YOUNG PEOPLE’S SUBSTANCE MISUSE IN CAMBRIDGESHIRE

NEEDS ASSESSMENT: July 2018
Contents

1.0 Purpose

2.0 Demographic Profile

3.0 Strategic context

4.0 Drug and alcohol prevalence in children and young people
   4.1 Prevalence alcohol
   4.2 Prevalence drugs
   4.3 Hospital admissions
      4.3.1 Alcohol
      4.3.2 Drug
   4.4 Prevalence smoking
   4.5 Changing patterns of drug misuse

5.0 Substance misuse, risk and vulnerable groups

6.0 Engagement with treatment

7.0 Vulnerabilities
   7.1 Mental health/dual diagnosis
   7.2 Family work
   7.3 Children living with substance misusing parents
   7.4 Homelessness
   7.5 Substance misuse and LGBTQ young people
   7.6 Safeguarding: Early Help and Social Care
   7.7 Educational based risk
   7.8 Sexual health
   7.9 Criminal justice
      7.9.1 Youth Offending Team substance misuse work
      7.9.2 Missing, exploited and trafficked children and young people

Abbreviations
The purpose of this document is to provide a summary of the drug and alcohol treatment needs of children and young people in Cambridgeshire. It uses the recent JSNA and a variety of other sources of information both national and local to provide a context for developing an innovative young people’s service tailored to meet the specific needs of Cambridgeshire.

Local JSNAs can be found at the link below, along with strategic information about the growth of the county’s population: [http://cambridgeshireinsight.org.uk](http://cambridgeshireinsight.org.uk)


A young people’s survey formed part of the consultation for this needs assessment as well as a stakeholder engagement event and consultation. Reports from can be found at: [https://www.cambridgeshire.gov.uk/news/reshaping-drug-and-alcohol-services-in-cambridgeshire/](https://www.cambridgeshire.gov.uk/news/reshaping-drug-and-alcohol-services-in-cambridgeshire/)

Please note that due to data release restrictions, Public Health data reported here is for 2016/17 or earlier. The 2017/18 data cannot be released into the public domain until November 2018.

### 2.0 Demographic Profile

Cambridgeshire is an area of 3389 km². It is a two tier local authority area with Cambridgeshire County Council being the upper tier authority alongside the five lower tiers of East Cambridgeshire District Council, Fenland District Council, Huntingdonshire District Council, South Cambridgeshire District Council and Cambridge City Council. Peterborough City Council is a unitary authority and sits outside the remit of this tender. The county is fast growing with the current population of Cambridgeshire estimated to be 652,099. Of this number, 95,754 are aged between 5-17 years.

If broken down by district, the current population is as follows:

<table>
<thead>
<tr>
<th>District</th>
<th>Total population (current estimate)</th>
<th>Population 5 – 17 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambridge City</td>
<td>134,075</td>
<td>15,713</td>
</tr>
<tr>
<td>East Cambridgeshire</td>
<td>86,578</td>
<td>13,792</td>
</tr>
<tr>
<td>Fenland</td>
<td>99,201</td>
<td>14,214</td>
</tr>
<tr>
<td>Huntingdonshire</td>
<td>176,585</td>
<td>26,687</td>
</tr>
<tr>
<td>South Cambridgeshire</td>
<td>155,661</td>
<td>25,348</td>
</tr>
<tr>
<td>Cambridgeshire</td>
<td>652,099</td>
<td>95,754</td>
</tr>
</tbody>
</table>

*Figure 1: Current Cambridgeshire population [Cambridgeshire County Council research group forecast based on mid-2015 population forecasts, April 2018]*

Due to factors of economic and population growth and longer life expectancy, the population is due to increase by approximately 25% by 2036. Even by 2026, the total population is expected to have seen a 16% rise to 758,943, with the 5-17 years population rising by 18% to 113,305. Per district, expected increases in the 5-17 years age band are Cambridge City at 27%, East Cambridgeshire at 19%, South Cambridgeshire at 18%, Fenland at 16% and Huntingdonshire at 15%. Please note that
these are estimates only. Whereas migration has been a contributory factor in the past, there is now an uncertainty about how this will affect local population numbers in the future.

**New Communities**
Cambridgeshire has a number of new communities in development and associated housing growth. Substantial developments are planned for Northstowe, Wisbech Garden Town, Waterbeach New Town, March and Alconbury. The greatest density of housing development will be in South Cambridgeshire. This growth has implications for the treatment service in terms of both numbers and how new populations will be reached for preventative as well as treatment interventions. Further information on new developments in Cambridgeshire can be found in the New Housing Developments and the Built Environment 2015/16 Joint Strategic Needs Assessment.¹

**Migration**
The county has a diverse population, although this tends to be in pockets. For example, Cambridge city has the largest proportion of non-UK born migrant population at 307 per 1,000. Although Fenland is much lower at 62.6 per 1,000, this district has seen the greatest rises in recent years, particularly of A8 migrants. If ten wards are analysed for the highest population of East Europeans, five of these are in the Wisbech area of Fenland.

Migrant populations have been attracted by the large amount of manufacturing and agricultural low-skilled work opportunities in this area and Peterborough. The Cambridgeshire Migrant and Refugee Joint Strategic Needs Assessment (2016) identified a range of health issues for migrant communities with alcohol presenting as one of the main issues.

Across the county 10.7% of school children are from a black or minority ethnic group. The number of pupils with an Eastern European language as a first language has increased over the last five years reflecting a significant and increasing migrant worker population. The increase in the number of pupils with an Eastern European first language has occurred in all districts but is most significant in East Cambridgeshire and Fenland, with the Wisbech locality seeing the greatest increase from 5.4% of pupils in 2009 to 22.4% in 2015.

In total, 7.4% of the Cambridgeshire population is classified as ‘white other’ including the Eastern European population. 1.6% of the population of Cambridgeshire has an Eastern European ethnicity (9,659 people out of a total population of 621,210). If ten wards are analysed with the highest proportions of Eastern European residents, five are in the Wisbech area.²

**Deprivation**
Whilst Cambridgeshire is a relatively affluent county, and compares well on national health and wellbeing determinants and outcomes, significant pockets of deprivation exist across the area. Fenland is one of the most deprived areas within the county but there are small pockets of deprivation within each district. Fenland has the largest proportion in Cambridgeshire of its population living in the most deprived fifth (20%) of areas nationally. The percentage of children

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² Cambridgeshire County Council (2016) Migrant and Refugee Joint Strategic Needs Assessment for Cambridgeshire
aged under 16 years living in poverty is statistically worse in Fenland than the England average and life expectancy at birth is worse than the England average for both girls and boys.

12.5% of children live in poverty, however over 65% of children who are living in poverty actually live in our less deprived areas and, the evidence base suggests, that it is these children for whom outcomes are worst, in particular the gap between the educational attainment of pupils from deprived background and their peers.3

In 2015, the number of dependent children (under 20) in low income families numbered 14,045. This is a rate of 11.1% and much better than the England rate of 16.6%.4

Health outcomes
Overall, Cambridgeshire compares well on national health and wellbeing determinants and outcomes. But there are areas that are similar or worse than national averages - notably Fenland and some areas of Cambridge city; for example, life expectancy for males at birth has decreased in Fenland for the last two consecutive time periods. In terms of young people’s key indicators from the Public Health Outcomes Framework, Cambridgeshire is rated as follows:-

Better than England average
- % 16-18 year olds not in employment, education or training
- Children in low income families (all ages under 20)

Similar to England average
- Alcohol specific hospital admissions (Under 18s)
- Hospital admissions due to substance misuse (15-24s)
- Youth Justice indicators
- Under 18 and Under 16 conception rate

Worse than the England Average
- Homelessness amongst young people 16-24
- Hospital Admissions for self-harm (15-19 and 20-24)
- Chlamydia detection rate

Child development and education
Cambridgeshire’s percentage of children with free school meal status achieving a good level of development at the end of reception has been statistically significantly worse than the England rate since 2012/13. Whilst his is a countywide issue, there are areas of concern for particular districts:

- The rate of pupil absence in Cambridge is significantly worse than Cambridgeshire and national averages.
- Approximately one in three (29%) children with poor attainment levels live in the 20% most deprived parts of the county (and approximately two in three (71%) outside these areas).
- Fenland’s GCSE attainment rate is worse than the England and Cambridgeshire averages.
- Although rates have declined, birth rates to mothers aged under 18 are statistically significantly higher in Fenland compared with the national average.5

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3 Eastern Region ADCS Children’s Services Self-Assessment 2017
5 Cambridgeshire County Council JSNA Core dataset 2017
The key challenges therefore in delivering services across Cambridgeshire:-

- Rurality and associated transport issues
- Geographic spread
- Contrast of rural and urban areas that require different models of delivery
- Contrast of affluence and deprivation within geographical areas
- Language and cultural barriers which can reduce accessibility and uptake of service amongst different groups
- In some areas, most notably Fenland, low educational attainment and aspiration influences prevention and treatment interventions and challenges staff recruitment.

### 3.0 Strategic context

National and local strategies and policies inform Cambridgeshire’s response to the substance misuse treatment needs of children and young people. The key documents include:-

**National**


Key themes of the national drug strategy aimed at reducing drug misuse are building resilience and preventative work. This is to both universal and targeted populations in order that risk factors that make young people vulnerable to drug misuse are reduced (e.g. drug and alcohol misuse, crime, exploitation, unhealthy relationships). Key to this is schools work using ‘high quality’ Personal, Social and Health Education (PSHE).


The strategy sets out its aims to reduce irresponsible drinking. One of the desired outcomes is to see: ‘A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.’ PSHE in schools is a key way of delivering preventative messages.

**Department of Health (2017) Drug misuse and dependence UK guidelines on clinical management**

These guidelines highlight that specialist drug treatment and workforce competencies for supporting young people must recognise that the needs of young people are different to adults. Provision must reflect this by ensuring that support sits within a wider framework and standards for both access and engagement with services and appropriate responses to both young people and their parents/carers.

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   https://www.gov.uk/government/publications/alcohol-strategy

Public Health England (2017) Specialist services for young people: a rapid mixed methods evidence review of current provision and main principles for commissioning

This has four fundamental principles for commissioners and providers to follow:

- Young people and their needs are at the centre of services
- Quality governance is in place
- Multiple vulnerabilities and complex needs are properly addressed
- Young people becoming adults are supported as they move into adult services through appropriate transitional arrangements.

Local

Cambridgeshire Health and Wellbeing Board Strategy 2012-17 (currently under review) This focuses on six priorities to improve the physical and mental health and wellbeing of Cambridgeshire residents, particularly the health of the poorest:

- Ensure a positive start to life for children, young people and their families.
- Support older people to be independent, safe and well.
- Encourage healthy lifestyles and behaviours in all actions and activities while respecting people’s personal choices.
- Create a safe environment, help to build strong communities, wellbeing and mental health.
- Create a sustainable environment in which communities can flourish.
- Work together effectively.

Cambridgeshire Mental Health Strategy 2015-18 The three themes are:-

- A life course approach to promoting mental health.
- Developing a wider environment that supports mental health.
- Physical and mental health - ‘the mental health of people with physical illness and the physical health of people with mental illness.’

OPCC Cambridgeshire and Peterborough, Police and Crime Plan 2017-20 Community Safety and Criminal Justice Shared outcomes:-

- Victims and witnesses are placed at the heart of the criminal justice system and have access to clear pathways of support.
- Offenders are brought to justice and are less likely to reoffend
- Communities have confidence in how we respond to their needs.
- Transformation: We deliver improved outcomes and savings through innovation and collaboration.

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10 http://cambridgeshireinsight.org.uk

11 http://www.cambridgeshireinsight.org.uk/file

Cambridgeshire County Council vision for children (as part of the vision for children, families and adults)\textsuperscript{13}

- Every child or young person is healthy, achieves their learning potential and is well equipped to go onto further learning or work
- Child poverty is reduced and the link between disadvantage and poorer outcomes is broken
- Children and young people are safe at home and in their communities

The following approaches will be used to work towards achieving these outcomes:-

- Emphasise early help to prevent problems escalating to the point of crisis
- Build and use individual and community capacity to create resilience, maintain health and wellbeing, with an increasing focus on delaying the point at which people require additional support and minimising the reliance on public services
- Involve service users in shaping services, and provide individually tailored support for the specific needs of each child, family or adult along with access to quality information and advice
- Ensure services are coordinated (including with partners) and underpinned, wherever possible, by a single assessment and support plan which avoids duplication
- Make sure that all our services and those provided on our behalf meet the quality standards that follow the commissioning cycle for all services, whether delivered by the Council or other organisations - analysing needs, specifying a service model and continually reviewing outcomes
- Use high quality workforce development to ensure that staff in the Council and across the sector have the right skills, knowledge and qualifications to provide high quality services
- We will continuously review the impact of our work to inform service delivery

Cambridgeshire and Peterborough Drug and Alcohol Delivery Board
The Board has agreed the following three priorities:-
1. Prioritising early help interventions to children, young people and families most at risk of substance misuse.
2. Reducing drug related deaths and implementing the recommendations of the drug related deaths review.
3. Improving take up and outcomes by addressing barriers across:
   - Housing and homelessness
   - Education, employment and training
   - Mental health pathways (co-occurring/dual diagnosis)
   - Criminal justice systems

\textsuperscript{13} https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/strategies-policies-and-plans/
4.0 Drug and alcohol prevalence in children and young people

The exact prevalence of drug and alcohol misuse among children and young people is difficult to establish; it can be hidden or not easily identified in universal or even targeted services. Nevertheless where data is available, it helps identify local need and inform subsequent service delivery. However, in Cambridgeshire, whilst prevalence may or may not be constant, the steep projected population rise will mean that this will translate into much higher numbers of young people over the next few years.

Reports of national prevalence of drug use amongst school children have shown a steady decline over recent years, although a number of surveys are beginning to indicate an increase in use. 14

Overall, Cambridgeshire has also seen an overall decline in reported drug and alcohol misuse among young people. The JSNA (2016)15 reported a fall in alcohol and drug misuse amongst young people in Cambridgeshire similar to national and comparator areas, and the recent Balding report (2016)16 shows similar trends. But there are still substantial numbers of children and young people starting and continuing to misuse substances, evidenced by a current trend of rising numbers accessing the community treatment service for structured treatment.

As part of this needs assessment, a number of agencies (other than specialist substance misuse treatment agencies) working with young people in Cambridgeshire were asked about prevalence levels. They all reported relative low levels of substance misuse. This was understood to be because young people engaged with an agency for another issue are slow to disclose substance misuse – even if it is a contributory factor in their current situation. The stigma attached is such that they may worry that disclosure may result in punitive rather than supportive measures. One result of this is that prevalence estimates tend to be from data gathered at an initial triage or assessment, early in a young person’s engagement with that service, well before a trusting working relationship results in further disclosure.

4.1 Prevalence alcohol

Estimating prevalence of alcohol consumption can only be a guide, with national reports stating that 44% of pupils (aged 11-15 years) ‘ever having an alcoholic drink’ in 2016. (Comparing data with previous years is not robust due to question changes). This increased from 15% of 11 year olds to 73% or 15 year olds. The mean amount of units consumed in the week prior to the survey was 9.6

16 The Cambridgeshire Children and Young People’s Health and Wellbeing Survey 2016. A report for Cambridgeshire Secondary Schools. The Schools Health Education Unit (Balding)
units. However, attitudes to drinking seem to be getting less tolerant; for example, only 7% thought it was acceptable to get drunk once a week – this was 20% in 2003.\(^\text{17, 18, 19, 20}\)

Public health estimates for Cambridgeshire\(^\text{21}\) for 11-15 year olds ‘ever having an alcoholic drink’ are 72.4% and higher than national figures of 62.4%. In addition, local levels of regular drinking and ‘drunk in the last 4 weeks’ are slightly higher than national levels:

- **Regular drinkers:** Nationally, this is 6.2% of young people and in Cambridgeshire it is 7.2%.\(^\text{22}\)
- **Drunk in the last 4 weeks:** Nationally this is 14.6% (although the NHS Digital figures put this at 23% of 15 year olds surveyed). In Cambridgeshire it is 16.4%.\(^\text{23}\)

Further local information comes from the Health Related Behaviour 2016 Survey (Balding)\(^\text{24}\) for Cambridgeshire; 22% of pupils responded that they have had an alcoholic drink in the 7 days before the survey. This is down from the previous 2014 survey of 36%.

- 8% of pupils responded that they drank alcohol on more than one day in the 7 days before the survey; 3% said they drank on at least three days.
- 2% of boys and 1% of girls drank over the advised weekly limit of alcohol for adults of 14 units.
- 8% of pupils responded that they drank beer or lager in the 7 days before the survey and 6% said they drank spirits.

### 4.2 Prevalence drugs

A number of different sources have been used to build up a picture of drug prevalence. A national NHS survey undertaken in 2016 of 11-15 year olds stated that 24% of pupils reported they had ever taken drugs – a rising trend from 15% in 2014. This should be read with caution as the increase may be explained by asking questions on nitrous oxide and new psychoactive substances, but is still of concern.\(^\text{25}\)

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\(^\text{22}\) Fingertips) https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-young-people/data#page/1/gid/1938133050/pat/6/par/E12000006/ati/102/are/E10000003


Within this, cannabis prevalence is markedly different to that of other drugs both nationally and locally and cannabis remains the main ‘presentation drug’ for young people accessing treatment. Nationally, an estimated 10.7% of young people ‘have ever tried cannabis’; this was 12% in Cambridgeshire. However, nationally only 0.8% had tried ‘any other drug’ in the last month – this was 0.7% locally (2014/15). Young people aged 16-19 years have the highest levels of ‘any drug use’.

However, the Health Related Behaviour 2016 Survey (Balding) for Cambridgeshire indicates decreasing drug use. Of 13-15 year olds responding, 9% of pupils said that they have taken at least one of the drugs listed – this is half the 2014 response of 17%. (Amphetamines, cannabis, crack, cocaine, ecstasy, new psychoactive drugs, muscle building steroids, solvents).

In addition,

- 31% of pupils responded that they have been offered at least one of the drugs listed.
- 5% of pupils responded that they have taken at least one during the last month.
- 37% of pupils responded that they have found school lessons on drug education (including alcohol and tobacco) ‘quite’ or ‘very’ useful, while 14% found them ‘not at all’ useful and 13% couldn’t remember any.

### 4.3 Hospital admissions

#### 4.3.1 Alcohol

The rate for local hospital episodes for alcohol specific conditions for under 18s was 38.5 similar to the England rate of 37.4 per 100,000. However this was much higher than the rest of the East of England that has a rate of 28.2. This is a rise since 2011/12 when it was 32.5. The table below shows the increase since 2011/12, and the higher rates for females both nationally and locally.

<table>
<thead>
<tr>
<th>2013/14 – 2015/16</th>
<th>Local value</th>
<th>England value</th>
<th>Other areas</th>
<th>2011/12 - 13/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission episodes for alcohol-specific conditions – under 18s</td>
<td>38.5 (all persons)</td>
<td>37.4</td>
<td>East of England 28.2 (all)</td>
<td>32.5 (all) against 40.1 national 16.1 Oxfordshire</td>
</tr>
<tr>
<td></td>
<td>33.5 (male)</td>
<td>29.4 (male)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>43.9 (female)</td>
<td>45.8 (female)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Figure 2: Admission episodes for alcohol specific conditions* (Public Health England)

#### 4.3.2 Drug

Hospital admission rates for drug use (aged 15-24) have remained statistically and significantly below the national average since 2008/09 - 2010/11 (Cambridgeshire = 76 per 100,000, Oxfordshire 77.5, national 88.8). However, both the number and rate of admissions have approximately doubled over

28 The Cambridgeshire Children and Young People’s Health and Wellbeing Survey 2016. A report for Cambridgeshire Secondary Schools. The Schools Health Education Unit (Balding)

11
the last five years, similar to increasing trends nationally and in the county’s statistical neighbour Oxfordshire (around 63 admissions per year). 30

4.4 Prevalence Smoking
It is known that increased likelihood of smoking initiation in young people is associated with risk factors such as exposure to parent, carer, sibling or peer smoking, lower socio economic status and higher levels of truancy and substance misuse. However, recent years have seen a dramatic fall in the numbers of 11-15 year olds who had ever smoked, from 49% in 1996 to 19% in 2016. 31 Cambridgeshire has similar smoking rates to national, regional and local estimates with approximately 5% of young people being regular smokers and 3% occasional. 32 33

Smoking and criminal justice
Treatment data from the Youth Offending Service show a very different picture of smoking rates among young people engaged with them; 46% of all presentations in 2016/17 had nicotine recorded as a substance – this was much lower in the community treatment service at 8%; the national rate is 17%. These high levels are continuing to show in YOS presentations.

4.5 Changing patterns of drug misuse
Both nationally and locally, young people’s drug misuse continues to revolve around cannabis.

Xanax (Alprazolam)
Nationally there has been a sharp rise in the use of the benzodiazepine Xanax (Alprazolam) by young people. The Frank helpline reported that in 2017, of the 4,742 mentions of ‘prescription’ drugs, benzodiazepines were mentioned a third of these times. ‘Prescription’ is not a helpful term here as the drug is not available in the UK prescription as in the United States and the predominant purchase route is via the ‘dark web’. Locally, both the treatment agency and the police also highlight concerns; they report that they are seeing more young people using the drug – and experiencing seizures due to using it. Anecdotally there are reports that availability and use is on the increase and is a concern in local schools and colleges.

Herbal cannabis
This remains the most commonly encountered controlled drug amongst young people nationally, but of note is the increase in the availability locally of high THC (tetrahydrocannabinol) strains of herbal cannabis and cannabis extracts from the US with prices up to £100 a gram. THC is the chemical compound found in cannabis that gives the euphoric ‘high’. Local evidence suggests that young

people are carrying out their own research to find cannabis with high THC – and marketing from the US is particularly using this to tap into the young people’s market. 34

Other
Whilst cannabis is the main drug of choice for young people (and adults), cocaine is reported to be widely available and sold in local pubs along with Ecstasy (MDMA - methylenedioxy-methamphetamine). The young people’s community treatment service has seen a trend (since September 2017) of young adolescents presenting with MDMA and benzodiazepine use, including Xanax alongside cannabis; this however has reduced over recent months. Pregabelin is also being seen again.

Complexity of reporting
The picture of drug use, for all ages is in many cases more complex than what is reported by the National Drug Treatment Monitoring System (NDTMS). NDTMS uses a list of drugs35 from which a young person commencing a structured treatment ‘episode’ reports on up to three drugs they are using. Whilst this overwhelmingly shows that cannabis is the most used drug (nationally 86% of episodes had this recorded, 2016/17) with alcohol the second most used ‘drug’ (58%, 2016/17), this system does not present the clusters of drugs used that indicates complex usage.

A further reason for not capturing complexity is that it is based on what is disclosed at the initial assessment for an episode of treatment and not what a young person might disclose or start using later in treatment. And finally, the Youth Offending Service (YOS) treatment service reported increasing wariness in young people they are seeing to share with treatment staff what substances they are using – along with a refusal to consent for it to be recorded on NDTMS. As a result, it is important to take note of a range of sources of intelligence to build up a picture of drug trends in the county.

Section 6 of this needs assessment reports on what substances are being used locally by young people who are accessing structured treatment.

5.0 Substance misuse, risk and vulnerable groups

Substance misuse may be a benign part of growing up, but for the young people requiring targeted interventions and specialist treatment, it is likely to be one of several problems they and/or their families are experiencing. Particularly vulnerable groups include children of substance misusing parents, young carers, children from Black, Asian and Minority Ethnic (BAME) groups, Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning) (LGBTQ) young people, children of prisoners, children cared for by others, children with foetal alcohol syndrome, those in the criminal justice system and young homeless.36

34 https://www.theguardian.com/society/2018/feb/05/xanax-misuse-uk-dark-web-sales-health
35 Cannabis, Alcohol, Amphetamines, Cocaine, Ecstasy, Solvents, Opiates, Crack, NPS, Nicotine, Other
Nationally, NDTMS reports that 80% of young people who entered treatment in 2016/17 experienced multiple vulnerabilities, showing how necessary it is for specialist services to work effectively with a range of other agencies to ensure that all the needs of a young person are met.37

**Adverse Childhood Experiences (ACEs)**
Experiences that happen in childhood and adolescence may lead to substance misuse as a young person, or it may affect the risk of misusing substances as an adult. A study of adults in England found that those who had experienced four or more adversities in their childhood, were two times more likely to binge drink, and eleven times more likely to have gone on to use crack cocaine or heroin. In addition, the higher the number of ACEs, the higher the likelihood that the child will go on to misuse substances, as a way of managing the feelings associated with trauma. The chances of developing a substance dependence doubles if a child has also experienced sexual abuse or other forms of violence. The number of childhood adversities a child experiences will also increase the likelihood of smoking, heavy drinking and cannabis use in adulthood. Recent research reported that two thirds of a target sample of adult substance misusers had experienced four or more ACEs.38

**Identified risks**
As well as being part of a vulnerable group, certain risk factors increase the risk of drug misuse. For example, 17% of the young people nationally accessing specialist substance misuse services were not in education, training or employment and 12% were ‘looked after children’ (2016/17)39

‘Silent voices’ report that of young people in treatment, the most common vulnerabilities are mental health and self-harming.40 Research commissioned by the Home Office41 identified the following as key factors associated with increased risk of taking any drug for 10 to 16 year olds:-

- serious anti-social behaviour;
- being in trouble at school (including truanting and exclusion);
- friends in trouble;
- being unhelpful;
- early smoking;
- not getting free school meals; and
- minor anti-social behaviour.

And for 17 – 24 year-olds:

- anti-social behaviour;
- early smoking;
- being in trouble at school (including truanting and exclusion);
- being impulsive;
- being un-sensitive; and

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• belonging to few or no groups.

However, the presence of protective factors in a young person’s life can mitigate against some of the above risks. These include -

• Strong family bonds
• Experiences of strong parental monitoring with clear family rules
• Family involvement in the lives of the children
• Successful school experiences
• Strong bonds with local community activities
• A caring relationship with at least one adult

Locally, the percentage of young people with three or more risky behaviours was estimated to be 17.5%, similar to national figures. 42

The table below shows substance misuse and wider vulnerabilities indicated at assessment by young people accessing treatment in Cambridgeshire in 2016/17. ‘CASUS’ is the Cambridgeshire Child and Adolescent Substance Misuse Service. A number of these vulnerabilities are discussed in later sections of this needs assessment.

<table>
<thead>
<tr>
<th>Substance misuse vulnerabilities 2016/17</th>
<th>CASUS</th>
<th>YOS</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opiate and/or crack user</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>3%</td>
</tr>
<tr>
<td>High risk alcohol user*</td>
<td>6% (n=6)</td>
<td>&lt;5</td>
<td>5%</td>
</tr>
<tr>
<td>Using two or more substances</td>
<td>72% (n=77)</td>
<td>58%</td>
<td>59%</td>
</tr>
<tr>
<td>Early onset / Began main problem substance under age 15</td>
<td>80% (n=86)</td>
<td>68% (n=21)</td>
<td>82%</td>
</tr>
<tr>
<td>Current or previous injector</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Wider vulnerabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Looked after child</td>
<td>11% (n=12)</td>
<td>&lt;5</td>
<td>11%</td>
</tr>
<tr>
<td>Child in Need</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>7%</td>
</tr>
<tr>
<td>Affected by domestic abuse</td>
<td>19% (n=20)</td>
<td>23% (n=7)</td>
<td>22%</td>
</tr>
<tr>
<td>Identified mental health problem</td>
<td>37% (n=40)</td>
<td>19% (n=6)</td>
<td>21%</td>
</tr>
<tr>
<td>Affected by sexual exploitation</td>
<td>&gt;5</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Involved in self harm</td>
<td>17% (n=18)</td>
<td>&lt;5</td>
<td>17%</td>
</tr>
<tr>
<td>Not in Education, Employment or Training (NEET)</td>
<td>14% (n=15)</td>
<td>21% (n=6)</td>
<td>21%</td>
</tr>
<tr>
<td>No Fixed Abode (NFA)/ unsettled housing</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>3%</td>
</tr>
<tr>
<td>Involved in offending/ asb</td>
<td>10% (n=11)</td>
<td>84% (n=26)</td>
<td>31%</td>
</tr>
<tr>
<td>Pregnant and/or a parent</td>
<td>&lt;5</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td>Subject to a Child Protection (CP) plan</td>
<td>&lt;5</td>
<td>26% (n=8)</td>
<td>7%</td>
</tr>
<tr>
<td>Affected by others substance misuse</td>
<td>12% (n=13)</td>
<td>29% (n=9)</td>
<td>23%</td>
</tr>
</tbody>
</table>

*Figure 3: Vulnerabilities at presentation for substance misuse treatment (PHE Young People Activity Report 2016/17)

There are no safe drinking levels for under 15s and young people aged 16-17 should drink infrequently on no more than one day a week (CMO, 2009). This measure captures young people drinking on an almost daily basis (27-28 days of the month) and those drinking above eight units per day (males) or six units per day (females), on 13 or more days a month.

The consultation with stakeholders also highlighted increased risk for LGBTQ (lesbian, gay, bisexual, transgender, questioning) young people, whereby substance misuse was often used as a way to mask inner turmoil.

Working with vulnerabilities
Whilst the community treatment agency (CASUS) and the YOS treatment agency work holistically with young people, there are times when it is more appropriate that an agency already working with the young person continues to support them, rather than another agency becoming part of a package of care. In order for such care to be effective, professionals without substance misuse treatment specialist knowledge need to be up-skilled to deliver preventative and early interventions.

Both CASUS and the YOS treatment service offer training and support to agencies in order that they can support a young person. This may result in that young person not needing to access structured substance misuse treatment, or only if their specific substance misuse needs escalate.

Key to this is ensuring that support is targeted at agencies where children and young people with vulnerabilities are already engaged. Consultation with stakeholders for this needs assessment indicated agencies that are aware of raised levels of substance misuse in their populations, such as Alternative Education or NEET and for which increased targeted support could prevent potential entry into treatment at a later date.

Activity data regarding training and consultancy is discussed in the next section.

6.0 Engagement with treatment

When looking at treatment activity, it is important to note that there are two arms of substance treatment provision for young people in Cambridgeshire:-

- CASUS the community based treatment service and
- The YOS in-house treatment service

Both are reported separately here. This is an unusual model as nationally, criminal justice work is generally part of the community treatment service. Engagement with stakeholders in Cambridgeshire showed a high degree of support for maintaining this model that is valued for the service it provided for the two cohorts of young people.

Supporting other agencies to deliver Tier 2 interventions
For both services, it is necessary to remember that Tier 2 work is not part of their nationally reported activity data. Tier 2 work includes delivering advice and information, preventative messages, brief advice and early interventions. It is carried out by non-specialist substance misuse agencies that are trained and supported by CASUS or the YOS treatment service. As a result, in the details following, the bullet points will not just be about Tier 3 face to face structured treatment, but also the activity undertaken to ensure that other agencies can deliver Tier 2 work.

Youth Offending Service substance misuse team
The YOS has its own in-house substance misuse treatment service that delivers substance misuse interventions to 10-18 year olds. This includes:-

- Delivering advice and information to other agencies working with at risk young people
- Delivering ongoing advice and information to YOS officers so they can support a young person with Tier 2 interventions
• Supporting parents of substance misusing children and young people
• Training to YOS workforce – four sessions were delivered in 2017/18
• Tier 3 interventions for young people requiring structured treatment
• Higher level Tier 3 interventions and complex cases are referred to CASUS (part of Cambridgeshire and Peterborough Foundation Trust)

The team is supported by CASUS for advice and supervision, as well as linking in to Think Family supervisions. The last Inspection of the service highlighted the range of health expertise within the service and the holistic approach that was applied to each case.43

The community substance misuse team (CASUS)
Cambridgeshire Child and Adolescent Substance User Service (CASUS) is part of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).44 Delivery includes:-

• Tier 3 structured treatment: There is an expectation that most young people accessing its service will have mental health needs, so a dual diagnosis approach is central to its way of working. The service uses the Ambit model (Adolescent Mentalisation-Based Integrative Therapy): this model is specifically for working with complex, high risk, hard to reach young people who are at risk of a wide range of risk factors including mental health illness, substance misuse, exclusions, offending and family breakdown.45
• ‘Structured consultancy’ to other agencies to help them better identify and provide early help to children and young people who are misusing substances where a referral to the community treatment provider was not appropriate. A total of 76 episodes of such support was delivered in 2016/17.
• Training: Also in 2016/17 a total of 57 half day or full day sessions were delivered by the community service to professionals in the county, delivered as part of a rolling training programme. This included identifying need, basic awareness and responding to parental substance misuse.
• Children of substance misusing parents work: A target number of 35 children and young people of substance misusing parents are worked with annually.

The emphasis by both agencies on delivering advice and information to non-specialist staff means other agencies are able to deliver early interventions that aim to reduce the potential for later need for a young person to access treatment.

Although the YOS and community team form two distinct services, the clinical governance and communication mechanisms between them are robust and highly developed to ensure that a young person in Cambridgeshire with substance misuse issues, can be effectively supported in an individualised way. For example, if a young person is already engaged with the community service, but then is placed on an order that requires YOS supervision, the YOS substance misuse team will normally then work with that young person – but if this would jeopardise engagement, the community service will continue to hold the substance misuse work.

43 HM Inspectorate of Probation (Feb 2017) Full Joint Inspection of Youth Offending work in Cambridgeshire
44 http://www.cpft.nhs.uk/casus
45 http://discovery.ucl.ac.uk/1385449/2/Fonagy_AMBIT_for_CAMH_finalSubmission.pdf
Information sharing between the two services facilitates such bespoke care – and also means that the YOS can refer to the community service for high level Tier 3 work and/or mental health expertise.

Some of the treatment activity data has been reported in other sections of this needs assessment where it corresponds to a particular need. The source is PHE young people’s activity report for 2016/17.

What do young people say about the provision?
As part of the young people’s survey, they were asked ‘if you or a friend have had contact with CASUS, how would you rate them’? Of the 64 respondents, less than five reported that they or a friend had had contact; as a result, their comments were inconclusive. However, the a separate survey was undertaken with the YOS cohort who were engaged with the substance misuse workers; of the nine young people responding, eight rated the service ‘very good’ or ‘good’. (One ‘didn’t know’).

The survey also asked how easy it was to find out about the local substance misuse service. Interestingly, whilst the non-YOS cohort had a low rate of them or a friend having contact with the drug and alcohol service, 25% said they thought it was ‘very easy’ or ‘easy’; 64% ‘didn’t know’. This cohort was aged mainly between 11 – 14 years; this suggests that wider information dissemination is needed to ensure that young adolescents who are not misusing drugs or alcohol, are still aware of how to access support should they need it for themselves or their friends in the future.

What do stakeholders say about the provision?
In addition to the young people’s survey, an electronic survey was also undertaken for professionals from other agencies. A total of 48 completed surveys were returned. Of this number, 62% rated the current substance misuse provision as ‘very good’ or ‘good’. Their experience of CASUS was reported as ‘excellent’ in a number of responses, particularly regarding speed of response. The separate YOS substance misuse service was valued for the expertise it offered, and the understanding of criminal justice process that it sat within; 47% thought the current model was ‘very good’ or ‘good’, although 34% responded ‘don’t know’ and presumably had no experience of dealing with the services.

a. Numbers in treatment
The table below shows the numbers of young people in substance misuse treatment both in the community treatment service and the Youth Offending Service. The ‘over 18s’ data is discussed in the demographics section further on in sub section ‘c’.

<table>
<thead>
<tr>
<th>Numbers in treatment YTD 2016/17</th>
<th>CASUS</th>
<th>YOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers of young people in specialist services in the community</td>
<td>153</td>
<td>48</td>
</tr>
<tr>
<td>New presentations (year to date)</td>
<td>107</td>
<td>31</td>
</tr>
<tr>
<td>Over 18s in young people’s services</td>
<td>14</td>
<td>&lt;5</td>
</tr>
</tbody>
</table>

*Figure 4: Numbers in treatment 2016/17 (PHE Young People Activity Report 2016/17)*

Comparison data from previous years indicates that the numbers in treatment with the community provider are rising and the YOS numbers are falling. The community provider trend is opposite to what is happening nationally where the trend has been slightly declining numbers year on year.
However, the fall in YOS numbers may be due to the level of Tier 2 out of court work that the YOS increasingly undertakes with young people. This is discussed in section 7.8.

b. Referral sources
The YOS substance misuse service received all referrals from within the YOS. For the community service, the main referrer was mainstream Education Services with 39% (n=43) of referrals; this is well over the national figure of 25% and indicates that the referral pathway is familiar and well used by professionals in education. CASUS (the community service) reported that education referrals are from a wide range of educational professionals: teachers, heads of year, safeguarding leads, pastoral support workers, school-employed educational psychologists and school nurses.

CASUS also highlighted that they had seen a significant decrease in referrals from alternative education over the last three years - due to a number of factors. As the Pupil Referral Unit structure of the local authority has disbanded, schools provide much more ‘alternative’ provision within their own academies; as a result, referrals are logged as ‘mainstream education’. In addition, where a young person in a therapeutic education placement is referred to CASUS, this is recorded as either ‘social care’ or ‘housing’ and are part of the Looked After Children cohort. As a result of these issues, understanding high level referral data is not straightforward.

The next main referral route was Family, Friends and Self at 22% (n=24), again higher than the national figure of 15%. Health and Mental Health Services were the next highest referrers at 17% (n=19) of which the majority were from Child and Adolescent Mental Health Services (CAMHS).

c. Demographics of young people in treatment
Some demographic information is presented in section 7 of this needs assessment.

• Age and gender
The predominant age bands for young people engaged with the community service is younger than the YOS. In the community service, 28% (n=43) are aged 15 and 17% (n=26) aged 13-14 years. This is followed by 16 year olds at 22% and 17 year olds at 22%.

In the YOS, the largest category is 17 year olds at 42% (n=20). Less than 5 are in the 13-14 years age band. Nationally 13-14 year olds are only 18% of presentations.

In the YOS, 88% (n=42) are male, whilst in the community this is lower at 67% (n=102). Both are higher than the national average of 66% male and 34% female.

• Transitions
The evidence review undertaken as part of this needs assessment highlights that 18 – 24 year olds are a cohort with specific needs that require a specific response and should not be treated in adult services. Some of these young people will have additional needs, others may just be immature for their age. There is evidence of a shift towards services working with young adults up to age 24 but potential safeguarding issues should be taken into account when over 18s continue to use services for young people and when 18 – 24 year olds attend adult services. The data
shows that 18 – 24 year olds can disengage from adult services which may be due to the differences in how young people’s and adults’ services operate. Transition workers are seen central to managing continuity of care and a more flexible approach.  

In Cambridgeshire all young people are given the choice if they are engaged with the young people’s service as to whether, if appropriate, they will access the adult service when they reach 18 or wish to remain for any time up until they are aged 21. In the young people’s community service 9% (n=14) are aged between 18 and 21 years with no one engaged after 21. In the YOS, due to the structure of the criminal justice system, <5 were engaged after 18 years.

- **Ethnicity**
  The reported ethnicity of young people engaged in the community service is 88% White British (n = 134). ‘Other White’ is 4% (n=6) and other ethnicities are <5. The YOS service has a lower 79% (n=38) White British (similar to national figures of 75%), with other ethnicities <5.

d. **Substances at presentation**
The table below shows the year to date substance presentations to both the community and YOS treatment services, compared to national rates.

<table>
<thead>
<tr>
<th>Substances YTD 2016/17</th>
<th>CASUS</th>
<th>YOS</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>93% (n=142)</td>
<td>90% (n=43)</td>
<td>86%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>44% (n=68)</td>
<td>58% (n=28)</td>
<td>50%</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>7% (n=10)</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>23% (n=35)</td>
<td>&lt;5</td>
<td>11%</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>22% (n=33)</td>
<td>&lt;5</td>
<td>10%</td>
</tr>
<tr>
<td>Solvents</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>2%</td>
</tr>
<tr>
<td>Opiates</td>
<td>&lt;5</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Crack</td>
<td>&lt;5</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>NPS</td>
<td>&lt;5</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td>Nicotine</td>
<td>8% (n=13)</td>
<td>46% (n=22)</td>
<td>17%</td>
</tr>
<tr>
<td>Other</td>
<td>5% (n=7)</td>
<td>&lt;5</td>
<td>5%</td>
</tr>
</tbody>
</table>

*Figure 5: Substances disclosed at presentation (PHE Young People Activity Report 2016/17)*

Cannabis presentations are higher in both services than nationally and alcohol is much higher in the YOS than the community service rate and nationally. Of particular note is the high level of smokers presenting at the YOS – 46% compared to 8% at the community service and 17% nationally. A comparison was undertaken of a sample of other areas that had YOS specific services; two did not record data for nicotine and one other the rate was 21%. Although this isn’t a robust comparison, it does suggest unusually high rates within the YOS cohort.

e. **Interventions**
Some data recording misunderstandings may have led to the discrepancies below rather than differences in activity.

---


<table>
<thead>
<tr>
<th>Interventions YTD 2016/17</th>
<th>CASUS</th>
<th>YOS</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm reduction</td>
<td>23% (n=35)</td>
<td>33% (n=16)</td>
<td>58%</td>
</tr>
<tr>
<td>Pharmacological</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Psychosocial</td>
<td>100% (n=153)</td>
<td>52% (n=25)</td>
<td>91%</td>
</tr>
<tr>
<td>Multi agency working</td>
<td>65% (n=99)</td>
<td>0%</td>
<td>59%</td>
</tr>
</tbody>
</table>

Figure 6: Interventions used (PHE Young People Activity Report 2016/17)

Harm reduction activity has been recorded much less by the community service than then YOS; both are lower than the national average. However, it is psychosocial work that is of concern with the YOS work; whilst all young people receive such interventions in the community service, only 52% do in the YOS. There is a similar large difference between both services with multi agency working.

f. Tier 4 treatment
Currently, detoxes are managed in the community with the treatment service child and young people’s psychiatrist and nurse overseeing treatment; a recent example is a community detox that was undertaken for a young person with alcohol and benzo problems. There has not been a need in recent years to admit a young person to an acute hospital ward for an assisted withdrawal for drug or alcohol dependence, however, on rare occasions a young person has been admitted to the Ida Darwin hospital to review their condition and decide on the best course of treatment.

g. Length of time in service
Year to date figures indicate that 53% (n=81) of young people in the community treatment service are mostly engaged between 1-12 weeks (39% nationally); 8% (n=13) were engaged for more than one year (9% nationally). In the YOS treatment service, longer engagement is reported with 31% (n=15) engaging for between 27-52 weeks.

h. Exits
The national rate of planned exits from structured treatment, drug free is 78%; the community service planned exit rate is higher than this at 84% but the YOS was much lower at 68%. Whilst a lower YOS rate may be expected due to the complexity of the client group, a comparison of planned exit rates from other areas with separate YOS provision showed that this was not always so. A quick sampling exercise showed that two other areas had planned exits above the national average, although others were well below the YOS rate in Cambridgeshire.

The countywide (both services) re-presentation rates within six months of exit were similar to national figures – 5% in Cambridgeshire and 4% nationally. In the previous year, only 1% of young people re-presented in Cambridgeshire as opposed to 4% nationally. (Service specific data is not available).

i. Outcomes
National outcome measures are used by substance misuse treatment providers to give evidence of outcomes. Each young person entering treatment is asked to fill in a questionnaire that measures substance misuse use, and emotions; this is then filled in again at exit.
The table below shows some of these measures and how CASUS and the YOS compare against each other and national outcome rates.

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CASUS</td>
<td>YOS</td>
</tr>
<tr>
<td>1</td>
<td>Average days of substance misuse (cannabis)</td>
<td>Start to exit: 15.6 – 14.3</td>
</tr>
<tr>
<td></td>
<td>National: 16.7 - 13.3</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Percentage using one substance only</td>
<td>Start to exit: 12% - 27%</td>
</tr>
<tr>
<td></td>
<td>National: 25% - 28%</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Average units alcohol per day</td>
<td>Start to exit: 13.6 – 9.0</td>
</tr>
<tr>
<td></td>
<td>National: 13.2 – 10 units</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Change in life satisfaction</td>
<td>Start to exit: 6.4 – 7.2</td>
</tr>
<tr>
<td></td>
<td>National: 6.1 – 7.4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Change in feeling worthwhile</td>
<td>Start to exit: 5.9 – 6.6</td>
</tr>
<tr>
<td></td>
<td>National: 6 – 7.3</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Change in anxiety</td>
<td>Start to exit: 3.4 – 2.3</td>
</tr>
<tr>
<td></td>
<td>National: 3.5 – 2.4</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Change in happiness</td>
<td>Start to exit: 5.9 – 6.7</td>
</tr>
<tr>
<td></td>
<td>National: 6.0 – 7.2</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Change in getting on well with family and friends</td>
<td>Start to exit: 7.3 – 7.6</td>
</tr>
<tr>
<td></td>
<td>National: 6.9 – 7.7</td>
<td></td>
</tr>
</tbody>
</table>

Figure 7: PHE Young People’s Outcomes Report Quarter 4, 2016/17

Outcome differences nationally generally show small positive changes. This is mirrored in the local data.

However, in local data, the ‘percentage using one substance only’ outcome is very different to both CASUS and national figures. In 2016/17 whilst 30% of young people were using one substance only, this had decreased to only 10% on exit – a 20% difference whereas nationally it was 3% increase and CASUS young people had increased this measure by 15%. Data from 2017/18 is showing a significant improvement on this measure.

7.0 Vulnerabilities

7.1 Mental health/ dual diagnosis

Nationally, the reported prevalence of mental health problems in children and young people (aged 5 -16) that need support is approximately 1 in 10. The range of conditions can be from low level anxiety over a short period to severe psychosis. One of the impacts of poor mental health can be on the commencement and/or increase in smoking, substance misuse and risky sexual behaviours.

A recent report from Public Health in Cambridgeshire gave estimates of the numbers of children and young people with a diagnosable mental health condition. The table below shows the numbers per age band.

Figure 8: Estimated Number of Children and Young People with a Diagnosable Mental Health Problem in Cambridgeshire and Peterborough. Data for 2017, based on mid-2014 population estimates (ONS)\textsuperscript{48}

Support in Cambridgeshire for children and young people with mental health difficulties ranges from universal to specialist delivery. The Thrive framework is being implemented in the county to underpin delivery; it categorises activities by the following ‘types’: thriving, getting advice, getting help, getting more help and risk support. Whilst substance misuse interventions are not part of this – the framework stresses joint decision making – and this is critical for the cohort of young people with mental health and substance misuse issues.\textsuperscript{49}

The impact of substance misuse on mental health can trigger changes in behaviour, attitude or mood, affect physical health and impair cognitive development. For some young people, it can leave them feeling alienated from the very people who had been their support network, with low motivation having a negative impact on routines and activities that were previously enjoyed. In turn, this can affect engagement with education training and employment and future life chances.

However, as mentioned earlier, whilst substance misuse might be part of a young person’s presenting issue to an agency, disclosure of it may not be for some time. As a result, data that captures triage and assessment information may not indicate prevalence.

Centre 33 in Cambridgeshire offers support to children and young people presenting with a range of issue such as mental health, homelessness, financial or education, training and employment. Of a total of 445 young people triaged by the drop in service between November 2017 and May 2018, only 7% identified substance misuse as one of their reasons for seeking support. (Five of this number were for alcohol, 14 for drugs and 12 for alcohol and drugs). The service reported that this was ‘the tip of the iceberg’ with young people often not disclosing for some time.

Most of the young people presenting to Centre33 with substance misuse issues also reported ‘emotional wellbeing/mental health’ as a key additional reason for seeking help. This was 87% of this cohort of 31 young people. Approximately 30% reported self-harm and/or anxiety, 19% (n=6) had suicidal thoughts.

The First Response Service is a NHS provision and offers a 24 hour/seven days a week mental health crisis support service in the county. The service assessed a very small percentage of young people


\textsuperscript{49} http://www.implementingthrive.org/implementation-sites/i-thrive-accelerator-sites/accelerator-site-2/
who had substance misuse in their presentation (n=9 2017/18). The service reported that in each case, liaison with the treatment service was good, and because both First Response and the community service have access to the CPFT information system, shared information on the young person’s medical history could help inform decisions.

**Self-harm (includes poisoning)**

In 2016/17, inpatient hospital admissions for under 18s for self-harm numbered 240, a rise after a dip in recent years. These rates were significantly higher in Cambridge City than nationally. Within the 240 is a high incidence of self-harm by poisoning from substances including overdose; in the three years 2014/15 – 2016/17, 88% of hospital admissions for self-harm were for poisoning. Of these young people, 55% had a diagnosed mental health condition.

**Mental health issues of young people engaged in substance misuse treatment**

In the community service, 37% (n=40) of young people have mental health assessed as a vulnerability. This is the largest category of all ‘wider vulnerabilities’. In the YOS, the vulnerability is recorded as similar to national figures (19% to 21%) but lower than the community treatment service.

The community treatment agency stresses that most young people it sees have mental health difficulties of some kind. Their Ambit model of working, with a child and adolescent psychiatrist and nurse as part of the commitment is seen as key to working with such profiles, along with their links with mental health providers that enable quick referrals to treatment. The YOS treatment service can access this expertise at any point.

### 7.2 Family work

Family work may encompass situations where their children are misusing drugs and alcohol, or the parents are – or both children and parents are.

**Increasing Think Family effectiveness**

Whilst the Think Family approach is widely recognised and adopted, stakeholder interviews suggested that sometimes the national recording systems used do not lend themselves to logging family work. This may mean that either family work such as linking with other agencies is not followed through – or the structure of the reporting system means that actions are not logged. A County Council practice standard is in early stages of development that will set out minimum standards of what is expected for all agencies as part of new service specifications.

The stakeholder survey undertaken for this needs assessment asked how well the current services were supporting the whole family. Of 47 respondents to the question, 40% thought the support was ‘very good’ or ‘good’. 32% ‘did not know’ as presumably they had not used the services.

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51 HES data/ PH Intelligence, Cambridgeshire County Council
**Domestic abuse**
The Cambridgeshire Domestic Violence/Abuse Needs Assessment (May 2014) outlined the increased vulnerability that children face in households where domestic violence occurs, including pre-birth. During 2012/13, the Cambridgeshire Police received 11,286 reports of domestic violence across their area. The activity data from both the community treatment service and the YOS service report that between 19% and 23% of young people were assessed as having been affected by domestic abuse. This is slightly lower than that national rate of 22%.

### 7.3 Children living with substance misusing parents

#### National
Parental or carer substance misuse can greatly impact on the lives of the children and young people being cared for. Whilst it is rarely the only cause of a family’s difficulties, it can lead to neglect, educational problems, emotional difficulties and abuse resulting in long-term, negative impacts on a child’s life satisfaction and emotional wellbeing.

Nationally at least 30% (3.3-3.5 million) of children live with at least one binge drinking parent. 22% live with a hazardous drinker and 6% with a dependent drinker and 2.5% live with a harmful drinker. An estimated 79,291 babies under one year old in England live with a parent who is a dependent drinker. Children of substance misusing parents/carers are a high risk group and whilst estimates can be made of numbers, usually this is considerably under-reported due to difficulties with acknowledging and identifying cases. As a result, there is significant unmet need. Lack of early identification due to the hidden nature of alcohol misuse means that children living with parental alcohol misusers may well come to the attention of social care later than those living with drug misusing parents. Overall, girls are more likely to ask for help than boys for whom behaviour issues will be what alerts services.

#### Local
As highlighted for national figures, it is hard to estimate the numbers of children and young people living with a substance misusing parent/carer. Understanding need depends on parents/carers disclosing this at assessment or later in treatment and a number will always be reluctant to do this. Whilst children of substance misusing parents may be engaged with other services for other areas of need, they may not be receiving active specific support tailored to being children of substance misusing parents.

Data from the community young people’s treatment service reported that they had supported 40 young people on a one to one basis in 2016/17 to deal with issues due to parental substance misuse.

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52 JSNA Vulnerable children and Families 2015
54 Cambridgeshire County Council, JSNA Vulnerable children and Families 2015
Centre 33 in Cambridgeshire runs a Young Carers project. Of 480 young people on the project, 13% (n=63) are caring for one or more people with alcohol or drug misuse, with or without additional mental health issues. This breaks down as follows:

<table>
<thead>
<tr>
<th>Problems experienced by person being cared for</th>
<th>Numbers of young people caring for them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol misuse</td>
<td>25 (38%)</td>
</tr>
<tr>
<td>Drug misuse</td>
<td>13 (20%)</td>
</tr>
<tr>
<td>Alcohol misuse and mental health</td>
<td>17 (26%) (11 have primary condition listed as mental health)</td>
</tr>
<tr>
<td>Drug misuse and mental health</td>
<td>7 (11%) (6 have primary condition listed as mental health)</td>
</tr>
</tbody>
</table>

**Figure 9: Profile of Centre 33 carers group**

**Drug misusers in treatment living with children**

Data from the local adult substance misuse treatment service states that the number of drug users entering treatment in 2016/17 who live with children was 132 (18% of all new presentations and similar to national at 20%). There were a total of 242 children living with them.

A snapshot undertaken in 2015 in social care teams in Cambridgeshire estimated that there were at least 836 children in contact (not necessarily living with) parents/carers receiving treatment from the substance misuse treatment service. Analysis of each district found that the percentage of children living with a substance misusing parent/carer was highest in Cambridge city at 29%, followed by Fenland at 23% and Huntingdonshire at 14%.55

Additional analysis was undertaken in 2014/15 in Cambridgeshire, of the estimated proportion of parents/carers in the adult treatment who lived with children under the age of 18, by substance. The highest proportion of parents living with children was non opiate users at 32.2%, followed by 29.2% who were alcohol users, 24.2% were opiate users and 22.8% were alcohol and non-opiate users; these are similar levels to national figures.56

**Alcohol misusers in treatment living with children**

The number of alcohol users entering treatment in 2016/17 who live with children was 140 (27% of all new presentations and similar to national at 25%). There was a total of 268 children living with them. Although 140 is a similar number to drug users entering treatment, the alcohol misusers are a higher proportion of the new presentations.57 58

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7.4 Homelessness

The England rate of homelessness for 16-24 year olds (2016/17) was 0.56. In Cambridgeshire it was slightly worse than this at 0.81 and totalled 217 young people.\(^{59}\) The treatment service reports that the response of social care to address and respond to accommodation issues for 16s and under is good. The most difficulty is with 16-17 year olds who are reluctant to accept Looked After Children status. Year to date figures report that 82% of young people in the community service live with parents or other relatives (slightly higher than the 77% nationally). Less than five young people had a Looked After status. This is very similar to the YOS cohort.

Centre 33 reported that of the number of young people triaged in their drop in services with substance misuse as their presentation, 55% (n=17) were also seeking further support for housing or homelessness issues.

7.5 Substance misuse and LGBTQ young people

The Kite Trust in Cambridgeshire works across the county, promoting health, wellbeing and inclusion. As a contribution to this needs assessment, they highlighted national studies and their own internal consultation that indicated a raised vulnerability to using substance misuse as a coping mechanism and masking conflict and turmoil regarding their sexuality and identity. This is particularly notable in young homeless populations. Reported problems resulting from substance misuse included unprotected sex, sex that was later regretted, time off work or education, ill health and relationship difficulties. Particular pressure was more likely to be put on younger gay men to take drugs, with sexual enhancement seen as a motivating factor.

Locally, Kite Trust staff are working increasingly closely with the young people’s community treatment service with the treatment provider delivering training and supervision to staff as well as visiting young people’s groups and providing advice and information. This approach aims to help young people who are struggling to disclose substance misuse or do not want to approach another agency for help.\(^{60} \)\(^{61} \)\(^{62} \)\(^{63} \)

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\(^{60}\) [http://thekitetrust.org.uk](http://thekitetrust.org.uk)

\(^{61}\) OUTing Notts: A Study into the Substance Misuse Needs and Experiences of LGBT People Across Nottinghamshire by Jez Buffin and Imran Mirza for the International School for Communities, Rights and Inclusion and the University of Central Lancashire September 2009


\(^{63}\) Trans Mental Health Study by Jay McNeil, Louis Bailey, Sonja Ellis, James Morton and Maeve Regan in research partnership between Scottish Transgender Alliance, TREC, Traverse, Sheffield Hallam University and TransBareAll September 2012
7.6 Safeguarding: Early Help and Social Care

Contact and referrals to the Multi-Agency Safeguarding Hub (MASH)
Any agency can refer a case to the MASH where there are safeguarding concerns. This may result in the case reaching the threshold for social care, or alternatively be allocated to Early Help teams. In some cases initial concerns will not warrant either but continued work by the referring agency. The following table shows the number of contacts made to MASH and the number of referrals passed from MASH to social care that had alcohol or substance misuse as a presenting issue from the child and young person or the parent.

<table>
<thead>
<tr>
<th></th>
<th>Contacts to MASH</th>
<th>Referrals to social care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/Young Person – drug misuse</td>
<td>176 (1%)</td>
<td>85 (1.1%)</td>
</tr>
<tr>
<td>Child/Young Person – alcohol misuse</td>
<td>100 (0.1%)</td>
<td>41 (0.5%)</td>
</tr>
<tr>
<td>Parent/Carer – drug misuse</td>
<td>454 (2.7%)</td>
<td>306 (3.8%)</td>
</tr>
<tr>
<td>Parent/Carer – alcohol misuse</td>
<td>355 (2.1%)</td>
<td>243 (3%)</td>
</tr>
<tr>
<td>Other in family/home – drug misuse</td>
<td>47 (0.3%)</td>
<td>32 (0.4%)</td>
</tr>
<tr>
<td>Other in family/home – alcohol misuse</td>
<td>29 (0.2%)</td>
<td>19 (0.2%)</td>
</tr>
</tbody>
</table>

*Figure 10: Referrals to the MASH 2017/2018 Source: ONE report in SSRS* CAN THIS BE USED FOR AN EXTERNAL DOC??

It is noticeable that the highest number of contacts to the MASH and subsequent referrals to social care were due to parental/carer drug misuse; this made up 2.7% of initial contacts and 3.8% referrals on to social care. This was followed by parental alcohol misuse at 2.1% of initial contacts and 3% of referrals on. This means that these families will have children living with them who have heightened vulnerability because of their home environment. In percentage terms, contacts to the MASH for children and young people themselves who are substance misusers are low, but 126 children and young people were referred to social care because of substance misuse.

Substance misuse risk presenting to Early Help
The Early Help Hub focuses on working with the whole family when concerns are under the threshold for social care; it has been running since April 2017. During this time, 4,233 Early Help assessments have been undertaken of which 86 had a child/young person in the family with substance misuse concerns; this is 2% of total assessments. The numbers will actually be higher as some families assessed will have more than one child/young person with such concerns. Of the 86 families with substance misuse concerns, 27 ‘are open to’ a Young People’s Worker, 37 to a Family Worker and 6 families are working with both.

However, the data system can only pull out data inputted at the time of assessment, so later disclosure may not be logged, and cannot be identified for overall analysis. It is not known if these children/young people are engaged with the treatment service.

Substance misuse risk presenting to Social care
Most young people in treatment with the young people’s treatment service have involvement with social care due to safeguarding concerns; these include domestic violence, trauma in families and substance misusing parents. The substance misuse treatment service reports that the new local

64 http://ims/Reports/Pages/Report.aspx?ItemPath=%2fMASH%2fWIP%2fCCC_MASH_LIVE&ViewMode=Detail
authority social care model of 14-25 year old care being under one team is good, with increased stability and consistency of social worker provision benefitting children and young people.

a. **Child Protection (CP)**

The number of children on the CP register in March 2018 was 477, a rate of 35.5 per 10,000.\(^65\)

- In 207 of these cases parents were identified with substance misuse problems (43% of cases).
- In 37 of these cases the child/youth person was identified with substance misuse problems (7% of cases).
- In 85 of these cases, another person living in the house had substance misuse problems (18% of cases).

This shows that substance misuse figures highly in Child Protection cases. Please note that there will be duplicate counting in this information; for example, a child identified with substance misusing problems may also have substance misusing parents.

b. **Secondary CiN codes: Numbers of cases with substance misuse as part of the presentation**

The Secondary CiN codes define ‘Parent with alcohol misuse’ or ‘substance misuse’ (drug). In March 2018 there were 28 secondary CiN codes for ‘parent with alcohol misuse’; this number has steadily dropped over the 12 months from 48 in the previous April. There were 23 ‘parent with substance misuse’ secondary CiN codes; these have remained steady through the year. ‘Toxic Trio’ secondary CiN codes (domestic abuse, mental health, alcohol or substance misuse) numbered one of two per month.\(^66\)

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**Looked After Children**

At the end of March 2018 the total LAC number in Cambridgeshire was 697. This was a rate of 51.9 per 10,000 under 18 population and lower than the England rate of 60 per 10,000. Of this number, 61 were Unaccompanied Asylum-Seeking Children (or 8.8% of the total). Overall, there was a 2.6% increase in LAC since April 2017. The data regarding the percentage of known associated LAC and substance misuse is not available.

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7.7 **Educational based risk**

**Mainstream schools**

Education is the main referrer to the community treatment service, and within ‘education,’ 40% of referrals are from mainstream schools. The stakeholder consultation and engagement event highlighted examples of good work whereby advice and information reached all young people through lessons, and if needed, the school liaised closely with the substance misuse service and supported the young person whether with low level advice and information, tier 2 early interventions or through referrals into structured treatment. However, there are inconsistencies

\(^{65}\) Children and Family Services – Performance dashboard 2017-18
\[^{66}\] Children and Family Services – Performance dashboard 2017-18
with other schools not having a proactive prevention policy and responding only when an enforcement issue arises – and sometimes with a purely punitive reaction. It is reported that it has been particularly difficult to encourage academies to adopt a consistent plan for the delivery of substance misuse prevention and early intervention work.

Ensuring that preventative and early intervention work is effective in schools requires decisions on whether a designated substance misuse lead is needed – or whether drug and alcohol misuse is taught as one of a range of ‘risky behaviours’. Each school also needs a plan to ensure all teachers, including new teachers are confident and up to date with substance misuse awareness and identification, and can confidently encourage young people to talk about any issues they may have.

It is hoped that the new Department for Education mandatory requirement for PSHE (personal, social, health and economic education) in schools will raise the standards of substance misuse work in schools.

**Education status of young people in treatment**

The community treatment service reports that 64% (n=98) of young people engaged are in mainstream education – this is much higher than the national figure of 49%. A further 11% (n=17) are in alternative education (17% national figure for young people in treatment). (Please see also the earlier section on referrals and the recent changes in alternative education provision). However, in the YOS cohort, only 21% (n=10) are in mainstream education and 27% (n=13) in alternative education.

**‘Healthy Schools’ initiative**

It is anticipated that some of the issues highlighted here will be addressed by the newly commissioned Healthy Schools initiative. This is a ‘whole-school’ approach which brings together the wide range of resources and services that already exist and integrates them in an offer to schools with the aim of improving health and wellbeing. One of the health outcomes is to decrease levels of substance misuse, including tobacco. A universal offer to schools will help them assess evidence based needs; a universal ‘plus’ offer will undertake more detailed assessment in schools with poorer outcomes to ensure that targeted resources can improve outcomes for children and young people and their communities.

**Not in education, employment or training (NEET)**

The current number of 16-18 year olds in Cambridgeshire (May 2018) categorised as NEET was 333; 240 of these are available for work and 93 not available. This is approximately 2.7%, similar to the East of England average and a fall since 2015 when it was 3.4%. This improvement is reported to be due to ‘Raising the Participation Age’ legislation and also a continued focus on achieving performance within the local authority.

The current recording system for NEET has the facility to record substance misuse but it is not being used regularly by practitioners. However, all district managers were asked to estimate the numbers of NEET young people that they were sure were substance misusers; this totalled 10.5% (n=35). Increased risk levels in this cohort make them a target group and stakeholders contributing to this needs assessment were keen to offer increased support.
NEET levels rise in certain groups in the population. In the community treatment service 14% (n=15) have NEET listed as a vulnerability but this rises to 19% (n=6) in the YOS. The national rate in substance misuse treatment services is 21%.

Alternative school provision
The number (May 2018) of 11-16 year olds in Cambridgeshire in alternative school provision was 507. Alternative school provision includes two academies for the highest risk children and young people and 70 are in this provision, mostly due to exclusions or incidents in previous mainstream schools. At the moment, substance misuse is not logged on records, but anecdotal reports from the services manager said that approximately 65% of these children and young people have substance misuse issues. As with professionals working with NEET young people, those working in alternative education, particularly the academies are keen to offer improved and effective support for young people at risk of misusing substances, or already are. (Please also note that mainstream school academies also provide some alternative provision). The prevalence of substance misuse was reported to be much lower in other alternative provision such as home education. CASUS provides regular targeted interventions to alternative education settings.

Exclusions
During 2016/17 there were 83 drug related fixed term exclusions for secondary schools in Cambridgeshire – 2.5% of all exclusions. In 2017/18 the total was 90, 2.78% of all exclusions. CASUS report that it is rare for a school to contact them for advice about whether to exclude or even make a referral as part of the exclusion process and in some cases, police or parents contact CASUS following an exclusion, but not the school. However, small percentage of excluded students will probably be already known to CASUS, and are from schools that are keen to liaise regarding a return to school.

Special Educational Needs and Disability (SEND)
Although no specific data was gathered for this needs assessment, consultation with a SEND professional highlighted the increased risk of substance misuse for young people with conditions such as Asperger’s or Autism and those that experienced communication difficulties.

School nurses
School nurses saw 2,600 children and young people in their clinics in 2017/18; less than 1% (n=20 of these were recorded with substance misuse issues. An overwhelming 91% (n=2,381) presented with emotional health and wellbeing concerns. This is an area requiring further investigation as a number of the emotional health and wellbeing concerns could have substance misuse hidden within them.

Targeted support for high risk groups
In the stakeholder survey undertaken for this needs assessment, respondents were asked what approach could best meet the needs of high risk groups such as NEET, Alternative Education or LAC. The 32 responses suggested that increased attention could be on early interventions, training for staff and flexible assertive outreach.

7.8 Sexual health

Findings from the ‘Health Behaviour in School-aged Children’ report suggest that while drinking alcohol during adolescence is to some extent a normative aspect of young people’s development,
excessive drinking and drunkenness (and particularly early initiation to drinking) is associated with unplanned and unprotected sex and links with what has already been said about ‘risky behaviours’.67

**Sexual activity and unsafe sex**

In Cambridgeshire, the percentage of year 8-10 pupils who are currently in a sexual relationship or who have had a sexual relationship in the past is estimated to be 9%. If they have had sex, the percentage of pupils who have taken risks with sex (infection or pregnancy) after drinking alcohol or drug misuse is 34%.68

Sexual health data for young people who are engaged with the substance misuse treatment services indicates that in the community provider, 21% (n=22) reported unsafe sex at assessment - higher than 15% nationally.

**Conception rate**

In 2016 the under 16s conception rate per 1,000 was 2.4, statistically similar to the England rate of 3.0 per 1,000. The rate for under 18s olds rises to 12.2 per 1,000 and is lower than the regional rate of 17.1 and national rate of 18.8. However, there are variations between districts; the South Cambridgeshire rate is as low as 3.3, whilst the Fenland rate is 19.6, closely followed by Huntingdonshire at 17.1.

Of all under 18s conceiving, the national rate of abortions is 51.8%, and the regional rate slightly higher at 53.6%. Cambridgeshire had a higher rate than national and regional figures with 55.6% of conceptions leading to abortions. Again, there are district variations; in Huntingdonshire the rate is 68%, well above the Cambridgeshire average and East Cambridgeshire is also high at 62.5%. Fenland is 50%, South Cambridgeshire 44.4% and Cambridge 31.6%.69

**Chlamydia**

The Public Health England report on ‘Sexually transmitted diseases and screening for chlamydia, 2017’ (published June 2018) highlights that 15-24 year olds have the highest diagnostic rate of sexually transmitted diseases – associated with higher rates of partner changes. The report states that between 2016 and 2017 there was a 2% reduction nationally in chlamydia diagnosis among 15-24 year olds. However, the levels of actual testing had also dropped, reported as partly attributable to a reduction in non-specialist provision.70

The chlamydia detection rate overall in Cambridgeshire per 100,000 for 15-24s was 1,159 (2017) and worse than the England rate of 1,882.71 These rates have remained similar over recent years in

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68 The Cambridgeshire Children and Young People’s Health and Wellbeing Survey 2016. A report for Cambridgeshire Secondary Schools. The Schools Health Education Unit (Balding)

69 PHE May 2018 update

A-STIs_v5.pdf

71 Higher rates of diagnosis are currently considered good by PHE as it indicates good detection of asymptomatic infection which is desirable to prevent onward transmission. However, this is complex as it is influenced by both true prevalence in the population and targeting and take up of screening.
South Cambridgeshire, East Cambridgeshire and Fenland, but are decreasing and getting worse in Huntingdonshire and Cambridge City.72

However, substance misuse treatment activity reports for the community service show that in 2016/17, 7% (n=7) were offered and accepted chlamydia screening, but 49% (n=52) refused; the refusal rate is better than the national rate of 47%. For the YOS treatment service, 21% (n=7) were offered and accepted but 77% refused.

Sexually Transmitted Infection (STI) screening was accepted in 6% of cases in the community service, half the national average of 12%), but their rates of refusal were similar to national rates at 50% (national 48%). The YOS treatment service had STI screening offered and refused in 77% of cases.

**Blood borne viruses (BBV)**

The community provider can screen, test and provide vaccinations for blood borne viruses. Should a young person with the YOS require this service, CASUS will undertake this. Numbers needing this support are small.

7.9 **Criminal justice**

7.9.1 **Youth Offending Team substance misuse work**

The YOS substance misuse specialist team works with young people who:-

- **Have offended and received a court disposal** (e.g. Referral order): Orders made at court can vary in length, and the majority of young people assessed for substance misuse needs require Tier 3 interventions.
- **Have offended and received an out of court disposal** (e.g. Youth Caution, Conditional Caution): This usually covers Tier 2 interventions including brief advice and early interventions of between 2 – 3 sessions.
- **Are on edge of offending**: Preventative and early intervention work is undertaken with children and young people on the ‘edge of offending’. This is carried out by YOS prevention workers following referrals mostly from Early Help, Social Care or Police. A maximum of 30 cases throughout Cambridgeshire can be held by the prevention workers and as well as engaging directly with young people, they also train and advise other agency staff.

Both tiers of work are undertaken by the YOS substance misuse team, who also train and advise YOS officers to continue Tier 2 work should further interventions be necessary. As the substance misuse workers are within the YOS team and share information systems, their work can be flexible and speedily meet need. For example, if a young person has been working with a substance misuse

https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-young-people/data#page/1
worker as part of an order, and that work is completed, their YOS officer can always ask the substance misuse worker to pick up the case again if needs re-emerge.

Data provided by the YOS gives the breakdown of substance misuse work from out of court and court orders by comparing Youth Cautions and Referral Orders over the last four years.

<table>
<thead>
<tr>
<th>Screening</th>
<th>Youth Cautions/ YCC</th>
<th>Referral Order / YRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>15/16</td>
<td>16/17</td>
</tr>
<tr>
<td>Screened</td>
<td>90 (78%)</td>
<td>53 (87%)</td>
</tr>
<tr>
<td>Req SM assessment</td>
<td>70 (78%)</td>
<td>46 (87%)</td>
</tr>
<tr>
<td>Identified as Tier 2 (of those assessed)</td>
<td>25 (36%)</td>
<td>29 (63%)</td>
</tr>
<tr>
<td>Identified as Tier 3</td>
<td>39 (56%)</td>
<td>14 (30%)</td>
</tr>
</tbody>
</table>

| Figure 11: Substance misuse work with Youth Cautions and Referral Orders 2014/15 – 2017/18 YOS internal data |

The table above shows that of out of court disposals, the percentage of young people assessed as requiring substance misuse interventions reached 93% in 2016/17 although has dropped in 2017/18 to 82%; almost all of this work was Tier 2. However, with court disposals, the majority of the work is at a Tier 3 level although this too has fallen since 2017/18.

A reason for this fall might be due to the national emphasis on increasing edge of offending and out of court work; the HMIP (Her Majesty’s Inspectorate of Probation) inspection format now breaks down their investigations into three areas: governance, court work and out of court work and the YOS here expects to increase its capacity to undertaken more out of court cases. This will require sticking rigidly to a maximum of three sessions and ensuring that a partner agency can continue with Tier 2 substance misuse treatment support if needed.

However, gaining an accurate picture of Tier 2 activity is difficult as it is not a requirement of NDTMS reporting, and the YOS itself that much of the true extent of the work goes unreported.

Taking the YOS cohort as a whole, in 2017/18, 443 young people were engaged with the YOS. Approximately 30% of them had substance misuse needs that were picked up at assessment – and they were referred to the substance misuse team. Of this amount, half went on to receive Tier 2 targeted interventions and about 17% received structured Tier 3 interventions. This equates to 14% of the entire YOS cohort requiring Tier 2 interventions (n=121) and 5% (n=21) requiring Tier 3.

This is a fall since 2015/16 when estimations suggested that one third of young people engaged with the YOS required Tier 3 support, one third required Tier 2 support and one third did not present with substance misuse needs but they could become apparent at any point.

The YOS substance misuse team also works with a number of families of young offenders. In 2016/17 99 parents were supported with non-care planned, targeted support and interventions.

**Inspection findings**
The Her Majesty’s Inspectorate of Probation report on Cambridgeshire YOS (February 2017)\(^\text{73}\) highlighted the make-up of the health and substance misuse expertise within the YOS.

‘These staff were knowledgeable, motivated and dedicated to help improve the outcomes of the children and young people they worked with. There was good work carried out by the whole team. YOS staff and managers spoke highly of them, acknowledging the flexibility of their approach and seeing children and young people at a variety of venues which helped increase their engagement.’

The report also noted that Cambridgeshire had low rates of re-offending and the use of custody, and that effective operational partnership working, including that for substance misuse, may contribute to this.

7.9.2 Missing, exploited and trafficked children and young people

The Missing, Exploitation and Trafficked Hub (MET) deals with all reports of missing children and young people along with reports of exploitation and trafficking. For each case, details are logged as to whether substance misuse is a ‘feature’; this might be because the young person is misusing drugs, or because they are supplying drugs.

An analysis undertaken by the MET for the year 2017/18 indicated the percentage of ‘missing episodes’ where the child or young person had a substance misuse history; 55% of children and young people who went missing in Cambridgeshire during the year were known drug misusers and 68% were alcohol misusers.

A much higher number of substance misuse ‘features’ were anecdotally reported to be in the General Exploitation category; this is due in the main to the sub category of Gangs and Criminality, much of which is based around drug misuse and dealing. The MET also highlighted that trends such as knife crime in London are quickly spreading to the counties; for example, there are indications that Cambridgeshire has seen an 80% rise in young people carrying weapons when related to drug activity.

Child Sexual Exploitation

Nationally, fourteen per cent (14%) of females presenting to substance misuse treatment services in 2016/17 reported experience of sexual exploitation (the same proportion as in 2015-16). The proportion of males was much lower at 2% (a change from 1% of males in 2015/16).\(^\text{74}\)

Cambridgeshire and Peterborough Safeguarding Children Board have a Child Sexual Exploitation Joint Strategy (2018) and assessment tool. The Exploitation Risk Assessment and Management Tool helps identify factors that ‘push or pull’ a child into sexual exploitation; these are often factors that push a child away from their home, such as not feeling accepted, family breakdown and arguments, drug and alcohol misuse by family members, and new stepfamilies moving in.

\(^\text{73}\) HM Inspectorate of Probation (Feb 2017) Full Joint Inspection of Youth Offending work in Cambridgeshire

The MET reported that young people wound up in exploitation that included substance misuse were not being effectively supported to ‘escape’ from such activity, even if they were engaged with the YOS or social care. They represent an extremely high risk group that required creative and targeted treatment interventions to help them break free.75

**County Lines**
The ‘National Crime Agency Intelligence Assessment (2015), County Lines, Gangs and Safeguarding’ describes ‘county line’ activity as when a group or individual sets up an operation to sell drugs directly to users in another area to the one they live in; most often the source of the group is an urban area and sales are to a rural area; young people are ‘runners’ in this operation. Boys aged between 14-17 years are most often targeted but girls may be involved without realising it though relationships with group members that later turn into sexual and domestic violence. Vulnerable groups such as LAC, those engaged with the YOS or Children’s Services are over-represented. The use of debt is a crucial part of these relationships whereby ‘paying back’ gifts will mean being forced to partake in county lines drug dealing.76

Locally, the YOS treatment service report that more young people are involved in possession and the supply of drugs where gangs are involved, especially in gang based exploitation.

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**Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE</td>
<td>Adverse Childhood Experiences</td>
</tr>
<tr>
<td>BBV</td>
<td>Blood Borne Viruses</td>
</tr>
<tr>
<td>CASUS</td>
<td>Cambridgeshire Child and Adolescent Substance Misuse User Service</td>
</tr>
<tr>
<td>CPFT</td>
<td>Cambridgeshire and Peterborough NHS Foundation Trust</td>
</tr>
<tr>
<td>HMIP</td>
<td>Her Majesty’s Inspectorate of Probation</td>
</tr>
<tr>
<td>MASH</td>
<td>Multi Agency Safeguarding Hub</td>
</tr>
<tr>
<td>MET</td>
<td>Missing, Exploitation and Trafficked Hub</td>
</tr>
<tr>
<td>NDTMS</td>
<td>National Drug Treatment Monitoring System</td>
</tr>
<tr>
<td>NEET</td>
<td>Not in Education, Employment of Training</td>
</tr>
<tr>
<td>PHE</td>
<td>Public Health England</td>
</tr>
<tr>
<td>SEND</td>
<td>Special Educational Needs and Disabilities</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>YOS</td>
<td>Youth Offending Service</td>
</tr>
</tbody>
</table>
