

Young People's Substance Misuse Needs Assessment 2011

Part 2: An Overview of Young People in Treatment for Substance Misuse in Somerset

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

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Foreword

This assessment is the second of two documents that form Somerset Drug & Alcohol Partnership's (SDAP) Young People's Substance Misuse Needs Assessment for 2011. Compared to 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 in Somerset (Tier 3 and Tier 4) comparing 2010/11 data against the first 6 months of 2011/12 and our statistical neighbours. 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 a 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 from 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

Introduction

Part Two of the 2011 young people's substance misuse needs assessment is an analysis of young people in drug and alcohol treatment services, comparing 2010/11 to the first six months of 2011/12, and with Somerset's statistical neighbours.

The 2010 needs assessment had identified that future 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 to ensure young people are accessing support and help when needed. Having re-specified with the provider the service to be delivered, this assessment particularly wanted to explore the impact of this and inform the wider system redesign as part of the move to operate a single pathway across young people and adults in need of support with drug and/or alcohol problems.

Key Findings

1. Nationally the number of young people accessing specialist treatment for substance misuse has fallen by 6.7% since 2009-10. The NTA surmises that this is because drug use amongst young people is declining, as seen by other NHS research.
2. In Somerset the number of young people accessing drug and alcohol treatment services continue to be small as a proportion of all young people, especially so when compared to similar areas. The total number in treatment in 2010/11 was 74 individuals, with 43 new young people entering treatment, as compared to mean average of 184.5 by our statistical neighbours.
3. Over the last two years the profile of young people accessing treatment appears to be changing. There is a shift from more young women accessing support for their substance use to more young men. This shift in the gender profiles brings Somerset closer to the expectations set by its statistical neighbours.
4. The ethnicity profiles were as expected with a high proportion of young people from a White ethnic background, a trend shared within the similar partnerships. However, the categories used nationally are not sensitive enough to allow for an understanding of the 'White' profile as it incorporates White British, White Irish and White other into one.
5. In comparison with other areas, Somerset appears to have an exceptionally high proportion of young people both new to and in treatment aged 17 years old;

while conversely a smaller proportion of 14 year olds and under. This increase continues into 2011/12.

6. The primary substance for young people accessing treatment in Somerset was 'Other stimulants' which represented a much higher proportion of young people entering treatment than nationally and all of the statistical neighbours (the only exception being Shropshire). The proportion of those whose primary substance was cannabis and/or alcohol on the other hand, was much smaller in Somerset for 2010/11. This marks a shift for Somerset, as past needs assessments have shown alcohol and cannabis (either as single substances or in combination) being the primary substances used by young people aged 17 and under. Though in terms of numbers alcohol and cannabis increased in the first 6 months of 2011/12, 'Other stimulants' remains significant in the profile. There are some indications of a change in presenting substance use profile when comparing data for 2010/11 and the first 6 months of 2011/12 for young people entering treatment. However, this needs to be treated with some caution as numbers (for the latter period especially) are small.
7. There is an emerging shift in the pattern of referrals between 2010/11 and 2011/12. Data indicates increasingly more young people being referred to treatment by health and mental health services as opposed to self referral and children and families' services and YOT. The reduction in self referral is explained by the service change since April 2011 when self referral ceased; further the increase in referrals from health and mental health services is explained by the change to the commissioned model where the young people's treatment service became more fully integrated into CAMHS. However it is unclear as to why the children and families' services and YOT referrals are low. This needs investigation to ensure the pathway is clear.
8. Somerset's unplanned discharge rate remains high: as a proportion of the number of people in treatment Somerset is performing well below the national figure and our top two statistical neighbours (Devon and Suffolk). This has been a concern for commissioners for some time.
9. The risk/harm profile of young people entering treatment has allowed Somerset to explore more closely those you are coming into treatment. The assessment looks at both the Somerset profile and comparisons to others. The comparison begins to put our data in context whilst also highlighting a number of areas for discussion with providers, namely:
 - Somerset was more likely to have young people presenting to treatment with either no risk/harms or just one in comparison with the majority of the statistical neighbours.

- While there were a higher proportion of young people with five risk/harms in Somerset, there were no young people with more than five, unlike Devon, Shropshire, Suffolk and Cheshire.
- The CWI comparators had a noticeably higher proportion of clients with a score of 3 than Somerset or its statistical neighbours.
- The comparison between different areas actually suggests that Somerset has relatively fewer people with *poly drug use* and *early onset* than all other areas, despite them being the most common risk/harms in Somerset cohort.
- Somerset has a smaller proportion of risk/harms that are offending than all other areas and fewer NEETs than the CWI comparators. *Higher risk drinkers* were also less common than in most areas.
- However, there are a greater proportion of *opiate and crack users* and *YP is pregnant and/or a parent*, slightly more *LAC* and *YP is involved in self harm* than all comparators, and only Cheshire had a higher proportion of *NFA/unsettled*.

Implications for Commissioning

1. The key issues highlight a number of areas where commissioners need to work with the provider to better understand the situation and identify short term measures to resolve any problems connected to young people's access to, engagement with and successful exit from treatment.
2. Similar to Part 1 of the 2011 needs assessment, 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 confident and competent to deliver drugs and alcohol Tier 1 and 2 interventions to young people within their settings rather than refer to specialist services inappropriately. This is about capacity building to support early intervention.
 - Working with commissioned treatment services to ensure that:
 - they are compliant with the NDTMS data set for young people,
 - the additional local data continues to be supplied to help profile the young people accessing treatment and their use of substances,
 - there is consistent and accurate recording of exits from treatment and the outcomes for those young people,
 - the implementation of the transitions protocol is monitored.

3. The work to establish in 2011/12 the joint working and transitions protocol between young people and adults services needs close attention to ensure that it is consistently operated across and between the two services. This will be increasingly important as more non-substance misuse specific services use the new Somerset drug and alcohol screening and assessment tools (particularly supported housing providers, FE colleges and children's social care).
4. Strategically, commissioners need to ensure that the work is linked into other agendas locally such as Somerset Youth Housing Strategy (pathways to independence), the social exclusion pathway and the troubled families work.
5. SDAP have known for some time that the key commissioning issue for 2012/13 will be the work to review and commission an integrated single pathway for young people and adults. This is the priority for 2012/13.

Section 1 - Substance misuse services in Somerset

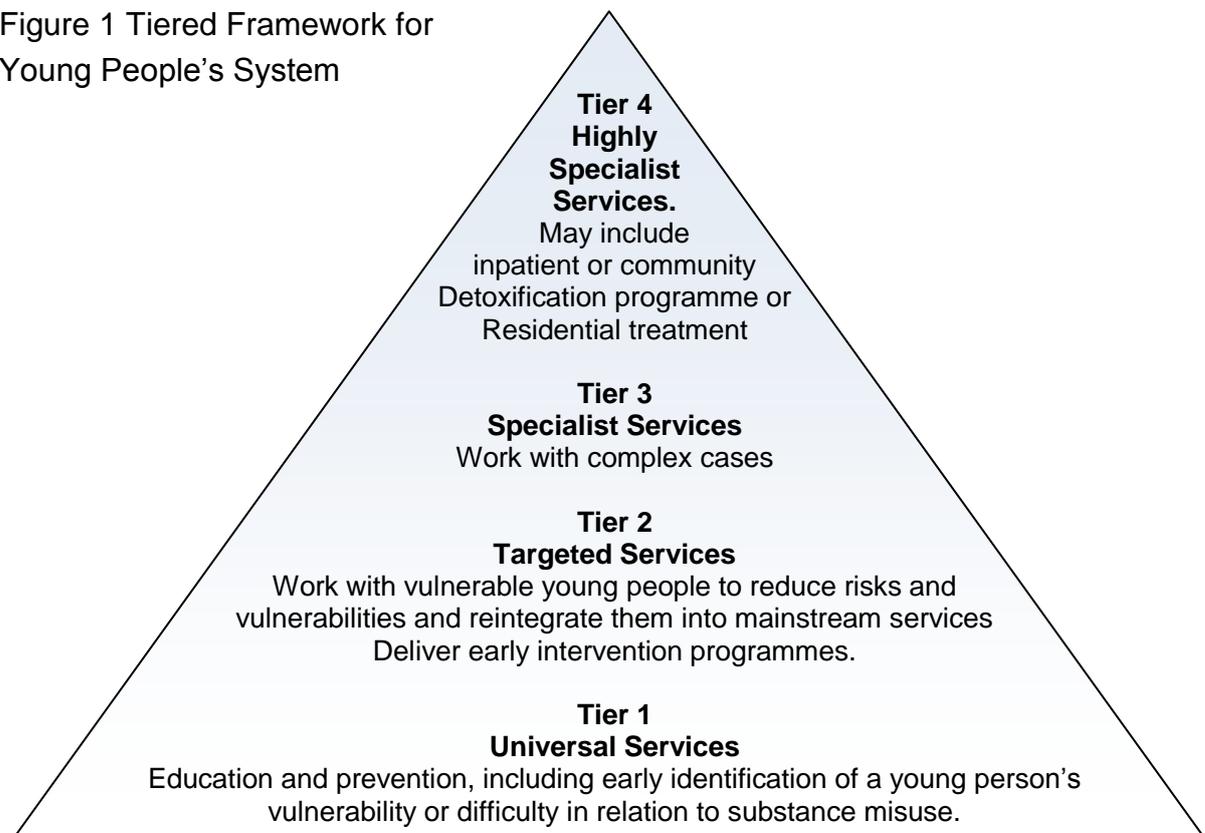
Introduction

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 in response to previous needs analysis. This section also describes the data sources available and the challenges these present to SDAP's understanding of the need for services.

Structure of responses to young people's substance use

There is a national framework^{3,4} for the levels of substance misuse interventions and the following is a summary definition of each level. Figure 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, the more structured and specialist the interventions become and the smaller the number of young people who need to access those interventions.

Figure 1 Tiered Framework for Young People's System



³ Health Advisory Service [HAS]: (1996) *Children and young people substance misuse services: the substance of young needs*; (2001) *The substance of young needs review 2001*

⁴ National Treatment Agency [NTA] (2008) *Guidance on commissioning young people's specialist substance misuse treatment services*

Tier	What the Tier covers?	Who delivers it?
1	<ul style="list-style-type: none"> ▪ 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. 	<p>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.</p>
2	<ul style="list-style-type: none"> ▪ 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) 	<p>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.</p> <p>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</p>
3	<ul style="list-style-type: none"> ▪ psychosocial interventions such as counselling, CBT or motivational interviewing ▪ harm reduction advice and information ▪ needle exchange ▪ substitute prescribing ▪ detox and rehabilitation ▪ relapse prevention 	<p>Refers to structured drug and alcohol interventions delivered by specific teams/workers.</p>

Tier	What the Tier covers?	Who delivers it?
	<ul style="list-style-type: none"> ▪ group work 	
4	<ul style="list-style-type: none"> ▪ referrals to very specialist drug and alcohol services – like in patient detox or residential rehabilitation. 	The Tier 3 services are responsible for making these referrals as these will be part of a package of care/treatment agreed with the young person in a care plan.

For this assessment the focus is on Tiers 3 and 4. The SDAP Young People's Substance Misuse Needs Assessment 2011 Part 1 (exploring those young people in need of Tier 1 and 2 services) can be found at www.somersetdap.org.uk.

Who provides Tier 3 and 4 substance misuse services in Somerset?

Specialist substance misuse services for young people in Somerset have existed in a variety of forms since 1997. Since the outset a small team of staff have been part of Somerset Partnership NHS Foundation Trust. It has undergone numerous changes and is now commissioned as a service within the Trust managed as part of CAMHS. In the past it was known as On the Level; it is now referred to as the Substance Misuse Service (SMS) CAMHS.

The aim of the service is to enable all individuals who present to the service with substance misuse problems to overcome them and live healthy, crime-free lives and realise their potential as individuals and citizens of the community. The specification acknowledges that in the main this will be achieved by service users minimising different forms of harm associated with their misuse and/or becoming free from their dependence on substances. This assessment sets out to explore the impact the change in commissioned service has had in terms of the profile of young people accessing drug and alcohol treatment provision, through commissioning a service that uses a more proactive/assertive approach when working with young people to ensure young people are accessing support and help when needed as opposed to a voluntary engagement ethos.

In 2010/11 Somerset YOT also provided Tier 3 provision for substance misuse for clients on their caseload. This provision ceased from 1st April 2011 with all YOT clients requiring treatment being referred to the SMS CAMHS service.

This assessment therefore sets out to:

- summarise the data available for the year 1st April 2010 to 31st March 2011 and 1st April 2011 to 30th September 2011;
- compare the commissioned service of 2010/11 to:
 - Somerset's statistical neighbours

- the approach commissioned from April 2011 onwards to assess the impact locally of the re-specification of the service.

What data is available on young people in treatment?

The National Drug Treatment Monitoring System (NDTMS) provides a wide range of data both on adult and young people's services for dealing with substance misuse. All services providing specialist substance misuse treatment are required to submit data into this national system. The NDTMS database has therefore provided the vast majority of data for this needs assessment.

For 2010/11 there were two young people's agencies commissioned by SDAP submitting data:

- On the Level - coded as 4 areas: Taunton Deane, Mendip, South Somerset and Somerset Coast (Sedgemoor & West Somerset)
- Somerset Youth Offending Team.

NDTMS also shows two other services working with a young person aged under 18 who is a Somerset resident: Turning Point (Taunton) and Specialist Prevention Service (Dorset).

For comparison the data used to explore access the treatment for young people since 1st April 2011 has been made available by the young people's substance misuse service provider directly (SMS CAMHS). This is based on the NDTMS data set but comes from Somerset Partnership NHS Foundation Trust data system called RIO. This data uses the same area codes reported to NDTMS.

On the 1st April 2011 the NDTMS data set changed from G to H. This included:

- Some changes to the way in which a young person's treatment journey is reported.
- The frequency of use at treatment start and exit for the previous 28 days has been added.
- The psychosocial modality was broken down into five psychosocial categories to more accurately represent the treatment being provided namely: Psychosocial – Counselling, Psychosocial – Cognitive Behaviour Therapy, Psychosocial – Motivational Interviewing, Psychosocial – Relapse Prevention and Psychosocial – Family Work.

These changes have created some inconsistencies between the 2010/11 data and the comparison data for the period between April 2011 and December 2011, where this is the case it has been highlighted. There have been some minor additional changes which have not affected the data used in this report.

Section 2 - The National Context - Young People in Treatment for Substance Misuse

Introduction

This section provides a brief national picture of young people aged under 18 accessing specialist substance misuse services in England.

The National Treatment Agency (NTA)⁵ reported that the number of young people accessing specialist substance misuse treatment services in England, has continued to fall in 2010/11 from 23,528 in 2009-10, to 21,955 in 2010- 2011, an overall reduction of 6.7%

The NTA surmises that this decline is a reflection of falling substance use among young people, referencing NHS research⁶ which reports that drug use by school pupils in the 11-15 age group has fallen by one-third over the past ten years from 29% reporting having ever used drugs in 2001 to 18% in 2010; and the percentage of pupils who had never drunk alcohol was up from 39% in 2003 to 55% in 2010. Further details in the change in young people's use of substances is explored in part one of 2011 SDAP young people's needs assessments.

The NTA report goes on to state that the proportions of clients aged 17 and under having problems with cannabis (58%) or alcohol (32%) continue to represent the bulk of those accessing substance misuse treatment services in 2010/11, although actual client numbers are down compared to 2009-10.

The number of young people being treated for Class A drugs has also continued to fall, and represents only 4% of the total in treatment (compared to 11% five years ago). Young people receiving treatment primarily for heroin fell from 480 in 2009-10 to 320 in 2010-11 (a 33% reduction). For cocaine, the reduction was 23%; from 457 to 350. The only drug category for young people in treatment which actually *increased* compared to 2009/10 was amphetamines, which increased by 150%, from 256 to 639 clients. The increase is possibly attributable to the fact that the category now includes mephedrone.

Other key findings from the NTA report identified:

- The most common referral route for young people into specialist services during 2010/11 was the youth justice system (39%), followed by education (14%) and self-referral (7%).

⁵ National Treatment Agency (December 2011) *Substance Misuse Among young people 2010-11*

⁶ NHS Information Centre for Health and Social Care (2011) Smoking, drinking and drug use among young people in England, 2010

- Services are responding quickly and effectively to young people who need support, with 98% of young people referred to treatment receiving support within three weeks.
- Demographic data shows that young people aged 15 to 17 accounted for 78% of all those in treatment; 64% were male and 84% white British. 79% of young people in treatment were living with their parents or other relatives. Those 'looked after' in care or foster homes accounted for 8%. Just 1% had no fixed abode, and a further 1% are young offenders in secure care. Other data shows that 49% of young people in treatment are in mainstream education and further 19% are in alternative education; 19% are not in education or employment; and 8% are either employed, in training or on an apprenticeship.
- Psychosocial interventions accounted for over 80% of the interventions received by young people in treatment during 2010/11; either on their own or in combination with other support services.
- The proportion of young people successfully completing treatment has risen steadily over the past few years to 75% in 2010/11, compared to 69% in 2009-10. Similarly, the proportion of young people dropping out before completion of their programme has fallen, from 16% in 2009/10 to 13% in 2010/11. 68% of young people were referred on to other children's services at the end of their treatment programme; reflecting a multi-agency approach to treating young people's substance misuse problems.
- The NTA have introduced a new way of looking at the data available which confirms that those who need help with drugs and alcohol have a range of other emotional and social problems (referred to as the risk/harm profile). Some of these problems relate to the intensity of their substance misuse, such as using combinations of drugs, or drinking daily. Others add to the young person's vulnerability, such as self-harming, offending, not being in education or employment, being pregnant, or being a parent. Some 70% of the young people in specialist services recorded between two and four of these factors.

Section 3 - The Somerset Context - Young People in Treatment for Substance Misuse

INTRODUCTION

This section explores treatment data for the period 1st April 2010 and 31st March 2011 and 1st April 2011 to 30th September 2011 for both those aged 17 years and under, and 18 years and over when they are managed within a young people's service.

For each time period the data is split into a number of sections focussing on:

- Numbers and profile of young people who had new treatment journeys/presentations
- Numbers and profiles of young people in treatment
- Numbers and profiles of young people leaving (exiting) treatment

As the numbers are relatively small the data for 2010/11 time period is compared with Somerset's statistical neighbours and national figures using the *Statistical Neighbours for Children's Services*. These are defined by the National Foundation for Educational Research (NFER) using a wider range of indicators than the Child Wellbeing Index that the NTA uses to compare Somerset's performance. NFER ranks Somerset's closest statistical neighbours as:

1. Devon
2. Suffolk
3. Herefordshire
4. Shropshire

The data for the April-Sept 2011 time period is compared against the 12 month 2010/11 data to explore the change in the commissioned system from 1st April 2011.

It is important to note that given the small numbers of people new to, in and exiting treatment in Somerset, any conclusions drawn based solely on the data are subject to a 'health warning'. The findings are therefore factual and preclude any analysis on a district level. It is the comparison with statistical neighbours that is more meaningful for Somerset.

The two main time periods (April 2010 to March 2011 and April 2011 to September 2011) have been reviewed in order to examine what if any impact the change in the specification has had locally for young people's access to, engagement with and successful completion of, substance misuse treatment.

Finally this section also explores Somerset's risk/harm profile of young people in treatment; and in comparison against Somerset's similar areas as defined through both the child wellbeing index and local authority statistical neighbours.

3.1. SOMERSET NDTMS CLIENT PROFILE (APRIL 2010 TO MARCH 2011) FOR YOUNG PEOPLE (AGED 17 YEARS AND UNDER).

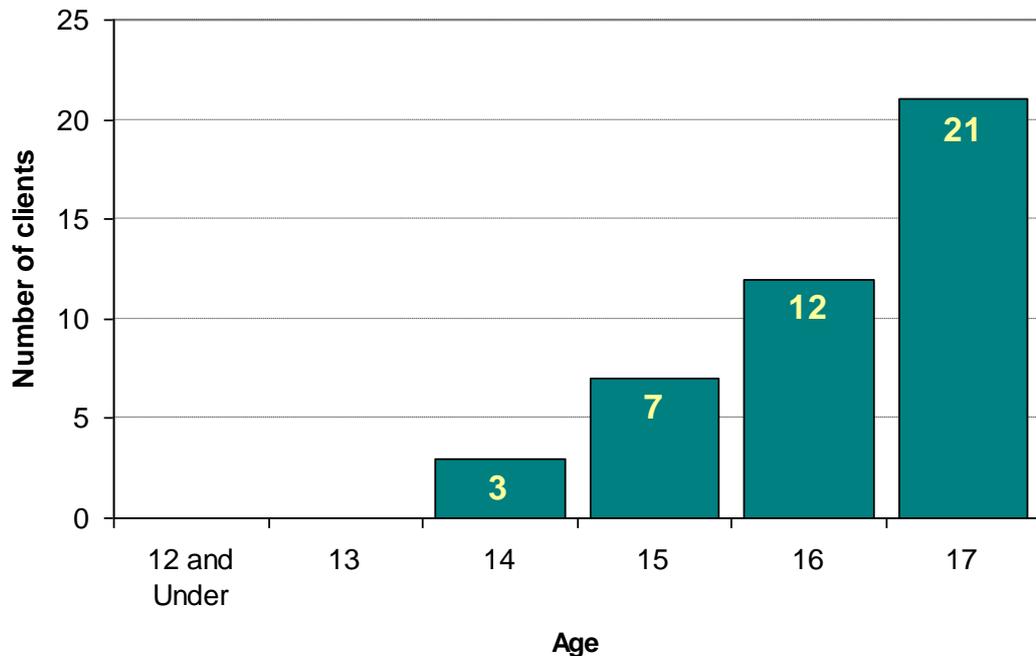
3.1.1 Somerset Young People Entering Treatment (new treatment journeys): numbers and profiles

There were a total of 43 young people who started a new treatment journey in 2010-11:

- 53% ($n = 23$) female; 47% ($n = 20$) male
- 98% ($n = 42$) were White.

There were progressively more presentations as the age of the clients increased. This can be seen from the step-effect in the bar chart below.

Figure 2 Age profile of Somerset young people entering treatment (new treatment journeys).



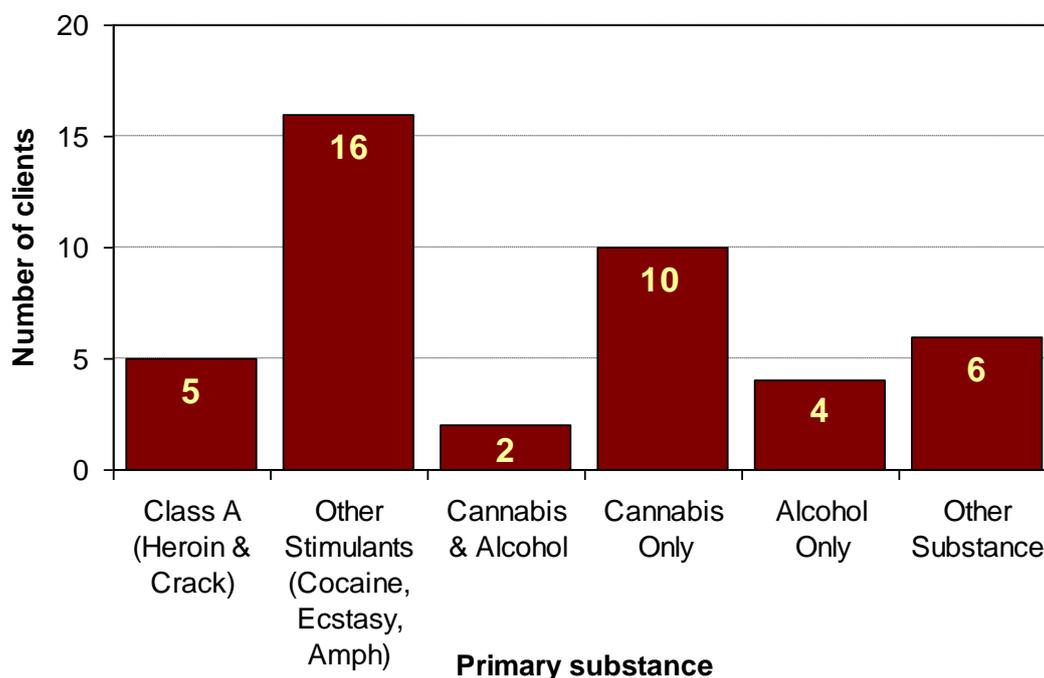
Source: NDTMS.

It can be seen from Figure3 that 'Other stimulants' (including cocaine, ecstasy and amphetamines) was the most common primary substance.

Cannabis was the next most prevalent substance accounting for 10 referrals or 12 when including those young people who combined it with Alcohol.

Just over one in ten young people referred to the service presented with Class A (heroin and crack cocaine) as their primary problematic substance.

Figure 3 : Profile of primary problematic substances for Somerset young people entering treatment.



Source: NDTMS.

Of the 38 who had a recorded injecting status, almost one in five were currently injecting. However, 12% of clients did not have a recorded status.

Table 1 : Injecting status for Somerset young people entering treatment

Injecting Status	Number	%
Current	7	16%
Previous	3	7%
Never	28	65%
No status recorded/missing	5	12%
Total	43	100%

Source: NDTMS.

The most common sources of referrals were:

- Self, family and friends, 15 (35%)
- Health and Mental Health services, 10 (23%)
- Children and family and YOT referrals accounted for 5 (9%) each

Forty-two of the 43 Somerset young people entering treatment came into a Somerset based service; the majority with the commissioned young people's substance misuse treatment service (38); only 1 entered treatment in a neighbouring area.

Of the 38 young people, the largest proportion came into the Taunton Deane team (39%); with only 16% entering treatment via the South Somerset team.

3.1.2 Comparing Somerset entering treatment cohort (new treatment journeys) to its statistical neighbours and England

Comparison by numbers

There were 43 young people who entered treatment services in Somerset in this period. In comparison the average (mean) number entering treatment in the four comparison areas was 122, almost three times the number in Somerset. The range was from 69 in Shropshire to 165 in Suffolk.

This demonstrates that there were significantly fewer young people entering a new treatment journey in Somerset than in similar areas.

According to the ONS 2010 mid-year population estimates Somerset (34,400) actually has a bigger population of people aged 15-19 than both Herefordshire (10,900) and Shropshire (19,300) although it is slightly lower than in Devon (46,300) and Suffolk (42,800). The numbers are almost identical for people aged 10-14 years old.⁷

Together this suggests that more people should have been entering treatment in Somerset than was the case in 2010/11 when compared with the statistical neighbours.

Comparison by gender

There was a higher proportion (53%) of females who entered treatment between April 2010 and March 2011 in Somerset compared to both national figures and Somerset's statistical neighbours, with the most marked difference between this and the England average (34%) during the same time span (Fig.4).

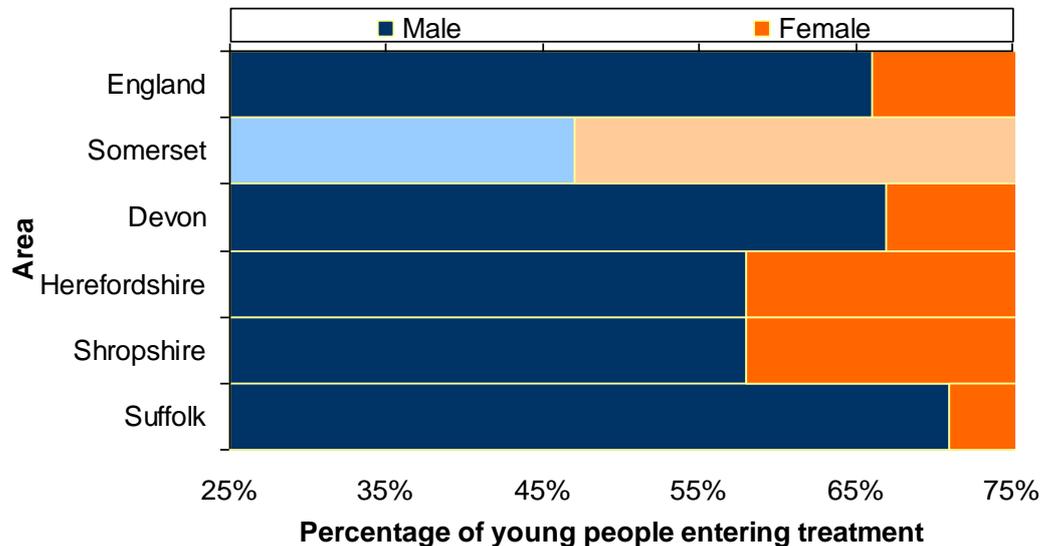
The ONS 2010 mid-year population estimates by gender suggest that Somerset has a high proportion of males aged 15-19 (52.6%) compared with the statistical neighbours. Bar Shropshire (54.4% male) the other areas all had a proportion of males in this age group of between 51.4% and 51.9%. However, these are calculated using ONS rounded estimates for all people aged between 15 and 19.⁸

This suggests that Somerset should have more males than females as opposed to more females than males. Possibly, the county should also have seen a greater proportion of male young people entering a new treatment journey than Devon, Herefordshire and Suffolk.

⁷ ONS 2010 mid-year population estimates by age quintiles.

⁸ ONS 2010 mid-year population estimates by gender.

Figure 4 : Comparison of gender profiles of young people *entering* treatment population 2010/11, Somerset vs. statistical neighbours and England.



Source: NDTMS.

Comparison by ethnicity

Somerset's high proportion of White young people (99%) entering treatment was above the national average but roughly in line with the statistical neighbours. The lowest proportion of White young people entering treatment in these areas was 93% in Shropshire.

The ethnicity profiles are not unexpected when the general population is considered in these areas. In all five locations over 95% are White, the only exception is in Suffolk where it is 93% White.

The proportions of new treatment journeys also show a minor variation when compared with the ethnic profile of the Somerset population.⁹

Comparison by age

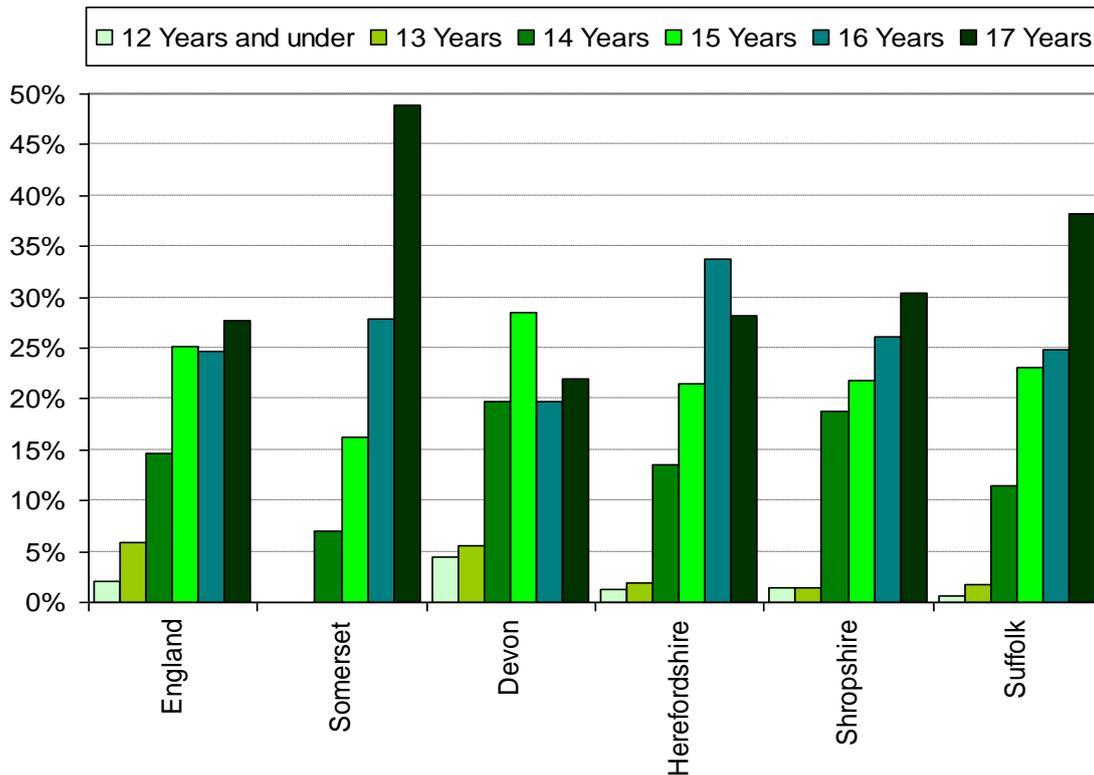
As can be seen from figure 5 Somerset had a higher proportion of young people aged 17 than would be expected amongst the statistical neighbours.

All areas, bar Devon, share the trend present in Somerset, whereby the older the age-group, the higher the number of young people entering treatment. There is an anomaly in Herefordshire where there were more 15 years olds than 16 years olds entering treatment.

⁹ ONS Population Estimates by Ethnic Group (experimental), Mid-2009.

There was also a notable lack of any young people under the age of 14 compared with the other areas and national averages which all had clients enter new treatment journeys in all age groups, including 12 and under and 13 years old.

Figure 5 : Comparison of age profiles of young people *entering* treatment 2010/11 Somerset vs. its statistical neighbours and England.



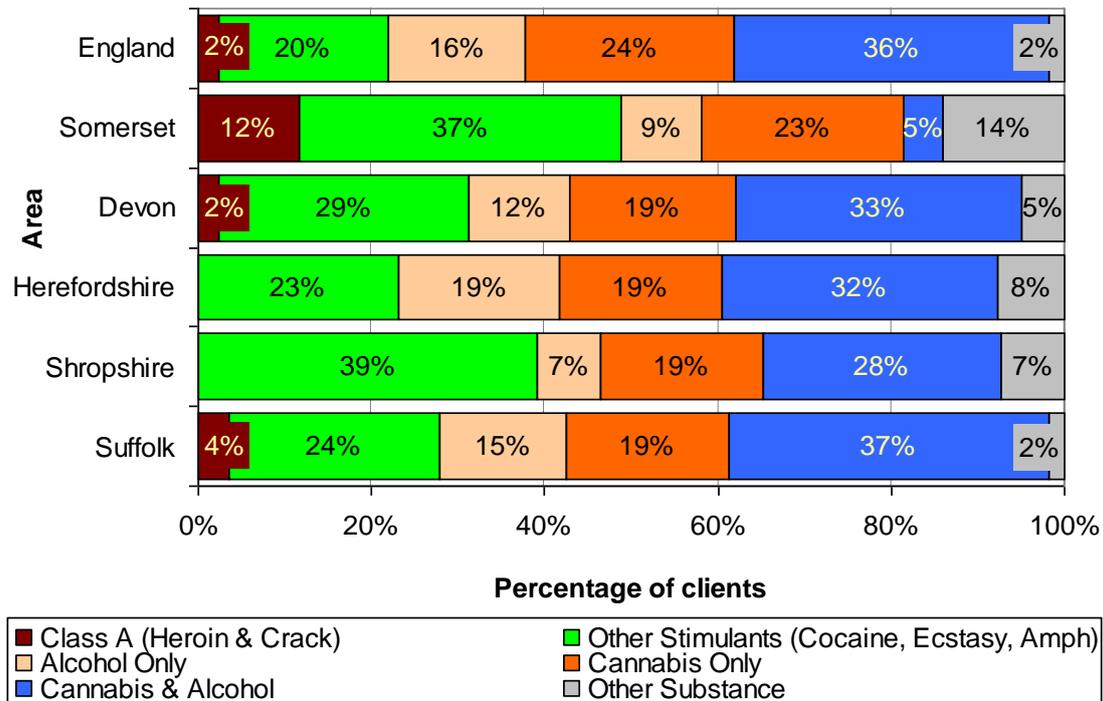
Source: NDTMS

Comparison by substance profile

Figure 6 below shows the primary substance profiles for young people *entering* treatment. Somerset has:

- a notably large proportion of clients where the primary substance is 'Other stimulants' (37%) compared to England and all our statistical neighbours except Shropshire;
- but a very small number of young people entering treatment with cannabis and alcohol misuse in Somerset compared with the other areas;
- a bigger percentage of Class A users entering treatment than nationally or in the similar areas. However, this will have been affected by the small total number entering treatment. It is therefore worth noting that there were five Class A users in Somerset in 2010/11 compared to four in Devon and six in Suffolk.

Figure 6 : Comparison of primary substance profiles of young people *entering/ new treatment journeys* 2010/11, Somerset vs. its statistical neighbours and England



Source: NDTMS

Comparison by referral source

Nationally the majority of referrals came through Children and Family Services (33%) or Youth Offending Services (36%). However, in Somerset these two services were joint third behind self, family and friends and Health and Mental Health services.

The similar areas appear to follow the national trend; only a high proportion of referrals from self, family and friends in Shropshire and from Health and Mental Health services in Herefordshire reflect the unique referral pattern in Somerset's profile.

3.1.3 Somerset Young People in Treatment: numbers and profiles

There were a total of 74 Somerset young people in treatment between April 2010 and March 2011.

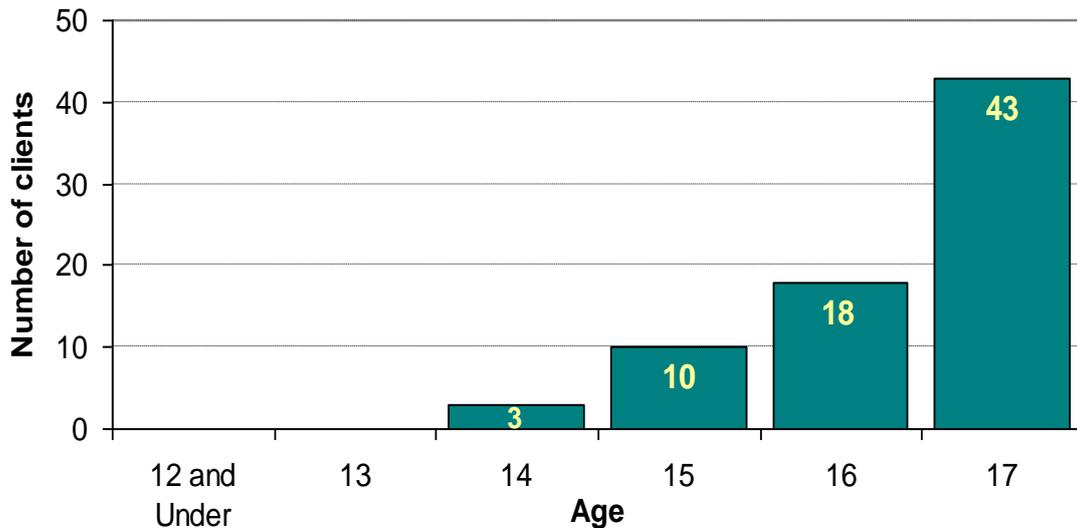
The majority (65) were in treatment with the main Somerset commissioned young people's substance misuse service 'On the Level'; 7 were in treatment with the Somerset Youth Offending Team; and the remaining were in treatment with Turning Point – Taunton Deane and Specialist Prevention Service (Dorset).

- 54% (n = 40) female; 46% (n = 34) male

- 99% were White

Of significance is that females accessing treatment services in Somerset outweigh males as was the case for young people entering treatment. It is difficult to assess whether this is a positive or negative reflection of the Somerset system in that it is either enabling young women to engage with treatment or disadvantaging young men. This needs further investigation.

Figure 7 : Age profiles for Somerset young people in treatment in 2010/11.



Source: NDTMS.

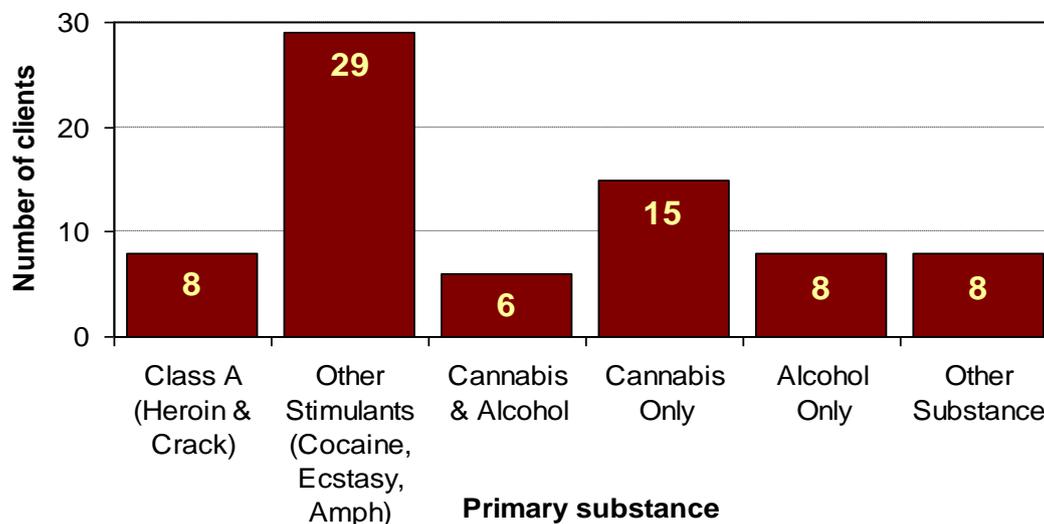
Figure 7 demonstrates that the older the age group the higher proportion of young people in treatment; nearly three in five young people in treatment were 17 years old, and only three people were aged 14 and none were aged 13 or under.

Figure 8 sets out the Somerset substance profile for those in treatment. It shows that:

- 39% of young people accessing treatment in 2010/11 presented using 'Other stimulants' as their primary/main substance.
- Cannabis was the next most common substance accounting for 20%, although this figure rises to 28% when combined with the 8% who presented with alcohol and cannabis.
- One in ten presented with Class A substances as their primary/main substance.

Figure 8 : Primary problematic substance profile for Somerset young people in treatment in 2010/11.

Source: NDTMS



Of the 67 clients who had a recorded injecting status, one in five were currently injecting and there were only three who had previously injected but had ceased to do so. However, 9% of clients did not have a recorded status. As with new treatment journeys the proportion of clients with injecting status not recorded is significant (given the small numbers), as accurately assessing this will impact on whether an appropriate intervention was offered in relation to Hepatitis screening and vaccination.

Table 2 : Injecting status of Somerset young people in treatment in 2010/11.

Injecting Status	Number	%
Current	14	19%
Previous	3	4%
Never	50	68%
Not recorded/missing	7	9%

Source: NDTMS

The most frequent intervention delivered to those in treatment was 'Psychosocial' which accounted for 82% of all interventions. The next most common intervention type was 'Pharmacological' (12%). It is usual for young people to receive multiple interventions in treatment; what is concerning is that the data indicates five clients did not receive any interventions. This needs further exploration to understand the nature of the engagement with treatment services and the interventions provided.

A summary profile of all young people in treatment with Somerset based services can be found in Appendix A.

3.1.4 Comparing Somerset in treatment profile to its statistical neighbours and England

Comparison by numbers

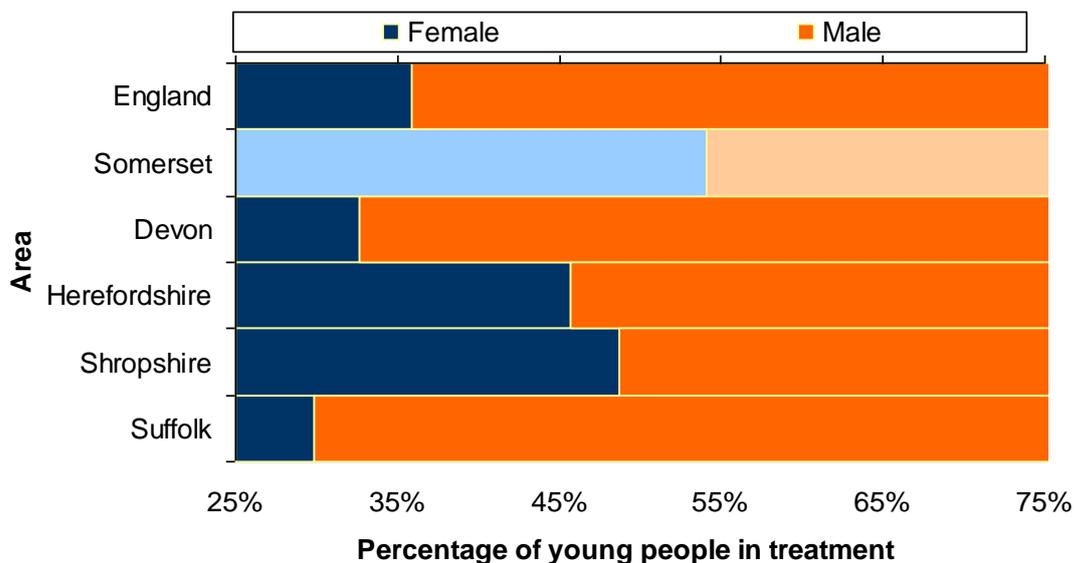
There were 74 individuals in treatment between April 2010 and March 2011 in Somerset. It has already been shown that, based solely upon ONS population data, it might be expected that there would be more young people in treatment than for the statistical neighbours. The range for this period was from 121 young people in treatment in Shropshire to 248 in Devon. The average (mean) number was 184.5, more than twice the number in treatment for Somerset.

Comparison by gender

Nationally 36% of young people aged 17 and under in treatment were female in 2010-11 compared to 54% in Somerset.

Given the relatively higher proportions of females both in and entering treatment, it indicates an issue in need of further exploration, especially considering the higher proportion of males to females in Somerset aged 15-19. Within the similar partnerships females were less common than males in each area. However, Shropshire and Herefordshire only had slightly lower proportions of females (49% and 46%) as can be seen in figure 9 below.

Figure 9 : Comparison of gender profiles of young people *in treatment* population 2010/11, Somerset vs. statistical neighbours and England



Source: NDTMS

Comparison by ethnicity

87% of young people in treatment nationally were White compared to 99% in Somerset. The population of Somerset according to ONS is 96% White which

shows a minor difference from the in treatment profile for young people. This may need further examination to ensure young people with non-white ethnic backgrounds are able to access services.

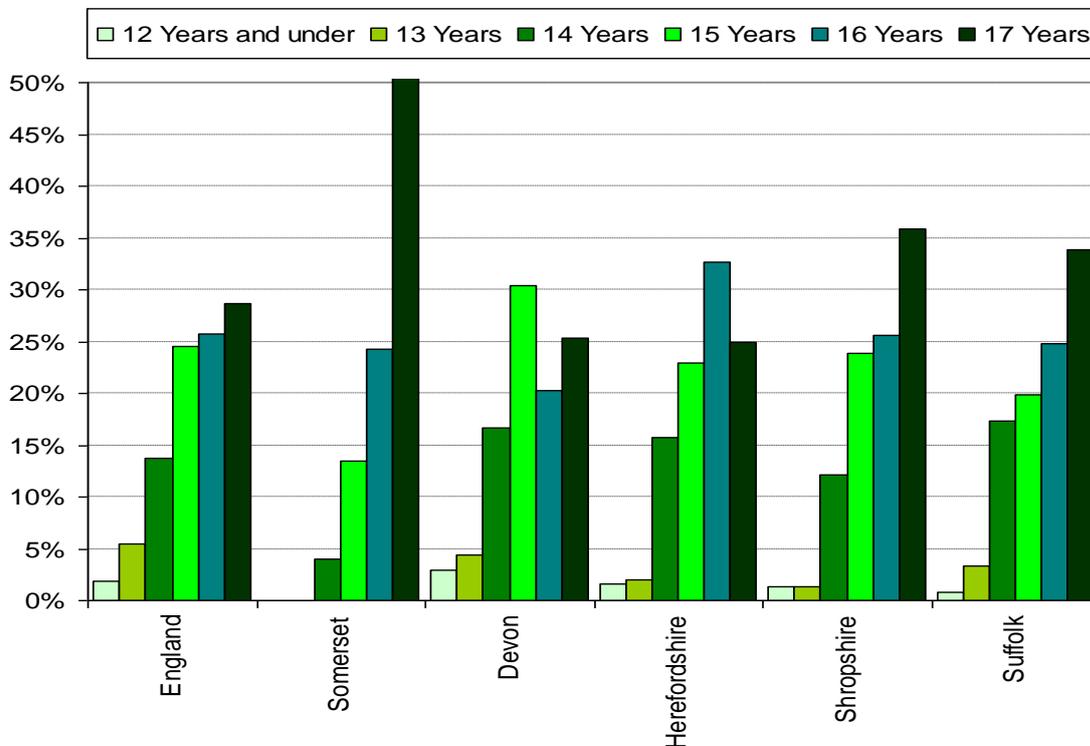
The statistical neighbours had a similar ethnic profile to Somerset. On average the proportion of young people from a White ethnic background in these four areas were 95%. The range was from 93% in Suffolk to 98% in Herefordshire. This is in line with the general population profiles in Suffolk (93% White) and in Herefordshire (97% White). The populations in Somerset, Devon and Shropshire were all 96% White in 2009.¹⁰

Comparison by age

Figure 10 clearly shows that Somerset has a much higher proportion of young people aged 17 in treatment than would be expected compared with its statistical neighbours and national averages.

It also suggests that Somerset has a very low proportion of young people aged 15 and under in treatment when compared with national proportions and the age profiles of the statistical neighbours. This is despite there being a comparatively higher proportion of 10-14 year olds living in Somerset.¹¹

Figure 10 : Comparison of age profiles of young people *in treatment* 2010/11 Somerset vs. its statistical neighbours and England



Source: NDTMS

¹⁰ ONS Population Estimates by Ethnic Group (experimental), Mid-2009.

¹¹ ONS 2010 mid-year population estimates by age.

As the data emerges from agencies delivering tier 2 substance misuse interventions (in line with the new Somerset screening and assessment tools) commissioners will be able to understand this better and be able to determine whether there is a problem in identifying young people under 15 years old, or if they are being managed at a lower tier of service.

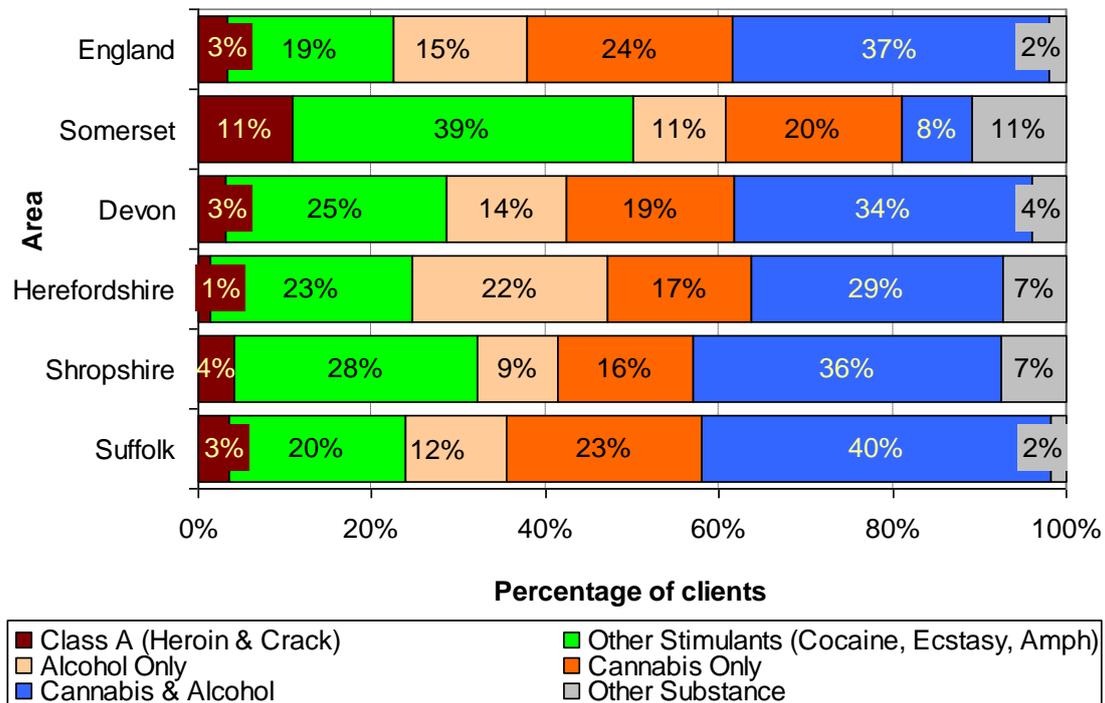
Comparison by substance profile

Figure 11 below details the substance profiles for young people in treatment.

Somerset had much lower proportions of cannabis and alcohol misuse amongst young people in treatment than was seen elsewhere. In all similar areas and nationally cannabis and alcohol accounted for over half of all presentations; in Suffolk the proportion is over four times larger than in Somerset.

Devon (25%), Herefordshire (23%), Shropshire (28%) and Suffolk (20%) all have much higher proportions of 'Other stimulants' than the national average which is 19%. None of these areas had as high a proportion as Somerset (39%).

Figure 11 : Comparison of primary substance profiles of young people *in treatment* 2010/11, Somerset vs. its statistical neighbours and England



Source: NTA Client Profile 2010/11

Somerset had a higher proportion of young people presenting with Class A drugs (11%) and with other drugs (11%) mirroring the profile for young people entering treatment.

Comparison by intervention

Nationally harm reduction interventions accounted for 31% of all interventions but there was only once instance in Somerset. There was a less frequent use of both psychosocial (61%) and pharmacological interventions (1%) nationally than in Somerset (82% and 12% respectively).

With the exception of Herefordshire, Somerset's statistical neighbours all followed the national trend: more psychosocial interventions than any other type followed by harm-reduction.

In addition Devon recorded 47 family work interventions and it would appear to have applied multiple interventions for 220 clients out of 248. Shropshire and Suffolk had similar patterns of intervention delivery although Suffolk only had one family work intervention.

Comparison by length of time in treatment

Somerset mirrors the national and statistical neighbour trend with over half of young people in treatment having been so for six months or less.

However, Somerset has a larger proportion of young people who have been in treatment for over two years (7%) than all the other statistical neighbours, with the exception of Herefordshire (9%).

3.1.5 Somerset Young People Exiting Treatment: Numbers and profiles

In total, 41 Somerset young people exited treatment in 2010/11.

- 51% ($n = 21$) female; 49% ($n = 20$) male
- 98% ($n = 40$) were White

Table 3 details the reasons for treatment exits, showing that although 26 were planned exits, half were with occasional use; and a further quarter of all exits were unplanned.

Table 3 : Somerset treatment exits by reason for young people, 2010/11

Exit Type	Number	%
Completed drug free	13	32%
Completed, occasional use	13	32%
Transferred not in Custody	5	12%
Transferred in Custody	0	0%
Unplanned & Unknown	10	24%
Total	41	100%

Source: NDTMS

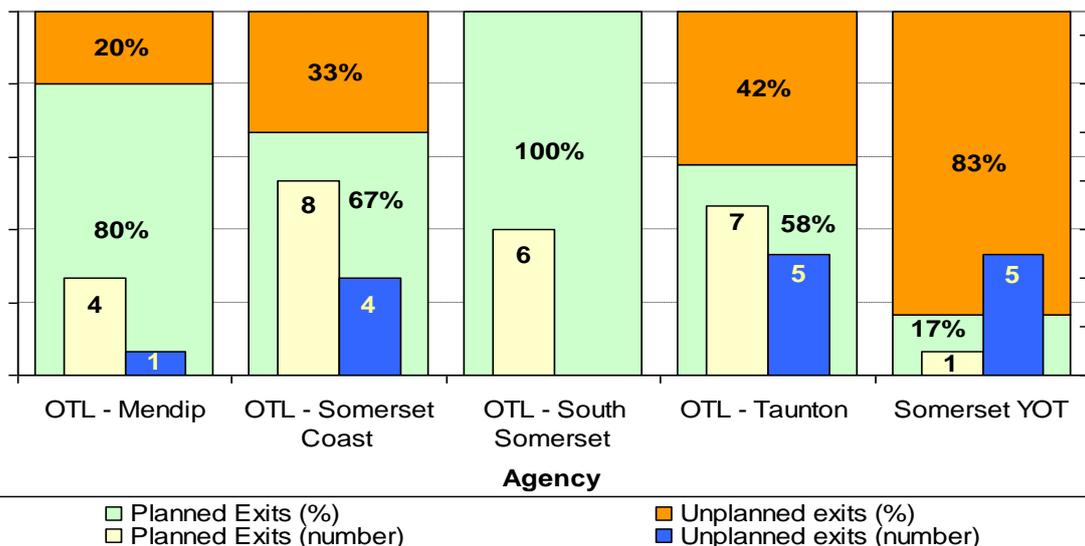
Figure 12 shows the proportions and numbers of young people exiting from each Somerset commissioned young people's service by planned and unplanned exits.

As with other datasets the numbers are very small, so they need to be treated with some caution. However, the variations in planned to unplanned exits warrants further exploration and whether those that had an unplanned exit were re-engaged by another service.

It is possible to look at these exits by age and substance but the small numbers limit any meaningful analysis. Figure 12 gives the details by substance but in summary what this highlights is that:

- There appears to have been a higher planned exit rate (71%) for people aged 15 years old than any other age group;
- As would be expected given the age profile for those young people in treatment, the number of exits increases by age group;
- 100% of exits were planned for clients who had presented with combined cannabis and alcohol substance use (5 people);
- There was also a significantly higher proportion of planned exits for people who exited with cannabis only use (91%, 10 people);
- Young people who had cited 'Other substances', 'Other stimulants' or 'Class A' as their primary problematic substance, all had marginally more unplanned exits than planned exits.

Figure 12 : Somerset treatment exits by commissioned services (On the Level and Somerset YOT, 2010/11

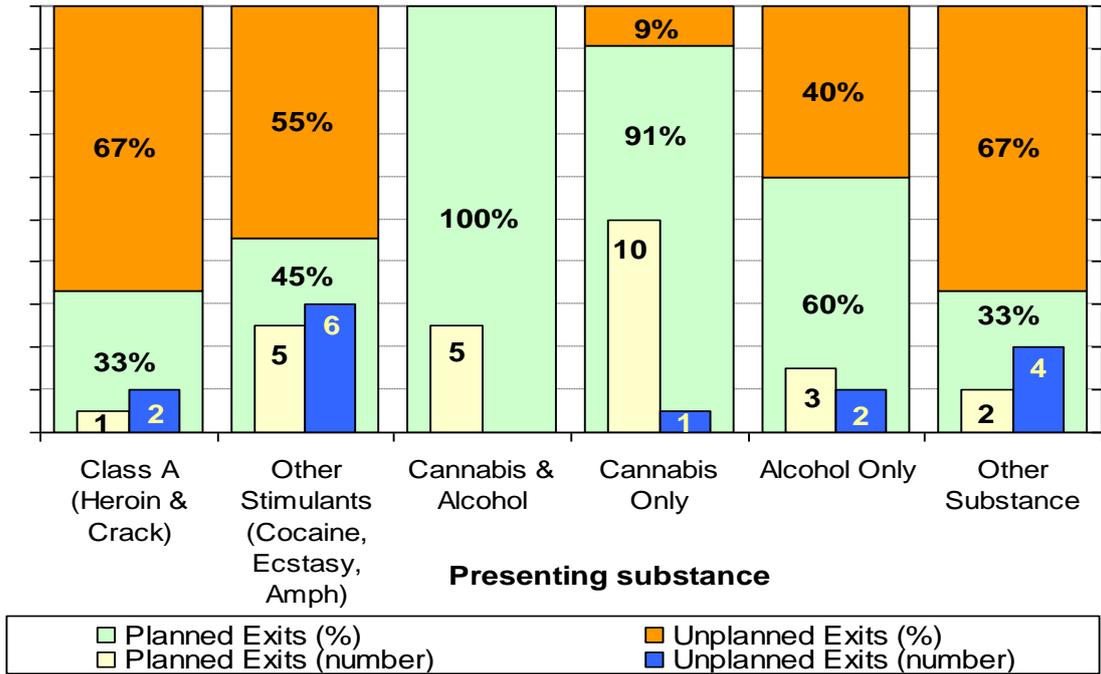


NB: There was one additional client with Specialist Prevention Service (Dorset).

Source: NDTMS

Figure 13 : Treatment exits by presenting substance in 2010/11

Source: NDTMS



One in ten people who had a recorded injecting status were still injecting when they exited treatment. This is lower than the 19% of young people in treatment who were recorded as currently injecting.

Table 4 : Injecting status for Somerset young people at treatment exit in 2010/11

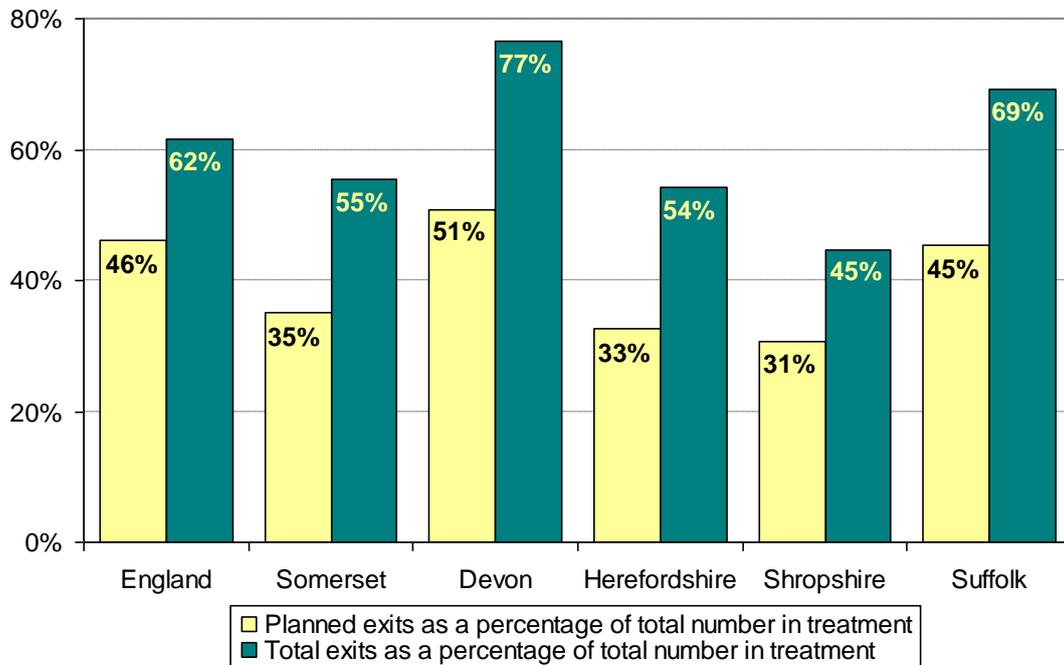
Injecting Status	Number	%
Current	5	12%
Previous	2	5%
Never	30	73%
Unrecorded	4	10%

Source: NDTMS

3.1.6 Comparing Somerset exiting treatment cohort to its statistical neighbours and England

Commissioners have been concerned for sometime that Somerset's unplanned discharge rate has been high. Fig. 14, by comparing planned exits as a proportion of total numbers in treatment, shows that although Somerset performance is marginally in line with two of our statistical neighbours, in comparison with our top two statistical neighbours (Devon & Suffolk) and England it is much lower. Commissioners need to work with the provider to better understand the local process for young people leaving treatment and work to increase the numbers of planned exits as a proportion of numbers in treatment and all exits.

Figure 14 : Planned exits and total exits as a proportion of the total number of young people in treatment locally by partnership.



Source: NDTMS

3.1.7 Treatment Outcome Profiles (TOPs)

This section shows summary details from the Treatment Outcome Profile (TOP) forms completed within 30 days of triage (start TOPs) for young people who were triaged between April 2010 and March 2011 and for the same information for exit TOP forms completed for clients who were discharged between April 2010 and March 2011. There were:

- 34 start TOPs recorded for the 43 young people entering treatment.
- 40 exit TOPs recorded for 41 young people who exited treatment in this period.

This data is drawn from the NDTMS data extract provided by Somerset Partnership NHS Foundation Trust to the PIU (Partnership Intelligence Unit on behalf of SDAP) but does not allow for comparison of start-exit TOP at an individual level i.e. it does not reflect a young person's treatment journey; rather it provides a sense of direction of the change against some key outcome domains, that can inform further investigation.

Health

The average scores under various 'health' scales are given in Table 5.

Although not a direct comparison the people entering treatment in 2010/11 with a recorded TOP tended to have a lower (worse) score for each health scale than those young people exiting treatment in the same period.

Table 5 : Average TOP health scale scores

Health Scores	Start TOPS	Exit TOPS
	Average score	Average score
Psychological Health scale	10.7	13.7
Physical Health scale	11.6	13.5
Quality of Life scale	10.4	13.2

Source: Somerset Partnership NHS Foundation Trust.

Housing

Again although not a direct comparison, the Table 6 indicates that the people exiting treatment were experiencing more housing problems at exit than start; with one in five young people exiting treatment in 2010/11 having an acute housing problem compared to one in ten at start. This is the opposite of what might be hoped and will need to be investigated further.

Table 6 : Housing need of TOP clients.

Housing	Start TOPS		Exit TOPS	
	Number of YP	%	Number of YP	%
Acute Housing Problem	3	9%	8	20%
At Risk of Eviction	3	9%	1	2.5%
No Housing Issue	28	82%	31	77.5%
Not Recorded	0	0%	0	0%
	34		40	

Source: Somerset Partnership NHS Foundation Trust.

Education & Employment

TOP records how many days out of 28 a client has been in paid work and the number of days they have attended college or school.

The profiles of those entering and exiting treatment Table xxx suggests that a larger proportion of people exiting treatment are in employment or education for at least 11 days out of the previous 28, compared with those people entering treatment in the same period. Again the numbers are small and there is just under 50% of the data missing.

Table 7 : Number of days in education or employment in the past 28 days.

Education/Employment	Start TOPS		Exit TOPS	
	Number of YP	%	Number of YP	%
0 Days	0	0%	0	0%
1-10 Days	11	32%	6	15%
11-28 Days	8	24%	15	37.5%
Not Recorded	15	44%	19	47.5%
	34		40	

Source: Somerset Partnership NHS Foundation Trust.

3.2 SOMERSET NDTMS CLIENT PROFILE (APRIL 2011 TO SEPTEMBER 2011) FOR YOUNG PEOPLE (AGED 17 AND UNDER)

As stated earlier the data used to explore/compare access to treatment for young people since 1st April 2011 has been made available by the young people's substance misuse service provider directly (SMS CAMHS). This is based on the NDTMS but comes from Somerset Partnership NHS Foundation Trust data system called RIO shared with the PIU monthly through an Information Sharing Protocol. This data uses the same codes reported to NDTMS, recognising that as of April 2011 the data set changed from G to H so is not completely the same.

With six months of data the numbers entering, in and exiting treatment are very small and need be treated with caution. It also needs to be noted that the age figures supplied may be different to final NDTMS data for 2011/12 because in depersonalising data, some rounding up/down has taken place.

3.2.1 Somerset Young People Entering Treatment (new treatment journeys): numbers and profiles

There were a total of 28 young people who had started a new treatment journey April-Sept. 2011:

- 57% ($n = 16$) male; 43% ($n = 12$) female
- 96% ($n = 26$) were White

Comparisons between 2010/11 and April-September 2011:

Gender

Unlike 2010/11 there were more males entering treatment than females. While this is still below the national average of 66% from the previous year, it is a positive sign especially as the number of females new in treatment appears to have remained steady.

Age

Table 8 shows the comparisons in the age profiles of young people entering treatment (new treatment journeys). The age profile for April-September 2011 is similar to that for 2010/11. As the young people's age groups become older, the higher the proportion of people entering new treatment journeys.

Table 8 : Comparison of age profiles for Somerset young people entering treatment in 2010/11 and April-Sept 2011.

Age ¹²	2010/11		April-Sept 2011	
	Numbers	%	Numbers	%
12 and Under	0	0%	0	0%
13	0	0%	0	0%
14	3	7%	0	0%
15	7	16%	3	11%
16	12	28%	6	21%
17	21	49%	19	68%
Total	43	100%	28	100%

Source: NDTMS / Somerset Partnership NHS Foundation Trust

Substance profile

Table 9 shows the comparison of substance profiles for young people entering treatment (new treatment journeys). The most marked change is with combined alcohol and cannabis as the primary problem substance. Although this amounted to just four people the proportion has increased from 5% in 2010/11 to 21%.

Significantly, nobody presenting to treatment reported heroin and crack compared to 12% in 2010/11; and there has also been a decline in the number of young people primarily using 'other substances'.

¹² In terms of age calculations it should be noted that: Age is based upon triage or 01 January for 2010/11 and age at 30 September for April-September 2011; and that it has been identified that age figures for April-September 2011 supplied may be incorrect because averages had been rounded to the nearest whole number.

Table 9 : Comparison of presenting substance profiles for young people entering treatment in 2010/11 and April-Sept 2011.

Presenting Primary Drug	2010/11		April-Sept 2011	
	Numbers	%	Numbers	%
Class A (Heroin & Crack)	5	12%	0	0%
Other Stimulants (Cocaine, Ecstasy, Amph)	16	37%	11	39%
Cannabis & Alcohol	2	5%	6	21.5%
Cannabis Only	10	23%	6	21.5%
Alcohol Only	4	9%	4	14%
Other Substance	6	14%	1	4%
Total	43	100%	28	100%

Source: NDTMS / Somerset Partnership NHS Foundation Trust

In 2010/11 there were more people presenting with other stimulants (37%) than any other drug. The proportion has stayed roughly the same (39%) so far in 2011/12 but more people are now presenting with cannabis or cannabis combined with alcohol (41%). The proportion of alcohol presentations has risen by 5 percentage points alone and from 14% to 35% including young people who combined it with cannabis.

There have been no individuals entering treatment who have been currently injecting, and only one who had previously injected but was no longer doing so. In the previous year there were more than one in five young people (10 out of 43) who presented to treatment and had injected at some point.

Table 10 : Comparison of injecting statuses for young people entering treatment in 2010/11 and April-Sept 2011

Injecting Status	2010/11		April-September 2011	
	Number	%	Number	%
Current	7	16%	1	3.5%
Previous	3	7%	1	3.5%
Never	28	65%	21	75%
Unrecorded	5	12%	5	18%
Total	43	100%	28	100%

Source: NDTMS / Somerset Partnership NHS Foundation Trust

Referrals

In comparison with 2010/11 there is a more even geographical spread of referrals in the first six months of 2011/12 cross the SMS CAMHS service.

Table 11 : Comparison of new referrals for young people entering treatment in 2010/11 and April-Sept 2011

Area	2010/11		April-Sept 2011	
	Numbers	%	Numbers	%
Taunton Deane	15	39%	8	29%
South Somerset	8	16%	6	21%
Somerset Coast	6	21%	8	29%
Mendip	9	24%	6	21%
Total	43	100%	28	100%

Source: NDTMS / Somerset Partnership NHS Foundation Trust

There has been a change in referral sources which reflects the shift in commissioning model; from 1st April 2011 SMS CAMHS became fully integrated into the CAMHS service rather than being a sub-team in its own. This is supported by the much higher proportion of people being referred from Health and Mental Health than previously.

Over time it is anticipated that YOT referrals will go down as the TYSS takes on the role of making referrals for young offenders in need of Tier 3 substance misuse treatment as YOT and TYSS are now integrated in children and family services. YOT referrals do appear to have dropped off with no referrals in the first six months of 2011/12, compared with 5 in the previous twelve months.

Table 12 : Comparison of referrals sources for young people entering treatment in 2010/11 and April-Sept 2011.

Referral Source	Number	%	Number	%
Self, Family & Friends	15	35%	7	25%
Health & Mental Health	10	23%	17	61%
Children and Family Services	5	12%	4	14%
YOT	5	12%	0	0%
Substance Misuse Services	4	9%	0	0%
LAC	2	5%	0	0%
Criminal Justice	1	2%	0	0%
Other	1	2%	0	0%
Total	43	100%	28	100%

Source: NDTMS / Somerset Partnership NHS Foundation Trust

3.2.2 Somerset Young People in Treatment: numbers and profiles

There were a total of 35 young people in treatment April-Sept. 2011, of which:

- 60% ($n = 21$) male; 40% ($n = 14$) female
- 100% were White

Comparisons between 2010/11 and April-September 2011:

Gender

In contrast to the previous year 60% (21 out of 35) of young people in treatment between April and September 2011 have been male. The profile had been just 46% (34 out of 74) male in 2010/11.

Ethnicity

As noted earlier the ethnicity profiles are not unexpected when the general Somerset population's ethnicity profile is considered. However as noted in the 2010 needs assessment¹³ the audit of equalities (protected characteristic) and commissioning completed in Autumn 2010 showed no local evidence to suggest the need to develop specific services/work for identified equalities groups; what it did stress was the need for all staff to have a highly developed awareness of how to work with different groups/communities and of the possible interlinking factors affecting substance misuse (supportive and/or hindering factors).

This has begun to be addressed in the production of the new assessment tools for staff working at Tier 2. There is an acknowledgement in the Tier 2 data set that there needs to be a balance between the sensitivity in asking a young person about their ethnicity or sexual orientation or if they consider themselves to have a disability against the need to deliver the best service to a young person. A person's disability, ethnicity or sexual orientation can be a supportive factor or a barrier to addressing substance use and understanding what impact these characteristics may have for the young person will help services better respond to their needs. Data on the in treatment cohort against protected characteristics has been requested as part of the contract, but needs further attention.

Age

The age pattern of young people in treatment has generally remained the same with more people in treatment in the older the age groups 15 – 17 years (See Table13).

With small numbers, caution is needed in explaining why this may be changing; however in the 6 months from April 2011 ages were taken at mid-year point as opposed to triage or 1st January in 2010/11.

¹³ PIU on behalf of Somerset DAAT (November 2010) Young People's Substance Misuse Needs Assessment

The younger age groups may also be being picked up earlier now by the Tier 2 substance misuse service in TYSS. This is an area to monitor.

Table 13 : Comparison of age profiles for young people in treatment in 2010/11 and April-Sept 2011.

Age ¹⁴	2010/11		April-Sept 2011	
	Numbers	%	Numbers	%
12 and Under	0	0%	0	0%
13	0	0%	0	0%
14	3	4%	0	0%
15	10	14%	4	11%
16	18	24%	7	20%
17	43	58%	24	69%
Total	74	100%	35	100%

Source: NDTMS / Somerset Partnership NHS Foundation Trust

Substance profile

The available data begins to show a change in primary substance used of those in treatment from 'Other stimulants' to cannabis especially when including cannabis combined with alcohol.

Cannabis (and cannabis and alcohol) accounted for 54% of young people (19) in treatment between April and September 2011; this had risen from 28% in 2010/11. Other stimulants still accounted for almost a third of primary substances for all young people in treatment.

Table 14 : Comparison of primary problematic substance profiles for young people in treatment in 2010/11 and April-Sept 2011.

Presenting Primary Drug	2010/11		April-Sept 2011	
	Numbers	%	Numbers	%
Class A (Heroin & Crack)	8	11%	1	3%
Other Stimulants (Cocaine, Ecstasy, Amphetamines)	29	39%	10	29%
Cannabis & Alcohol	6	8%	8	23%
Cannabis Only	15	20%	11	31%
Alcohol Only	8	11%	4	11%
Other Substance	8	11%	1	3%
Total	74	100%	35	100%

Source: NDTMS / Somerset Partnership NHS Foundation Trust

¹⁴ In terms of age calculations it should be noted that: Age is based upon triage or 01 January for 2010/11 and age at 30 September for April-September 2011; and that it has been identified that age figures for April-September 2011 supplied may be incorrect because averages had been rounded to the nearest whole number.

As 20% of clients in treatment did not have a recorded injecting status in April-September 2011 compared to 10% not recorded in 2010/11, it is difficult to be certain of any trends except in the 'not recorded/missing data' fields. This links to wider issues connected to managing risk with young people over HBV and HCV testing, vaccination and referral on if positive.

Table 15 : Comparison of injecting statuses for young people in treatment in 2010/11 and April-Sept 2011

Injecting Status	2010/11		April-Sept 2011	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Current	14	19%	1	3%
Previous	3	4%	2	6%
Never	50	68%	25	71%
Not recorded / missing	7	9%	7	20%
Total	74	100%	35	100%

Source: NDTMS / Somerset Partnership NHS Foundation Trust

Interventions

With the change to NDTMS coding from 1st April 2011 and the very small numbers of young people in treatment analysis by intervention type is limited. Psychosocial and pharmacological were the only two types of intervention recorded.

3.2.3 Somerset Young People Exiting Treatment: numbers and profiles

In the six month period a total of eleven young people exited treatment. Any further analysis of this small cohort is extremely limited so has not been included. However what is important is the split between planned and unplanned exits, and of the 11 exits in this period, 73% of were unplanned.

3.3. Risk / Harm Profile

Introduction

In 2011 the NTA introduced a new way of looking at the NDTMS data available which confirms that those who need help with drugs and alcohol have a range of other emotional and social problems. It is referred to as the risk/harm profile. It is a tool to assess vulnerability and to understand the range of problems faced by young people.

Some of these problems relate to the intensity of their substance misuse, such as using combinations of drugs, or drinking daily; others add to the young person's vulnerability, such as self-harming, offending, not being in education or employment, being pregnant, or being a parent.

This profile has been designed to produce a tool of viewing this vulnerability and range of problems faced by young people so that the treatment population can be better understood and, in turn, informs service commissioning.

It has been created by identifying 10 key risks or harms that are captured in the NDTMS dataset which may lead to adult dependency. Each young person¹⁵ is assessed on each risk and, if found to have that vulnerability, given a score of 1; these figures are added to give each young person a possible total score of 10.

The 10 key vulnerabilities that form the profile are set out in Table 16. The NTA uses the Child Wellbeing Index for comparison to Somerset. The most similar four areas are calculated as:

- Staffordshire
- Cheshire
- Solihull
- York

For this section of the assessment SDAP have chosen to primarily focus on the using the *Statistical Neighbours for Children's Services* defined by the National Foundation for Educational Research (NFER). This ensures consistency with the comparator information described earlier in the assessment¹⁶.

Table 16 : 2010/11 Risk/Harm Profile 10 Key Vulnerabilities

Risk / Harm	Description
Opiate and/or Crack User (OCU)	Young person is using opiates and/or crack (in drug 1, 2 or 3) within the first episode of their treatment journey
Higher Risk Drinkers	Young person is drinking at harmful limits ¹⁷ for 13-26 days out of the previous 28 or young people drank 27-28 days out of the previous 28 regardless of unit intake
Poly Drug User	Young person is using two or more drugs (not including nicotine but could be any other two drugs)
NFA / Unsettled	Young person's accommodation need is No Fixed Abode (NFA) or unsettled

¹⁵ This profile is for all YP with a new treatment journey in the year. Information is taken from the first episode of that treatment journey. All items are captured at treatment start. Age is based on age at triage.

¹⁶ NFER ranks Somerset's closest statistical neighbours as: Devon, Suffolk, Herefordshire and Shropshire

¹⁷ Harmful limits are classed as more than 6 units for females and more than 8 units for males

Risk / Harm	Description
Offending	Young person is involved in offending and/or is in contact with the YOT
NEET	Young person's education status and employment status shows young people is NEET (not in any education, employment or training) as recorded in the young person's Education Status field
Early Onset	Age of first use of Drug 1 is under 15 (if this field is blank but clients age is under 15 Early Onset is considered to be true)
Young person is involved in Self Harm	Young person is involved in self harm at treatment start is answered yes
Young person is Pregnant and/or Parent	Young person is pregnant and / or has a parental status stating young person is pregnant or a parent
Young person is a Looked After Child (LAC)	Referral source of young people is 'LAC' or accommodation need is 'Looked After Child' ¹⁸

3.3.1 Somerset Risk / Harm Profile

The Somerset risk/harm profile is based on the 43 young people who started a new treatment journey in 2010/11.

The risk/harm matrix for young people shows the combinations of vulnerabilities present amongst those starting new treatment journeys. This along with profile charts for Somerset can be found at the back of this report in Appendix B.

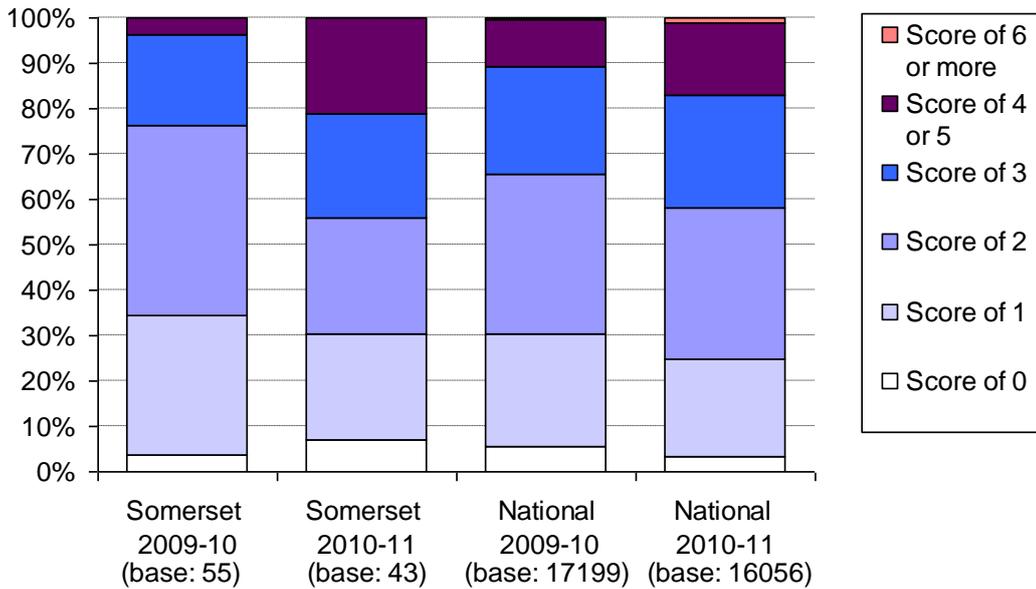
Key findings that emerge for Somerset:

- 1) The *early onset* risk/harm is the most common with 27 young people qualifying as at risk.
- 2) There were 23 *poly drug users* which is still over half of the people entering treatment. These two risk/harms together accounted for half of all risk/harms (50 out of 102).
- 3) One in four presented with *offending* (11 people), *NEET* (10) and *self-harm* (9) risk/harms.
- 4) There were relatively few young people with other risk/harms.

¹⁸ In 2011/12 this calculation will change to the new dataset H field 'is YP a looked after child'

- 5) The most common combinations, where young people had multiple risk/harms, was *early onset* and *poly drug user*. There were 13 young people who had both of these risk/harms on entering treatment.
- 6) Only other common combinations were: *poly drug user* with *offending* (8 people) and *poly drug user* with a *NEET* (9) risk/harm.
- 7) All ten of the risk/harm categories had at least 2 young people experiencing that risk/harm.
- 8) In general the older a young person was on entering treatment, the more likely they were to have at least one risk/harm; half of all young people aged 17 had at least one risk/harm.
- 9) However, two of the three youngest people aged 14 had a score of two and the third had a score of three.
- 10) It was also more probable that a young person would have multiple risk/harms the older they were. Only 16 and 17 year olds scored 4 or 5 risk/harms and of the 10 young people who had 3 risk/harms, 7 were aged 17. 16 year olds also had the highest average score of 2.9
- 11) 20 of the 23 *poly drug users* were aged 16 or 17 years old.
- 12) It was particularly likely that young people with an *early onset* risk/harm would have presented with cannabis as their primary drug (12 out of 27). The next most common was Alcohol (7) and Amphetamines (5).
- 13) The eight amphetamine users accounted for 25% of all risk/harms.
- 14) The two solvent users had on average four risk/harms each which was more than any other presenting drug group.
- 15) Eight of the nine clients with a score of 4 or 5 were female. All nine were aged 16 or 17. Two had presented with alcohol use and two had presented with amphetamines. One presented with each of cannabis, opiates, cocaine, solvents and other drug as their primary substance.
- 16) There was only one young person who entered treatment in 2010/11 with a non-White ethnic background. The young person in question had other ethnicity and had a score of 4 risk/harms and these were: *Higher risk Drinker*, *Poly Drug User*, *Early Onset* and *Self Harm*.
- 17) There was an increase between 2009-10 and 2010-11 in the proportion of clients with three or more risk/harms. A trend mirrored nationally.

Figure 14 : Year-on-year risk/harm profiles for young people entering treatment.



Source: NDTMS

3.3.2 Somerset Compared to Similar Areas

As indicated in the introduction to the section there are two ways to compare Somerset's risk/harm profile with other local authorities – using the Child Wellbeing Index (CWI) or using the Statistical Neighbours for Children's Services; locally the preference is to use the 'statistical neighbours'; the NTA preference is to use CWI. The following section uses comparisons with both methods.

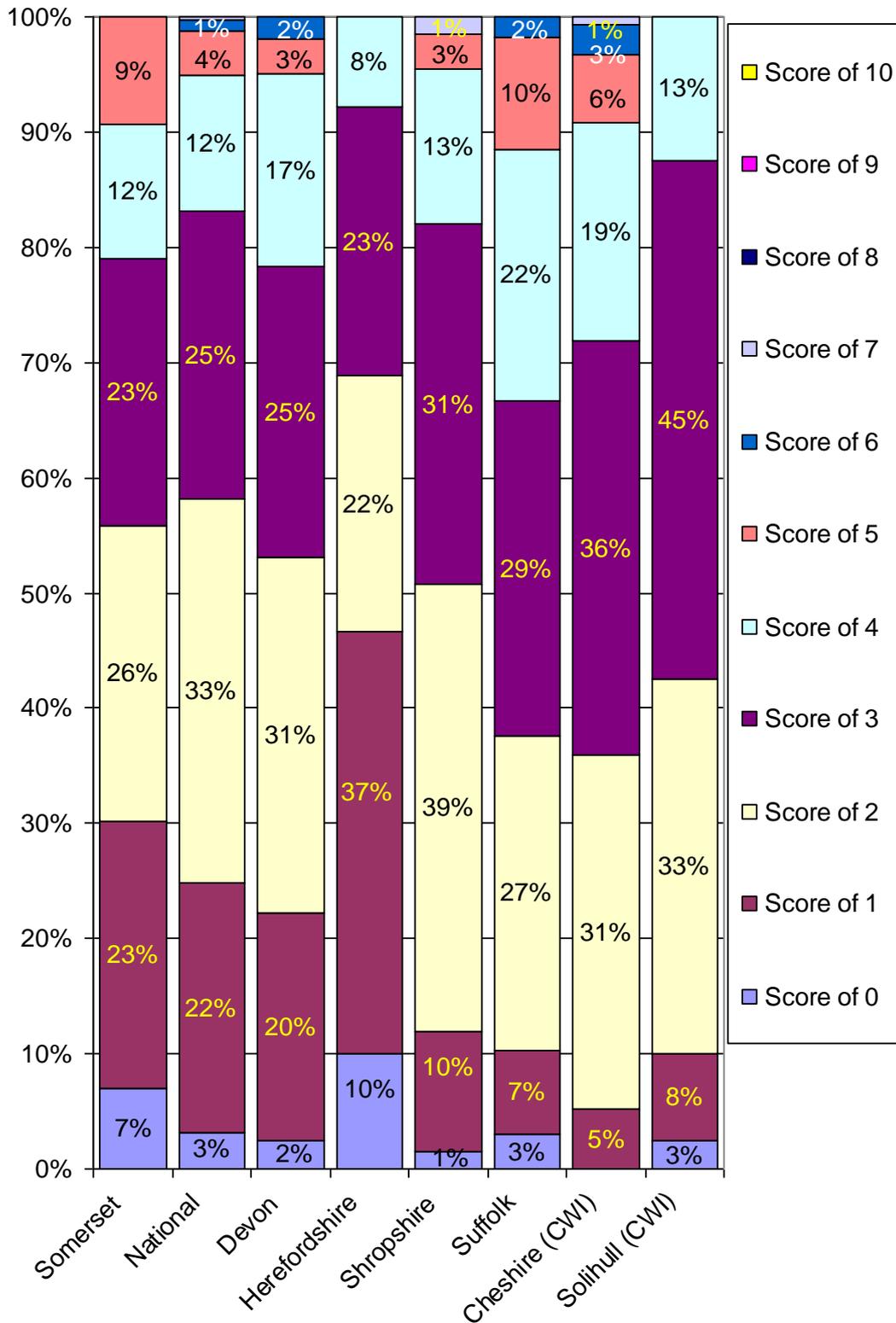
The number of new clients entering treatment in Somerset in 2010/11 was very small and so comparisons of profiles based on percentages need to be examined with the caveat that they may be subject to distortion.

Key findings:

- 1) Figure 15 does, however, show that in comparison to other areas young people entering treatment in Somerset were more likely to have no risk/harms or just one. The only exception was Herefordshire where almost half (47%) of young people entering treatment had a risk/harm score of 0 or 1.
- 2) There were relatively fewer young people entering new treatment journeys in Somerset with a score of between 2 and 4 than in other areas but there was a higher proportion of young people entering treatment with a score of 5 in Somerset than everywhere but Suffolk.

- 3) Somerset did not have any young people with a score of more than 5. Devon, Shropshire, Suffolk and Cheshire all had small proportions of people with either 6 or 7 risk/harms in line with the national averages.
- 4) One difference that stands out in the CWI comparators is the higher proportions of people with a score of 3 when compared to Somerset or her statistical neighbours.

Figure 15 : Risk/Harm score profiles for young people new in treatment in Somerset vs. child wellbeing index and statistical neighbour's comparison areas and England 2010/11



NB: percentage may not add up to exactly 100% due to rounding.

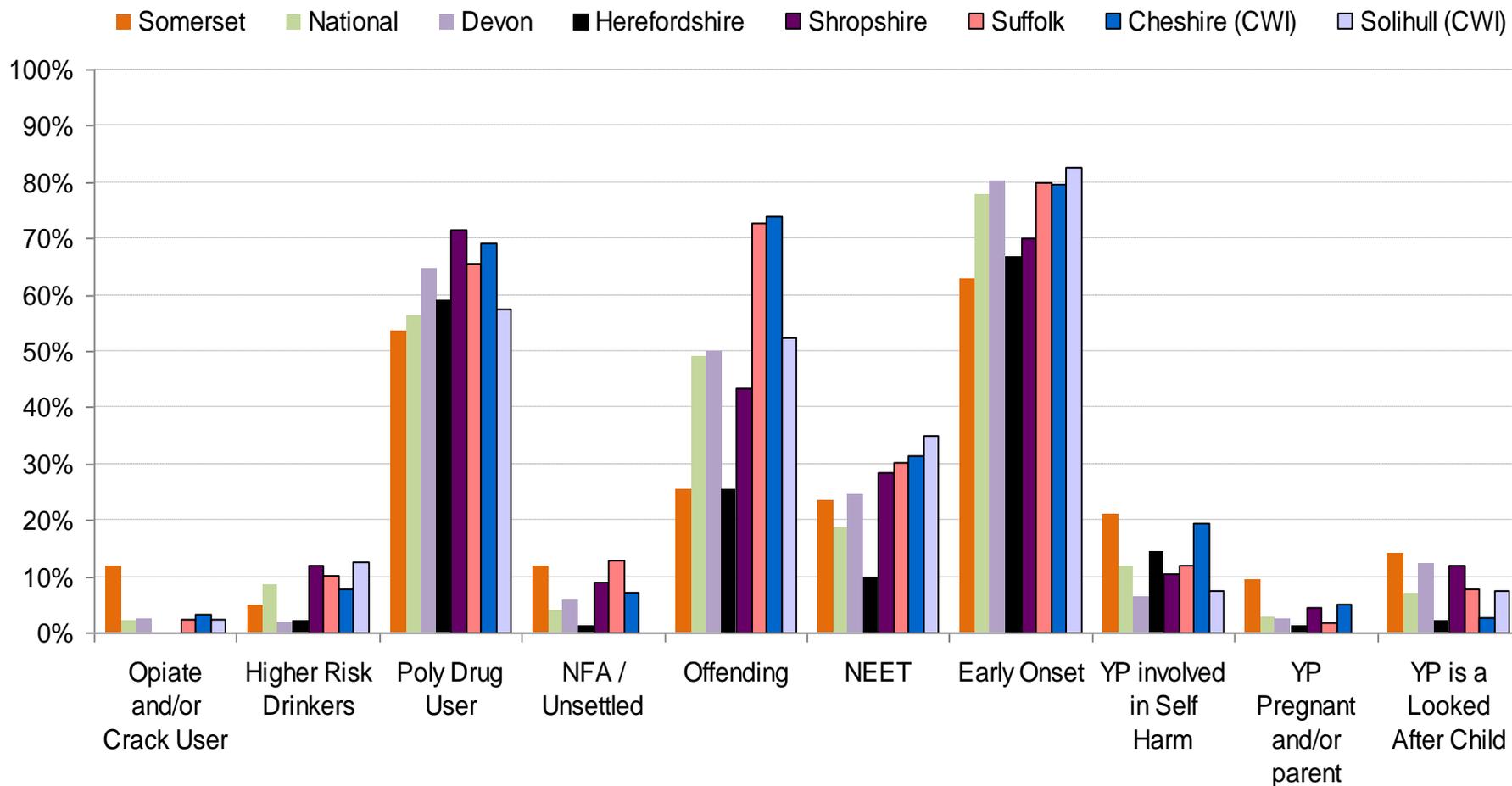
Source: NDTMS

Figure 16 explores Somerset against CWI and statistical comparators for each risk/harm category.

Key findings:

- a) It suggests Somerset actually has less people with *poly drug use* and *early onset* risk/harms than might be expected even though they are by far the most common risk/harms in the county.
- b) *Offending* is notably low in comparison to every other area except Herefordshire.
- c) *NEETs* were notably rarer than for the CWI comparators but the pattern amongst the statistical neighbours is variable.
- d) Somerset had a lower proportion of higher risk drinkers than both the CWI comparators. However, within the statistical neighbours Devon and Herefordshire did have relatively fewer still.
- e) Especially *Opiate and Crack use* and *YP is pregnant and/or parent* but also *LAC* and *YP involved in self harm* are more common than in any other area.
- f) *NFA/Unsettled* is more common in Somerset than all other comparators except for Suffolk.

Figure 16 : Risk/Harm type profiles for young people new in treatment in Somerset, comparison areas, closest Child Well Being Index (CWI) comparators and for England.



NB: percentage may not add up to exactly 100% due to rounding.

Source: NDTMS

3.4 Somerset 18-24 year olds in treatment with a young people's service

Locally commissioners have been discussing with the young people substance misuse treatment provider the number of clients staying on their caseload beyond their 18th birthday. Much of this discussion has focussed on developing the transitions policy between adult and young people's treatment services and ensuring that it is consistently operated across the County. This section explores briefly the young people aged 18-24 years old in treatment with the young people's service 2010/11 and April-September 2011.

Table 17 summarises the numbers and profiles of those 18-24 years in treatment in Somerset with the young people's treatment provider comparing 2010/11 to April-September 2011

Table 17 : Profile of 18-24 year olds in treatment with a young people's service

	2010/11		April-Sept 2011	
	Number	Gender	Number	Gender
<i>New treatment journeys</i>	5	1 - male 4 - female	6	4 - male 2 - female
<i>In treatment</i>	32	17 - male 15 - female	14	12 - male 2 - female
<i>Exits</i>	13	7 - male 6 - female	4	4 - male

Primary substances used by this cohort with the young people's service were: cannabis, 'Other stimulants' (cocaine, amphetamines), alcohol and opiates. The numbers for the first 6 months of 2011/12 do not appear to be reducing, though the transitions policy was not finally agreed between adult and young people's services until January 2012.

All of those in this cohort had been in treatment for between 2 and 4 years plus and only 54% of those exiting did so as planned exits. The remainder were either referred on (15%) or unplanned exits (31%). The rest of the year will need to be closely monitored to ensure that there is a clear and joint agreement for those young people who stay in treatment with the young people's service beyond their 18th birthday.

Appendix A Young People in Treatment in Somerset in 2010/11.

Service	Gender		Characteristics
On the Level – Mendip	Males	4	<ul style="list-style-type: none"> • One client's ethnicity was other. • Half were aged 16 and half were 17. • High number of presentations with other stimulants (10 out of 16) • No one presented using Class As. • None had ever injected.
	Females	12	
On the Level – Somerset Coast	Males	6	<ul style="list-style-type: none"> • Two clients were aged 15. • Four young people presented with Class A drug use. • One third had either injected previously (2 people) or were still doing so (4).
	Females	12	
On the Level – South Somerset	Males	6	<ul style="list-style-type: none"> • Half of the people in treatment were under the age of sixteen (one aged 14 and four aged 15) • Most clients presented using Cannabis and/or Alcohol (9 out of 11). • No one presented using Class As.
	Females	5	
On the Level – Taunton	Males	12	<ul style="list-style-type: none"> • A quarter of clients were under 16 years old (two aged 14 and three aged 15). • Most clients presented using Cannabis and/or Alcohol (8 out of 20) or other stimulants (6).
	Females	8	
Somerset YOT	Males	4	<ul style="list-style-type: none"> • All were aged 17 except for one person aged 15. • Two had presented with Class A drug use and three with other stimulants. • Five were currently injecting, one had previously done so and one was unrecorded.
	Females	3	
Turning Point (Taunton Deane)	Males	1	<ul style="list-style-type: none"> • The one young person was 17 and had presented with Class A use and was currently injecting.
	Females	0	

Appendix B Risk/Harm Tables.

Table B1 : Risk/Harm Matrix for Somerset young people showing the combinations of vulnerabilities present amongst those starting new treatment journeys 2010/11.

Risk/Harm Matrix - Somerset 2010-11	Early Onset	Poly Drug User	Offending	NEET	Self Harm	Looked After Child	OCU	NFA / Unsettled	YP is Pregnant and/or parent	Higher Risk Drinkers
Total:	27	23	11	10	9	6	5	5	4	2
Early Onset		13	7	3	5	4	2	2	1	2
Poly Drug User	13		8	9	5	4	3	3	4	1
Offending	7	8		4	1	3	1	1	1	0
NEET	3	9	4		2	2	2	3	4	0
Self Harm	5	5	1	2		2	0	1	1	2
YP is a Looked After Child	4	4	3	2	2		0	0	1	0
Opiate and/or Crack User	2	3	1	2	0	0		2	1	0
NFA / Unsettled	2	3	1	3	1	0	2		1	0
YP is Pregnant and/or a parent	1	4	1	4	1	1	1	1		0
Higher Risk Drinkers	2	1	0	0	2	0	0	0	0	

NB: The number in the matrix refer to actual numbers of young people experiencing that harm/risk.

Source: NTA Risk/Harm Profile 2010/11

Table B2 : Profile of Somerset young people new in treatment by risk/harms score 2010/11

Risk/Harm Score	0	1	2	3	4	5	All YP
Gender							
Male	3	7	4	6		1	21
Female		3	7	4	5	3	22
Age							
Aged 14			2	1			3
Aged 15	1	3	2	1			7
Aged 16		3	2	1	3	2	11
Aged 17	2	4	5	7	2	2	22
Primary Substance							
Cannabis		7	3	2	1		13
Alcohol		1	3	2		2	8
Opiates		1		1	1		3
Crack							
Cocaine			2		1		3
Ecstasy							
Amphetamines			2	4	1	1	8
Solvents				1		1	2
Other	3		1		1		5
Total YP	3	10	11	10	5	4	43

Source: NDTMS

Table B3 : Profile of Somerset young people new in treatment by risk/harms category 2010/11

	OCU	Higher Risk Drinker	Poly Drug User	NFA / Unsettled	Offending	NEET	Early Onset	Self Harm	Pregnant / Parent	LAC
Gender										
Male	2		8	2	6	2	12	3	1	2
Female	3	2	15	3	5	8	15	6	3	4
Age										
Aged 14			1		1		3			2
Aged 15			2				5	2		1
Aged 16	3		6	2	3	5	8	2	2	1
Aged 17	2	2	14	3	7	5	11	5	2	2
Primary Drug										
Cannabis			3	2	3	1	12	2		
Alcohol	1	1	4		2	2	7	2	1	3
Opiates	3		1	2	1	1				
Cocaine		1	3			1	2	1		
Amphetamines	1		8		4	3	5	1	2	1
Solvents			2		1	1	1	1		2
Other			2	1		1		1	1	

Source: NDTMS