Young People’s Substance Misuse Needs Assessment 2011

Part 1:
Substance Use amongst Young People: The National and Local Picture

March 2012

Produced by the Partnership Intelligence Unit on behalf of Somerset Drug & Alcohol Partnership
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Foreword

This assessment is the first of two documents that form Somerset Drug & Alcohol Partnership’s (SDAP) young people’s substance misuse needs assessment for 2011. Compared with previous years, a different direction has been taken for 2011, i.e. to focus the assessment on specific areas, rather than a ‘broad brush’ approach to analysis of all available data.

For 2011 these are:

- **Part One:**
  A general overview of young people’s use/misuse of substances using national and local data sources for comparison. It also highlights the areas where improvements in data collection and sharing need to be made as well as identifying key areas for service improvement in relation to young people’s access to tier 1 and tier 2 substance misuse interventions.

- **Part Two:**
  An analysis of young people in drug and alcohol treatment services comparing 2010/11 data with the first 6 months of 2011/12. This was of particular interest given the re-specification of the Somerset young people’s drug/alcohol treatment service for April 2011. The service changes made originated from system review in June¹ and July² 2010 and flagged in the 2010 needs assessment.

Of significance then was the geographical mapping of the young people accessing services against LSOA risk and deprivation boundaries. From the data provided, only a small number of referrals to, and caseload of, the targeted or specialist substance misuse services appeared to be coming from those areas with the highest concentrations of young people at risk of substance misuse or from the most deprived areas of Somerset.

This identified that future service commissioning needs to both understand what the factors are in Somerset that influence young people to access services, and consider service design that requires a more proactive/assertive approach within specific areas to ensure young people are accessing support and help when needed as opposed to a voluntary engagement ethos. Hence the comparison between the commissioned service approach 2010/11 and from April 2011 onwards.

¹ PIU on behalf of Somerset DAAT (June 2010) Data Analysis of Current Substance Misuse Services in Somerset
² Somerset DAAT (July 2010) Young People’s Substance Misuse System Review
There is a third needs assessment report which focuses on exploring the needs of 16-24 year olds. This is a joint piece of work between young people’s and adult’s substance misuse commissioning groups.

All the final reports from 2011 and past years are available on SDAP website www.somersetdap.org.uk
Executive Summary - Key Findings and Implications for Future Commissioning

Key Findings

Section 1.1:
- National surveys suggest fewer children and young people are smoking, drinking alcohol and taking drugs, and tolerance of others doing so is also decreasing.
- Amongst school-age children, consumption increases with age.
- The main source of alcohol is family and friends but almost half claim to have ever bought it, despite being under-age. The main source of cannabis is friends or others at school.
- Drinking behaviour is strongly influenced by attitudes and behaviours of families – less likely to drink if parents disapprove.
- Cannabis is the most widely used drug, but consumption is declining.
- More than one in five 15 year-olds have ever taken cannabis in the past year.

Section 1.2:
- Tell Us 4 survey suggests Somerset school children are more likely than the national average to have had an alcoholic drink. Prevalence rates increase from one in five Year Six pupils to four in five by Year Ten who have ever had a drink.
- Findings from ‘Time in a Bottle’ student survey indicate that more than nine out of ten school-age drinkers in Somerset obtained their alcohol from family.
- Around one in six had been drunk at least once in the last month, but this was slightly down on the previous year.
- However, the proportion of under-18s admitted to hospital for alcohol-specific conditions is increasing in Somerset.
- Taunton Deane has the second highest rate in the South West for alcohol-specific hospital admissions.
- Tell Us 4 survey suggests that fewer than one in ten school-age children said they use cannabis, but the rate is one in eight fourteen year-olds.
- Findings from ‘Spyral’ student survey indicate that nearly a half of young people who said they were regular cannabis users indicated that a member of their family used the drug as well.
- The survey results vary but around one in three students reported knowing someone who uses cannabis, and it is at least a half of 15 year-olds.
- As with alcohol, the most common reason for taking cannabis was for a special occasion, but one in four did so to help them cope with problems.
- The Time in a Bottle (TIAB) and Spyral theatre in education productions have a positive effect on the school children who had seen them. Most say they are less likely to drink alcohol as a result of seeing TIAB, and a large majority of...
Spyral audiences would either not use cannabis as a result or would not have used it anyway.

Section 1.3:
- Nationally, the British Crime Survey (BCS) reports that around one in five 16-24 year-olds had used illicit drugs in the last year.
- The decline in the use of cannabis has helped this figure decrease in the past 15 years.
- However, the BCS highlights an increase in cocaine use.
- Illicit drug use is highest amongst 16-19s, and falls away with increasing age.
- Use of Class A drugs peaks slightly later, in the 20-24 age group.
- Cannabis is the drug of choice amongst 16-19s, but Mephedrone, powder cocaine, amphetamines, amyl nitrate and Ecstasy are used by a small minority of users.

Section 1.4:
- Supporting the under-18 admission rate data, hospital episode statistics reveal a major problem amongst females aged 15-19. Unlike males, females admitted to hospital with alcohol-specific conditions, are more likely to be aged 15-19 than any other age group.
- 16-24 year olds are more likely to never binge drink than binge drink on a monthly or on a weekly basis.
- The alcohol liaison service in Musgrove Park Hospital has assessed more than sixty people under the age of 25 between June 2010 and end of December 2011; many of whom have been referred to other services.

Section 2.4:
- Most young clients receiving Tier 2 interventions are male, and since April 2011, the male proportion of Targeted Youth Support Service (TYSS) caseload has risen to 72%.
- Amongst Looked After Children (LAC), the male to female ratio is more even.
- In the April-September 2011 period, TYSS worked with 146 young people, of which most (82) had their cases closed. The most common age for Tier 2 interventions in both 2010-11 and post-April 2011 is fifteen, but clients range from 12 to 21.
- LAC clients tend to be slightly younger, possibly because residential staff are likely to be more aware of the issue and therefore make referrals sooner.
- Cannabis is by far the most common primary substance used by young clients of LST/TYSS, with around two-thirds saying they used it.
- Amongst Looked After Children, alcohol is at least as prevalent, and almost one in three report an issue with ‘volatile substances’ (such as glue or lighter fuel). Most Team 8 clients had more than one problematic substance.
In 2010-11, the main referral sources for the Local Service Team clients were schools, self-referrals and Residential Support Workers. However, under TYSS from April 2011, there was a drop in the latter two and a considerable increase in referrals from the Youth Offending Team and Children’s Social Care. The differences in the referral sources between 2010-11 LST service and April-September 2011 TYSS service, reflects the changes in wider structures/organisations and commissioning intent. Specifically it reflects changes to referral criteria which is now more focussed on a ‘targeted’ approach than open to anyone that presents.

Evaluating success in terms of reduction in substance use at exit is currently difficult because of the small numbers and also inconsistency in reporting and definition.

Though referrals are three to four times more likely to come from the most deprived localities in Somerset, including the five identified as having factors which make young people more at risk of substance misuse, overall there appears to be little evidence of the change in the commissioned services for Tier 2 substance misuse reaching those young people in the most deprived areas more successfully than before April 2011 in terms of targeting young people from ‘at risk’ areas.

Section 2.5:
- YOT clients have a similar gender profile to those TYSS work with: 72% are male.
- YOT clients are older than those with TYSS and Team 8. One in three are aged 17.
- They are also more likely than other client groups to be from a non-White British ethnic category.
- Those in the Taunton Deane/West Somerset area are typically older than the county average.
- Four in five YOT clients had been arrested for Possession of a Class B drug.
- One in three offences had been committed in the Taunton Deane/West Somerset area, more than might be expected given the age profiles of the districts.
- One in three cases for under-18s where drugs and/or alcohol were involved in Somerset, the outcome was a police caution, whereas for all offences by under-18s, it was a Youth Rehabilitation Order.
Implications for Commissioning

In the main body of the assessment the implications are noted under specific sections, however there is a commonality to many of the commissioning issues Somerset faces and so are presented as one set of ‘implications for commissioning’.

1. The challenge for Somerset is to identify ways in which the Chief Medical Officer guidance on the consumption of alcohol by children and young people can be communicated and reinforced for those pupils whose parents are more tolerant of their children drinking alcohol and needs to be considered as part of forward planning.

2. More generally this needs assessment has reinforced the influence parents’ attitudes to and use of, substances (both drugs and alcohol) have on their children’s use. As with the CMO guidance, the challenge for local commissioners is to identify ways to communicate this to parents, and therefore it is important that in our developing our ‘think family’ response these issues are responded to.

3. The work to address gaps in our local understanding of young people’s use of drugs and alcohol remains a priority by:
   - establishing a robust data set for agencies working with young people on drugs and alcohol issues;
   - developing the children and young people’s workforce to be competent to deliver drugs and alcohol Tier 1 and 2 interventions to young people within their settings rather than refer to be specialist services

4. The commissioned Theatre in Education (TIE) over cannabis and alcohol continues to make a positive contribution to the universal substance misuse education approach in the county. It is important to continue to monitor the impact of this work ensure the quality is maintained and that the performances are targeted age appropriately in schools. Further to support schools to continue to use TIE as part of a wider programme of substance use education, commissioners need to ensure that they have up-to-date resources which will include the information support package on CD-ROM.

5. The project with all five FE colleges in Somerset will provide commissioners with a consistent source of information on young people’s (aged 16+) use of substances. It will be important therefore for PIU to monitor data returns especially quality from the outset. It also needs to be reviewed as a potential a model commissioners could deploy with other sectors to create a sustainable way forward within the existing financial climate, for the delivery of Tier 2 drug
and alcohol interventions. There is an opportunity to ensure that the Tier 2 drug and alcohol interventions form part of the delivery by providers commissioned as part of the Somerset youth housing strategy – pathways to independence. This group of providers need to be targeted as part of the roll out of the tools and associated dataset to ensure that staff are confident and competent to respond to young people’s use as early as possible.

6. The LOFYM website and campaign is a valuable local resource to communicate with the 16-24 year old age group safer drinking messages. Work commence at in 2012 to update the website with new tools (unit/calorie counter) and a LOFYM App. Commissioners need to complete this work and use this medium to promote the LOFYM messages about safer drinking and reinforcing the message that only a minority of young people in Somerset drink to excess.

7. Since Tier 2 substance misuse services were commissioned in Somerset, the provision has been subject to multiple changes as a consequence of both wider children’s services re-organisation and the reductions in local funding available. The current service has secure funding to 31st March 2013 which means that the final year is a key one for ensuring a robust data set is in place to assess impact and outcomes from this tier of work. As such compliance with the minimum dataset linked to the new tools will be critical. Commissioners will need to ensure that there is a clear process for contract review of this service.

8. The longer term future of Tier 2 substance misuse interventions will be considered as part of the work to review and commission an integrated single pathway for young people’s and adults.
1. Alcohol and Drug Use amongst Young People

Introduction

This section summarises what national and locally commissioned studies tell us about young people’s substance use.

There are many different age definitions of what constitutes a young person and this is reflected in the national data sources available. Consequently, when considering those different sources, it is important to note the age range being referred to. For instance, data from the NHS Information Centre surveys cannot be compared against findings from the British Crime Survey. In this section a distinction is made between school age and non-school age - the latter can refer to those aged 16 up to 19 or 24 years old.

The section reviews young people’s use of alcohol and drugs in a national context and then explored in the local context of Somerset. Where it is possible, comparisons between local data and Somerset’s statistical neighbours are made. SDAP does not as a rule have tobacco smoking as part of its portfolio of substances. However it is included in the national context by way of comparison and in recognition that cannabis use is often linked with smoking tobacco and any service response needs to work with this.

1.1 The National Context

1.1.1 Overview of smoking, drinking and drug use by school-age young people

Data from the latest national report on young people’s smoking, drinking and drug use in England, 2010 suggests that pupils aged 11 to 15 were more likely to have ever drunk alcohol (45%), than to have smoked (27%) or tried drugs (18%). By the age of 15, 83% of pupils had used at least one of these substances.

One in five pupils who had ever smoked or drunk alcohol or taken drugs had done so recently; 13% of pupils had drunk alcohol in the last week, 7% had smoked in the last week and 7% had taken drugs in the previous month.

This survey is the latest in a series designed to monitor smoking, drinking and drug use among secondary school pupils aged 11 to 15. Information

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3 NHS Information Centre for Health and Social Care (2011) Smoking, drinking and drug use among young people in England, 2010
was obtained from 7,296 pupils in 246 schools throughout England in the autumn term of 2010. Given that this survey sample represents an estimated population of around 3 million 11-15 year olds in England, this would indicate that nationally:

- 150,000 young people are regular smokers
- 400,000 have drunk alcohol in the last week
- 200,000 have taken drugs (including glue, gas and other volatile substances) in the last month; and around 380,000 had taken drugs in the last year.

Smoking seems to be less acceptable than drinking for 11-15 year olds; 32% felt that drinking alcohol once a week was OK compared to 15% for smoking. However, getting drunk or taking drugs were seen as less acceptable.

1.1.2 Smoking among school-age young people

The level of reported smoking among school pupils continues to fall, and currently stands at 27% who have ever smoked, and 5% who smoke at least once a week.

Regular smoking is associated with other risky behaviour. Pupils who have drunk alcohol recently are more likely to be regular smokers than those who have not; regular smoking is also more likely among pupils who take drugs compared with those who do not. Pupils who have truanted from school or been excluded at some time in their lives are also more likely to be regular smokers than pupils who have not.

1.1.3 Drinking amongst school-age young people

- **Prevalence**

Contrary to public perception and media reporting, national data indicates a continued reduction in alcohol consumption among school pupils. The percentage of pupils surveyed who had never drunk alcohol was up from 39% in 2003 to 55% in 2010.

Less than half (45%) of pupils aged between 11 and 15 said that they had drunk alcohol at least once in their lifetime. This proportion was strongly related to age; with 10% of 11 year olds ever having had a drink compared with 77% of 15 year olds.
**Frequency**

The proportion of pupils who had drunk alcohol in the previous week was 13%, compared with 26% in 2001. Again, older pupils were more likely to have had a drink in the week before the survey than younger pupils; 30% of 15 year olds, compared to 1% of 11 year olds.

As well as frequency, the survey also looked at the amount of alcohol consumed by pupils who had a drink in the last week. The mean amount of alcohol consumed by these pupils was 12.9 units. This was most often on one or two days in the previous week (56% and 29% respectively). On ‘drinking’ days 59% of pupils drank more than four units in one session.

**Access to alcohol**

The main means of getting hold of alcohol was to be given it by family or friends. However, around 48% of pupils who had ever drunk also bought alcohol, despite being well below the legal age (18 years old). Alcohol purchases were most likely to be from friends or relatives (26%), but 16% bought from someone else, 16% bought from an off license, and 12% from a supermarket.

The fall in the proportion of pupils that drink who buy from off-licences and in pubs and bars has decreased over time; otherwise there has been little change in where pupils buy alcohol.

The settings in which pupils drink varies with age; 68% of 11 and 12 year olds who drank alcohol generally did so with their parents and a similar proportion (65%) said they usually drank at home; whereas 74% of 15 year old pupils were most likely to drink with friends. This was most likely to be at parties (57%) or in someone else’s home (51%) and 29% outside (on the street, in a park or somewhere else).

**Factors affecting drinking behaviour**

The drinking behaviour of young people was strongly influenced by the attitudes and behaviour of their families. They are less likely to drink if their parents disapprove, and more likely to drink if this is tolerated by their parents. 85% who said that their parents disapproved of them drinking had never drunk alcohol, compared with 27% of pupils whose parents said they wouldn’t mind.

Guidance from the Chief Medical Officer\(^4\) on the consumption of alcohol by children and young people makes it clear that the healthiest and safest

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\(^4\) Department of Health (December 2009) *Guidance on the Consumption of Alcohol by Children and Young People, Sir Liam Donaldson, Chief Medical Officer for England*
option is an alcohol free childhood at least up to the age of 15. If young people aged 15 to 17 do drink it should be under the guidance of a parent or carer in a supervised environment.

Whilst the drinking habits of other people in the household was a significant influence on a pupil’s own drinking behaviour, it seems that young people are becoming less tolerant of drinking and drunkenness among their family and peers. In 2003 46% of pupils surveyed agreed that it was OK for someone of their age to drink alcohol once a week, compared with 32% in 2010. Also, the proportion of pupils who thought it OK for someone of their age to get drunk once a week also fell, from 20% in 2003 to 11% in 2010.

Table 1.1 below shows a summary of pupils’ beliefs about why people their own age drink, comparing ‘all pupils’ with those who have drunk alcohol in the last week and those that have never had a drink.

![Table 1.1 Pupils’ beliefs about why people their own age drink](attachment:table.png)

![Source: NHS Information Centre for Health and Social Care 2011](attachment:source.png)

- Total column includes pupils who didn’t answer question about when they last drank alcohol
- Bases shown refer to ‘It helps them relax’ but other bases are similar

**Sources of information**

Overall, 60% of pupils reported that they remembered receiving health education lessons about alcohol in the last year. This has increased since 2004 when 52% recalled such lessons. What we are not able to understand is the impact this recall may have had on behaviour.
All pupils, whether or not they had drunk alcohol, were asked which of a list of sources of potential information about drinking they had found to be the most helpful. Interpersonal and media sources are considered here separately.

Parents (75%) and teachers (67%) were cited by most pupils as sources of helpful information. Peers, including friends (38%) and siblings (31%) were less likely to be mentioned, as were the police (49%), other relatives (45%), other adults at school (38%) or GPs (30%). Among the media, TV was by far the most likely source to be mentioned (71%), followed by the internet (51%), newspapers or magazines (50%) and the radio (30%).

Factors associated with having drunk alcohol in the last week included age, ethnicity, other risk-taking behaviours (smoking, drug taking, truancy), the number of drinkers at home, parental attitudes and the pupils own beliefs about why their age group drinks.

1.1.4 Drug use among school-age young people

- **Prevalence**

The 2010 survey showed a decrease in the prevalence of drug use amongst school pupils since 2001. The proportion of pupils who reported having taken drugs ever fell from 29% in 2001 to 18% in 2010. Over the same period, the proportion of pupils who had taken drugs in the last year decreased from 20% to 12% and those who had taken drugs in the last month from 12% to 7% (see Figure 1.1).

![Figure 1.1 Drug Use Prevalence in School Pupils, 2010 vs. 2001](image)

Source: NHS Information Centre for Health and Social Care 2011.
The proportion of pupils who have taken drugs increases with age (see Figure 1.2 below).

- **Frequency**

**Figure 1.2 Frequency of drug use in school pupils, by age**

![Graph showing the frequency of drug use by age](image)

Source: NHS Information Centre for Health and Social Care 2011

In 2010, as in previous years, cannabis was the most widely used drug; 8.2% of pupils reported taking it in the last year. This compares with 8.9% in 2009, and continues the decline in the prevalence of cannabis use seen since 2001. 3.8% of pupils reported sniffing volatile substances such as glue, gas, aerosols or other solvents, a decrease from 5.5% of pupils in 2009. Sniffing poppers has fallen from a high of 4.9% in 2007 to 1.5% in 2010. For all the other drug types, the proportion of pupils who reported any use in the last year was below 2%.

2% of pupils said that they usually took drugs at least once a month, the survey's definition of frequent drug use.

As in previous years, the proportion of pupils who had taken specific drugs in the last year tended to increase with age. For example, in 2010, 0.2% of 11 year olds reported taking cannabis in the last year, compared with 21.1% of 15 year olds. The exception to this was sniffing glue, gas and other volatile substances, where prevalence in the last year was similar across all ages.

Class A drug use was relatively rare among pupils. Between 2001 and 2009, around 4% of pupils reported taking any of the eight Class A drugs
asked about in the survey in the last year. In 2010, this proportion was lower, 2.4%.

There has been a decline in the proportion of pupils who report having been offered drugs since 2001. In 2010, 28% of pupils reported ever being offered any drugs. As in previous years, they were most likely to have been offered cannabis (18%) or volatile substances (10%).

- **Information sources**

Pupils were asked the different sources where they had got helpful information about taking drugs from. Overall, they were most likely to get helpful information from teachers (67%), TV (64%) or their parents (62%).

**Key findings from section 1.1:**

- National surveys suggest fewer children and young people are smoking, drinking alcohol and taking drugs, and tolerance of others doing so is also decreasing.

- Amongst school-age children, consumption increases with age.

- The main source of alcohol is family and friends but almost half claim to have ever bought it, despite being under-age. The main source of cannabis is friends or others at school.

- Drinking behaviour is strongly influenced by attitudes and behaviours of families – less likely to drink if parents disapprove.

- Cannabis is the most widely used drug, but consumption is declining.

- More than one in five 15 year-olds have ever taken cannabis in the past year.

**Implications for future commissioning from section 1.1:**

9. The challenge for Somerset is to identify ways in which the Chief Medical Officer guidance on the consumption of alcohol by children and young people can be communicated and reinforced for those pupils whose parents are more tolerant of their children drinking alcohol and needs to be considered as part of forward planning.
1.2 The Somerset Context – school age

1.2.1 Introduction

There are a number of data sources that inform our understanding of young people's drug and alcohol use in Somerset.

TellUs 4 was an online survey\textsuperscript{5} conducted in April 2010 amongst children and young people in school years 6 (10-11yrs), 8 (12-13yrs), and 10 (14-15yrs) across England about their views on life, their school and their local area. While the planned TellUs 5 survey was cancelled, the results from the previous year still allow us some insight into the attitudes of children to using drugs and alcohol.

Additionally key findings from the student questionnaires used with the theatre in education productions provide further insight to young people's self reported drug (cannabis) and alcohol use.

1.2.2 Alcohol Use

TellUs 4 survey

TellUs 4 questions about alcohol use were asked of all three age groups. Overall, 52\% of the children claim to have had an alcoholic drink at some point (a whole drink, not just a sip). This was higher than the average for Somerset's statistical neighbours\textsuperscript{6} (47\%) and significantly higher than the national figure of 42\%.

Even amongst those in year 6 (i.e. aged 10-11 years) one-fifth claimed to have had an alcoholic drink. This rises to 53\% by year 8 and 82\% by year 10. At all ages, boys are more likely than girls to have had an alcoholic drink, but this is more marked in years 6 and 8; by year 10 there is less difference in genders.

‘Time in a Bottle’ theatre in education student survey

‘Time in a Bottle’ is a theatre in education production performed to students in years 7 to 9 (ages 11-14 years) across 26 schools in Somerset during the 2010/11 academic year. The production had also been performed to 27 schools during 2009/10. The play was followed by a workshop where the young people were challenged about their attitudes to drinking. They

\textsuperscript{5} TellUs 4 National Report, Ofsted, April 2010
\textsuperscript{6} Statistical neighbours are local authority areas with similar characteristics (e.g. Devon, Shropshire)
were then asked to complete an evaluation questionnaire. A full report has been produced by the Partnership Intelligence Unit, which includes a detailed analysis of the responses to each question.

The following is a summary of the main findings.

- On a scale of 1 (‘very difficult’) to 5 (‘very easy’), the vast majority of students (93%) indicated their understanding of the play was ‘3’, ‘4’ or ‘5’.
- Around two-thirds of students (65%) said that they were less likely to drink alcohol under age or excessively as a result of seeing the play, slightly lower than in 2009-10 (71%).
- Around two-thirds of students (67%) had previously had an alcoholic drink, similar to the previous year’s figure. A higher proportion of male students than female students had previously had a drink.
- As in 2009/10, the most common reason for not drinking alcohol amongst those who had never had a drink was ‘I’m not interested…’ followed by ‘I don’t want to damage my health’ and ‘I’m under age’.
- The vast majority of students (93%) got their alcohol from their family.
- The majority of students (84%) reported drinking alcohol because of a celebration event (e.g., Christmas, New Year or a birthday party).
- Around one in six students had been drunk at least once in the previous four weeks, compared to around one in five in 2009/10; one in fifty students had been drunk three times or more in the same period.
- Around 6 out of 10 students had received information or advice about alcohol from school. A similar proportion of students had received advice from family. There was little change compared with 2009/10.
- Age rather than school/location appears to be a general factor in determining the proportion of students who had drunk alcohol. The age of the children surveyed varied from school to school, which partly explains the variation in estimated alcohol consumption and drunkenness incidences across the schools.

**Alcohol specific hospital admissions under-18s**

Local Alcohol Profiles for England (LAPE)\(^7\) released in August 2011 by the North West Public Health Observatory. The only young-person specific indicator in the Local Alcohol Profiles is *Alcohol specific hospital* admissions under-18s.

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\(^7\) Local Alcohol Profiles for England are produced by the North West Public Health Observatory. [http://www.lape.org.uk/](http://www.lape.org.uk/)
The rate of 73.8 per 100,000 people is significantly worse than the national rate. It also represents a substantial rise since the period ending 2006/7, when the Somerset crude rate was 52.0 per 100,000 under-18s.

Taunton Deane is the main factor in Somerset’s relatively high levels of under 18s hospital admissions (see Figure 1.3); with a rate of 104 per 100,000 people, the borough ranks 291st out of 326 local authorities in England and has the second highest rate in the South West.

Figure 1.3 Alcohol-specific hospital admission rates 2007/08 to 2009/10 by area

Source: Local Alcohol Profiles for England/NWPHO

### 1.2.3 Drugs Use

#### TellUs 4 survey

In the TellUs 4 survey9 9% of children in Somerset in years 8 (12-13yrs) and 10 (14-15yrs) self report ever to have used drugs, in line with the national picture and statistical neighbours10. The results here are very different across the two year groups; in year 8, 3% say they have ever taken drugs, rising in year 10 to 15%, again on a par with statistical neighbours. Boys are twice as likely as girls to have ever taken drugs.

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8 Persons admitted to hospital due to alcohol specific conditions (under 18s, persons), crude rate per 100,000 population, 2007-8 to 2009-10
9 TellUs 4 National Report, Ofsted, April 2010
10 Statistical neighbours are local authority areas with similar characteristics (e.g. Devon, Shropshire)
Amongst year 10 students, cannabis or skunk is the drug they are most likely to have taken (7% in the last 4 weeks), followed by solvents, glue or gas (6% in the last 4 weeks) and other drugs like cocaine, LSD, ecstasy, heroin, crack, speed and magic mushrooms (3%). In the last category, 4% of boys in year 10 claim to have taken them three times or more in the last 4 weeks.

‘Spyral’ theatre in education student survey

‘Spyral’ is a theatre in education production performed in schools which examines cannabis misuse and mental health issues. Following the play, students complete a questionnaire which asks about their attitudes and use of cannabis.

Two different questionnaires were used in Somerset during the academic year 2010/11; the questionnaire was heavily revamped and expanded after the Autumn Term sessions. As a result, the analysis of Somerset responses for the academic year 2010/11 has been provided in two separate full reports, both prepared by the Partnership Intelligence Unit: Autumn Term 2010 and Spring and Summer Terms 2011.

The main findings from the Autumn 2010 report:

- The great majority of students (94.9%) indicated that they understood the storyline of the play. Overall, students gave the play an average ‘mark’ of 8.4 out of 10.

- Around 8 out of 10 students suggested that they were less likely to use cannabis as a result of seeing the play, a very positive claimed influence on behaviour, although the impact declined with age from 88% of 12 year-olds to 81% of 15 year-olds.

- Overall, 28% of students surveyed indicated that knew people who used cannabis. Figure 1.4 below shows that the proportion of students who knew someone who used cannabis increased steadily with age, from about one in five 12 year-olds to almost half of 15-year olds.
Around two-thirds of students said that they had previously received information or advice about cannabis from school. This figure was broadly consistent across all age groups. Just under a half of students had received advice from family and friends.

The main findings from the Spring and Summer Terms 2011 report:

- Three-quarters of students (75%) indicated that the play was ‘easy’ or ‘very easy’ to understand. However, a quarter of students (25%) found that the play was ‘difficult’ or ‘very difficult’ to understand.

- Around 43% of students surveyed knew someone who used cannabis; most commonly it was ‘friends at school’ (21%) and ‘other people I know at school’ (28%). One in ten students indicated that a member of their family used cannabis.

- Just over 8% of students reported ever using cannabis themselves. A slightly higher proportion of male students (8.3%) than female students (7.6%) reported ever using cannabis.

- The use of cannabis varies with age, with a notable change between ages 13 and 14: around 3% of 13-year olds reported that they had ever used cannabis compared to around 13% of 14-year olds. Indeed, almost half of claimed cannabis users were aged 14, more than the proportion aged 15.

- The most common source of information or advice about cannabis was school (76%), followed by family (37%), internet (24%) and friends (22%)

Source: SPYRAL/Partnership Intelligence Unit
Around a third of students (33%) said that they would not use cannabis at all as a result of seeing the play. Just over half of all students (53%) suggested that they did not intend to use cannabis anyway.

Around 5% of all students had used cannabis in the last four weeks. Half of these students had used cannabis three or more times in the past four weeks.

Two-thirds of regular cannabis users (those using the drug three or more times in the last four weeks) were male, with the majority (86%) aged 14 and 15.

Nearly a half (46%) of regular cannabis users indicated that a member of their family used the drug.

The most common reasons for using cannabis were special occasions (48%), followed by 'it's fun' (36%). Around a quarter of cannabis users indicated that they used the drug to help cope with problems or worries.

Around 4 out of 10 students who had used cannabis sourced the drug through friends at school. A slightly lower proportion obtained it from ‘other people’ at school.

1.2.4 Data Gaps

One of the key issues arising from the 2010 needs assessment was the availability of data from sources outside of the substance misuse sector and its quality to accurately assess the demand for service provision. To address this gap there have been three broad work areas in 2011/12:

- **Establishing a robust data set for agencies working with young people on drugs and alcohol issues.** SDAP have commissioned a new set of tools for staff working with young people at Tier 1 and Tier 2 to identify drug and alcohol use and respond appropriately. In place now are two different but complementary tools: one is about screening and one assessment. Screening is for anyone working at Tier 1; assessment is for anyone working at Tier 2. The dataset from each will provide on an ongoing basis the ability to develop a shared understanding of the needs and issues related to drug and alcohol misuse in Somerset.

- **Developing the children and young people’s workforce** (public sector, voluntary and community) to use the screening and assessment tools effectively and **equip them with the skills to deliver tier 1 and 2 interventions on drugs and alcohol** to young people.

- **Developing information sharing protocols** with agencies to ensure that there is an **evidence base for the outcomes** of the drug and
alcohol work with young people in Somerset. The Partnership Intelligence Unit (PIU) as SDAPs analytical support function.

**Key findings from section 1.2:**

- Tell Us 4 survey suggests Somerset school children are more likely than the national average to have had an alcoholic drink. Prevalence rates increase from one in five Year Six pupils to four in five by Year Ten who have ever had a drink.

- Findings from ‘Time in a Bottle’ student survey indicate that more than nine out of ten school-age drinkers in Somerset obtained their alcohol from family.

- Around one in six had been drunk at least once in the last month, but this was slightly down on the previous year.

- However, the proportion of under-18s admitted to hospital for alcohol-specific conditions is increasing in Somerset.

- Taunton Deane has the second highest rate in the South West for alcohol-specific hospital admissions.

- Tell Us 4 survey suggests that fewer than one in ten school-age children said they use cannabis, but the rate is one in eight fourteen year-olds.

- Findings from ‘Spyral’ student survey indicate that nearly a half of young people who said they were regular cannabis users indicated that a member of their family used the drug as well.

- The survey results vary but around one in three students reported knowing someone who uses cannabis, and it is at least a half of 15 year-olds.

- As with alcohol, the most common reason for taking cannabis was for a special occasion, but one in four did so to help them cope with problems.

- The Time in a Bottle (TIAB) and Spyral theatre in education productions have a positive effect on the school children who had seen them. Most say they are less likely to drink alcohol as a result of seeing TIAB, and a large majority of Spyral audiences would either not use cannabis as a result or would not have used it anyway.
**Implications for future commissioning from section 1.2:**

1. Local data has reinforced again the influence parents’ attitudes to and use of, substances have on their children’s use. As with the CMO guidance, the challenge for local commissioners is to identify ways to communicate this to parents.

2. The work to address gaps in our local understanding of young people’s use of drugs and alcohol remains a priority by:
   - establishing a robust data set for agencies working with young people on drugs and alcohol issues;
   - developing the children and young people’s workforce to be competent to deliver drugs and alcohol Tier 1 and 2 interventions to young people within their settings rather than refer to be specialist services

3. Review the commissioned Theatre in Education performances to ensure that the quality is maintained and that the performances are targeted appropriately in schools to the age range designed for.

4. To support schools to continue to use TIE as part of a wider programme of substance use education through the information support package on CD-ROM.
1.3 The national context – young people aged 16+

1.3.1 Drug Use

The British Crime Survey (BCS)\(^{11}\) examines the extent and trends in illicit drug use among a nationally representative sample of 16 to 59 year olds. The estimates are produced from responses to a self-completion module of the survey that is completed at the end of a face-to-face interview (which mainly covers questions on experiences of crime victimisation and perceptions of crime). It includes examination of the 16 to 24 age group and in some instances the 16 to 19 age group.

The report found that around one in five young people aged 16 to 24 had used one or more illicit drugs in the last year. The use of illicit drugs among young people fell between the 1996 BCS (29.7%) and the 2010/11 BCS (20.4%), largely due to a decline in the use of cannabis. Table 1.2 below provides a summary of the long term trends in amongst 16 to 24 year olds between 1996 and 2010/11.

Table 1.2 Long-term trends in drug use amongst 16-24 year-olds

<table>
<thead>
<tr>
<th>Increase</th>
<th>Decrease</th>
<th>No statistically significant change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any cocaine</td>
<td>Any drug</td>
<td>Opiates</td>
</tr>
<tr>
<td>Powder cocaine</td>
<td>Any Class A drug</td>
<td>Crack cocaine</td>
</tr>
<tr>
<td></td>
<td>Any stimulant drug</td>
<td>Magic mushrooms</td>
</tr>
<tr>
<td></td>
<td>Hallucinogens</td>
<td>Heroin</td>
</tr>
<tr>
<td></td>
<td>Ecstasy</td>
<td>Methadone</td>
</tr>
<tr>
<td></td>
<td>LSD</td>
<td>Tranquillisers</td>
</tr>
<tr>
<td></td>
<td>Amphetamines</td>
<td>Anabolic steroids</td>
</tr>
<tr>
<td></td>
<td>Cannabis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amyl nitrite</td>
<td></td>
</tr>
</tbody>
</table>

Source: British Crime Survey 2010/11

In 2010/11, the level of illicit drug use was highest among the 16 to 19 age group (23.0%) compared with any other age group. Levels of illicit drug use decreased with increasing age. Levels of Class A drug use also decreased as age increased, except that the peak appeared later, in the 20 to 24 age group (see Figure 1.5).

\(^{11}\) Home Office Drug Misuse Declared: Findings from the 2010/11 British Crime Survey
Amongst 16-19 year-olds, cannabis is the drug most likely to be used (see Figure 1.6). The 2010/11 BCS estimates that one in five used cannabis in the last year. Mephedrone was the next most commonly used drug in this age group (at 4.4%).
2010/11 also asked respondents about their attitudes to drug taking, specifically cannabis and cocaine. In the 16 to 19 age group, 4% indicated it was acceptable to take cannabis frequently and 29% suggested it was okay to take occasionally.

However the acceptance of cocaine was much lower; 1% indicating that it was acceptable to take cocaine frequently and 6% indicating it was okay to take occasionally.

**Key findings from section 1.3:**

- Nationally, the British Crime Survey (BCS) reports that around one in five 16-24 year-olds had used illicit drugs in the last year.
- The decline in the use of cannabis has helped this figure decrease in the past 15 years.
- However, the BCS highlights an increase in cocaine use.
- Illicit drug use is highest amongst 16-19s, and falls away with increasing age.
- Use of Class A drugs peaks slightly later, in the 20-24 age group.
- Cannabis is the drug of choice amongst 16-19s, but Mephedrone, powder cocaine, amphetamines, amyl nitrate and Ecstasy are used by a small minority of users.
1.4 The Somerset context – young people aged 16+

1.4.1 Introduction

There are a number of data sources that inform our understanding of young people aged 16+ alcohol use in Somerset, which is not mirrored for drug use. This difference is partly explained by the increased work locally to tackle alcohol misuse which also results in increased data sources. This following section looks at alcohol use amongst young people aged 16+.

1.4.2 Somerset Lifestyle Survey

The 2009 Somerset Lifestyle Survey\(^\text{12}\) includes some alcohol-related data for a ‘young people’ age group, which is defined as 16-24 years old. However, in terms of this needs assessment, this grouping is slightly problematic, in that the overall responses in this group were limited, there were no responses at all from under 16 year olds, and the upper limit in the age group is older than the scope of the current young people’s substance misuse services in Somerset. However, despite these limitations, it is worth including for the possible insight the Lifestyle Survey could provide in respect of the ‘transitional’ age between young people and adult services.

Of particular interest is Figure 1.7 which indicates that 16-24 year olds are more likely to never binge drink than binge drink on a monthly or on a weekly basis. This runs contrary to both local and national media reporting of this age groups drinking behaviour and something which locally we have been reinforcing through the Look Out For Your Mates work.

Figure 1.7 Frequency of binge drinking: 16-24 age group

\[
\begin{tabular}{c|c}
                & Frequency \\
\hline
Never          & 31.1\% \\
Less than monthly & 29.7\% \\
Monthly        & 20.5\% \\
Weekly         & 18.7\% \\
Daily or almost daily & 0.0\% \\
\end{tabular}
\]

Source: Somerset Lifestyle Survey report 2009

1.4.3 Alcohol specific hospital admissions 15-24 age group

The South West Public Health Observatory (SWPHO) analysis of alcohol-specific hospital admissions\textsuperscript{13} in Somerset for 2009-10 indicate that the main causes for admissions are mental and behavioural disorders relating to alcohol, alcoholic liver disease and ethanol poisoning.

Females admitted to hospital with alcohol-specific conditions are more likely to be in the 15-19 age group than any other five-year age band (Figure 1.8). However, in the 20-24 age group, men are more likely than women to be admitted for such conditions. This suggests that the relatively high figures for under-18s, included in the earlier relating to LAPE data, are largely driven by females. The under-20 age group is the only one in which females admitted for alcohol-specific conditions outnumber men.

Figure 1.8 Individuals admitted to hospital with alcohol-specific conditions by age and gender, Somerset, 2009-10

Source: Hospital Episode Statistics, Dept of Health / SWPHO

1.4.4 Hospital Alcohol Liaison Service pilot

As part of the increased focus on alcohol SDAP developed a 3 year pilot in the two Somerset acute hospitals starting April 2010. The primary focus of the work was in Accident & Emergency departments using Identification and Brief Advice on alcohol to achieve two key outcomes of the pilot: to

\textsuperscript{13} For more detail, please go to http://www.swpho.nhs.uk/resource/item.aspx?RID=93261
reduce alcohol related re-attendance to Accident & Emergency Departments and alcohol related re-admission to hospital.

The pilot commenced in Musgrove Park Hospital (MPH) in year 1 (2010/11) with Yeovil District Hospital (YDH) starting mid Year 2 (2011/12). The pilot involves two dedicated alcohol workers being employed by Turning Point (adult substance misuse service in Somerset) but located in each hospital. The hospital staff are supported by the worker to undertake IBA using an adapted version of the Paddington Alcohol Test (PAT) – referred to as MPAT for MPH and YHAT for YDH. As a pilot the collection of data has been critical to evidence performance/outcomes for the future sustainability. The age focus for this service is 16 years plus.

Up to 1\textsuperscript{st} January 2012, MPH conducted 598 MPATs. 100 of these were either duplicates or multiple attendees. Of the 498 individuals assessed, 62 were aged under 25yrs, including 11 under 18yrs (Figure 1.9). The highest number of presenting individuals were amongst those aged 22yrs (eleven people) and 18yrs (ten people).

Figure 1.9 Age profile of individuals attending MPH aged under 25, June 2010 up to 1\textsuperscript{st} January 2012

![Age profile of individuals attending MPH aged under 25, June 2010 up to 1\textsuperscript{st} January 2012](image)

Source: NHS Somerset/Partnership Intelligence Unit

Of the 62 individuals, data on gender was recorded for 51 people, indicating roughly three-quarters of those under 25yrs presenting to the service (38) were male, and a quarter (13) female.
The aim of MPAT is to identify the level of drinking by the individual patient and intervene appropriately; of the 62 individuals where data is recorded: three were identified as dependent drinkers, eight as Higher Risk drinkers, four as Increasing Risk drinkers, and ten as low risk drinkers. Almost one in three (20) were referred to a specialist alcohol worker.

1.4.5 Data gaps

As indicated in 1.4.1 there is a data gap concerning drug use for those Somerset young people aged 17 and over. Work to address this has been progressed with the development and roll out of the Somerset drug and alcohol screening and assessment tools. Starting in 2012/13 staff in all five Further Education colleges in Somerset will be trained to deliver drug and alcohol Tier 1 and 2 interventions. Not only will this create a sustainable resource for the colleges to manage and respond to drug and alcohol use but it will provide another source of data to inform our local understanding of use within the 16 plus age group.

The data from the alcohol work in the acute hospitals in Somerset is currently limited in comparison with the actual A&E attendance rates; however as IBA becomes more embedded in the hospital and the numbers increase, the quality and therefore analysis of the available data should improve.

Key finding from section 1.4:

- Supporting the under-18 admission rate data, hospital episode statistics reveal a major problem amongst females aged 15-19. Unlike males, females admitted to hospital with alcohol-specific conditions, are more likely to be aged 15-19 than any other age group.

- 16-24 year olds are more likely to never binge drink than binge drink on a monthly or on a weekly basis.

- The alcohol liaison service in Musgrove Park Hospital has assessed more than sixty people under the age of 25 between June 2010 and end of December 2011; many of whom have been referred to other services.

Implications for future commissioning from section 1.4:

1. The project with all five FE colleges in Somerset will provide commissioners with a consistent source of information on young people's (aged 16+) use of substances. It will be important therefore for PIU to monitor data returns especially quality from the outset.
2. The FE college project needs to be reviewed as it is potentially a model commissioners could deploy with other sectors to create a sustainable way forward within the existing financial climate.

3. The LOFYM website and campaign is a valuable local resource to communicate with the 16-24 year old age group safer drinking messages. Work commence at in 2012 to update the website with new tools (unit/calorie counter) and a LOFYM App. Commissioners need to complete this work and use this medium to promote the LOFYM messages about safer drinking and reinforcing the message that only a minority of young people in Somerset drink to excess.
2. Substance misuse services in Somerset

Introduction

This section is focussed on service delivery in Somerset for young people misusing substances. It summarises how service responses are structured and what is available locally for young people to access following system redesign in 2011 following previous needs analysis.

This section also describes the data challenges Somerset faces and the work to establish a more robust approach to data collection on Somerset young peoples use of substances through a common dataset across all organisations and groups working with young people.

2.1 Structure of responses to young people’s substance use

There is a national framework\textsuperscript{14,15} for the levels of substance misuse interventions and the following is a summary definition of each level. Figure 2.1 provides a visual depiction of the Tiers in relation to the size of the population each covers. Though the language for this framework has changed over time, it is based on four tiers of interventions; the higher the tier (4 being the top and 1 the bottom) the more structured and specialist the interventions become and the smaller the number of young people who need to access those interventions.

Figure 2.1 Universal, Targeted and Specialist Substance Misuse Services

\textsuperscript{14} Health Advisory Service [HAS]: (1996) \textit{Children and Young People substance misuse services: the substance of young needs}; (2001) \textit{The substance of young needs review 2001}
\textsuperscript{15} National Treatment Agency [NTA] (2008) \textit{Guidance on commissioning young people’s specialist substance misuse treatment services}
Table 2.1 A detailed explanation of the four Tiers

<table>
<thead>
<tr>
<th>Tier</th>
<th>What the Tier covers?</th>
<th>Who delivers it?</th>
</tr>
</thead>
</table>
| 1    | ▪ drug and alcohol screening  
      ▪ advice, information and education about different substances  
      ▪ signposting and referral for Tier 2 or Tier 3 interventions  
      ▪ it would not cover doing any further specific interventions around the young person’s substance misuse, but could mean a worker continues to support the young person while they are seeing another worker about their substance misuse. | Refers to universal services available to any young person such as a school nurse, a youth worker or a GP. They work with drug and alcohol issues as part of a broader range of issues dealt with. |
| 2    | ▪ using the drug/alcohol screening or assessment tools  
      ▪ advice and information on drugs and alcohol,  
      ▪ brief interventions to support and help young people identify and make changes in their use of drugs/alcohol and find alternatives  
      ▪ harm reduction advice  
      ▪ making referrals to more specialist services to help a young person with their drug or alcohol use and providing them with the support to access those services  
      ▪ continue to support the young person while they are seeing another worker about their drug/alcohol misuse  
      ▪ relapse prevention work to support a young person once in treatment or once they have been discharged from treatment (Tier 3) | Refers to youth orientated services offered by practitioners with some drug and alcohol experience and youth specialist knowledge. There are many services that this applies to but is essentially those staff whose role allows them to engage with young people to offer these elements. This will include staff working with young people in the voluntary or statutory sectors such as youth workers, counsellors, student support, social workers, some specialist primary care workers, specialist teachers and school nurses etc |
| 3    | ▪ psychosocial interventions such as counselling, CBT or motivational interviewing  
      ▪ harm reduction advice and information  
      ▪ needle exchange  
      ▪ substitute prescribing  
      ▪ detox and rehabilitation | Refers to structured drug and alcohol interventions delivered by specific teams/workers. |
For this assessment the focus is on Tiers 1 and 2. A separate assessment explores those young people in need of Tiers 3 and 4. This can be found at [www.somersetdap.org.uk](http://www.somersetdap.org.uk)

In terms of services, SDAP has commissioned since February 2009 the delivery of substance misuse Tier 2 interventions from a young people’s service.

This was originally commissioned from Somerset County Council via the Local Service Teams (LST) structure and from the Adolescent Intervention Team (referred to as Team 8) where there was a single post to work with Looked After Children. The LSTs were re-structured during 2010/11 and to make best use of the resources available SDAP commissioned the service through the newly established (as of 1st April 2011) Targeted Youth Support Team (TYSS).

The data therefore in this assessment relates to two different sets of data:

- the whole of 2010/11 when Tier 2 substance misuse interventions were delivered by the LSTs and the substance use worker LAC in Team 8
- the six months from 1st April 2011 to September 2011 when Tier 2 substance misuse interventions were delivered by TYSS. In those six months there were named staff delivering the commissioned service and in that time period there was a further restructure of moving to generic roles which included all TYSS staff delivering Tier 2 substance misuse interventions. This means that data analysis for those six months needs to be treated with some caution as it is affected by staff changes and vacancies.

### 2.2 Drug and Alcohol Screening and Assessment tools

Since the last needs assessment in 2010, SDAP have commissioned a new set of tools for staff working with young people at Tiers 1 and 2 to identify drug and alcohol use and respond appropriately. These are based on best practice and
research and our own local experience of a having a tool in place since 2001 called SUST.

In place now are two different but complementary tools: one is about screening and one assessment. Screening is for anyone working at Tier 1; assessment is for anyone working at Tier 2.

Built into both is a dataset that can be used on an ongoing basis to develop a shared understanding of the needs and issues related to drug and alcohol misuse in Somerset; which in turn will inform planning and resource allocation to help young people overcome drug and alcohol use and live healthier lives.

Up until this point the availability of data from sources outside of the substance misuse sector has not been robust enough to accurately calculate the demand for more specialist services. What is clear is that the earlier substance use can be identified and responded to in young people the better. The screening and assessment tools will support a whole range of groups and organisations who work with young people to do just that. This will also allow the specialist Tier 3 and 4 services to work with the most vulnerable and in-need young people with the confidence that there are people (paid staff or volunteers) back in the community when the young person is discharged' from treatment, which can support them.

### 2.3 Tier 2 substance misuse interventions

The analysis that follows look at the caseload in two parts – April 2010 to March 2011 and April – September 2011.

#### 2.3.1 LST Caseload Analysis - April 2010 to March 2011

The total number of young people accessing Tier 2 substance misuse interventions during the period from April 2010 to March 2011 by the Local Service Teams (LST) was 250, spread fairly equally amongst the four areas. Somerset wide the client profile was as follows:

- 62% were male and 38% were female.
- 1.2% were from a non-White British ethnic group

Figure 2.2 demonstrates the age profile of the LST caseload accessing substance use interventions.
Overall for Somerset the largest proportion of clients was aged 15 years old, mirrored in each of the four service areas. In fact over a third of people referred to the service were aged 15.

One in four (28%) were aged 14 yrs and under; with the lowest age accessing the service as 12 years. This is a reflection of the target age group for the service, rather than young people 11 yrs and under didn’t have needs. There is no data to indicate what this might be in the county at the moment without consistent screening for drug/alcohol use in services that work with the 11 and under age group.

At an area level there is a generally older age profile in Taunton Deane and West Somerset area compared with Somerset as whole; more than one in four 17 and 18 year olds compared with a county average of one in seven.

South Somerset’s profile is notably younger with 38% % aged 14 yrs and under.

Cannabis is by far the most common primary substance with 71% reporting it as their primary substance (Figure 2.3), followed by alcohol at 19%. Combined alcohol and cannabis accounted for 90% of the primary
problematic substances for young people of all ages accessing the service for help and support in 2010/11.

This remains a consistent profile of substances used by young people in Somerset that has been seen for the last few years.

Mephedrone and volatile substances/solvents were the only other substances to be reported on more than two occasions; 8 people (3.2%) citing volatile substances/solvents as their primary substance and 11 (4.2%) people citing mephedrone as their primary substance.

Figure 2.3 Number of young people (all ages) engaged with the service April 2010 to March 2011 by area and main problematic substance

*Spelling of reported drug was ambiguous – working assumption is that it was meant to be mephedrone.

Of the 250 caseload, 126 were referrals in year and of these only four cases remained opened at 31st March 2011. This service received
referrals from a wide range of agencies across Somerset including self referrals and referrals from parents/carers.

The largest proportion of referrals came from Children’s Social Care services including YOT (35%), followed by schools including school nurses (23%). Two other significant areas were young people self referrals 21% and parents/carers 7%.

2.3.2 TYSS Caseload Analysis - April to September 2011

The total number of young people accessing Tier 2 substance misuse interventions during the period April to September 2011 from the TYSS was 146; 64 of which remain as open cases at the end 30th September.

With the change in service provider, TYSS age range changed to 13-19 with the option, in certain circumstances linked to transition or complexity of needs, up to their 25th birthday. The age range of the 146 young people included in the TYSS referral and client dataset is 11 to 21 years of age. Of these, 132 were aged 17 and under. Not all of the caseload data supplied can be broken down to look at ‘17 and under’ only. Therefore, some of the analysis below relates to the full caseload (i.e. ‘all ages’) and is indicated as such.

Of the 146 clients:

- There has been an increased gender split compared to 2010/11 caseload; 72% male in the 6 month period April to September 2011 compared to 62% in 10/11 (28% female compared to 38% were female).
- The percentage of clients who are non-White British remains very small (1%)
- One in three were aged 15 but more than one in four (28%) were younger, so a similar age profile to that of 2010-11

Figure 2.4 demonstrates the age profile of the TYSS caseload accessing substance use interventions. In the county as a whole, the client profile has become older, with almost half aged 16 or above, compared with about one in three in 2010-11.

Overall for Somerset the largest proportion of clients remains those aged 15 years old (one in four), but only in Mendip and Sedgemoor. In Taunton Deane & West Somerset the most common is the 17 year-old group. As before, South Somerset’s client age profile tends to be younger than the other areas.
Almost one in ten cases (14) were aged 18 or more at the time of referral, more than the number referred in the whole of 2010-11. Please also note that four of the cases had no valid date of birth recorded.

Figure 2.4 Age profile of TYSS substance use caseload aged 21 and under by service area

Source: TYSS data supplied to PIU

NB: Age refer to the individual's age at the time of referral
NB: Percentages in each column do not always add up to exactly 100% because of rounding.

As in the previous 12 months, cannabis remains the most common primary substance with 65% of the young people accessing substance misuse support reporting it as the main substance used; followed by alcohol 19% (Figure 2.5)

Combined, cannabis and alcohol are the primary problematic substances of 84% of young people accessing substance misuse support from TYSS, in line with the 90% figure for 2010-11. For some time now the profile of substances used amongst young people in Somerset has been centred on alcohol or cannabis, either in combination or in isolation, and this data reaffirms this. So far this year, mephedrone has been less prevalent amongst referrals than in 2010-11.
Figure 2.5 Number of young people (all ages) engaged with the service April-September 2011 by area and main problematic substance.

The number of new referrals made to the TYSS since April 2011, was 112 persons (with an age range of 11-21 years). The most common sources of referrals were the Youth Offending Team and Schools/Colleges; these referral sources accounted for more than half of all referrals (Table 2.3)
Table 2.3 A summary of referral sources to the TYSS, April-September 2011 compared with LST 2010/11.

<table>
<thead>
<tr>
<th>Source</th>
<th>Number</th>
<th>Apr-Sep %</th>
<th>2010-11 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOT</td>
<td>34</td>
<td>30%</td>
<td>2%</td>
</tr>
<tr>
<td>School/College</td>
<td>25</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td>Children's Social Care</td>
<td>16</td>
<td>14%</td>
<td>50%</td>
</tr>
<tr>
<td>Self Referral</td>
<td>9</td>
<td>8%</td>
<td>21%</td>
</tr>
<tr>
<td>CAMHS</td>
<td>7</td>
<td>6%</td>
<td>-</td>
</tr>
<tr>
<td>Parent/Carer</td>
<td>5</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>Pupil Referral Unit</td>
<td>4</td>
<td>4%</td>
<td>-</td>
</tr>
<tr>
<td>Parent &amp; Family Support Advisor</td>
<td>3</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Tier 3 Services</td>
<td>2</td>
<td>2%</td>
<td>-</td>
</tr>
<tr>
<td>Frank</td>
<td>1</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td>GP</td>
<td>1</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Paragon Training</td>
<td>1</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td>Personal Advisor</td>
<td>1</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Police</td>
<td>1</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td>Reach</td>
<td>1</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td>Somerset Direct</td>
<td>1</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>YIP</td>
<td>-</td>
<td>-</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>-</td>
<td>8%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>112</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Compared with 2010-11, there has been a notable drop in the number of referrals from young people themselves, but a substantial rise in the proportions referred by the Young Offender Team and Children’s Social Care. This can be explained by the restructured County Council children & young people service teams, the alignment of TYSS with YOT under a single management structure and the changes to referral criteria which is now less focussed on self referral because of the ‘targeted’ approach of the workers.

### 2.3.3 Outcomes

As part of the performance framework, SDAP commissioners identified one of the key outcomes of the service to be a reduction in use of alcohol and the misuse of illicit drugs and volatile substances of those young people on the caseload of the service – whether delivered by the LST or TYSS.

This proved to be a challenge for the LST to ensure that a consistent approach was taken to evidence reduction in use. The exits and outcomes...
data available in 2010/11 when the LST was delivering the service is limited and what there is has not been recorded consistently. Moreover in many instances it is the worker’s perception of change in use and therefore cannot be validated. In the first 6 months of the service being delivered by TYSS this situation has not changed enough to make it worth analysing the data as it would need to be treated with extreme caution.

From April 2012 commissioners have introduced an agreed set of measures against outcomes which can be validated e.g. where alcohol is the primary substance used, the AUDIT score at start and exit will be the measure of change; this has been as a result of the work on the screening and assessment tools. In the future not only will there be a more consistent set of activity data from the Tier 2 substance misuse service and those other agencies delivering Tier 2 drug and alcohol interventions like the FE colleges; there will also be a common set of outcomes. These will cover:

- Reduction in young people’s use/misuse of alcohol on exit (measured by change in AUDIT score between entry and exit)
- Reduction in young people’s use/misuse of cannabis on exit (measure by change in CUDIT score between entry and exit)
- Reduction in young people’s use/misuse of illicit drugs and volatile substances on exit (measured by change between entry and exit).
- Plus data on substance profile for each young person at start and exit covering substances used, frequency & routes to assess change

### 2.3.4 Location of clients – understanding risk and deprivation by area

#### Caseload and referrals by District

The proportion of all Tier 2 service users in Somerset in Mendip has dipped since 2009-10 (Table 2.4). In contrast, the proportion coming from South Somerset has increased, especially since April 2011 when about two in five individuals on the caseload have been in this district.

<table>
<thead>
<tr>
<th>District</th>
<th>2009-10*</th>
<th>2010-11</th>
<th>Apr -Sep 2011</th>
<th>2009-10</th>
<th>Combined Apr 10-Sep 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mendip</td>
<td>69</td>
<td>60</td>
<td>30</td>
<td>33</td>
<td>24</td>
</tr>
<tr>
<td>Sedgemoor</td>
<td>46</td>
<td>60</td>
<td>22</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>South Somerset</td>
<td>43</td>
<td>58</td>
<td>54</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Taunton Deane</td>
<td>48</td>
<td>50</td>
<td>21</td>
<td>23</td>
<td>19</td>
</tr>
<tr>
<td>West Somerset</td>
<td>5</td>
<td>11</td>
<td>6</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>211</td>
<td>239</td>
<td>133</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Combines LST Tier 2 and On the Level (old name for the young people’s Tier 3) service users
As for referrals, the fall since 2009-10 in the proportion of the county coming from Mendip was more marked, largely the result of very few referrals in 2010-11 (Table 2.5).

Since April, referrals have picked up. Again, the proportion coming from South Somerset has increased, especially since April 2011 when more than two in five referrals have been for individuals in this district.

### Table 2.5 Referral trends by District

<table>
<thead>
<tr>
<th></th>
<th>2009-10</th>
<th>2010-11</th>
<th>Apr -Sep 2011</th>
<th>2009-10 %</th>
<th>Combined Apr 10-Sep 11 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mendip</td>
<td>56</td>
<td>10</td>
<td>30</td>
<td>35</td>
<td>19</td>
</tr>
<tr>
<td>Sedgemoor</td>
<td>36</td>
<td>27</td>
<td>11</td>
<td>23</td>
<td>18</td>
</tr>
<tr>
<td>South Somerset</td>
<td>33</td>
<td>24</td>
<td>41</td>
<td>21</td>
<td>31</td>
</tr>
<tr>
<td>Taunton Deane</td>
<td>31</td>
<td>39</td>
<td>14</td>
<td>19</td>
<td>25</td>
</tr>
<tr>
<td>West Somerset</td>
<td>3</td>
<td>13</td>
<td>4</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>159</td>
<td>113</td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NB: Totals exclude those for which no valid Somerset postcode was recorded. This is around 10% of the total.

The marked changes in caseload and referrals are in part due to the restructuring within Somerset County Councils Children and Young People’s Directorate which led to the ending of LSTs and the creation of the TYSS. The consequences of this meant staff vacancies in the LSTs which in turn affected referrals and caseloads. Further there has been maternity leave in the Mendip area in 2010/11 and vacancies in the first 6 months of 2011/12. It is not until January 2012 that the staffing in TYSS has settled and enabled the service to be delivered by generic staff rather than four specific staff dealing with substance misuse covering a whole area.

Maps showing the location of referred individuals are provided in Appendix A.

- **Targeting the most vulnerable areas**

The 2009 Somerset Young People’s Substance Misuse Needs Assessment\(^\text{16}\) considered the Index of Multiple Deprivation (IMD 2007) which is calculated at Lower Super Output Area (LSOA) level to identify those areas experiencing the highest level of deprivation, including social exclusion. The report then also selected four indicators which are risk

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\(^{16}\) ‘Somerset Young People’s Substance Misuse Needs Assessment’, Somerset DAAT, November 2009.
factors for substance misuse – Children in Need, Young Offenders, NEETS and Pupil Absenteeism – and identified 5 LSOAs in Somerset which contained the highest concentration of young people experiencing one or more risk factors for substance misuse. These were:

- Taunton Deane 009E – Taunton Halcon (North)
- Sedgemoor 008C – Bridgwater Sydenham (Central)
- Taunton Deane 009D – Taunton Halcon (West)
- South Somerset 013C – Yeovil West (Freedom Avenue Area)
- Sedgemoor 005C – Highbridge (West)

These 5 LSOAs are also in the list of the most deprived.

The 2010 Young People’s Needs Assessment identified that the services up to March 2010 had received very few referrals from these five areas, suggesting that the pattern of referral to substance misuse services did not correlate with that expected. Analysing service user residence by ‘at risk’ LSOAs again saw very few young people accessing substance misuse services from the top five ‘at risk’ LSOAs. One of the objectives for the change in commissioned service with the TYSS was to redress the balance and reach more vulnerable young people in these particular communities.

For 2010-11 and April-September 2011, we have used the IMD 2010 data to identify the most deprived LSOAs; that is, the ones in the top 20% for the whole country. These fourteen LSOAs are listed in Appendix A, along with the details of referrals by ‘at risk’ and ‘most deprived’ LSOA and maps showing the geographical distribution of referrals in each period.

In 2009-10, LST Tier 2 referrals were around four times as likely to come from the most deprived parts of Somerset and three times as likely to come from the five ‘at risk’ areas (shown as indices in Table 2.6). The relative figures rose slightly in 2010-11 and dipped since April 2011. Therefore, overall there appears to be little evidence of the new service reaching those young people in the most deprived areas more successfully than before. However, these figures should be treated with caution because of the small numbers involved, especially in the latest six-month period.
Table 2.6 Numbers and rates of referrals by ‘at risk’ and most deprived area

<table>
<thead>
<tr>
<th></th>
<th>2009-10</th>
<th></th>
<th>2010-11</th>
<th></th>
<th>Apr-Sep 2011</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of referrals</td>
<td>Rate per 1,000 pop’n</td>
<td>No. of referrals</td>
<td>Rate per 1,000 pop’n</td>
<td>No. of referrals</td>
<td>Rate per 1,000 pop’n</td>
</tr>
<tr>
<td>‘At Risk’ LSOAs</td>
<td>8</td>
<td>1.0</td>
<td>8</td>
<td>1.0</td>
<td>4</td>
<td>0.5</td>
</tr>
<tr>
<td>Most Deprived LSOAs</td>
<td>25</td>
<td>1.2</td>
<td>19</td>
<td>0.9</td>
<td>11</td>
<td>0.5</td>
</tr>
<tr>
<td>Somerset Total</td>
<td>159</td>
<td>0.3</td>
<td>113</td>
<td>0.2</td>
<td>100</td>
<td>0.2</td>
</tr>
<tr>
<td>‘At risk’ rate as index against Somerset</td>
<td>340</td>
<td>460</td>
<td>270</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘Most deprived’ rate as index against Somerset</td>
<td>400</td>
<td>410</td>
<td>280</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Somerset DAP/ IMD 2010/Partnership Intelligence Unit

2.3.5 Looked After Children (LAC)

Between June 2009 and June 2010, 23 ‘looked after children’ (LAC) accessed the Targeted Substance Misuse Worker (TSMW) for LAC. Just under half of the children lived in residential care homes. With such small numbers it is difficult to analyse the profiles with any confidence, so this section focuses on the overall Team 8 caseload between June 2009 and March 2011. A total of 64 individuals used the service, of whom seven would appear to have been referred more than once in this period (based on identical age and gender -postcodes can change because of transfers). Most (55%) were male, a slightly smaller proportion than for service users accessing the TSMS (Table 2.7). The LAC profile was similar to that of the LST caseload but with a relatively high proportion of 14 year-olds.

Table 2.7: Profile of Team 8 Looked After Children cases

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>LAC Total</th>
<th>LAC %</th>
<th>LST 2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>13</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>14</td>
<td>7</td>
<td>12</td>
<td>20</td>
<td>31%</td>
<td>17%</td>
</tr>
<tr>
<td>15</td>
<td>10</td>
<td>11</td>
<td>21</td>
<td>33%</td>
<td>37%</td>
</tr>
<tr>
<td>16</td>
<td>8</td>
<td>4</td>
<td>13</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>17</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3%</td>
<td>11%</td>
</tr>
<tr>
<td>18</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>29</td>
<td>64</td>
<td>100</td>
<td>64</td>
</tr>
</tbody>
</table>

Source: Somerset DAP

NB: Where they appear more than once, the age at the time of the latest referral has been used.
The available data indicates a younger profile of LAC seeking support for substance use from the Tier 2 worker than is seen in the wider Local Service Team (LST) cohort. National research on risk factors for substance misuse identifies being ‘looked after’ by the local authority as a risk factor. As such staff working with this group will be more conscious of the need to intervene early which accounts for the main referral source being the Residential Support Worker.

Five of the looked after children clients (8%) were from non-White British ethnic categories, compared with three in contact with a LST during 2009-10. The majority of LAC service users had more than one problematic substance. Alcohol and cannabis were the most commonly presented substances (Table 2.8)

Table 2.8: All Substances used by TSMW Looked After Children service users.

<table>
<thead>
<tr>
<th>Substance</th>
<th>LAC %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>65%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>58%</td>
</tr>
<tr>
<td>Volatile substances</td>
<td>30%</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>10%</td>
</tr>
<tr>
<td>Mephedrone</td>
<td>7%</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>6%</td>
</tr>
<tr>
<td>Pills (unspecified)</td>
<td>3%</td>
</tr>
<tr>
<td>Ketamine</td>
<td>3%</td>
</tr>
<tr>
<td>Heroin</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: Somerset DAP, June 2009 to March 2011

Focussing on the primary substances, alcohol and cannabis were the most common. However, alcohol and volatile substances are more likely to be the primary problematic substance amongst this group than TSMS service users, amongst whom cannabis was dominant (Table 2.9).
Table 2.9: Primary Substances used by TSMW Looked After Children service users.

<table>
<thead>
<tr>
<th>Substance</th>
<th>LAC Number</th>
<th>LAC %</th>
<th>TSMW %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>19</td>
<td>29%</td>
<td>19%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>19</td>
<td>29%</td>
<td>69%</td>
</tr>
<tr>
<td>Volatile substances</td>
<td>15</td>
<td>23%</td>
<td>3%</td>
</tr>
<tr>
<td>Mephedrone</td>
<td>4</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>3</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>Pills (unspecified)</td>
<td>2</td>
<td>3%</td>
<td>-</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>1</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Ketamine</td>
<td>1</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Heroin</td>
<td>1</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td>Cocaine/Mephedrone</td>
<td>0</td>
<td>-</td>
<td>3%</td>
</tr>
</tbody>
</table>

Source: Somerset DAP, June 2009 to March 2011.

- Effectiveness of LAC intervention

Including individuals in contact more than once, in 32 cases (44%) substance use was considered to have been reduced by the time of closure. All bar one of the repeat referrals were not thought to have reduced their substance misuse at closure.

However, a majority (41 cases) were thought to have had their harm minimised when their case was closed.
**Key findings from section 2.4:**

- Most young clients receiving Tier 2 interventions are male, and since April 2011, the male proportion of Targeted Youth Support Service (TYSS) caseload has risen to 72%.

- Amongst Looked After Children (LAC), the male to female ratio is more even.

- In the April-September 2011 period, TYSS worked with 146 young people, of which most (82) had their cases closed. The most common age for Tier 2 interventions in both 2010-11 and post-April 2011 is fifteen, but clients range from 12 to 21.

- LAC clients tend to be slightly younger, possibly because residential staff are likely to be more aware of the issue and therefore make referrals sooner.

- Cannabis is by far the most common primary substance used by young clients of LST/TYSS, with around two-thirds saying they used it.

- Amongst Looked After Children, alcohol is at least as prevalent, and almost one in three report an issue with ‘volatile substances’ (such as glue or lighter fuel). Most Team 8 clients had more than one problematic substance.

- In 2010-11, the main referral sources for the Local Service Team clients were schools, self-referrals and Residential Support Workers. However, under TYSS from April 2011, there was a drop in the latter two and a considerable increase in referrals from the Youth Offending Team and Children’s Social Care. The differences in the referral sources between 2010-11 LST service and April-September 2011 TYSS service, reflects the changes in wider structures/organisations and commissioning intent. Specifically it reflects changes to referral criteria which is now more focussed on a ‘targeted’ approach than open to anyone that presents.

- Evaluating success in terms of reduction in substance use at exit is currently difficult because of the small numbers and also inconsistency in reporting and definition.

- Though referrals are three to four times more likely to come from the most deprived localities in Somerset, including the five identified as having factors which make young people more at risk of substance misuse, overall there appears to be little evidence of the change in the commissioned services for Tier 2 substance misuse reaching those young people in the most deprived areas more successfully than before April 2011 in terms of targeting young
people from ‘at risk’ areas.

**Implications for future commissioning from section 2.4:**

1. Since Tier 2 substance misuse services were commissioned in Somerset, the provision has been subject to multiple changes as a consequence of both wider children’s services re-organisation and the reductions in local funding available. The current service has secure funding to 31st March 2013 which means that the final year is a key one for ensuring a robust data set is in place to assess impact and outcomes from this tier of work. As such compliance with the minimum dataset linked to the new tools will be critical. Commissioners will need to ensure that there is a clear process for contract review of this service.

2. There is an opportunity to ensure that the Tier 2 drug and alcohol interventions form part of the delivery by providers commissioned as part of the Somerset youth housing strategy – pathways to independence. This group of providers need to be targeted as part of the roll out of the tools and associated dataset to ensure that staff are confident and competent to respond to young people’s use as early as possible.

3. The longer term future of Tier 2 substance misuse interventions will be considered as part of the work to review and commission an integrated single pathway for young people’s and adults.
2.4 Youth Offending Team

A range of data is available from Somerset Youth Offending Team (YOT) adds a different perspective to assessing potential service demand from both Tier 2 and Tier 3 substance misuse services. Since April 2011 Somerset YOT has ceased to employ its own substance misuse workers. The 2010/11 data relates to four areas: client demography, offences committed, outcomes for offenders, and clients with ASSET score of 2 or more

2.4.1 Client Profile

There were a total of 1793 offences recorded, committed by 586 individuals, aged under 18 years between April 2010 and March 2011. Of those 586 individuals:

- 72% were male
- Just over one in three was aged 17 (35%).
- One in seven (15%) were from a Non-White British ethnic group

Figure 2.8 Age profile of YOT clients aged under 18 years

15% of YOT clients were from an ethnic group other than the White British category, roughly twice the population average. After White British, White Irish and White 'unspecified' formed the second largest group (9%). Mixed ethnic groups were the next most represented at 3%. All other ethnic groups accounted for just 3% of the population of Young Offenders (fewer than 20 individuals).
This profile is significantly different from the ethnicity profile of young people accessing Tier 2 substance misuse services either with LST or TYSS. This will need monitoring to ensure that these young people when appropriate are being referred and are accessing Tier 2 substance misuse interventions.

2.4.2 Offence Profile

A range of alcohol and drug related offences fall into the three categories of ‘Drugs’, ‘Public Order’ and ‘Motoring’. These offence types account for 5.4% of all offences committed by young people aged 17 and under.

The most common offence of YOT clients was possession of a Class B Drug, with 81% of all offences. Drunk and disorderly came along way behind (Figure 2.9)

Figure 2.9 The proportions of the drug and alcohol related offences committed by YOT clients in 2010-11.

Source: Somerset Youth Offending Team, 2010-11

The largest proportion of offences was committed in the Taunton Deane district; with almost one in three of the offences, Taunton Deane has more than would be expected given its share of Somerset’s under-18 population (Figure 2.10). South and West Somerset have proportionally few YOT offences.
Figure 2.10 Proportions of offences committed within each of the five Districts, compared with the population profile for Somerset

![Proportions of offences committed within each of the five Districts, compared with the population profile for Somerset](image)

Source: Youth Offending Team 2010-11, NHS/ONS population estimates 2010

NB: The data excludes 420 YOT clients for whom no district information was given.

### 2.4.3 Outcomes

The following table shows a summary of the offence outcomes for all under 18s offences and compares them to the outcomes for Drug and Alcohol related offences by under 18s.

Appendix B shows for drug and alcohol related offences, compared to all offences, young offenders are **more** likely to have the following outcomes (in blue):

- Disqualified from driving
- Forfeiture order
- Victim Surcharge
- Detention and Training Order
- Conditional Discharge
- Costs
- Police Reprimand

And **less** likely than ‘all’ offences to have the following outcomes (in yellow):

- No further action
- Referral Order Extension
- Compensation Order
- Order Revoked
- Referral Order
2.4.4 ASSET Score of 2 or more

ASSET is a structured assessment tool that is used by YOTs on all young offenders who come in contact with the criminal justice system. It aims to examine the young person’s offending and identify the risk factors associated with that behaviour. It can be used to identify a young person’s needs so that they can be addressed over time as well as measuring changes in those needs and risk of re-offending over time.

The assessment results in a score between 1 and 4. The higher the ASSET score, the greater is the risk of the individual re-offending.

The total number of YOT clients with an ASSET score of 2 or more for drugs/alcohol is 148 individuals.

Of these, 72% (107 people) had a score of 2, 20% (29) a score of 3 and 8% (12) a maximum score of 4. Where clients have more than one ASSET score, the most recent score is used. Currently the data available does not allow us to understand what (if any) tier of substance misuse intervention these young people received and the outcome associated with it. This needs to be addressed with the YOT in 2011/12.

**Key findings from section 2.5:**

- YOT clients have a similar gender profile to those TYSS work with: 72% are male.
- YOT clients are older than those with TYSS and Team 8. One in three are aged 17.
- They are also more likely than other client groups to be from a non-White British ethnic category.
- Those in the Taunton Deane/West Somerset area are typically older than the county average.
- Four in five YOT clients had been arrested for Possession of a Class B drug.
- One in three offences had been committed in the Taunton Deane/West Somerset area, more than might be expected given the age profiles of the districts.
In one in three cases for under-18s where drugs and/or alcohol were involved in Somerset, the outcome was a police caution, whereas for all offences by under-18s, it was a Youth Rehabilitation Order.
APPENDIX A

Geographic breakdown of Tier 2 substance misuse referrals
At risk LSOAs in **bold**.

### April 2010 to March 2011

<table>
<thead>
<tr>
<th>LSOA Code</th>
<th>LSOA Description</th>
<th>Pop'n</th>
<th>No. of service users</th>
<th>Rate per 1,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>E01029062</td>
<td>Shepton East (W)</td>
<td>1,429</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>E01029100</td>
<td>Bridgwater Hamp (E)</td>
<td>1,417</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>E01029105</td>
<td>Bridgwater Quantock (SE)</td>
<td>1,507</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>E01029106</strong></td>
<td><strong>Bridgwater Sydenham (Cent)</strong></td>
<td><strong>1,586</strong></td>
<td><strong>3</strong></td>
<td><strong>1.9</strong></td>
</tr>
<tr>
<td>E01029107</td>
<td>Bridgwater Sydenham (E)</td>
<td>1,490</td>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td>E01029109</td>
<td>Bridgwater Sydenham (N)</td>
<td>1,398</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>E01029132</strong></td>
<td><strong>Highbridge South (W)</strong></td>
<td><strong>1,418</strong></td>
<td><strong>1</strong></td>
<td><strong>0.7</strong></td>
</tr>
<tr>
<td>E01029234</td>
<td>Yeovil Central (Town Centre)</td>
<td>1,797</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>E01029239</td>
<td>Yeovil East (SW)</td>
<td>1,557</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>E01029247</strong></td>
<td><strong>Yeovil West (NW)</strong></td>
<td><strong>1,618</strong></td>
<td><strong>2</strong></td>
<td><strong>1.2</strong></td>
</tr>
<tr>
<td>E01029292</td>
<td>Taunton Halcon (W)</td>
<td>1,544</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>E01029293</strong></td>
<td><strong>Taunton Halcon (N)</strong></td>
<td><strong>1,665</strong></td>
<td><strong>1</strong></td>
<td><strong>0.6</strong></td>
</tr>
<tr>
<td>E01029297</td>
<td>Taunton Lyngford (N)</td>
<td>1,277</td>
<td>2</td>
<td>1.6</td>
</tr>
<tr>
<td>E01029344</td>
<td>Williton (N)</td>
<td>1,183</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>14 most deprived LSOAs</strong></td>
<td><strong>20,886</strong></td>
<td><strong>19</strong></td>
<td><strong>0.9</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Somerset overall</strong></td>
<td><strong>525,200</strong></td>
<td><strong>113</strong></td>
<td><strong>0.2</strong></td>
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</tr>
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Source: Somerset DAP/ONS Mid-year estimates 2009

### April 2011 to September 2011

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<td>3.2</td>
</tr>
<tr>
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<td><strong>11</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Somerset overall</strong></td>
<td><strong>525,200</strong></td>
<td><strong>100</strong></td>
<td><strong>0.2</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: Somerset DAP/ONS Mid-year estimates 2009
Service User referrals: Countywide

April 2010 to March 2011

April 2011 to September 2011

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‘At Risk’, Most Deprived LSOAs and Service User referrals: Taunton

Key: **Red** area – ‘at risk’ LSOA, **Striped** area – most deprived LSOA, **Blue triangle** – service user

**April 2010 to March 2011**

**April 2011 to September 2011**
‘At Risk’, Most Deprived LSOAs and Service User referrals: Yeovil

Key: Red area – ‘at risk’ LSOA, Striped area – most deprived LSOA, Blue triangle – service user

April 2010 to March 2011

April 2011 to September 2011

As in 2009-10, there are clusters in Yeovil’s most deprived LSOAs.
‘At Risk’, Most Deprived LSOAs and Service User referrals: Bridgwater

Key: Red area – ‘at risk’ LSOA, Striped area – most deprived LSOA, Blue triangle – service user

April 2010 to March 2011

April 2011 to September 2011

So far in 2011-12, there are no referrals from the most vulnerable areas in Bridgwater.
‘At Risk’, Most Deprived LSOAs and Service User referrals: Highbridge

Key: Red area – ‘at risk’ LSOA, Striped area – most deprived LSOA, Blue triangle – service user

April 2010 to March 2011

April 2011 to September 2011
‘At Risk’, Most Deprived LSOAs and Service User referrals: Williton

Key: Red area – ‘at risk’ LSOA, Striped area – most deprived LSOA, Blue triangle – service user

April 2010 to March 2011

April 2011 to September 2011
‘At Risk’, Most Deprived LSOAs and Service User referrals: Shepton Mallet

Key: Red area – ‘at risk’ LSOA, Striped area – most deprived LSOA, Blue triangle – service user

April 2010 to March 2011

April 2011 to September 2011

Since April 2011, there has been only one referral from Shepton Mallet.
### APPENDIX B

#### SUMMARY OF OUTCOMES FOR ALL OFFENCES BY UNDER-18s

*NB: please treat figures with caution as the number of offences can be very small*

<table>
<thead>
<tr>
<th>Outcome</th>
<th>All</th>
<th>All %</th>
<th>Drug &amp; Alcohol related</th>
<th>Drug &amp; Alcohol related %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation Order (Parent)</td>
<td>1</td>
<td>0.1%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Driving Licence Endorsed</td>
<td>1</td>
<td>0.1%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Order Varied</td>
<td>1</td>
<td>0.1%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Section 226 (Public protection)</td>
<td>1</td>
<td>0.1%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Action Plan Order</td>
<td>2</td>
<td>0.1%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Bound Over</td>
<td>2</td>
<td>0.1%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Curfew Order</td>
<td>3</td>
<td>0.2%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>No Separate Penalty</td>
<td>3</td>
<td>0.2%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sex Offender Order Logged</td>
<td>4</td>
<td>0.2%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>YRO - ISS</td>
<td>4</td>
<td>0.2%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Supervision Order</td>
<td>5</td>
<td>0.3%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Disqualified from Driving</strong></td>
<td>6</td>
<td>0.3%</td>
<td>1</td>
<td>1.0%</td>
</tr>
<tr>
<td><strong>Forfeiture Order</strong></td>
<td>7</td>
<td>0.4%</td>
<td>6</td>
<td>6.3%</td>
</tr>
<tr>
<td>Penalty Points (Motoring)</td>
<td>9</td>
<td>0.5%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Absolute Discharge</td>
<td>11</td>
<td>0.6%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Reparation Order</td>
<td>13</td>
<td>0.7%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Victim Surcharge</strong></td>
<td>18</td>
<td>1.0%</td>
<td>2</td>
<td>2.1%</td>
</tr>
<tr>
<td>No Further Action</td>
<td>21</td>
<td>1.2%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Detention and Training Order</strong></td>
<td>26</td>
<td>1.5%</td>
<td>2</td>
<td>2.1%</td>
</tr>
<tr>
<td><strong>Fine</strong></td>
<td>27</td>
<td>1.5%</td>
<td>2</td>
<td>2.1%</td>
</tr>
<tr>
<td>Order to Continue</td>
<td>41</td>
<td>2.3%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Referral Order Extension</td>
<td>52</td>
<td>2.9%</td>
<td>1</td>
<td>1.0%</td>
</tr>
<tr>
<td><strong>Conditional Discharge</strong></td>
<td>64</td>
<td>3.6%</td>
<td>8</td>
<td>8.3%</td>
</tr>
<tr>
<td>Costs</td>
<td>70</td>
<td>3.9%</td>
<td>13</td>
<td>13.5%</td>
</tr>
<tr>
<td>Compensation Order</td>
<td>155</td>
<td>8.6%</td>
<td>1</td>
<td>1.0%</td>
</tr>
<tr>
<td>Order Revoked</td>
<td>176</td>
<td>9.8%</td>
<td>3</td>
<td>3.1%</td>
</tr>
<tr>
<td>Referral Order</td>
<td>206</td>
<td>11.5%</td>
<td>7</td>
<td>7.3%</td>
</tr>
<tr>
<td>Final Warning</td>
<td>227</td>
<td>12.7%</td>
<td>7</td>
<td>7.3%</td>
</tr>
<tr>
<td>Police Reprimand</td>
<td>253</td>
<td>14.1%</td>
<td>30</td>
<td>31.3%</td>
</tr>
<tr>
<td>Youth Rehabilitation Order (YRO)</td>
<td>384</td>
<td>21.4%</td>
<td>13</td>
<td>13.5%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1793</td>
<td>100.0%</td>
<td>96</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: Somerset Youth Offending Team April 2010-March 2011