



Barnet Young People Substance Misuse Service Review & Needs Assessment Refresh 2019

Acknowledgements

This review of current service provision and the needs of young people with substance misuse issues would not have been possible without the assistance of the people below:

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The staff and Service users of Barnet Young People's Substance Misuse Service

Executive Summary

The provision of drug and alcohol services for young people is cost-effective. A Department of Education study concluded that for every £1 invested in treatment, £1.93 is saved within 2 years and up to £8.38 is saved in the long term¹. Public Health England also report that specialist services for young people engaged individuals quickly, with the majority of treatment attendees leaving in a planned way and not returning to treatment services².

Like the national Drugs Strategy (2017) the focus in Barnet of service provision will be on the prevention of young people from initiating substance misuse in the first place. This aligns with the aims of Barnet Councils Corporate Plan 2024, which are to deliver a pleasant well-maintained borough that we protect and invest in; that our residents live happy, healthy, independent lives with the most vulnerable protected and that Barnet is filled by safe and strong communities where people get along. In addition, the provision of drug and alcohol services to young people support's the Joint Health and Well Being Board's 2019-2024 committee priorities of improving services for children and young people and ensuring the needs of children are considered in everything we do and encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing. For our young people who are using substances, our aim will be to provide services to assist them to make positive changes to their lifestyle and to promote recovery.

This review of existing service provision and needs assessment refresh provides information on national strategy and prevalence estimates before outlining Barnet specific data relating to substance misuse by young people in Barnet. It suggests areas for consideration ahead of the re-commissioning of the young people's substance misuse service.

The young people's service is currently provided by Westminster Drugs Project with a small team of staff of four professionals. It is co-located with the adult substance misuse service at the Denis Scott Unit in Edgware hospital.

Performance

- Nationally the number of young people consuming alcohol is currently reducing (Oldham et al, 2018) and the estimated number of 11-15-year olds who drank alcohol within the past week in Barnet³ was 2434.
- In Barnet, the most commonly used drug reported by young people in treatment services was Cannabis (reported in 27.5% of all treatment episodes in 2017/18) followed by alcohol (reported in 15.2% of all treatment episodes in 2017/18). Much smaller numbers of young people reported the use of Crack/Cocaine/Opiates in Barnet.
- PHE local estimates of opiate and crack use in young adults aged between 15-24 years in Barnet in 2016/17, produced a figure of 129 opiate users in Barnet and 258 opiate and crack users.

- Solvents including Nitrous Oxide accounted for 2.8% of clients in treatment and Novel Psychoactive Substances (NPS) accounted for 0.7% of the drugs reportedly used. The use of NPS, although low, is a change from the last needs assessment, completed in 2014, when no use of NPS was reported. This is a trend that will require monitoring in the future.
- The number of treatments episodes in Barnet has risen from 147 in 2015/16 to 208 in 2017/18 but the actual number of clients entering the young people's treatment service has reduced over the past twelve months up to June 2019.
- Referrals from criminal justice, education and social services have reduced but this has been offset slightly by increasing referrals from health services, targeted youth support and self/relative or concerned others.
- Psychosocial interventions accounted for 99% of the interventions provided in treatment episodes to young people and psychosocial and pharmacological treatment was responsible for the remaining 1% of all treatment episodes.
- Three quarters of clients were aged between 16-20 years old, 10% were between 13-15 years and 9% were aged over 21 years.
- Two thirds of service attenders identify their ethnicity as white. Much lower number of attendees at the service identify their ethnicity as mixed, Black/Black British, Other ethnic group, Asian/Asian British and in 2% of records, this information was not recorded.
- 44% of clients in treatment were in mainstream education and 9% were in alternative education. 18% had no status recorded. Only 3% were in regular employment and 1% were on training or an apprenticeship. 16% were Not in Employment, Education or Training (NEET). In addition, in Barnet, there is a high than average number of Looked After Children (LAC) in treatment for substance misuse.
- Consultation with young people and parents/carers was positive with only a few concerns raised relating to staffing numbers in the service, lack of dual diagnosis (mental health concerns combined with substance misuse) provision, requests to expand the service and to complete more prevention work in schools.
- The young people's substance misuse service accepts referrals of young people up to the age of 24 years and the adult service sees clients from the age of 18 years. This overlap could potentially create issues relating to which service clients aged between 18-24 years attends.

¹ <https://www.gov.uk/government/publications/specialist-drug-and-alcohol-services-for-young-people-a-cost-benefit-analysis>

² <https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack/young-people-substance-misuse-commissioning-support-2019-to-2020-principles-and-indicators>

³ Sources: Greater London Authority (population projection tool 2016 central trend), NHS Digital (Smoking drinking and drug use among young people England: 2016)

Key findings and recommendations:

- There is no strategic group which oversees substance misuse service provision. This can mean that areas of good practice go unrecognized and areas requiring improvement are not resolved quickly. It is therefore recommended that a strategic group is established to oversee substance misuse provision.
- There are variations between the existing service specification and the services being delivered. To resolve these issues, we should establish clear KPI's for contract monitoring including processes for under performance and not fulfilling contractual obligations.
- The overall numbers of young people entering treatment are reducing, as are referrals from certain sources. It is recommended that a review of the location of the service within Edgware hospital should be completed along with the development of an engagement plan to increase referrals from all sources.
- The focus of current provision is on specialist treatment. We would like to realign the main emphasis of services towards prevention. To achieve this a delivery plan with a focus on prevention should be developed.
- The provision of Identification and Brief Advice (IBA) is currently limited in Barnet and should be reviewed, especially in relation to provision of IBA to Young People.
- There are higher than average numbers of young people who are NEET's in the substance misuse service and only 44% of young people in treatment were in mainstream education. We need to ensure that as part of their recovery young people are supported back into education, employment or volunteering.
- There is a greater than average number of looked after children in services in Barnet, we need to work in partnership with other local authority services to ensure that young people with wider vulnerabilities receive an assessment of all needs and that these needs are met.
- In response to requests from service users for more focused sessions and increased provision around mental health, a review of the training needs of staff and a workforce development plan should be written to ensure that staff are valued and their development needs are met to improve the services offered to clients.

Introduction

This review of Barnet Young People's Substance Misuse Service and refresh of the previous needs assessment, was completed over a three-month period from January to March, 2019. The currently commissioned services contract is due for completion in March 2020. Ahead of the recommissioning process, this review of current service provision and a refresh of the previous needs assessment was completed. The methods used within this review consisted of identification of available data from several local and national sources, followed by data collection and analysis. To collect the opinions of service users, family/friends and carers, a short survey asking questions relating to current service provision was completed.

The main aims of the review were:

- To outline current service provision available to young people across Barnet
- Identify areas of good practice and potential areas for improvement
- Make recommendations based on the data to improve service user's experiences, along with improving performance and outcomes.

This document follows a similar format to the previous Young People Substance Misuse Needs Assessment, completed during 2014. It begins with a national policy overview and a picture of the prevalence of young people's drug and alcohol misuse in the UK. This is followed by local data from the London Borough of Barnet. In the final sections of the report, the responses received from the survey of services users and parents/carers are outlined and recommendations for the future are presented.

In the previous document it was suggested that "the report should be seen as a starting point for the ongoing collection of feedback and data on a more regular basis rather than an endpoint" (pg. 5, 2014). A similar vision can be applied to this document to ensure that the recommendations are investigated and change implemented as appropriate to improve the service provision to young people across Barnet.

Policy Background

The current Drugs Strategy⁴ was published during 2017 by the government and their partners and this document had four main aims. These aims focused on:

- Preventing people – particularly young people – from becoming drug users in the first place;
- Targeting those criminals seeking to profit from others' misery and restricting the availability of drugs;
- Offering people with a drug dependence problem the best chance of recovery through support at every stage of their life; and
- Leading and driving action on a global scale.

Like the previous Drugs Strategy, which was released in 2010, the overarching themes of reducing demand, restricting supply and building recovery were proposed, but a new theme of global action was added. Specifically, in relation to young people, the current drug strategy, stated, "We will take action to prevent the onset of drugs use, and its escalation at all ages. Through universal action combined with more targeted action for the most vulnerable. This includes placing a greater emphasis on building resilience and confidence among our young people to prevent the range of risks they face (e.g. drug and alcohol misuse, crime, exploitation, unhealthy relationships)" (HM Government, 2017, p: 6).

The strategy also discussed the importance of giving young people the best start and in life and how schools play a key role in developing confidence and resilience for young people. The links between substance misuse and other vulnerabilities that can heighten the risk of abuse and exploitation is outlined. It was noted that "In 2015-16, 17% of young people accessing specialist substance misuse services were not in education, training or employment and 12% were looked after children" (HM Government, 2017, p: 12). The strategy advocated that each agency should use every contact with a young person as an opportunity to identify and intervene both in substance misuse, and in wider issues. Young people accessing specialist treatment services were noted to be "usually experiencing other problems such as self-harm or other manifestations of poor health, truanting, offending and sexual exploitation which may be driving the young person's substance misuse" (HM Government, 2019, p: 10). Due to the complexity of the issues relating to young people, it was suggested that partnership working between all services involved with the young person, was important.

The national drug strategy mentioned new psychoactive substances (NPS's) and how the content and harms of each substance was unknown. It was suggested that this had created additional dangers to some of our most vulnerable groups e.g. young people, the homeless and prisoners. The use of young people through 'county lines' was mentioned within the

strategy as an increasing concern. The information contained within the national drugs strategy was used within this document when it related to local circumstances in Barnet.

In the previous Substance Misuse Needs Assessment in 2014, it was noted that the last national alcohol strategy was published in 2012. The current indications are that a new national alcohol strategy is currently being devised and publication will be soon. Please note, that based on this information, a decision was taken to not include information from the outdated alcohol strategy and await publication of the new strategy.

Prevalence of drug and alcohol misuse

Public Health England (PHE) publishes national data relating to the prevalence of Young People's use of alcohol and drugs. Concerning alcohol, the most recent advice on consumption of alcohol by young people remains the Chief Medical Officer's advice in 2009 that an alcohol-free childhood is the healthiest and best option and that if children do drink alcohol, it should not be until at least the age of 15 years⁵. For young people aged 15-17 years, it is recommended that alcohol is only drunk once per week and in a supervised environment⁶

As a young person grows older, the chances of them drinking alcohol increases. For example, in a NHS digital survey in 2016 it was noted that 15% of 11-year old had ever had an alcoholic drink compared to 73% of 15-year old's⁷. It is important to note that overall between 2003 and 2016 in the United Kingdom, there was a decline in the number of young people who said they had ever had an alcoholic drink, from just over 60% to 44%.

In a survey of Young People completed by the Office of National Statistics (ONS) in 2016, it was concluded that 44% of 11 to 15-year-old school pupils had ever had an alcoholic drink and 24% had ever taken drugs⁸. This figure of 24% for consuming drugs, should be viewed with caution however, as this is a substantial increase since the previous survey in 2014 (when the figure was 15%).

In relation to gender, slightly more girls than boys said they had ever had an alcoholic drink (46% of girls and 43% of boys) and both sexes were more likely to have had a drink if their ethnicity was white (51%) or mixed ethnicity (45%), than Black (28%) or Asian ethnic groups (13%).

⁴ <https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack/young-people-substance-misuse-commissioning-support-2019-to-2020-principles-and-indicators>

^{6 4 5} <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2016>

The ONS survey examining drinking and drug use among young people in England, also researched factors associated with drinking alcohol by young people in the past week and the Figure below shows the results of this.

Figure 1: Factors associated with drinking in the last week⁹



Whilst the above Figure suggests factors that are associated with young people consuming an alcoholic drink within the last week, this is not to say that these are causal factors. For example, a young person who truants is more likely to have consumed alcohol within the past seven days but it cannot be assumed that it is truancy that is causing them to drink alcohol.

Estimates of young people's drinking in Barnet

There are no local statistics that estimate the prevalence of young people's alcohol consumption in Barnet. By using national data sources however, on percentage of young people who reported drinking alcohol in the last week and applying this to population estimates of the number of 11-15 years olds in Barnet, we can calculate a crude prevalence figure. Table 1 below, presents the figures used in this calculation.

⁹ <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2016>

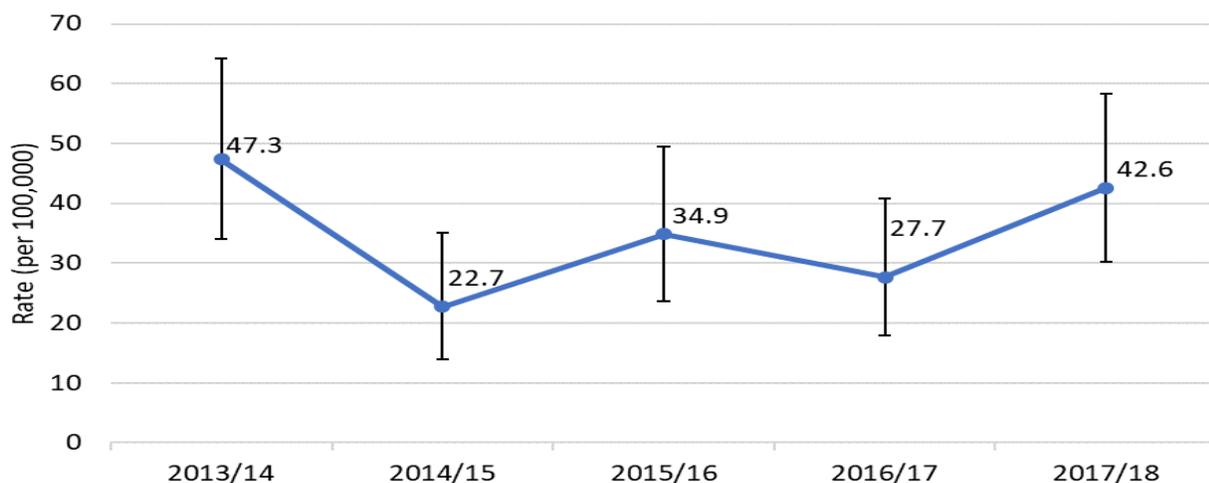
Table 1: Estimate of the number of 11-15-year olds who drank alcohol within the past week in Barnet ¹⁰	
Barnet Population estimate (11-15-year-old)	24,100 people
Prevalence (drank alcohol in last week)	10.1%
Barnet estimate	2434

This figure needs to be viewed with caution however as firstly, it is a crude estimate only. Secondly, whilst legally no 11-15-year-olds should be consuming alcohol, a measurement of drinking alcohol in the last week does not provide evidence of problematic alcohol consumption requiring intervention. Other sources of data such as hospital attendances and admissions or ambulance data, could be used as sources of information to provide a greater understanding of any potentially problematic alcohol use by young people.

Alcohol related ambulance callouts

The following Figures provide information relating to ambulance data in Barnet. The sources of this information are Greater London Authority's, SafeStats datastore and Office of National Statistics (ONS) data. On each Figure where there are a series of vertical lines, each line represents the confidence interval surrounding the figure. For example, for the rate of 47.3 per 100,000 the upper confidence interval figure is 65 and the lower confidence interval is 34. The interpretation of this is that, there is a 95% confidence rate that the true value of the data lies between 34 and 65 and is not due to chance. All data is for young people aged between 1-17 years old. For data where the confidence intervals overlap, we cannot be totally confident that the difference is not due to chance and therefore the result is not statistically significant.

Figure 2: Alcohol-related ambulance callouts for Barnet young people, 2013/14 - 2017/18¹¹¹²



This Figure displays the figures as a rate per 100,000 of population. The explanation of this is that the numbers of ambulance call outs for young people have been divided by the population numbers in the area. If this process was not completed, it can bias the figures and lead to inaccurate conclusions being made. As can be seen from the Figure, the rate per 100,000 population, appears to follow a fluctuating pattern between 2013/14 and 2017/18, and overall there appears to have been a slight reduction in call outs per 100,000 population since 2013/2014. As the confidence intervals surrounding this data overlaps however, this conclusion cannot be made as the difference is not statistically significant. The most recent figures for 2017/18 again appear to show that the number of call outs per 100,000 population have increased since 2016/17 but the confidence intervals overlap and therefore a conclusion of increasing ambulance call outs, cannot be made. This is an area that requires further monitoring however as time moves forward to observe if this pattern alters and any change become statistically significant.

In Figure 3 below, additional information is provided in relation to ambulance call outs by age range, as a rate per 10,000 population. This Figure shows that there was a very low ambulance call out rate per 10,000 relating to alcohol for young people aged between 1-10years. As age increases the rate per 10,000 for ambulance call outs rise, with the greatest rate of ambulance call outs within the 15-17-year-old age group. This pattern relating to ambulance call outs for young people being higher in the older age groups, has not altered since the previous needs assessment examined data going back to 2009/10. Given the previous statistics showing that alcohol use increases with age, it would be expected that alcohol related ambulance call outs would follow the same pattern.

¹⁰ Sources: Greater London Authority (population projection tool 2016 central trend), NHS Digital (Smoking drinking and drug use among young people England: 2016)

¹¹ Sources: Greater London Authority (SafeStats), Greater London Authority (ONS Mid-Year Population Estimates - Custom Age Tables)

¹² Note: Most recent ward level population estimates were 2015. Rates apply 2017/18 counts to 2015 population estimates.

This data is for young people aged between 1–17 years old. Callouts are those which were classified as alcohol-related for illness type. Data that was recorded as blanks have been excluded.

Figure 3: Alcohol-related ambulance callouts for Barnet young people, by age, 2013/14 – 2017/18¹³

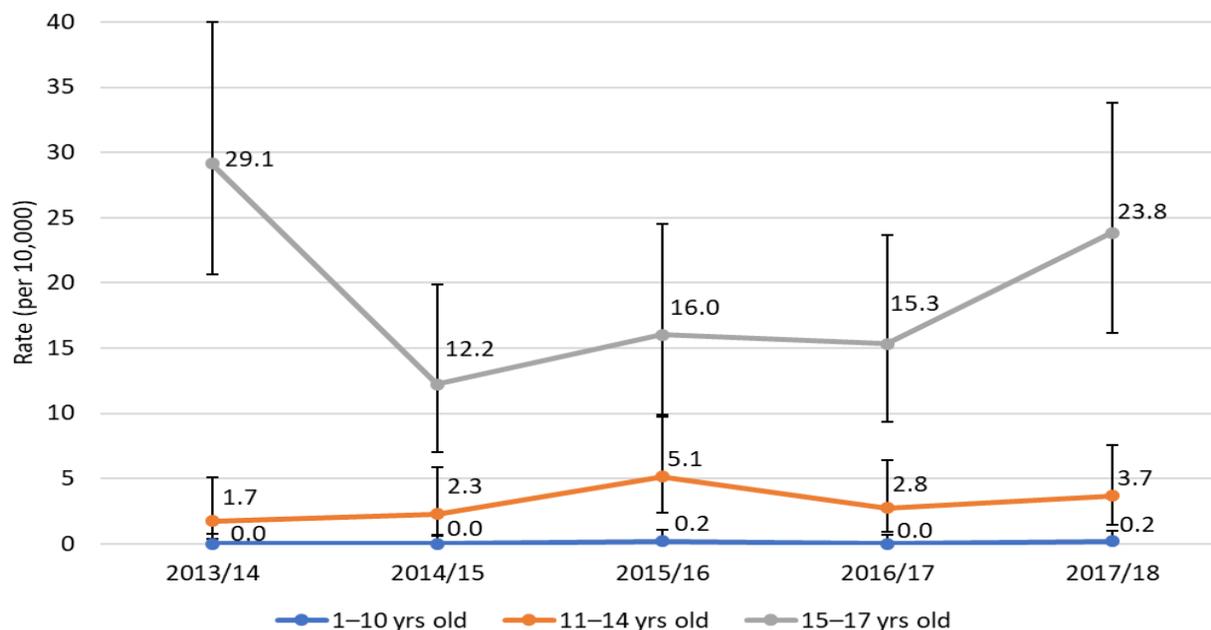
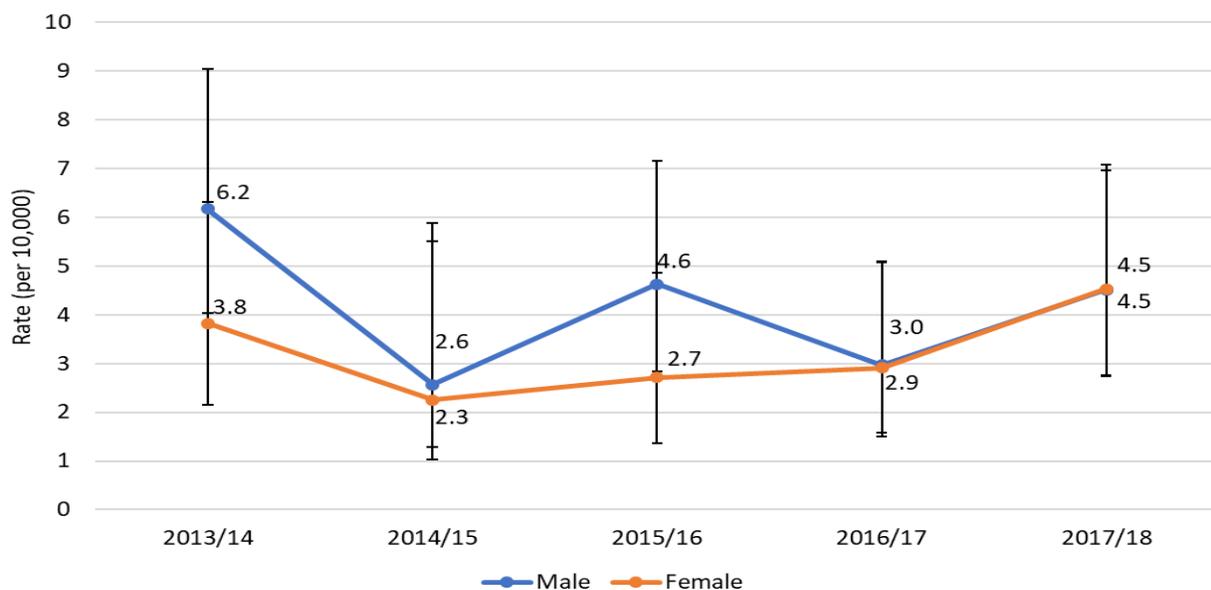


Figure 4: Alcohol-related ambulance callouts for Barnet young people, by gender 2013/14 - 2017/18⁹

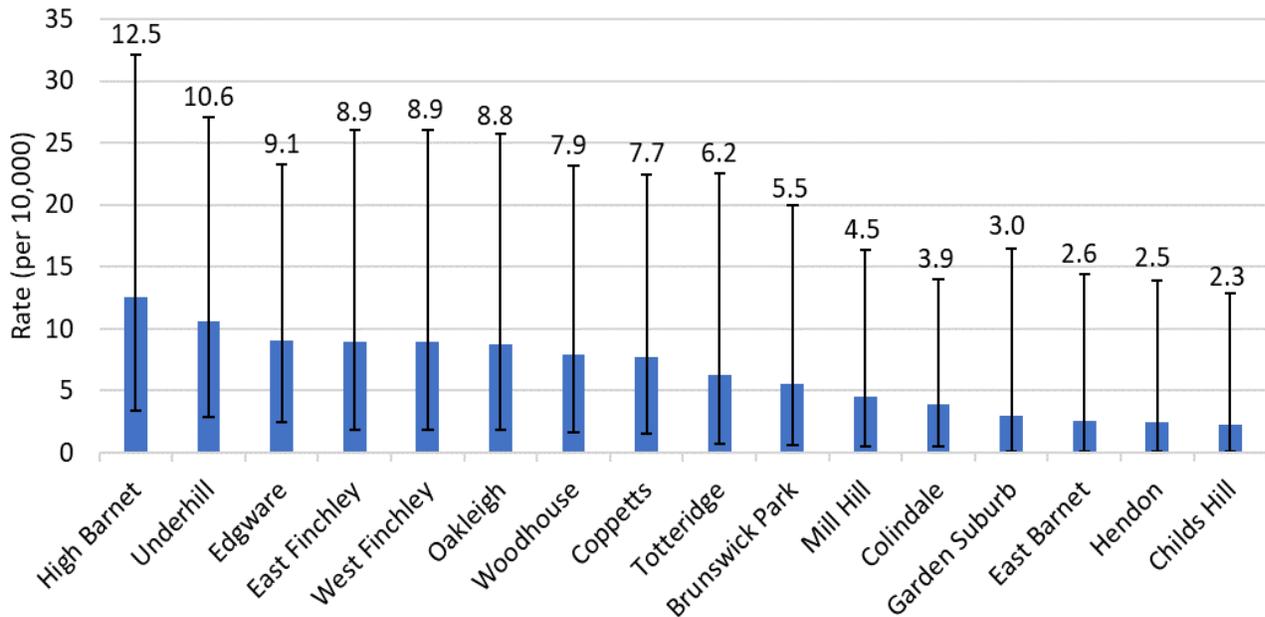


¹³ Sources: Greater London Authority (SafeStats), Greater London Authority (ONS Mid-Year Population Estimates - Custom Age Tables)

Figure 4 above, plots the rate per 10,000 of ambulance call outs for young people divided into male and females. The picture presented on an initial examination, appears to show fluctuations in call outs and although the rates in both 2016/17 and 2017/18 for both sexes was almost the same rate per 10,000; as the confidence intervals overlap in each year, these results are not statistically significant and should be interpreted with caution.

Figure 5 below, outlines the location by ward of the ambulance call outs by young people as a rate per 10,000 in 2017/18. The wards with the highest rates of call outs were High Barnet, Underhill and Edgware with the lowest rates being in East Barnet, Hendon and Child’s Hill. This Figure should be viewed with caution again however, as the higher rates of ambulance call outs in certain wards could reflect young people travelling to these wards to consume alcohol, instead of an indication of high rates of call outs by young people who live in those areas.

Figure 5: Alcohol-related ambulance callouts for Barnet young people, by ward, 2017/18¹⁴

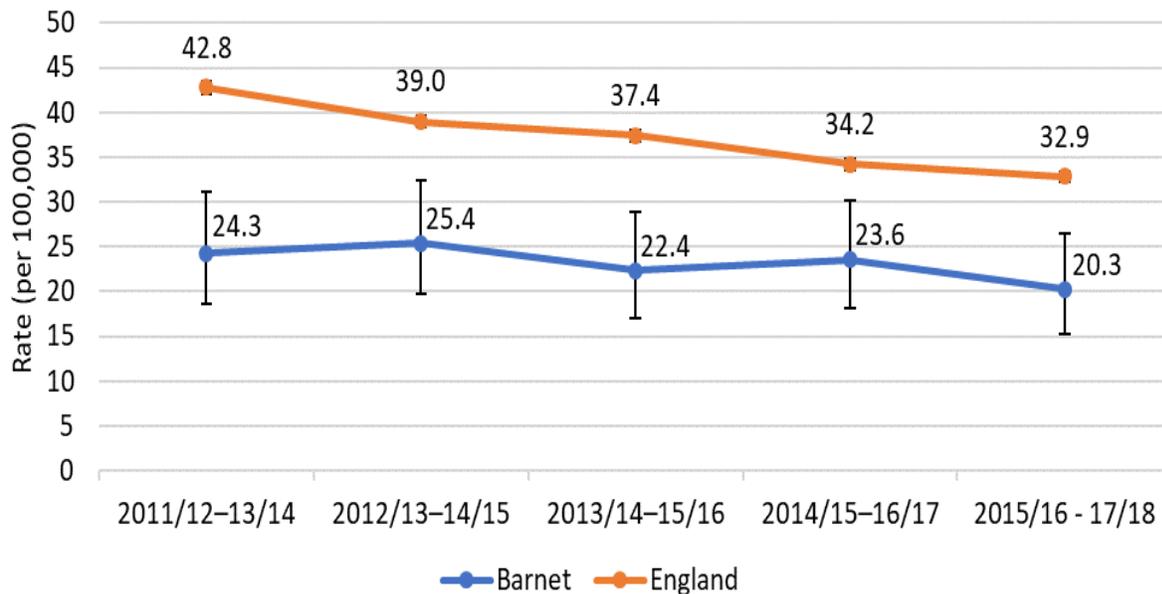


¹⁴ Sources: Greater London Authority (SafeStats), Greater London Authority (ONS Mid-Year Population Estimates - Custom Age Tables)

Alcohol specific hospital admissions¹⁵

Figure 6 below specifies the rate per 100,000 of young people aged under 18 in Barnet who were admitted to hospital for a condition that was completely caused by alcohol. A comparison between the rate in Barnet and the rate in England, showed that Barnet rates were lower than the England average and this situation has been constant since 2011/2012. Another point to note within this Figure was the decreasing trend in the rate of admissions. At a national level, it has been noted that young people are reducing their overall alcohol consumption. As research by Oldham et al (2018, p:3) comments “Young people in England are drinking less. Evidence from multiple surveys shows a consistent pattern over 10-15 years of reduced participation in drinking, reduced consumption levels among drinkers, reduced prevalence of drunkenness and less positive attitudes towards alcohol”¹⁶. A reducing trend in hospital admissions for under 18’s can be seen in Barnet, although it is not a substantial reduction and this situation should be monitored in the future.

Figure 6: Alcohol-specific hospital admissions for Barnet under 18s



¹⁵ Public Health England (Local Alcohol Profiles for England)

¹⁶ https://www.sheffield.ac.uk/polopoly_fs/1.806889!/file/Oldham_Holmes_Youth_drinking_in_decline_FINAL.pdf

Crime Survey for England and Wales 2017/18

The crime survey for England and Wales provides information and trends relating to illicit drug use among a national representative sample of 16-59-year-old residents in households and the last survey was reported in 2017/18. The Figures below all use data from the Crime Survey. Although this data is for all ages up to 59 years, the young people's substance misuse service in Barnet works with clients up to the age of 24 years. Therefore, data for individuals falling into the category of 16-24 years old is relevant to this service review and needs assessment refresh.

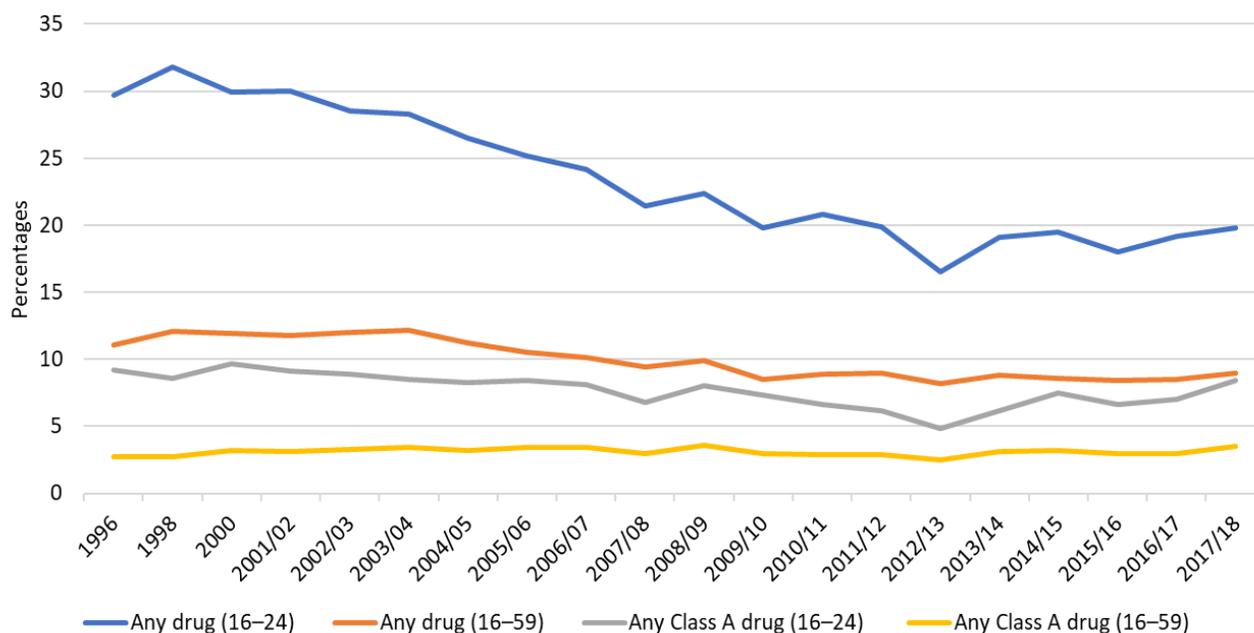
Key findings from the Crime Survey for 2017/18¹⁷ included:

- According to the 2017/18 CSEW, 2.1 per cent of all adults aged 16 to 59 were classed as frequent drug users (had taken a drug more than once a month). This equated to around 698,000 people. This figure was similar to the 2016/17 survey (2.0%).
- As in previous years, younger people were more likely to take drugs than older people. The level of any drug use in the last year was highest among 16 to 19-year olds (16.9%) and 20 to 24-year olds (21.8%). The level of drug use was much lower in the oldest age group (2.0% of 55 to 59-year olds).
- As with drug use in general, young adults (16 to 24-year olds) were more likely to be frequent drug users than the wider age group (16 to 59-year olds). The proportion of young adults who were classed as frequent drug users was 4.1 per cent (equivalent to around 248,000 young people in England and Wales). This was similar to the 2016/17 figure of 4.2%.
- As in previous years, of the three drugs with specific questions on frequency of use, cannabis was the most likely to be frequently used, with 34 per cent of cannabis users aged 16 to 59 years old classed as frequent users in the 2017/18 survey.
- There has been a long-term decrease in the frequent use of powder cocaine: for example, the proportion of frequent drug users of powder cocaine fell from 21.8 per cent in the 2007/08 survey to 12.8 per cent in 2017/18. Frequent use of both powder cocaine and ecstasy has not changed significantly compared with the 2016/17 survey.
- The majority of ecstasy and powder cocaine users reported having taken the drug only once or twice a year rather than frequently (68% for ecstasy and 54% for powder cocaine users).

¹⁷ Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729249/drug-misuse-2018-hosb1418.pdf

The Figure below outlines the trends in relation to the use of illicit substances since 1996 in England and Wales. This is broken down by two age groups, namely 16-24 years and 16-59 years. In relation to any drug use for 16-24 year olds, there has been a downward trend in use from just over 30% in 1996 to 20% by 2017/18. This downward trend for Any Drug is also seen in the 16-59 years group but it is not as dramatic; decreasing from approximately 11% in 1996 to 9% in 2017/18.

Figure 7: Trends in illicit drug use in the last year among adults, by age group, 1996 to 2017/18¹⁸



Each substance is classed under the Misuse of Drugs Act (1971) into groupings known as Class A, B or C, dependent on the harm it is considered to cause. Class A drugs¹⁹ are viewed as the most harmful and therefore attract the highest level of penalties in law for possessing that substance and supplying it to others. Concerning Class A drug use in the age group of 16-24 at a national level, the Figure above shows that the trend from 1996 has remained relatively stable, with the general downward trend, finishing during 2012/13. Class A drug use in 16-24 year olds then increased until 2014/2015, dropped briefly and has been climbing again since 2015/2016. It is important to note however that the overall percentage of Class A drug use in 16-24 year olds at the national level is no higher in 2017/18 than it was in 1996 overall. Class A drug use in individuals aged 16-59 years since 1996 has also

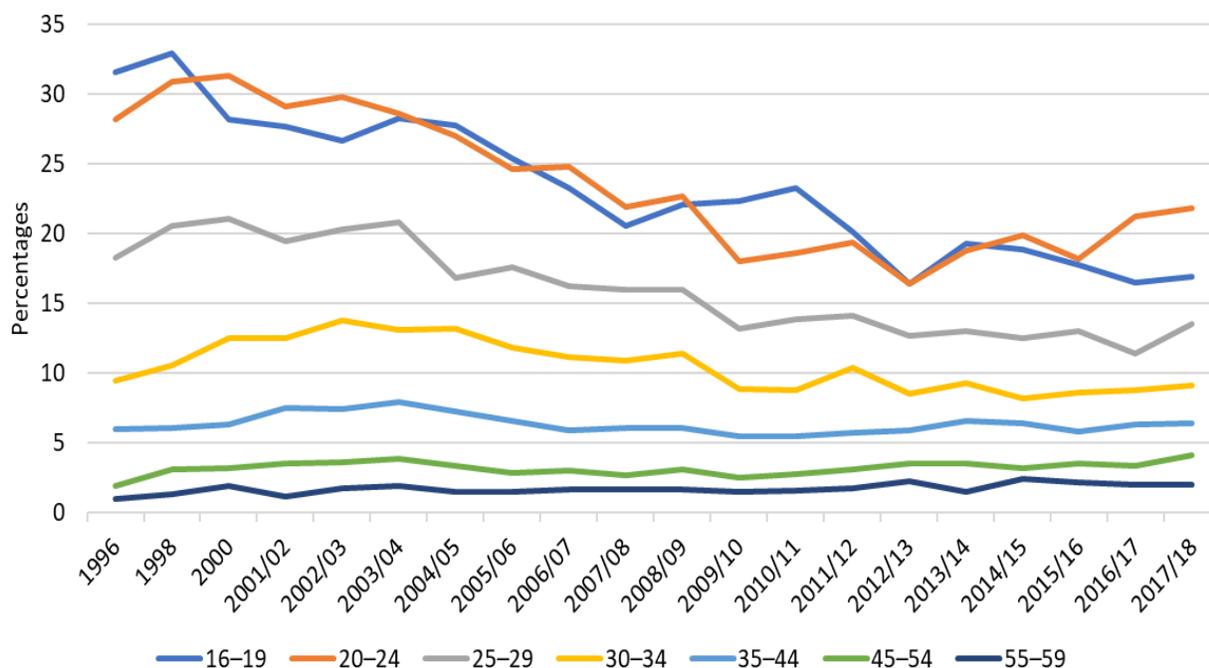
¹⁸ Home Office (Drug Misuse: Findings from the 2017/18 Crime Survey for England and Wales)

¹⁹ Crack cocaine, cocaine, ecstasy (MDMA), heroin, LSD, magic mushrooms, methadone, methamphetamine (crystal meth)

remained reasonably stable but in 2017/18 the percentage is slightly higher overall than it was in 1996.

In Figure 8 below, the proportion of 16-59 year olds reporting use of any drug within the last 12 months, broken down into age ranges, is presented. In 1996, approximately a third (33%) of all young people aged 16-19 years reported use of a drug and by 2017/18, this figure had dropped to 17%. For individuals aged 19-24 years, in 1996, 26% reported use of a substance and by 2017/18, this proportion had reduced to 23%. These figures support the idea that substance misuse by young people aged between 16-24 years, at a national level, is currently following a downward trend. As the focus of this report is on young people aged up to 24 years, no commentary in relation to older age ranges is provided.

Figure 8: Proportions of 16–59-year old’s reporting use of any drug in the last year, by age group, 1996 to 2017/18²⁰



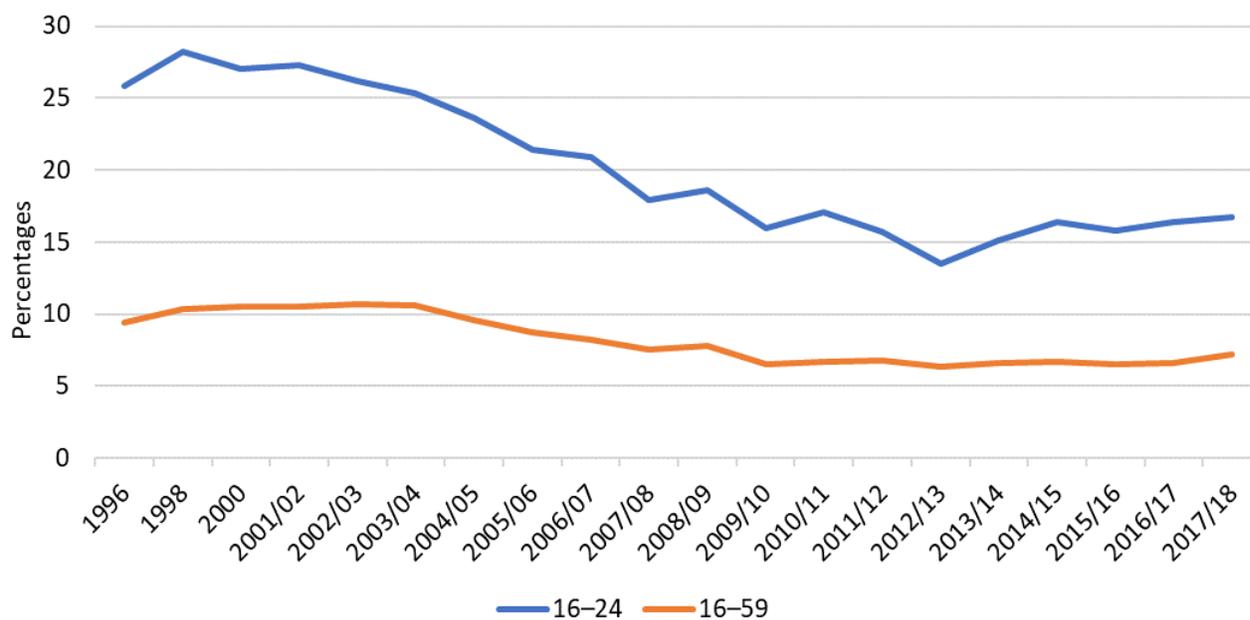
Cannabis

After alcohol, cannabis is the most commonly used substance by young people in the UK. Figure 8 below outlines the percentages of young people and adults who report using cannabis over the past year and this Figure shows the trend from 1996. For young people aged 16-24 years the national figures appear to show a overall decreasing trend in cannabis

²⁰ Crime Survey for England and Wales 2017/18

use, from 9% in 1996 to approximately 7% in 2017/18. For adults aged 16-59 years, the comparison is that after an initial rise between 1996 and 1998, the percentages fluctuated with an overall decrease until 2012/13. Since this time point, the percentages for adults using Cannabis in the last year have fluctuated with a small upward trend developing. Please note that this information relates to use of Cannabis within the last year and it therefore may not be a measurement of the number of people with a treatment need in relation to their Cannabis use.

Figure 9: Proportions of adults using cannabis in the last year, by age group, 1996 to 2017/18²¹



Powder Cocaine

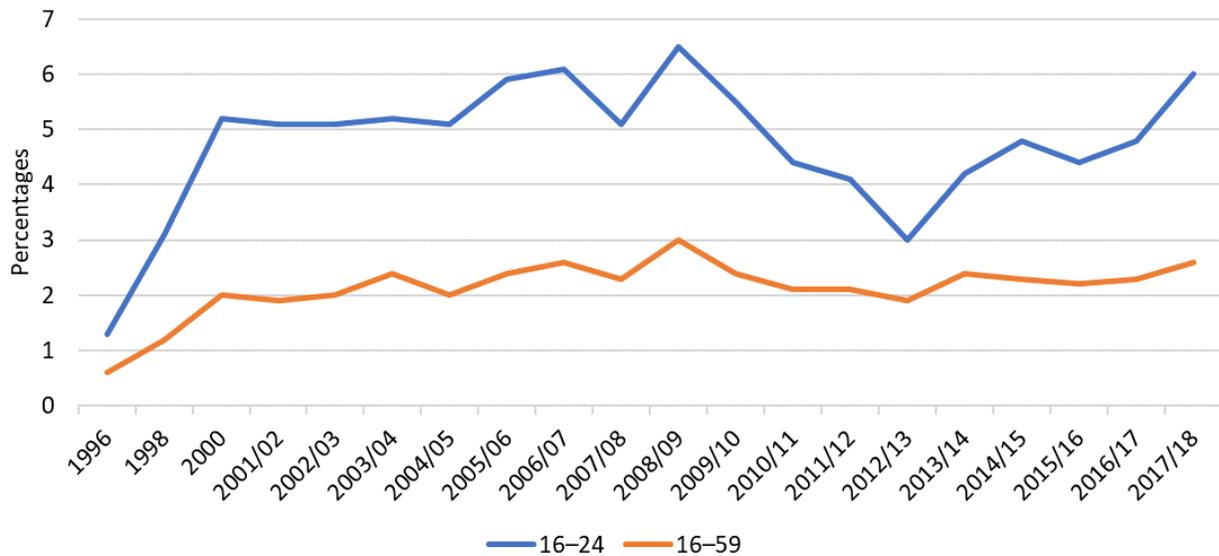
Despite the trend for Class A drug use in young people aged 16-24 years to be relatively stable since 1996, in Figure 9 below, the proportion of young people aged 16-24 years who used powder cocaine in the last 12 months between 1996 and 2017/18 shows an increasing trend, from less than 1% in 1996 to 2.5% in 2017/18 nationally. Although the percentages are still small, i.e. under 3% of the population aged between 16-24 years, as it is an increasing percentage, and therefore this trend should be monitored.

For people aged 16-59 years, the proportion reporting using powder cocaine in the past year rose from just over 1% in 1996, to a high of 6.5% in 2008/09, before reducing again to 3% in

²¹ Home Office (Drug Misuse: Findings from the 2017/18 Crime Survey for England and Wales)

2012/13 and climbing back to 6% in 2017/18. As the highest percentage reported was 6.5% and the last reported percentage was 6%, this is also a trend that will require monitoring.

Figure 10: Proportions of adults using powder cocaine in the last year, by age group, 1996 to 2017/18²²

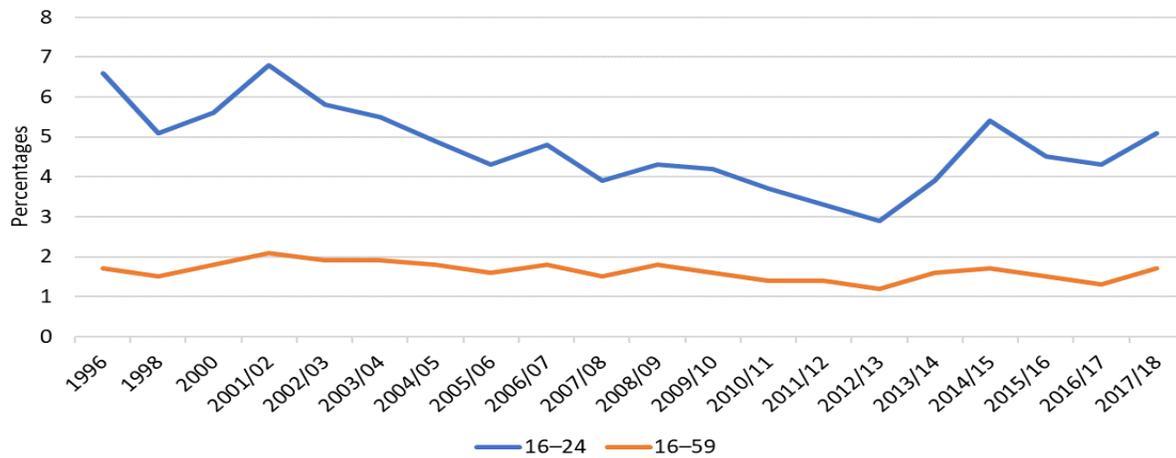


Ecstasy

The proportion of 16-24-year old's reporting ecstasy use within the last 12 months was just over 5% and in 1996 the figure was approximately 6.6%. Despite fluctuations in reported patterns of use since 1996, the overall trend points to a small reduction in ecstasy use by people aged 16-24 years. For individuals in the 16-59 age range, the corresponding figures are that in 1996, 1.8% percent reported ecstasy use in the past year nationally and by 2017/2017, this proportion had not greatly altered.

²² Home Office (Drug Misuse: Findings from the 2017/18 Crime Survey for England and Wales)

Figure 11: Proportions of adults using ecstasy in the last year, by age group, 1996 to 2017/18²³



New Psychoactive Substances and Nitrous Oxide

Within this document the term New Psychoactive Substances (NPS) refers to newly available drugs that mimic the effect of existing drugs such as cannabis, ecstasy and powder cocaine²⁴. Some NPS were previously legal to supply if they were not already controlled under the Misuse of Drugs Act 1971. However, under the Psychoactive Substances Act 2016, all are now illegal to supply, produce and import²⁵

The crime survey published the key findings below in relation to the use of NPS by individuals aged 16-59 years, across England and Wales.

- Use of NPS has not changed in the last year. Approximately 0.4 per cent of adults aged 16 to 59 had used NPS in the last year (equivalent to around 121,000 adults). While this was the same level as in the 2016/17 CSEW, it was lower than the 0.7 per cent found in the 2015/16 survey.
- As in previous years, around half of all NPS users were aged 16 to 24. In the last year 1.2 per cent of adults aged 16 to 24 used NPS (equivalent to around 70,000 young adults).
- People who had visited a pub or nightclub, consumed alcohol, or used another drug, were more likely to have used NPS in the last year than those who had not.

²³ Home Office (Drug Misuse: Findings from the 2017/18 Crime Survey for England and Wales)

²⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729249/drug-misuse-2018-hosb1418.pdf

²⁵ Ibid

This was true for young adults aged 16 to 24 as well as the wider 16 to 59 age group.

- Herbal smoking mixtures were still the most commonly used NPS in the last year, although there was an increase in the use of liquids. A third (33%) of last year users aged 16 to 59 had smoked an herbal mixture on the last occasion that they used NPS. One in four (25%) ingested a liquid, which was twice as high as the previous year (12%).
- NPS were still more likely than other illicit drugs to be obtained from shops and the internet. Around 30 per cent of last year NPS users aged 16 to 59 had obtained the last NPS they used from either a shop (15%) or the internet (15%), compared with 5 per cent for other illicit drugs (4% from a shop, 1% from the internet).

The findings from the crime survey in relation to NPS also included the statistic that younger adults aged 16-24 were around three times more likely than adults aged 16 to 59 to have used NPS in the last year (1.2%), equating to around 70,000 people in England and Wales²⁶. This figure was unchanged from the 2016/17 survey but lower than the 2015/16 survey (2.6%).

The findings from the survey in relation to Nitrous Oxide, otherwise known as laughing gas, were that 2.3% of people aged 16-59 years (approximately 725,000 people) had used this substance²⁷. This figure has remained roughly the same since 2013. The crime survey reports that like other substances, the levels of use of Nitrous Oxide were highest among those aged 16-24 years (8.8%, around 521,000) across England and Wales²⁸.

Frequent Drug Use

Within the Crime Survey of England and Wales, which uses data from a representative sample of the population, frequent drug use was defined as taking any drug more than once a month within the past year. Applying this criterion led to the identification of 2.1% of adults aged 16-59 years (around 698,000 people) who were classed as frequent drug users. Young People aged 16-24 years were more likely to be frequent drug users than 16-59-year olds and 4.1% (equal to about 248,000 young people across England and Wales) fit into this category.

²⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729249/drug-misuse-2018-hosb1418.pdf

²⁷ Ibid

²⁸ Ibid

Extent of Drug use by lifestyle factors

Like the previous needs assessment that was completed in 2014, individuals living in urban areas reported higher level of drug use than individuals living in rural areas across the age range of 16-59 years old. Drug use also varied by lifestyle factors such as how often the individual went to a nightclub or pubs/bars and how much alcohol they consumed. These findings however must be viewed with caution as they provide a picture of association only. For example, visiting night clubs may be associated with increased substance use but young people are more likely to visit nightclubs and therefore the link may be driven by age.

The Crime Survey also completed a measurement of drug use with health and well-being but like lifestyle factors, this relationship is by association and not causation. It is also not possible to calculate the direction of this association. For example, would low levels of life satisfaction lead to drug use or would substance misuse link with reduced life satisfaction. The survey did however find that:

- Drug use decreased as life satisfaction increased. Of those who reported low levels of life satisfaction, 14.8 per cent also reported last year use of any drug, compared with 12.5 per cent of those who reported medium life satisfaction, 10.6 per cent for high life satisfaction, and 5.0 per cent for very high life satisfaction.
- A similar relationship was observed between drug use and feeling that “things done in life are worthwhile”. For example, around 1 in 6 people (17.5%) who had low levels of feeling that things done in life are worthwhile reported using any drug in the last year, compared with 1 in 17 (5.9%) of those with very high levels.
- There was also a similar relationship between drug use and happiness. Of those who were classified as having low levels of happiness, 16.1 per cent reported using any drug in the last year, compared with 6.4 per cent of those who were classified as having very high levels of happiness.
- Drug use was higher among those who experienced high or very high levels of anxiety (12.0% and 11.4% respectively), compared with those who had low levels of anxiety (8.4%).

The inclusion of data relating to the potential impact of lifestyle factors on substance misuse and the impact of drug use on health and well-being measures, although limited to an associative relationship, provide examples of potential implications that substance misuse can have beyond the individual. These factors will impact on wider family and friends and potentially the wider community.

Estimation of drug use in young people in Barnet

To obtain an estimation of the drug use by young people within the borough of Barnet, national rates relating to drug use can be applied to local data on the population of young people within the borough. The population figures were taken from the GLA population projection tool 2016 central trend, the drug usage data was obtained from the Crime Survey for England and NHS digitals report on Smoking, Drinking and Drug use among young people in England 2016.

Table 1 below outlines the numbers of young people in the age groups of 11-15 years, 16-19 years and 20-24 years who have used any drug within the last year. A second estimate, using these same age categories is provided relating to Cannabis use within the last year.

Table 1: Estimate of Any Drug Use and Cannabis use in the previous year by age group

	11–15-year old's		16–19-year old's		20–24-year old's	
Population ²⁹	24,100		16,600		23,600	
Any drug in last year	18%*	4338	16.9%	2805	21.8%	5145
Cannabis in last year	7.90%	1904	14.6%	2424	18.2%	4295

Please note that any drug use or cannabis use in the last year, cannot be taken as a definitive measure of problematic drug use requiring access to specialist treatment. To draw that conclusion, additional data sources would require examination.

Estimate of Opiate and Crack Use in Young Adults

The latest data on estimations of the prevalence of Opiate and Crack use by young people, was produced in 2016/17³⁰. In table 2 below the figures for Opiate users aged between 15-24 years is 129. Please note the confidence intervals for the figure are wide, the lowest confidence interval value is 37 and the highest value 302. Meaning that we are 95% confidence that the actual true value is between 37 people and 302 people. Concerning Crack use, the figure for 15-24-year old's in Barnet is 258, but again the confidence intervals

²⁹ Note: Population estimates are for 2018 using a 10-year migration scenario. *Any drug for SDD16 includes psychoactive substances (added for first time in 2016). Estimation has been calculated by applying national rates from above sources to Barnet population estimates.

³⁰ Public Health England (Estimates of the prevalence of opiate use and/or crack cocaine use (2016/17)

are wide, with the lowest value being 58 and the highest 607. Therefore, we are 95% confident that the true value lies between 58 people and 607 people.

Table 2: Estimation of opiate and crack use in young adults – local estimate 2016/17³¹

	15–24 population	OCU	LCI	UCI	Opiate users	LCI	UCI
Barnet	43,047	258	58	607	129	37	302

Drug-related ambulance callouts

The Figures below present information relating to drug related ambulance call outs for young people aged between 1-17 years in Barnet. Before discussing each of these Figures in further detail, there are a few points that should be noted. Firstly, ambulance call outs were classified as drug related only if the text in the drug text field indicated this. Therefore, there could have been under reporting of call outs. Secondly some data was excluded for example, if the text field box was left empty, the ambulance call out was listed as relating to alcohol and/or the ambulance was called for an anti-depressant related incident.

Despite the limitations of this data, Figure 12 below outlines the rate per 100,000 of ambulance call outs by young people for drug related causes between 2013/14 and 2017/18. Most noticeable from this data is the reduction in call outs between 2014 and 2017, although the confidence intervals for the rates during this period overlap, meaning this reduction may not be statistically significant and should be viewed with caution. In 2017/18, there appears to be a sudden increase in call outs for all under 18's, which took the rate per 100,000 to above the baseline rate in 2012. Again however, there is an overlap in the confidence intervals between previous years and the 2017/18 figure. This result should therefore be viewed with caution and any apparent increase monitored.

³¹ <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>

Figure 12: Drug-related ambulance callouts for Barnet young people, 2013/14 - 2017/18³²

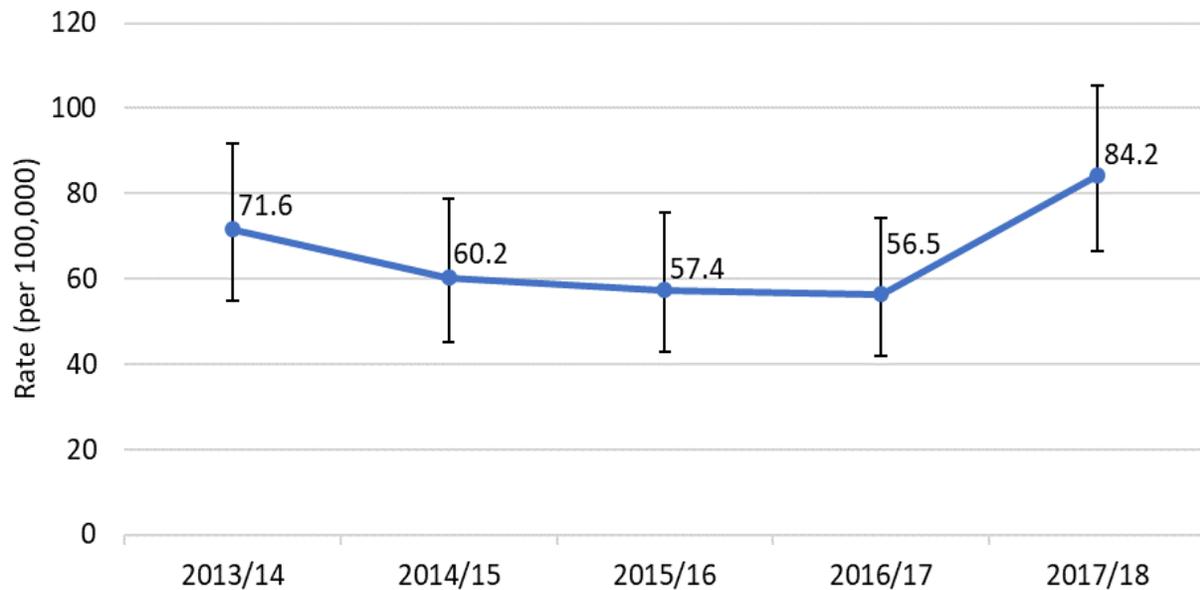
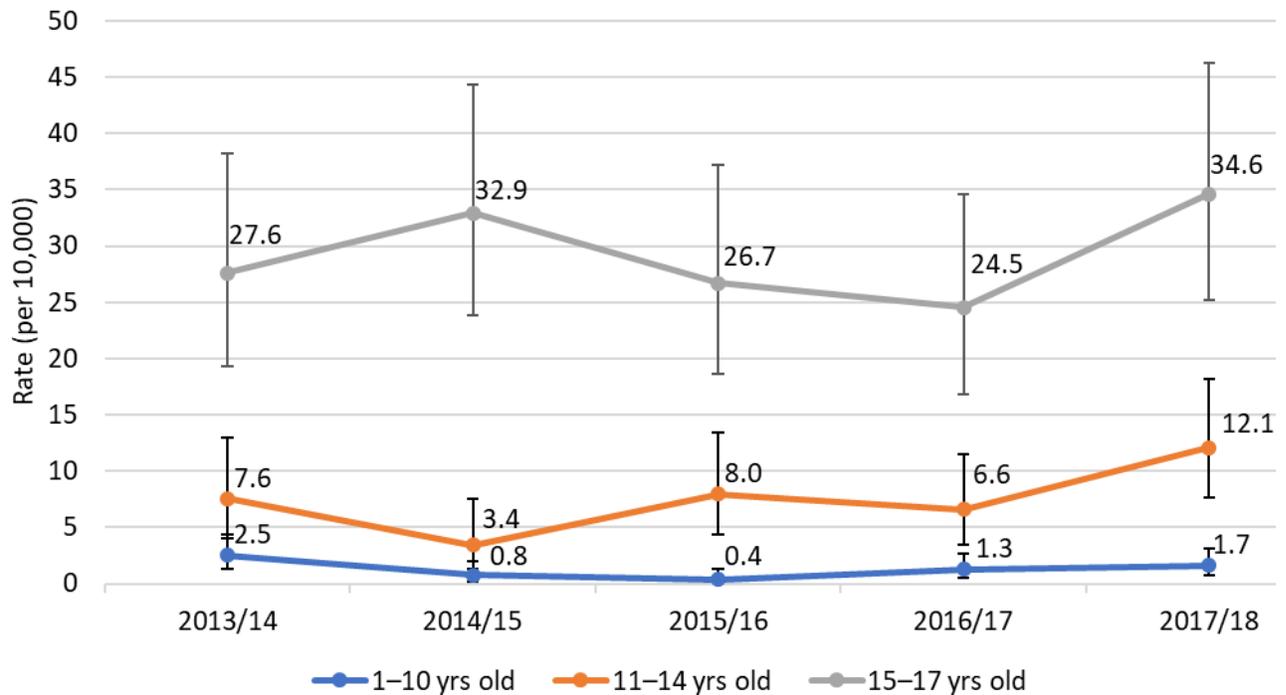


Figure 13 below, takes the same information as used above but provides a further breakdown by age ranges. From this Figure, it can be seen that the rate per 100,000 of ambulance calls out for young people aged between 1-10 years, seems to decrease between 2013/14 and 2017/18 and it was appearing especially low during 2015/16. The rate per 100,000 for ages 11-14 years seems to fluctuate between 2013/14 and 2017/18, with a higher rate between 2015/16 and 2017/18. The highest rates, as would be expected given as previously mentioned that drug use increases as the age of the young person rises, were for young people aged 15-17 years. The rate per 100,000 tends to fluctuate with a large increase in numbers in 2017/18. Please note however that there are overlaps between the confidence intervals for these figures between the time of 2013-2018, which would suggest that potentially the increases and decreases in these figures are not as significant as it first appears.

³² Greater London Authority (SafeStats), Greater London Authority (ONS Mid-Year Population Estimates - Custom Age Tables)

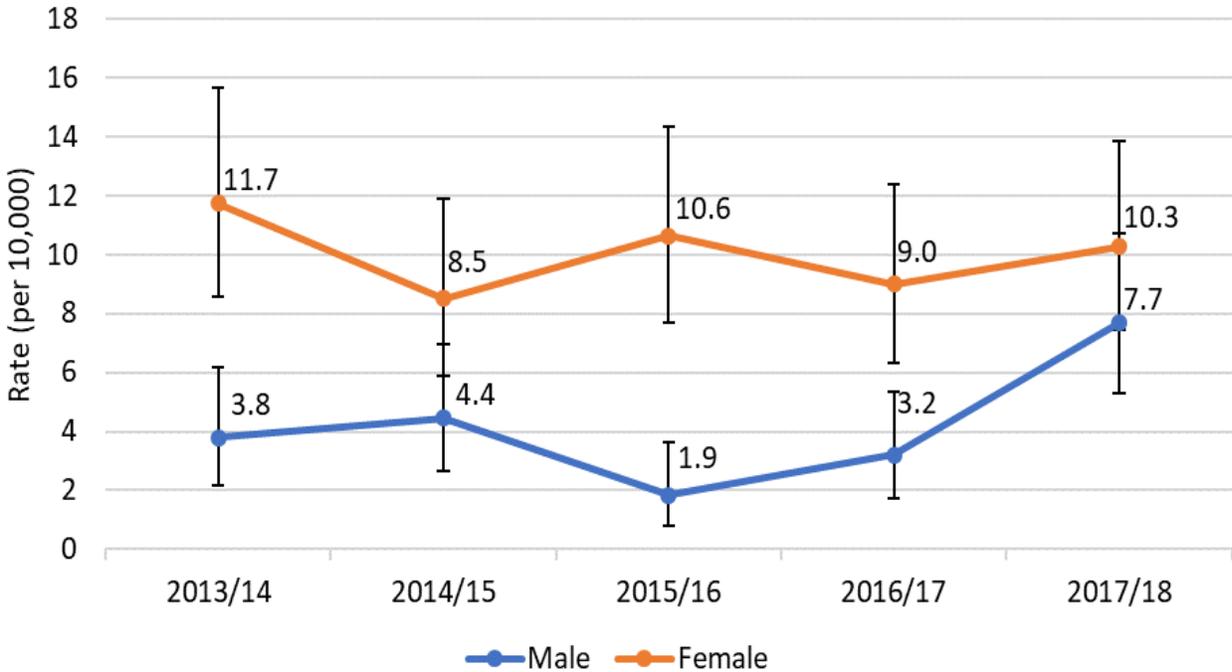
Figure 13: Drug-related ambulance callouts for Barnet young people, 2013/14 - 2017/18, by age³³



The Figure below provides details of the rate of ambulance call outs for young people, split into gender. This shows that females tended to have a higher rate than males for drug related ambulance call outs. In 2014/15 and in 2017/18 the confidence intervals for males and females overlap, which could indicate that the results in these years were not as significant as the Figure initially indicated and during those years the gap between males and females reduced in relation to ambulance call outs.

³³ Greater London Authority (SafeStats), Greater London Authority (ONS Mid-Year Population Estimates - Custom Age Tables)

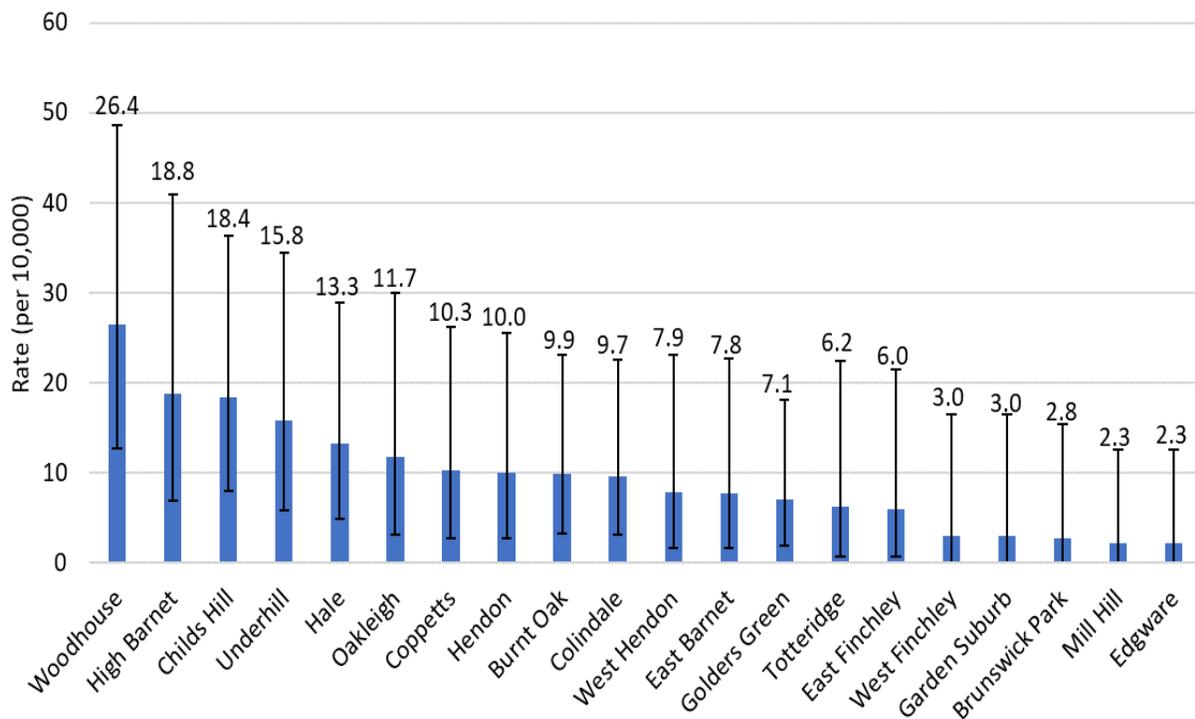
Figure 14: Drug-related ambulance callouts for Barnet young people, 2013/14 - 2017/18, by gender³⁴



The final Figure in this section, outlines the ward data relating to drug related ambulance call outs for young people aged under 18 years during 2017/18 and this is presented as a rate per 10,000 population. The highest rate per 10,000 call outs was in Woodhouse, followed by High Barnet and Childs Hill. Lowest rates were reported in Brunswick Park, Mill Hill and Edgware. The gap between the highest rate per 10,000 at 26.4, in Woodhouse and the lowest rate of 2.3 per 10,000, shared by Mill Hill and Edgware appears substantial. Due to overlapping confidence intervals however, all conclusions drawn regarding drug related ambulance call outs by ward must be viewed with caution.

³⁴ Greater London Authority (SafeStats), Greater London Authority (ONS Mid-Year Population Estimates - Custom Age Tables)

Figure 15: Drug-related ambulance callouts for Barnet young people, 2017/18, by ward³⁵



³⁵ Ibid Most recent ward level population estimates were 2015. Rates apply 2017/18 counts to 2015 population estimates.

Criminal Justice

Barnet Youth Offending Team work with young people who have encounter the criminal justice system and they have close links with substance misuse services. An individual with a substance misuse issue would be identified at the assessment stage. A significant proportion of young people who are in contact with the YOT have drug and/or alcohol as one of the risk factors in their offending. The tables below provide YOT figures relating to Barnet, along with a comparison of these figures to London and England³⁶. Please note that these figures are for under 18 years only.

Table 3: Children and young people in the youth justice system who received a youth caution or court conviction by age group, year ending March 2018

Number of children and young people	Barnet	London	England and Wales
10 to 14	25	1,059	6,418
15 to 17	96	4,107	20,263
Total	121	5,166	26,681

Table 4: Children and young people in the youth justice system who received a youth caution or court conviction by ethnic group, year ending March 2018

Number of children and young people	Barnet	London	England and Wales
BAME	71	3,280	6,828
White	32	1,690	18,826
Not Known	18	196	1027
Total	121	5,166	26,681

Table 5: Children and young people in the youth justice system who received a youth caution or court conviction by gender, year ending March 2017

³⁶ <https://www.gov.uk/government/statistics/youth-justice-annual-statistics-2016-to-2017>

Number of children and young people	Barnet	London	England and Wales
Female	13	683	4,245
Male	108	4,482	22,420
Not Known	0	1	16
Total	121	5,166	26,681

Using the information from the above tables the following points can be made. Firstly, the number of young people in Barnet who received a youth caution or court conviction in the year ending March 31st was 121 under 18-year old's. Individuals aged 15-17 years were more likely to be involved with criminal justice services than young people aged 10-14 years and this pattern is the same as London and England and Wales. In relation to ethnicity, young people from BAME groups were more likely to be in contact with criminal justice services in Barnet, although white young people and individuals who had ethnicity listed as unknown, made up a substantial proportion of the figures. This pattern in Barnet was the same as London but different from England and Wales where most young people in contact with criminal justice services identified their ethnicity as white. Most of the young people in contact with criminal justice services were males in comparison to females and this pattern is similar to both London and England and Wales data.

Work with Young People with wider Vulnerabilities

Barnet Joint Strategic Needs Assessment (JSNA, 2019) identified eight 'themes' or problems which are most likely to drive poor outcomes for Barnet families:

- Domestic violence
- Alcohol and/or drug misuse
- Mental health
- Parenting and neglect
- Unemployment
- Involvement with police
- Missing from school
- Child sexual exploitation

This analysis found that a 'trigger trio' of domestic violence, alcohol/drugs and mental health were significant factors that triggered referrals into social care. If we increased the provision of early intervention and assessment to these cases that could assist in preventing escalation of problems.

The Barnet Early Help Offer consists of a set of services which deliver a Prevention and Early Intervention approach. Children and families fall into four categories of need, identified in the table below. Early identification of problems, assessment and intervention is achieved through the Common Assessment Framework (CAF).

All agencies or individuals contacting Family Services with information, concerns or a query about a child or family are received through the Multi-Agency Safeguarding Hub (MASH). A number of these contacts will meet the threshold for a social care referral. In Barnet, contacts received into the MASH consistently exceed 3,000 per quarter. Contact rates nationally and across London have been increasing since 2013.

Children Supported by Social Care - Children in Need (CIN)

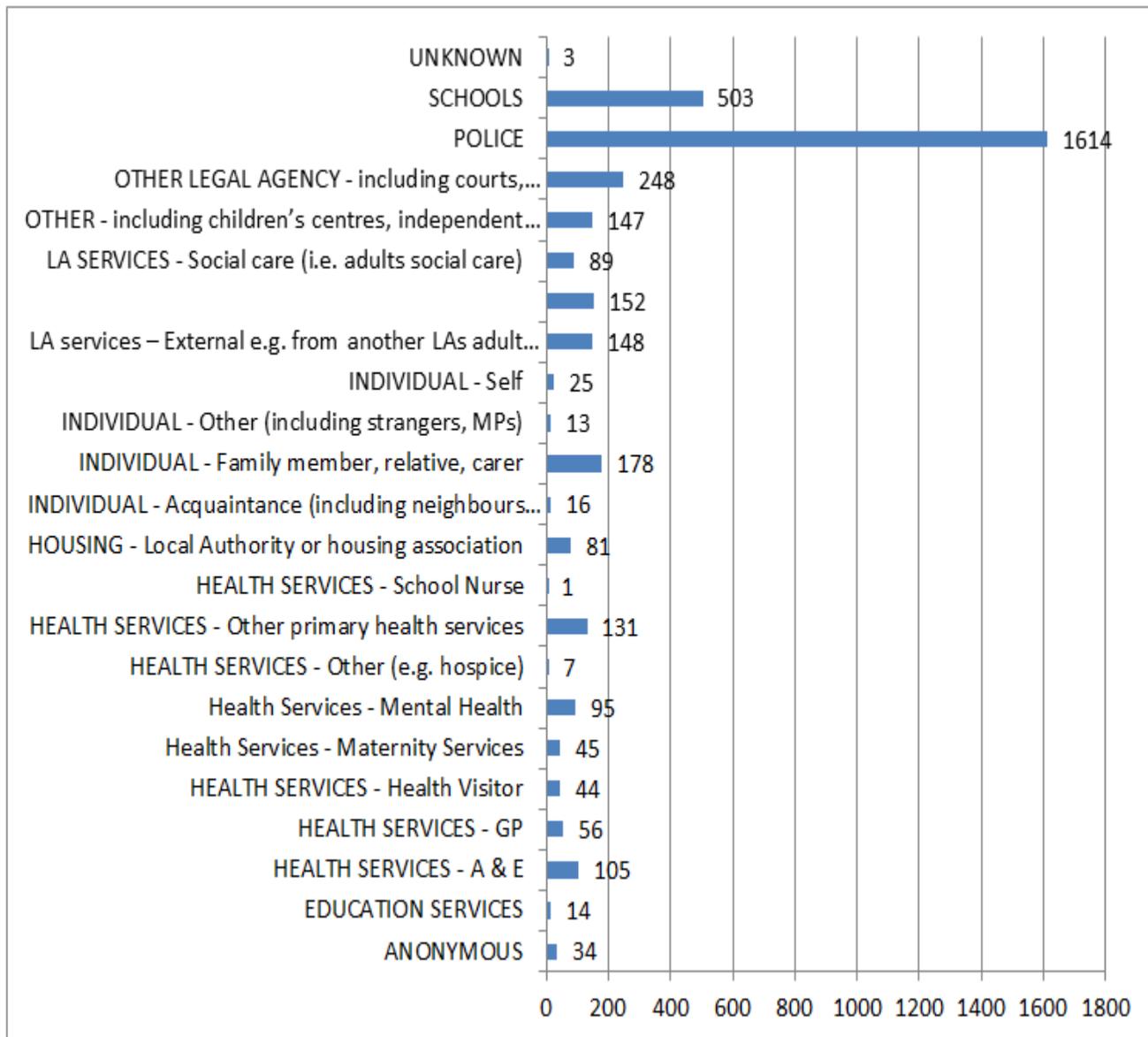
Children in Need are assessed as in need of support under Section 17 of the Children Act 1989, and due to challenging family situations or other forms of disadvantage are entitled to a range and level of services appropriate to their needs.

Barnet's Children in Need numbers saw a marked increase in 2010/11, but have remained consistently stable for the past 5 years. Since 2009, Barnet's rate of Children in Need, when compared to London, England and its statistical neighbours has remained low. The trend for London, England and Barnet's statistical neighbours has shown increased rates.

Children aged between 5-9 and 10-15 are the largest age group within this population, each making up 29% of the total population. This is closely followed by 1 - 4 years, who make up 25%. Overall, the age of Barnet's Children in Need is skewed towards younger age bands.

The figure below shows the number of referrals by referral source for the quarter 1 April – 30 June 2015.

Figure 16: Referrals by referral source, April-June 2015



Looked After Children (LAC)

Barnet's rate of Looked After Children over the past seven years has remained relatively stable, with an average of 308 children. The trend over the past ten years shows Barnet's rate gradually reducing year on year, from a rate similar to England to a rate significantly lower. Barnet's rate of Looked After Children (36 children per 10,000 under 18) is low when compared to London and England.

This suggests that children in Barnet are supported effectively to remain with their families, where possible. However, in relation to actual number of Looked After Children, as opposed to the rate, Barnet has one of the highest numbers. This is due to the Borough's population size, which is predicted to be the highest in London in 2015.

Care Leavers

A Care Leaver is a young person who has been looked after away from home by a local authority for at least 13 weeks since the age of 14, and who was still in care on their 16th birthday. Barnet's number of Care Leavers has remained relatively unchanged since 2010. As of February 2015, there were 279 Care Leavers in Barnet.

Table 6: Number of Care Leavers in Barnet

Year	2009	2010	2011	2012	2013	2014	Feb 2015
Number of Care Leavers	297	278	266	274	267	266	279

Child sexual exploitation (CSE)

CSE is a type of sexual abuse in which children are sexually exploited for money, power or status. A range of recent reports, national media coverage and recent convictions of perpetrators highlight that this form of child abuse is often hidden from sight and preys on the most vulnerable in the society. In 2014/15 there were 129 referrals to the MASH (Multi-Agency Safeguarding Hub) reporting concerns about CSE, of these 73% (94) were female.

A report from Barnardo's based on evidence from over 9,000 records for CSE in England found that 66% of records belonged to girls, which is broadly in line with the gender split of Barnet MASH contacts. However, the report points out that there are a number of barriers to disclosure specific to boys and young men, such as discriminatory social attitudes and expectations of 'masculine' behavior, so the figures may not accurately reflect the realities of CSE locally or nationally.

Gangs

A gang is a 'relatively durable, predominantly street-based group of young people who:

1. See themselves (and are seen by others) as a discernible group, and
2. Engage in a range of criminal activity and violence'

In Barnet there are some localised issues of young people affected by serious youth violence and gangs mainly in the west of the Borough. Evidence has suggested that there is strong correlation with the supply of drugs and gang affiliation in Barnet. In Barnet, 59% of the most serious gang offenders rated as Red or Amber (red being the most serious) are aged 19 or younger and all are male³⁷.

³⁷ <https://jsna.barnet.gov.uk/>

Missing

It is thought that approximately 25 per cent of children and young people that go missing are at risk of serious harm. There are particular concerns about the links between children running away and risk of sexual exploitation. Missing children may also be vulnerable to other forms of exploitation such as violent crime, gang exploitation, or drug and alcohol misuse.

In Barnet, known children and young people of all ages go missing, though the likelihood increases when children are in their teenage years. Of the known cohort, missing children are predominantly white and marginally more likely to be female.

Of those children identified as being most at risk of going missing in Barnet, 40% are male and 60% are female. White children are most at risk of going missing from home, care, or school, although this group is under-represented when compared to the Barnet population, as is the Asian cohort of children. The black and mixed populations are over-represented and therefore more at risk.

The age profile of children at risk of going missing is like that of known missing cases. A larger number of children are at risk of going missing between the ages of six and ten and at the age of 16.

Domestic violence, parental substance misuse, parental mental ill health (Trigger Trio)

An analysis of random samples of assessments in Barnet found the 'trigger trio' of domestic violence, mental ill-health and drug and alcohol misuse in families amongst the most prevalent causes of poor outcomes for children. From the sampled Common Assessment Framework cases, DV featured in 90% of the cases, substance misuse in 40%, and 20% of cases had significant mental ill-health concerns.

In the last three financial years, there has been a steady increase in the number of referrals of domestic violence to the Multi Agency Risk Assessment Conference (2012-13 = 175, 2013-14= 234, 2014-15= 311) which is interpreted as the impact of the interventions that have been put in place to heighten the awareness of agencies and the public. Parental alcohol or substance misuse was present in 20% of Child Protection and 40% of Looked After Children cases (for reference Barnet has circa 238 Child Protection cases and circa 300 Looked After Children cases).

Substance misuse among parents of children and young people referred to social care is spread around the Borough, though Grahame Park and surrounding areas have the highest concentration in the Borough. Other areas where parental substance abuse is a problem are pockets in Brunswick Park, East Barnet and Edgware.

A national study found that around three in ten adults will experience mental health problems every year but only three quarters of these will access services. This year (2015) around 16% (58,600) of adults in Barnet have a mental health condition. This is expected to increase by 6% to 62,300 by 2020. Mental health conditions among parents of children referred to care is of particular concern in the more deprived areas of the Borough. The Dollis Valley estate in Underhill, pockets in Brunswick Park and the A5 corridor from Colindale to Edgware are the worst affected areas.

The previous sections detailing vulnerabilities of certain groups of young people may place them at increased risk of using substances. It is therefore important that the number of young people experiencing these issues is monitored. In relation to Trigger Trio work, where the young person may be affected by substance misuse, mental health issues and/or domestic violence in their household, the importance of early intervention can be seen to protect the young person from harm.

Guidance on Young People's Substance Misuse Services

Public Health England (PHE) produce guidance documents to support the commissioning of services, with the most recent version being published in 2018. The document with the title of Young People commissioning support 2019 to 2020: principles and indicators, has been used as the basis for this section and it is suggested that this information is incorporated into the re-commissioning of services.

The first point to note is substance misuse services for young people are cost effective. A Department of Education study concluded that for every £1 invested, £1.93 is saved within 2 years and up to £8.38 is saved in the long term³⁸. PHE report that specialist services for young people quickly engage individuals and the majority leave in a planned way and do not return to treatment services³⁹.

Recommendations on service provision include that young people should be offered services that are universal, targeted or specialist. Universal services can be accessed by everyone, such as schools and GPs. At this level, successful prevention approaches should focus on risk reduction and increasing resilience⁴⁰. An example of a universal approach is when a school implements intelligence led, targeted sessions at all stages within the school, to adopt a whole school approach to prevention⁴¹.

³⁸ <https://www.gov.uk/government/publications/specialist-drug-and-alcohol-services-for-young-people-a-cost-benefit-analysis>

³⁹ <https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack/young-people-substance-misuse-commissioning-support-2019-to-2020-principles-and-indicators>

⁴⁰ <https://www.unodc.org/unodc/en/prevention/prevention-standards.html>

⁴¹ <https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack/young-people-substance-misuse-commissioning-support-2019-to-2020-principles-and-indicators>

Targeted prevention refers to directing interventions towards young people who are at increased risk of harm with the aim of improving their resilience⁴². To achieve this a joined-up approach needs to be adopted that includes the involvement of other services serving the same at-risk groups, such as sexual health services, services supporting young parents and services supporting young offenders and mental health services for example⁴³. The commissioning support pack also mentions the importance of considering the needs of young people who suffer domestic abuse, sexual assault and exploitation. To achieve this, local clinical and safe guarding leads should be involved to support the design of substance misuse services.

Specialist substance Misuse services are individual packages of care-planned support, which can include medical, psychosocial or specialist harm-reduction interventions that build young people's resilience and reduce the harm caused by substance misuse⁴⁴. All interventions should comply with relevant NICE guidance (such as NG64, CG115 and NG58) and be age appropriate and address developmental needs⁴⁵. It is also noted as important that young people receive a range of interventions that vary in intensity and duration according to changing needs⁴⁶.

Funding

The current contract for the provision of young people's substance misuse treatment services began on the 1st September 2016 and will end on the 31st March 2020 after a contract extension of 9 months, to align the re-commissioning of the young people service with the adult service. The total contract value is £590,516. Like other contracts, the greatest cost is staffing.

Barnet young people's treatment data

Data relating to the performance of the Young People's service was obtained from two main sources, the first being PHE's, National Drug Treatment Monitoring Service (NDTMS) and the second being data supplied by the current service provider as part of the monitoring of their existing contract. NDTMS data was not used throughout the treatment data section, due to restrictions on publication.

³⁵ Ibid

⁴³ Ibid

⁴⁴ <https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack/young-people-substance-misuse-commissioning-support-2019-to-2020-principles-and-indicators>

⁴⁵ Ibid

⁴⁶ Ibid

Treatment Episodes

Table 7 below details how both the number of treatment episodes and number of treatment starts, has increased annually since 2015/16. It is important to note that a treatment episode does not necessarily mean that this is one individual case as this could be one individual having a number of treatment episodes over a short space of time. The number of planned treatment exits, meaning that the client left treatment in planned way, without a sudden departure, remained variable between 2015/16 to 2017/18. However, the number of planned exits as a percentage of all exits has decreased over this time-period. One possible explanation for this could be that the number of clients leaving treatment on an unplanned basis is rising, but further detailed analysis of data would be required before this conclusion can be drawn.

Table 7: Barnet drug and alcohol treatment performance 2015/16 – 2017/18⁴⁷

	2015/16	2016/17	2017/18
Number of treatment episodes ⁴⁸	147	181	208
Number of treatment starts	114	132	160
Number of planned treatment exits	98	86	104
Planned exits as a % of all exits	91%	74%	70%

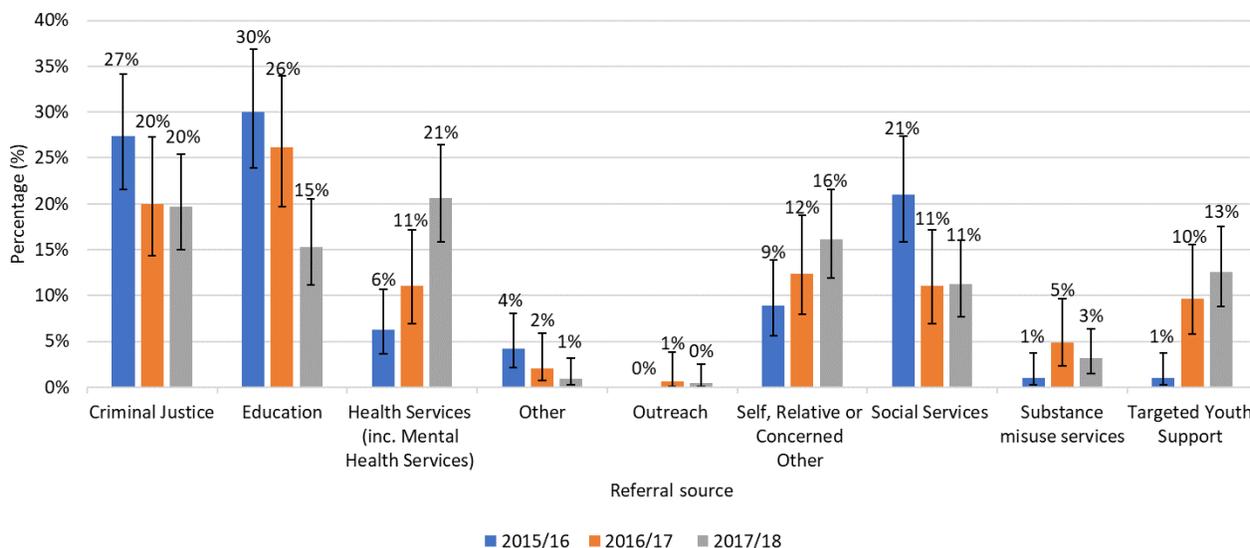
Source of Referrals

An examination of referrals into treatment data over the past three years provided a picture of areas where there was a decrease in referrals but an increase for other sources. For example, referrals from criminal justice, education and social services reduced but increasing referrals numbers can be seen from health services, targeted Youth Support and self/relative or concerned others.

⁴⁷ Barnet Public Health Commissioning Team

⁴⁸ Treatment data from the young people's service providers includes both Tier 2 and Tier 3 services.

Figure 17: Referral sources for Barnet young people in substance misuse treatment – 2017/18⁴⁹



The above information could be analysed in further detail to gain an increased understanding of the reductions and increases in referrals from various sources. Targeted work could then be completed with the professional groups where there has been a reduction in referrals to turnaround this situation.

Interventions

Barnet’s Young People’s service offers a range of interventions to clients. This includes psychosocial interventions to encourage behavioural and emotional change, pharmacological treatment, one to one interventions and structured group work. The service also works to build relationships with young people in informal settings, this aims to increase the young person’s knowledge levels and insights to assist them to make informed choices. This means that the young people’s service will often meet with young people at a location that suits them and often not at the Denis Scott Unit in Edgware Hospital. Table 8 below provides a summary of the type of intervention offered by the Barnet young people’s service as a percentage of all services offered. This is then compared in the second column with the national average for this intervention. Please note that psychosocial interventions include family intervention and harm reduction as well as other specific psychosocial intervention types.

⁴⁹ Source: Barnet Public Health Commissioning Team

Table 8: Interventions delivered in Barnet young people’s treatment programs, 2017/18⁵⁰

Interventions	Barnet	National
Pharmacological only	0%	0%
Psychosocial only	99%	98%
Pharmacological plus psychosocial	1%	0%
Other intervention contributions	0%	0%
No named interventions	0%	1%

Barnet young people’s service provided no pharmacological only interventions during 2017/18, which is the same as the national performance. Psychosocial only interventions were provided to 98% of clients in Barnet, compared to 98% nationally. In Barnet the remaining 1% of interventions were pharmacological plus psychosocial. This approach demonstrates good practice, as it is important to ensure that any young person who receives pharmacological interventions receives additional support and not only medication.

In addition to specialist treatment Barnet Young People’s services undertakes work with schools and targeted young people’s services to address the needs of those who may be at greater risk of drug and/or alcohol misuse. In 2014, when the previous needs assessment was completed, there was a young carer’s project named as Time4us but during 2017/18 no sessions of Time4us were delivered. Instead drug and alcohol awareness sessions and staff attendance at meetings/conferences were completed in:

- Pavilion Pupil Referral Unit
- Meadway Pupil Referral Unit
- Canada Villa – session on conditional cautions.
- Meadow Close Children’s Home,
- East Barnet School, two awareness raising groups were held
- Sessions at Oakhill Campus and Northgate.
- Drop in sessions were completed at Barnet College, Woodhouse College and Onwards & Upwards.
- Barnet College, Woodhouse Road and Middlesex University – Fresher Fairs and wellbeing events were attended.
- Professionals provided awareness raising sessions at Hendon Wellbeing event, Grahame Park festival, Barnet Homes Community roadshow and Burnt Oak community event.
- Training was provided to Junior doctors at the Royal Free Hospital
- Two overdose awareness sessions were provided to social care services.

⁵⁰ Public Health England (Young people - substance misuse commissioning support pack 2019-20: key data)

- Barnet Family resource Centre, received two sessions concerning transition.
- Woodhouse college was provided with training on Novel Psychoactive Substances (NPS)
- Training was provided to Looked After Children Nurses on two occasions and Foster Carers.
- Professionals attended the Safeguarding Adults Board and CAMHS meetings.
- Professionals from the young people's service attended and/or provided consultation at the Youth Offending Service risk & vulnerability panel, attends clinical meetings and are co-located one day a week.

In addition to the above, Barnet Young People's service has run three structured parenting programmes during 2017/18. Each programme consists of five sessions and a monthly parent support group operates. It is not clear however, how each of the areas above were selected for training. For example, was this due to contact with certain schools for example. It is therefore recommended that a delivery plan is developed with key areas and groups who should receive training and awareness raising sessions. In addition, consideration should be given to the needs of young carers in service provision.

Demographics and characteristics of young people in treatment

The data below relating to young people in treatment has been sourced from the data provided to commissioners by the treatment service. This data is for clients aged up to 24 years who are part of the young people's service, accessing Tier 2 and 3 treatments. As previously mentioned, young people aged over 18 can access the adult service, but the decision on which service is used will be dependent on the assessment of need and client choice.

Figure 18 below, provides details of the substance type used by clients in 2017/18 within the young people's treatment service. Like national data, young people in Barnet in treatment services, primarily use cannabis and alcohol as their main drugs. Almost a third of young people in treatment (33.1%) do not use a second or third drug, meaning that their drug use is limited to one substance and they are not poly drug users. Solvents including Nitrous Oxide accounted for 2.8% of clients in treatment and NPS accounts for 0.7% of the drugs reportedly used. The use of NPS, although low, is a change from the last needs assessment, completed in 2014, when no use of NPS was reported. This is a trend that will require monitoring in the future.

Figure 18: Drug use profile of Barnet young people in substance misuse treatment, 2017/18⁵¹

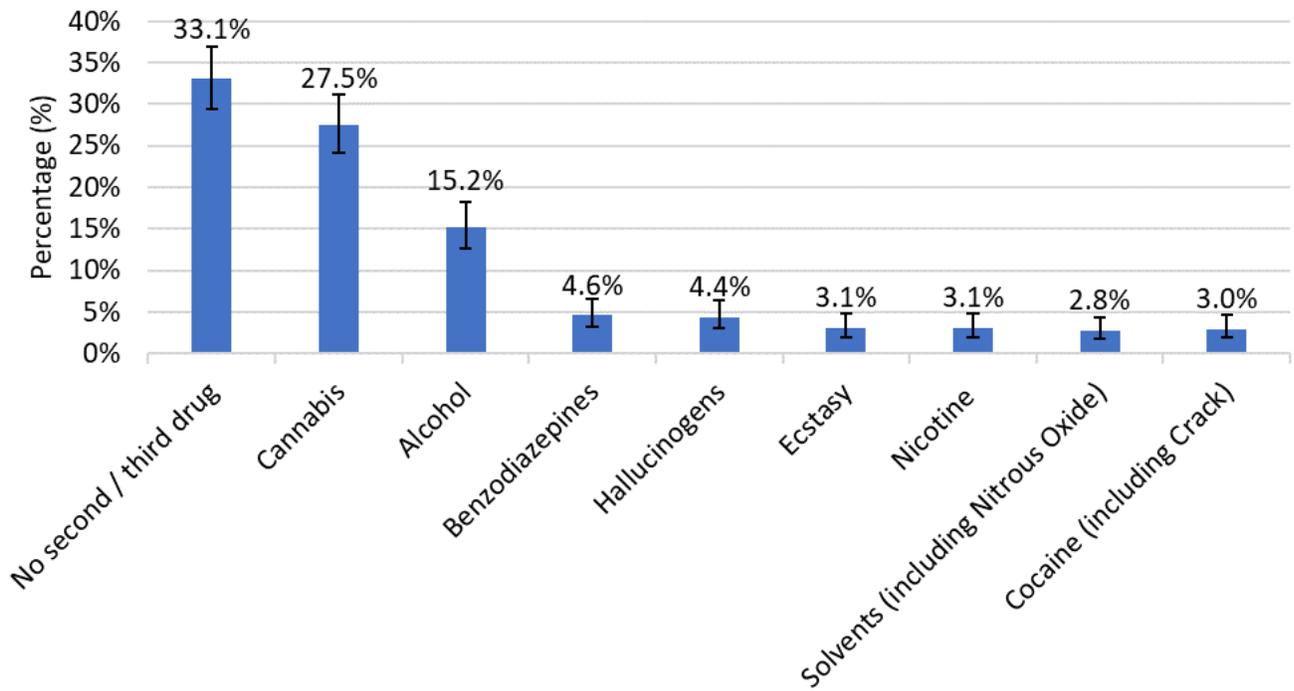
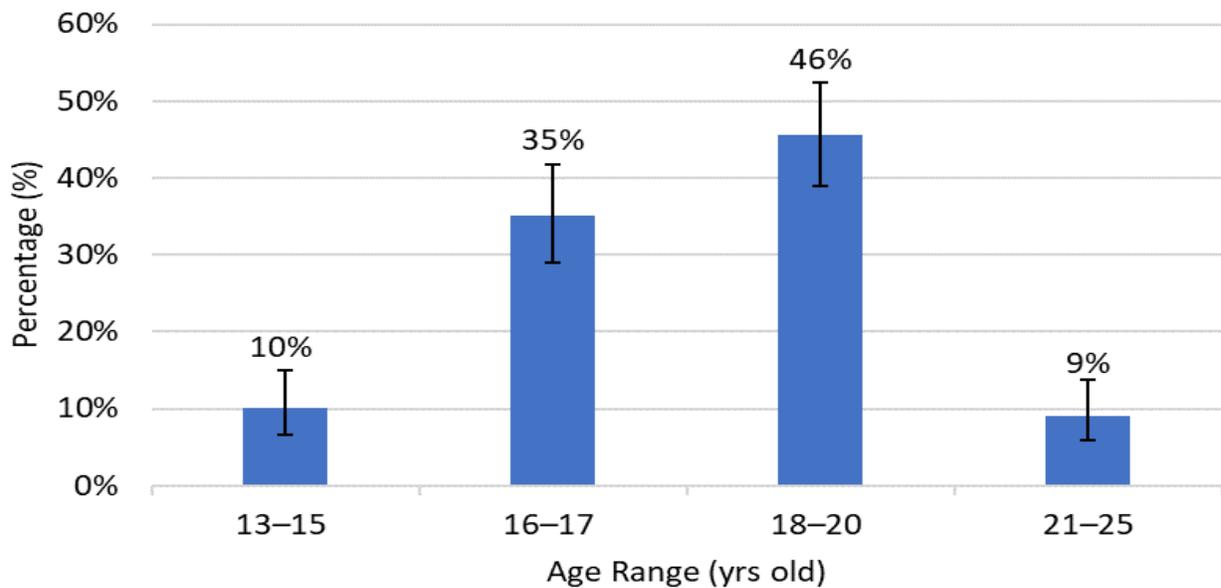


Figure 19: Proportion of Barnet young people in substance misuse treatment, by age group, 2017/18⁵²



⁵¹ Barnet Public Health Commissioning Team

⁵² Barnet Public Health Commissioning Team data

Figure 19 above, provides an age breakdown of young people in treatment services in Barnet. Three quarters of clients are aged between 16-20 years old, 10% in the youngest age category of 13-15 years and 9% are aged 21 and over. It could be suggested that the lower numbers of 'older' young people in the service (aged 21-25 years), may be because these clients opted to attend the adult substance misuse service.

Figure 20: Proportion of Barnet young people in substance misuse treatment by ethnic group, 2017/18⁵³

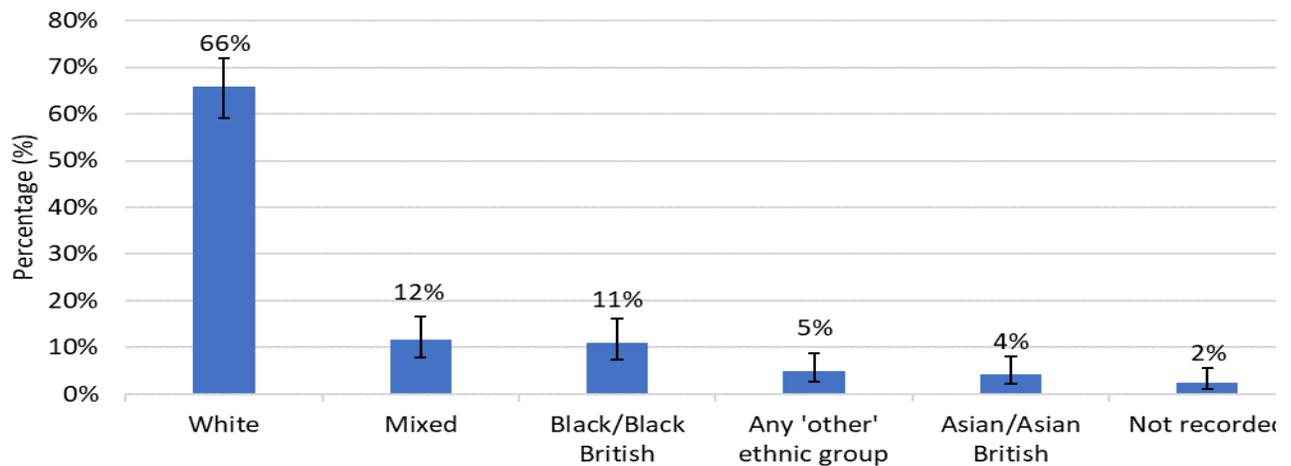


Figure 20, outlines that almost two thirds of the attendees at the young people's treatment service identify their ethnicity as white. Much lower number of attendees at the service identify their ethnicity as mixed, Black/Black British, Other ethnic group, Asian/Asian British and in 2% of records, this information was not recorded.

As previously mentioned in the section on treatment, young people can have many vulnerabilities that makes them more susceptible to using substances. One of these vulnerabilities is not being in education, employment or training, which is labelled as being a NEET. The two Figures below provide details of the proportion of young people within Barnet's young people's substance misuse service who are affected by wider vulnerabilities. Figure 21 below outlines education, employment or training status and Figure 22, outlines the wider vulnerabilities reported by clients in treatment.

⁵³ Barnet Public Health Commissioning Team

Figure 21: Proportion of Barnet young people in substance misuse treatment, by education, employment or training, 2017/18⁵⁴⁵⁵

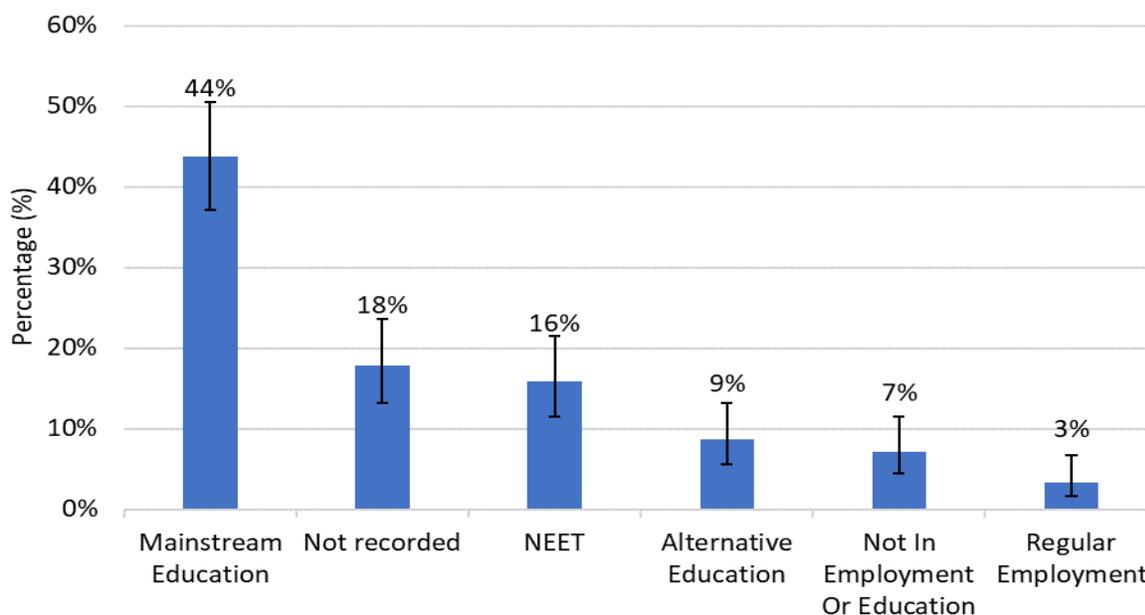


Figure 21 above shows that 44% of clients attending the young people’s service in 2017/18 are in mainstream education and 9% were in alternative education. 18% had no status recorded, which could mean they were not asked this question or perhaps declined to answer. Only 3% were in regular employment and 1% were on training or an apprenticeship. 16% were not in employment, education or training.

⁵⁴ Barnet Public Health Commissioning Team

⁵⁵ Note: Excluded and in apprenticeship or training has been suppressed due to small counts.

Figure 22: Wider vulnerabilities of Barnet young people in substance misuse treatment, 2017/18⁵⁶⁵⁷

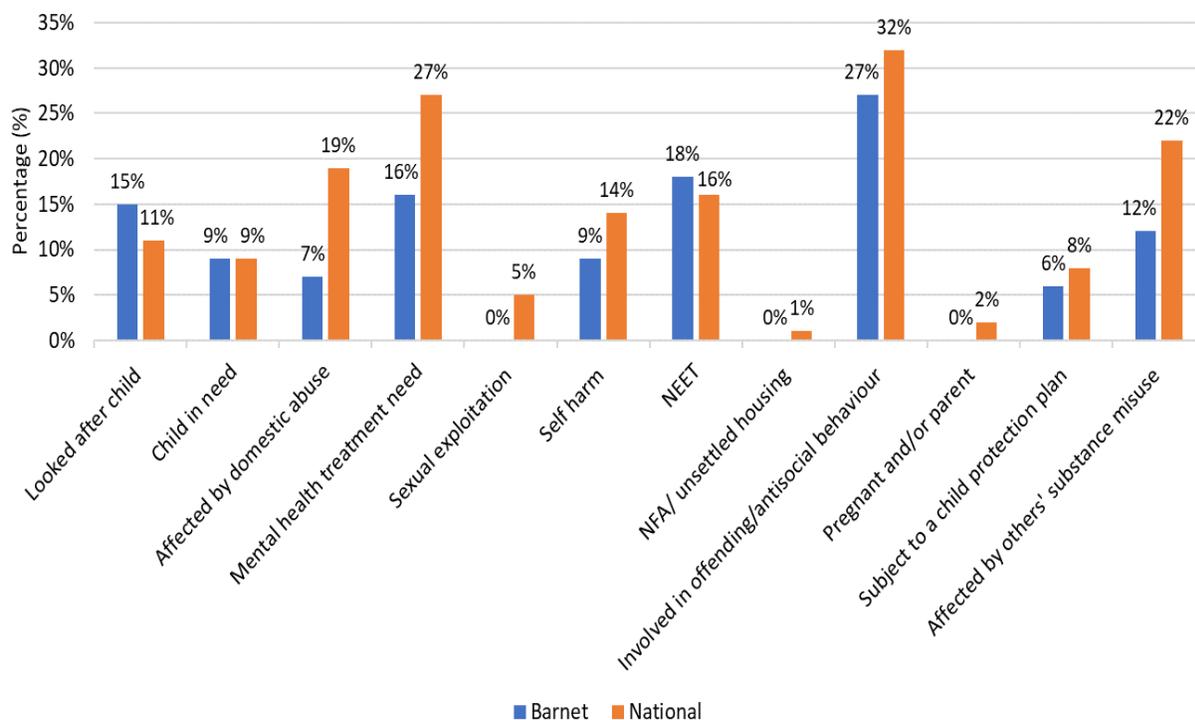


Figure 22 above provides information on the wider vulnerabilities experienced by young people in treatment services within Barnet. A comparison with national rates for the same vulnerabilities is also presented. Please note that the percentages quoted may total a figure greater than 100%, due to each individual reporting more than one vulnerability. Barnet has less percentage of vulnerabilities in comparison to national figures, apart from in relation to the percentage of looked after children and NEET's. Young People in Barnet report lower figures than the national average for being affected by domestic abuse, having a mental health treatment need, being a victim of sexual exploitation, self-harm, housing issues, criminal behavior, being the subject of a child protection plan and/or being affected by others' substance misuse. It is important to note that this statement only relates to comparison with national figures and it cannot be viewed as an indication that there are no issues in Barnet relating to these issues.

⁵⁶ Public Health England (Young people - substance misuse commissioning support pack 2019-20: key data)

⁵⁷ Rates were calculated using the Association of Public Health Observatories method for rates (updated February 2014).

Stakeholders Consultation

All service users, parents and care givers were invited to provide their opinions of young people's services in Barnet. A survey was also sent to General Practitioners. The responses received are outlined below. Please note that the response rate was low and this impacts on the generalisability of the results.

Responses to the survey were received from three parents. These respondents spoke very highly of the Barnet young people's service by making comments like "It is a port in the storm" (P3) and "my child likes everything about WDP and since seeing them they have been much happier and their risky behaviour is now very much under control" (P1). Parents were asked if anything was not so good about the Young People's service and the only negative issue reported was that "the staffing numbers seem limited" (P2). Finally, in the any other comments section, parents reported that they felt that "more young people would benefit from contact – so expansion could be good" (P1) and that they felt that "there needs to be a lot more information about drugs in schools".

The Young People themselves were asked to complete the same survey and fifteen responses were received. Again, all respondents were very positive when discussing the service with comments made like, "My drug worker has helped me change my whole life around. Their support is endless" (YP1) and "the staff are friendly and seem to actually know what they are talking about" (YP3). Young people also referred to the points system and felt this was encouraging (YP7) and one person commented "there is honestly nothing negative to say (YP8).

Responses to the question of what was not so good about the young people's service related to three comments. The first was that "counselling sometimes is not very focused" (YP6) and that they "would prefer it if staff have thorough specialist knowledge of mental health and substance misuse" (YP3). One young person commented that "sometimes you tell them something personal and they spread it" (YP16). The context within which these comments were made was not clear. For example, in the case of YP16, did the staff have a statutory duty to breach the confidentiality of the young person as there was a risk of the young person harming themselves or others.

In response to a question about potential improvements to service provision, one respondent asked if the provision of food such as a vending machine, could be considered (YP6) and another person requested for a greater campaign over social media (YP4). One person (YP10) asked for more appointments to be available during the week.

The results from the consultation with young people in summary were that everyone was positive about the service. There were a couple of suggested improvements such as more staff, more appointments being available and consideration of providing food in the service but no major areas of concern or improvements were identified by service users.

Only two responses were received from local GP's despite the survey being published in the CCG GP Bulletin. For a copy of the responses from the GP survey please see the Adult substance misuse service review and needs assessment refresh.

Key findings from consultations and recommendations

Key area	Gap/Problem	Recommendation/Actions	Commissioning implications
1. Performance Monitoring	There is no forum or strategic group that oversees substance misuse commissioning and ensures that performance monitoring and evaluation is completed asides from contract monitoring meetings	The establishment of a strategic forum is recommended, especially during the re-commissioning phase of substance misuse services	<p>The establishment and continuation of this strategic group would require resources such as a member of staff to co-ordinate the forum but this investment would be reciprocated by a reduction in time spent over the longer term resolving issues that are identified at a later stage.</p> <p>We need clear KPI's in the new contract that the contract monitoring meetings can link with and a system in place for the scenario where these KPI's are not being achieved.</p>
2. BYPDAS Contract Monitoring	The contract monitoring template and NDTMS data collection systems have differences and this impacts on re-commissioning and on data provision from strategic decision making.	Although the framework was streamlined, further work to align the contract monitoring template and NDTMS could be completed.	Would reduce time taken in contract monitoring and reduce queries based on inaccuracies in data.
3. YP Treatment	Referrals received from Criminal Justice services,	A communications strategy should be developed to ensure	Reductions in referrals could lead to less clients in treatment.

	Education and Social Services have decreased slightly.	that referrals to the service are continuous and that the service is promoted to these groups regularly.	
4. YP treatment	Treatment pathways relating to transition years are not clear due to the overlap between services.	Clarification is required in relation to which clients attend BYPDS (up to 24 years) and which clients attend the adult service (aged 18+ years).	If after procurement the services are awarded to two separate providers, this situation will become more complex and could lead to competition for clients. In addition, both adults and children's services are co-located in the same building. This may alter if there are two separate providers and could lead to a disjointed service.
5. YP Treatment	The current treatment model focuses on the provision of specialist services and less on prevention.	The new service provision should include a greater emphasis on prevention. This will include increased levels of work with schools and other community groups to complete awareness raising sessions and training with young people.	Potentially this new system may have resource implications if the existing contract does not have provision for prevention activities.
6. YP Treatment	The service is currently located within Edgware hospital and in the same centre as the adult's substance misuse service.	Consideration should be given to changing the location of the service and reducing the potential safeguarding issues of having young people and adults located in the same building.	The implications of moving the service are large and it will take time to investigate alternative premises and establish an alternative location.

<p>7. Early Intervention – Children and Families</p>	<p>Low uptake of early intervention support for families where a parent/carer is in treatment services.</p> <p>The service is based primarily in the Denis Scott Unit in Edgware hospital. This can raise issues around accessibility for families on the opposite side of the borough.</p> <p>The service specification states that the provider will have/ put in place partnership arrangements and protocols (memorandums of understanding) with all relevant young people’s agencies.</p>	<p>Workers attend MASH but only limited data on this is provided. We need data provision from MASH in order to assess the level of need and ensure we are intervening at the right level.</p> <p>Consideration should be given to the establishment of additional satellite’s in areas peripheral to Edgware hospital.</p> <p>It is not clear if this has been completed.</p>	<p>Data provision and sharing is an area that requires improvement especially between Children and families and substance misuse services.</p> <p>Further satellites have been established but coverage should be reviewed to ensure that it is borough wide.</p> <p>A review of MoU’s should be undertaken to ensure that all relevant agencies are covered.</p>
<p>7. Young Carer’s</p>	<p>The Time4us sessions have not been provided. It is not clear what services are provided to Young Carer’s, if any.</p>	<p>Given the prevalence of Trigger trio issues, it is important to further consider the needs of Young carers in Barnet.</p>	<p>This work could feed into other work streams across Barnet relating to young carers.</p>

8. Youth Offending Team	Specific work with YOT clients to address links between drug dealing, alcohol use, offending and drug using effectively.	The current provider engages directly with the YOT.	Commissioners to discuss with the new provider, ways to increase engagement between YOT and criminal justice services and/or to ensure maintenance of current working arrangements.
9. IBA/EBA	<p>Currently there is limited provision of IBA, apart from one nurse post. There is therefore a gap in treatment provision around Tiers 1 and 2 of treatment provision.</p> <p>The current service specification talks about identification of link practitioners within targeted areas who can be resourced and supported to deliver brief alcohol and drug misuse interventions with young people.</p>	<p>Currently IBA training and delivery is completed by the adult service under a separate contract.</p> <p>Consideration should be given to clients who do not require a structured treatment intervention at the specialist service.</p>	This is an area that requires scoping and focus on within the new specification and contract.
11. Out of hours/Drop in services	After care checks for a minimum of 6 months either in person or on the phone, it is not clear if this occurs.	This is an area that could be improved upon within contract monitoring to ensure that what is listed within the service specification is what is delivered when the services are re-commissioned.	We need alignment between the contents of the service specification, the delivery of services and the implications of non-compliance with the contract when the services are re-commissioned.

	The service specification recommends evening or weekend appointments, it is not clear if this occurs.		
12. Outreach work	It is not clear about the provision of outreach work. The service specification talks about engaging young people in the street.	It is not clear if any outreach work is completed by the Young People's service. This is another area where the service specification and service delivery require to be aligned.	We need alignment between the contents of the service specification, the delivery of services and the implications of non-compliance with the contract when the services are re-commissioned.
13. Clinical governance framework	Each service has its own clinical government arrangements.	Each service has its own clinical governance arrangements but as there is only one provider these arrangements are similar.	If two separate providers are commissioned this situation could lead to issues and therefore this needs to be a consideration within the re-commissioning process.
14. Data Strategy	Multiple areas of data where gaps have been identified resulting in knowledge gaps and inability to measure impact of interventions, services and investment. Same issue identified in 2014.	There are differences between the data reported in NDTMS and the provider data used within the contract monitoring data. One reason for this is different reporting timescales for each dataset.	The recommendation in 2014 was for commissioners to develop a dashboard to supplement treatment data that covers key priority areas. Where data voids are known – commissioners should work with senior officers to develop recording methods to inform planning.
13. Communications strategy	As referrals from certain groups are reducing, such as	The service is meeting with referrers to promote the service	A new communications strategy to ensure that

	education services, a communications strategy to promote the service should be developed	but this not part of a structured communications plan.	knowledge of service provision for Young People is widespread across Barnet will be useful for insuring that the numbers in treatment do not decline.
14. Workforce Strategy	Training needs should be reviewed as it was not clear when this was last completed.	The contract monitoring data shows that all staff are completing their mandatory training but it would be useful to complete an assessment of overall training needs of staff to encourage staff retention.	Training needs analysis and workforce development plans should be devised by the new provider.