	n	%	n	%
Under 12	212	1%	233	1%	227	1%	193	1%
12-13	358	2%	457	2%	467	2%	442	2%
13-14	1,040	6%	1,253	6%	1,476	6%	1500*	6%
14-15	2,380	14%	2,961	14%	3,466	14%	3550*	15%
15-16	3,884	23%	4,953	23%	5,658	24%	5,574	23%
16-17	4,347	26%	5,315	25%	5,987	25%	6,133	25%
17-18	4,780	28%	6,019	28%	6,624	28%	6,663	28%
Total	17,001	100%	21,191	100%	23,905	100%	24,053	100%

Age	2009-10		2010-11		2011-12		2012-13	
	n	%	n	%	n	%	n	%
Under 12	155*	1%	128	1%	110	1%	56	0%
12-13	380*	2%	315	1%	323	2%	310	2%
13-14	1,396	6%	1,234	6%	1,129	5%	1,130	6%
14-15	3,300*	14%	3,092	14%	3,009	15%	2,936	15%
15-16	5,770	25%	5,445	25%	5,097	25%	5,097	25%
16-17	5,823	25%	5,657	26%	5,297	26%	5,040	25%
17-18	6,701	28%	6,084	28%	5,723	28%	5,463	27%
Total	23,528	100%	21,955	100%	20,688	100%	20,032	100%

Vulnerable Groups: Interventions and models of care for substance misuse in children and young people

Table 1. Referrals to treatment services in Wales for substance misuse in young people aged 10-14 and 15-19 years:

Alcohol as main reported substance				
Age	Male	Female	Number	Rate per 100,000 population
Under 15	116	130	246	47.6
15-19	748	437	1185	581.0
Heroin as main reported substance				
Age	Male	Female	Number	Rate per 100,000 population
Under 15	11	5	16	3.1
15-19	133	147	280	137.3

Vulnerable Groups: Interventions and models of care for substance misuse in children and young people

Cannabis as main reported substance				
Age	Male	Female	Number	Rate per 100,000 population
Under 15	122	34	156	30.2
15-19	530	107	637	312.3
Amphetamines as main reported substance				
Age	Male	Female	Number	Rate per 100,000 population
Under 15	6	2	8	1.5
15-19	33	46	79	38.7
Cocaine as main reported substance				
Age	Male	Female	Number	Rate per 100,000 population
Under 15	0	2	2	0.4

Vulnerable Groups: Interventions and models of care for substance misuse in children and young people

Summary

- Alcohol and cannabis would appear to be the most prevalent substances used by children and young people in Wales, as elsewhere in the UK.
- The treatment of substance misuse in children and young people is different than for adults and requires different services and approaches.
- The evidence base on what works in managing substance misuse in young people is suggestive but not complete. Nonetheless a framework for emerging best practice is in place to guide service specifications.

Vulnerable Groups: Interventions and models of care for substance misuse in children and young people

- The availability of substance misuse services within Wales is dependant on where people live and access to appropriate treatment for young people is an issue.
- Across Wales the planning of services for children and young people is ad hoc with considerable differences in approach and awareness of existing provision. Services do not necessarily reflect the evidence base for effectiveness.
- The approach to planning and delivery of CAMHS substance misuse services appears largely unstructured. There are capacity issues in certain parts of Wales with particular difficulties in access to appropriate specialist psychiatric provision.
- There are unresolved issues in care pathways particularly with access to tier 3 provision.

Vulnerable Groups: Interventions and models of care for substance misuse in children and young people

Recommendations

- Welsh Assembly Government should develop new guidance on the planning /commissioning of children's substance misuse services reflecting the emergence of Area Planning Boards. A simple model is proposed in this paper using the tiered approach.
- The responsibilities of all partner agencies, including Community Safety Partnerships, needs to be detailed as part of this process.
- Using the emerging evidence base, again outlined in this paper, appropriate interventions can be described for service planning /delivery at each of the tiers. This can form the basis for a more detailed gap analysis of potential shortfalls.

Vulnerable Groups: Interventions and models of care for substance misuse in children and young people

- It is recommended that each of the new Area Planning Boards should commence the development of a care pathway around access to tier 3 specialist services provided primarily by CAMHS. In each of the areas, and following discussion with service planners, the CAMHS service should be providing specialist substance misuse treatment using one of the nationally recognised approaches.
- Service development should be based on a local needs assessment. Where this hasn't been undertaken the NTA have developed a framework which suggests that a mapping exercise for specialist young person's substance misuse treatment systems be undertaken against the description of the client profile in relation to referrals, throughput, re-referral, discharge and transitional arrangements.

Vulnerable Groups: Interventions and models of care for substance misuse in children and young people

- Substance misuse needs to be considered within a holistic framework that is delivered through a child centred, family centred, and multi-agency model of care. Prior to making decisions about how current need (and unmet need) is managed it is important that each area has a clear understanding of how services currently operate and whether there are gaps or requirements for service improvement.
- There is a clear need for work with adult services to develop local protocols regarding transitions, and thresholds for transition across services need to be examined

Vulnerable Groups: Interventions and models of care for substance misuse in children and young people

Within the suggested framework particular vulnerable groups of children need to be looked at for possible targeting of work. These are :

- the homeless
- those looked after by local authorities or in foster care,
- truants and those excluded from school
- young offenders
- those with conduct disorder or mental ill health such as depression
- children having parents or siblings who misuse substances.

Vulnerable Groups: Interventions and models of care for substance misuse in children and young people

“The journey from adolescence into adulthood is a particularly challenging time for young people. A 2005 report which focused on young adults (16-25) with complex needs identified that transition to adulthood is more difficult if you have to deal with one or more of the following: mental health issues; substance misuse, poor education; poor health or long-term unemployment.” (Caffel, Bartley, & Price, 2010, p. 17).

The aetiology of substance abuse & dependency

- Abuse & Dependency

- Genetic Predisposition
- Long-Term Cognitive Deficits
- Concurrent Psychiatric Diagnoses
- Poverty

Experimentation

- Availability
- Familial Factors
- Peer Group Influences
- Media Influences

Regular Use

- Mood-Alteration Effects
- Self-Medication
- Long-Term Expectations & Beliefs
- Cultural Variables

The aetiology of substance abuse & dependency

- The aetiology of substance dependency has to be viewed in developmental terms
- Most individuals who become substance dependent go through three developmental stages:
 - Experimentation
 - Regular use
 - Abuse & dependency

Experimentation

- Availability
- Familial factors
- Peer group influences
- Media influences

Availability



- Availability of a drug or substance will influence time of first use
- There is an inverse relationship between first use of a drug and its cost (Stead & Lancaster, 2005)

Familial factors



- Early substance use is determined by:
 - Whether the substance is regularly used by other family members
 - Whether the family environment is problematic
- Neglectful parenting increases early use of alcohol, cigarettes and cannabis

Peer group influences



- Adolescents will start using a drug to self-categorize themselves as a member of a particular group.
- Once an individual becomes a regular user, this will also influence the social groups that they will mix with.

Media influences



- Substance use in young adolescents is significantly affected by advertising and exposure to the product in media contexts.
- Banning advertising of a product (e.g. cigarettes) has been shown to significantly decrease adolescent use.

Regular use

- Mood-alteration effects
- Self-medication
- Long-term expectations & beliefs
- Cultural variables

Mood-alteration effects



- Impact on reward pathways
- One main reason for using drugs is that they have important mood-altering effects.
- Most drugs of abuse either relieve negative mood or create euphoria and feelings of well-being.
- However, these mood-altering effects are more complicated than they may appear to the user (e.g. alcohol myopia).

Self-medication



- When individuals are suffering more severe adjustment and coping problems, substance use can act as a means of self-medication
- Supported by the fact that substance abuse and dependency are highly comorbid with other mental health disorders
- Anxiety disorders and depression tend to pre-date substance use disorders
- Substance abusers frequently cite self-medication as a reason for using drugs.

Long-term expectations & beliefs



- Many substance users develop expectations that the substance will have positive effects
- Many substance users also develop erroneous beliefs that the substance they use is harmless

Cultural context



- Cultural differences in frequency of drug use may mediate the transition from first use to regular use (e.g. alcohol consumption in wine-drinking societies)
- There are also cultural differences in beliefs about the effects of drugs

Poverty



- Socioeconomic factors are important in determining whether someone will use drugs
- Conditions such as unemployment, no other forms of recreation, little hope of educational fulfilment, and environments that revere drug dealing as a high-status profession are all likely to influence continued substance abuse

Prevention



- School-based programmes
- Brief motivational interventions
- Motivational interviewing
- Group based behavioural therapy
- Family based interventions
- Harm reduction

Summary

Impact on healthy development:

- ▶ Children who start drinking alcohol at an early age are more likely to develop alcohol problems in adolescence and adulthood.
- ▶ Drinking at an early age is also associated with having more sexual partners, pregnancy, using drugs, employment problems, and risky driving behaviours.
- ▶ Children who begin drinking at a young age drink more frequently and in greater quantities than those who delay drinking, and are more likely to drink and to get drunk.
- ▶ Significant changes in brain structure accompanying heavy drinking in young people can affect brain functions. Young people who drink heavily may experience adverse effects on liver, bone, growth and endocrine development.

Summary

Psychosocial issues:

- ▶ Social factors represent important risk and protective influences on adolescents' substance use initiation.
- ▶ The role of socializing agents (such as parents, friends, and the media) as important influences on the adoption of substance use by adolescents.
- ▶ Drug and alcohol consumption plays a significant role in young people's group dynamics where they create bonds and relationships with peers whilst also helping to construct a sense of identity (Room & Sato, 2002; Moore & Miles, 2004).

Drinking or playing? Men's health and masculinity

“Young men's health is currently an area of serious concern, with adolescent and young adult men being more likely to drink excessively and use illegal drugs, to engage in risky casual sex and to be killed or injured in road traffic accidents...It seems that many young men aspire to an idea of masculinity that includes emotional and physical toughness, being the bread-winner, confidence in risk-taking and sexual confidence. A variety of behaviours, some that have a positive impact on health, some that have a negative, are employed to develop and demonstrate such masculine identities“ (de Visser, 2012).

Support/Information



<http://www.drugscope.org.uk/>



<http://www.talktofrank.com/>



<http://www.nta.nhs.uk/young-people.aspx>