

# **Needs Assessment Data for Substance Misuse among Young People in Shropshire 2015/16**

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## **Executive Summary**

In the last decade there has been a decline in the prevalence of both drug use and alcohol use among young people throughout England.

### **Prevalence of Drug Use in England:**

- Figures from 2014 show that 15% of pupils reported ever having taken drugs
- As seen in previous years, the prevalence of drug use among young people increases with age, in 2014 6% of 11 year olds reported having taken drugs at least once and 24% of 15 year olds reported having taken drugs at least once
- The most commonly reported drug used among 15 year olds in 2014 was cannabis

### **Prevalence of Alcohol Use in England:**

- Figures from 2014 show that 38% of pupils reported ever drinking alcohol and this proportion is the lowest since at least 2003
- the prevalence of drinking alcohol increases with age, in 2014 one percent of 11 year olds reporting drinking alcohol in the last week and 18% of 15 year olds reporting drinking alcohol in the last week

### **Prevalence of Drug Use in Shropshire:**

According to the What About YOUth survey conducted in 2014:

- 9.1% of 15 year olds surveyed in Shropshire stated that they had tried cannabis at least once
- 4.1% of those who had tried cannabis at least once, reported using it in the last month
- 0.9% of 15 year olds also reported taking other drugs in the last month

### **Prevalence of Alcohol Use in Shropshire:**

According to the What About YOUth survey conducted in 2014:

- 68.1% of 15 year olds surveyed in Shropshire stated that they had an alcoholic drink
- 7.1% reported having an alcoholic drink at least once a week
- 16.4% reported that they had been drunk in the last four weeks
- For all three drinking measures above Shropshire's figures were higher than both the West Midlands and National averages

## Shropshire Community Alcohol Partnership Survey

In 2013 the Shropshire Community Alcohol Partnership survey was undertaken to find out about young peoples' behaviours and attitudes to alcohol. The survey was conducted in secondary schools in five areas of Shropshire. Some key findings regarding alcohol prevalence among young people in Shropshire are shown below:

When asked if they had ever drunk alcohol the following percentages of respondents reported yes:

- Bridgnorth – 84%
- Ludlow – 87%
- Minterley and Pontesbury – 78%
- Oswestry – 78%
- Whitchurch – 72%

## Hospital Admissions for Alcohol-specific Conditions

- In Shropshire for the three year time period from 2012/13 to 2014/15 there were 40.5 individuals under the age of 18 per 100,000 of the population who were admitted to hospital for alcohol-specific conditions
- In Shropshire there has been steady decline since 2006/07 – 2008/09. Since 2010/11- 2012/13 period the admission rate has levelled. For the three year period from 2012/13 - 2014/15 England's admission rate dropped below Shropshire's for the first time

## The Current Treatment Population

- In 2015/16 there were 52 young people, under the age of 18, in specialist substance misuse services within the community in Shropshire
- Among those in treatment under the age of 18, 35% were female and 65% were male
- The most common source for referral into treatment was from clients themselves or from their family and friends. This accounted for 43% of all treatment episodes and this is compared with 12% nationally
- The second most common referral source was from youth justice services with 19% of all treatment episodes being referred from there
- Every young person entering treatment in 2015/16 in Shropshire reported that they began using their main problem substance when they were under 15. This is compared with 92% nationally
- When compared with national figures, a slightly higher proportion in Shropshire was identified as being looked after children when they entered treatment (17% compared with 12%)
- Just over a quarter of (26%) of those entering treatment in Shropshire had an identified mental health problem compared with 19% in England. The same proportion (26%) in Shropshire were identified as being involved with self-harm compared with 17% of those entering treatment nationally
- On a more positive note, one fifth of those entering treatment (20%) were involved in offending or antisocial behaviour compared with a third of those nationally (32%)
- The proportion of those in treatment 0 to 12 weeks in Shropshire rose from 18% to 45% between 2014/15 and 2015/16
- The proportion in treatment 13 to 26 weeks decreased from 51% in 2014/15 to 24% in 2015/16

- In 2015/16, 63% of exits from treatment in Shropshire were planned exits, a drop from 92% (a drop of 25 young people in real terms) in 2014/15 and is the lowest it has been since 2012/13

### Value for Money

- For every £1 invested in specialist drug and alcohol services for young people a further £1.93 can be saved within two years and up to £8.38 is saved in the long term
- The potential immediate benefits seen in the two years after completing treatment include:
  - a reduction in offending and crime
  - a reduction in the number of drug and alcohol related deaths among young people
  - a reduction in hospital admissions post-treatment
- The potential long term benefits include:
  - fewer young people going on to become adult substance misusers
  - reducing the number of young people who are not in education, employment and training

### Recommendations

- Since Shropshire has a higher prevalence of regular drinkers among young people compared with other counties in the West Midlands and compared with England, priority could be given to interventions targeting young people who are regularly drinking alcohol so that they don't develop further complex problems associated with drinking.
- In local surveys access to alcohol has been facilitated by parents suggesting there is a need to educate on the risks of the early onset of alcohol consumption and the longer term health consequences.
- Local surveys have also identified that young girls are more likely to drink larger amounts of alcohol than young boys because they tend to select stronger drinks such as wine. There is therefore a need for specific targeted work with young females to reduce this high risk drinking to reduce putting young girls in vulnerable situations and to reduce the long term effects of drinking large amounts of alcohol at a young age.
- The declining trend for the rate alcohol specific hospital admissions in Shropshire levelled off in the three year period 2010/11 – 2012/13 however the national rate has continued to decline. Targeting young people involved in the most harmful drinking behaviours could help to reduce these admissions and other associated harms and help to keep Shropshire's admission rates in line with the national trend.
- There are distinct differences in referral patterns in Shropshire compared with England. Referral pathways between treatment services and associated organisations/services to be strengthened to ensure young people are appropriately supported.
- Continue to monitor annual trends concerning those in treatment for six months or more to see if they differ significantly from the general treatment population
- Further investigations could be carried out to determine why the percentage of planned exits has dropped so dramatically and if there are any steps that can be taken to encourage more young people to exit treatment in a planned way in 2016/17 and in 2017/18.
- There is a strong case to make for continued investment in successful specialist services for substance misuse among young people as this can help to reduce future demands on associated services such as health, social care, youth justice and mental health and children's services.





## **Aims and Objectives of Needs Assessment**

This needs assessment document considers data from a number of sources in order to build a picture regarding the burden of substance misuse among young people in Shropshire.

The needs assessment forms an evidence base upon which the Shropshire's Drug and Alcohol Action Team's future decision making can be based.

The intended outcomes of this needs assessment were to better understand:

1. the prevalence of substance misuse among young people
2. and create a profile of the current treatment population in Shropshire for those undertaking treatment for substance misuse

The characteristics of Shropshire's population have been considered alongside the details of the nature of deprivation within the county using the Index of Multiple Deprivation 2015.

Although this needs assessment aims to cover a wide range of aspects and subjects relating to substance misuse among young people in Shropshire, there are some gaps of information and knowledge. The aim of future needs assessment work will be to fill these gaps and continue to identify where needs exist so that these can be met in the future.

Additional sources of information and further input from experts with in the field will be sought in future to fill these gaps of knowledge.

## **Shropshire: The People and the Place**

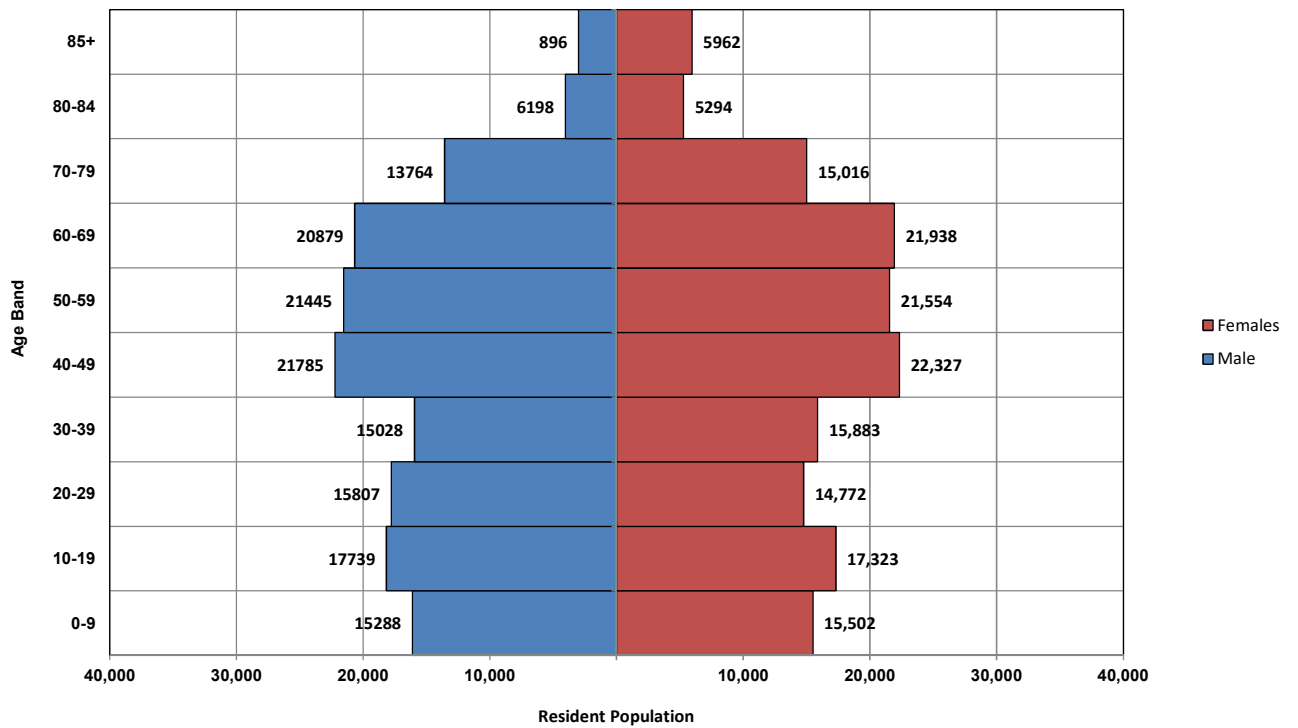
Shropshire is a large county in the West Midlands, with a population of around 308,567 (Mid-year estimate for 2013, ONS). It consists of mainly white British ethnicity. The population pyramids in Figures 1 and 2 highlight the fact that the county has an aging population, with a large proportion of the population being aged between 40 and 69 years. More than 40% people are aged over 50 years and like many rural areas, Shropshire is expecting to experience an increase in the proportion of population of people who are aged 65 and over. Based on mid-year estimates from 2013, slightly more than a fifth of the county's population is under the age of 19 years.

Overall the county is fairly affluent – however there are areas of deprivation and factors of rural sparsity which create issues with access to services. Shropshire supports a low wage economy with reliance on jobs in low paid sectors such as agriculture, tourism, and food and drink. More than 80% of jobs are in the private sector.

Shropshire's geography is an important consideration - it covers a large area of 1235 square miles, of which only approximately 6% comprises suburban and rural development and continuous urban land. The geography of Shropshire is diverse. The southern and western parts of the county are generally more remote and self-contained.

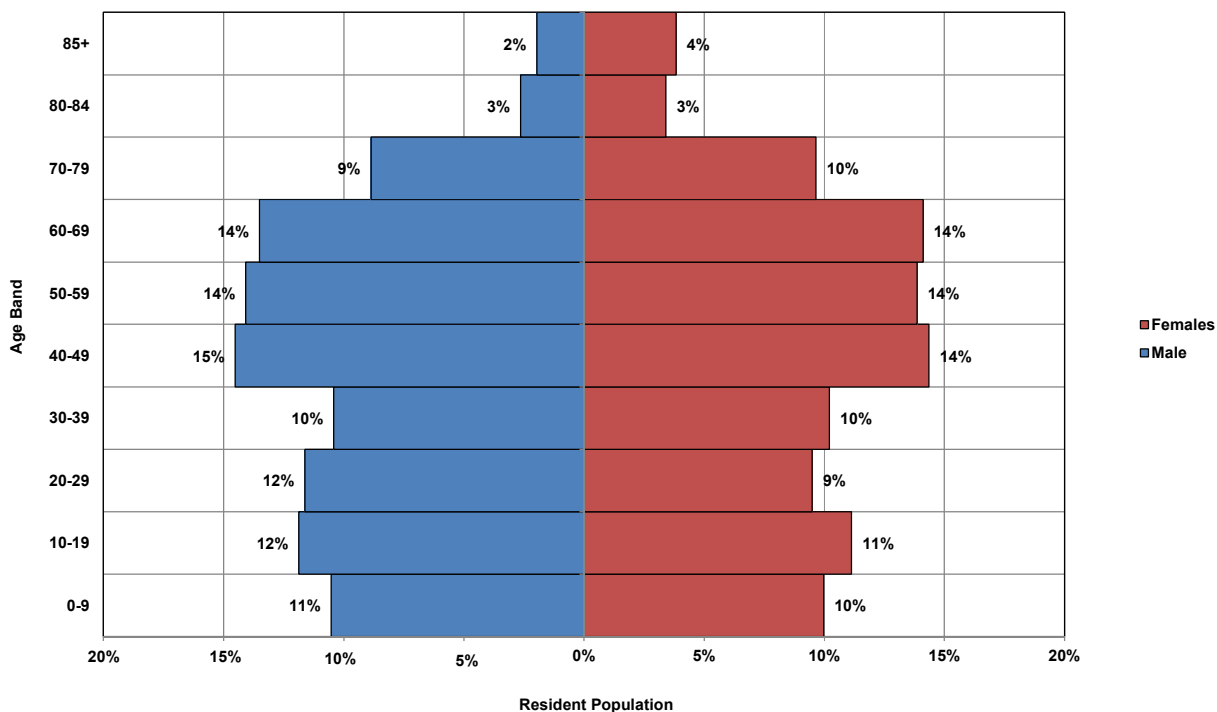
The landscape provides the backdrop for the market towns as key focal points for communities, businesses, leisure and tourism. Shropshire is entirely inland and its borders also have importance for the people living at the edges of the county – as people may have historic, family or work connections with the bordering areas of Mid Wales, Cheshire, Staffordshire, Telford and Wrekin and onto the West Midlands, Worcestershire and Herefordshire. Shropshire's rural geography and many borders with neighbouring authorities have been highlighted in previous stakeholder consultations as key challenges for accessing services and treatment.

**Figure 1. Population pyramid showing estimated population of males and females in Shropshire by age group**



Source: Revised Mid-Year Population Estimates, ONS, 2013

**Figure 2. Population pyramid showing proportion of population of males and females in Shropshire by age group**



Source: Revised Mid-Year Population Estimates, ONS, 2013

### Index of Multiple Deprivation 2015

The Index of Multiple Deprivation 2015 (IMD 2015) (ref. 1) is a nationally recognised measure of deprivation at the small area level. The IMD 2015 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation. It is an important tool for identifying the most disadvantaged areas in England and can be used locally to help prioritise services and resources to help tackle health inequalities and social exclusion.

The IMD 2015 is based on small geographic areas known as Lower Super Output Areas (LSOAs). The Office for National Statistics defines a LSOA as a small geographic area containing between 1000 and 3000 people and between 400 to 1200 households. There are 32,844 LSOAs in England.

The IMD 2015 combines all seven broad domains:

- Income deprivation
- Employment deprivation
- Health deprivation and disability
- Education, skills and training deprivation
- Barriers to housing and services
- Living environment deprivation
- Crime

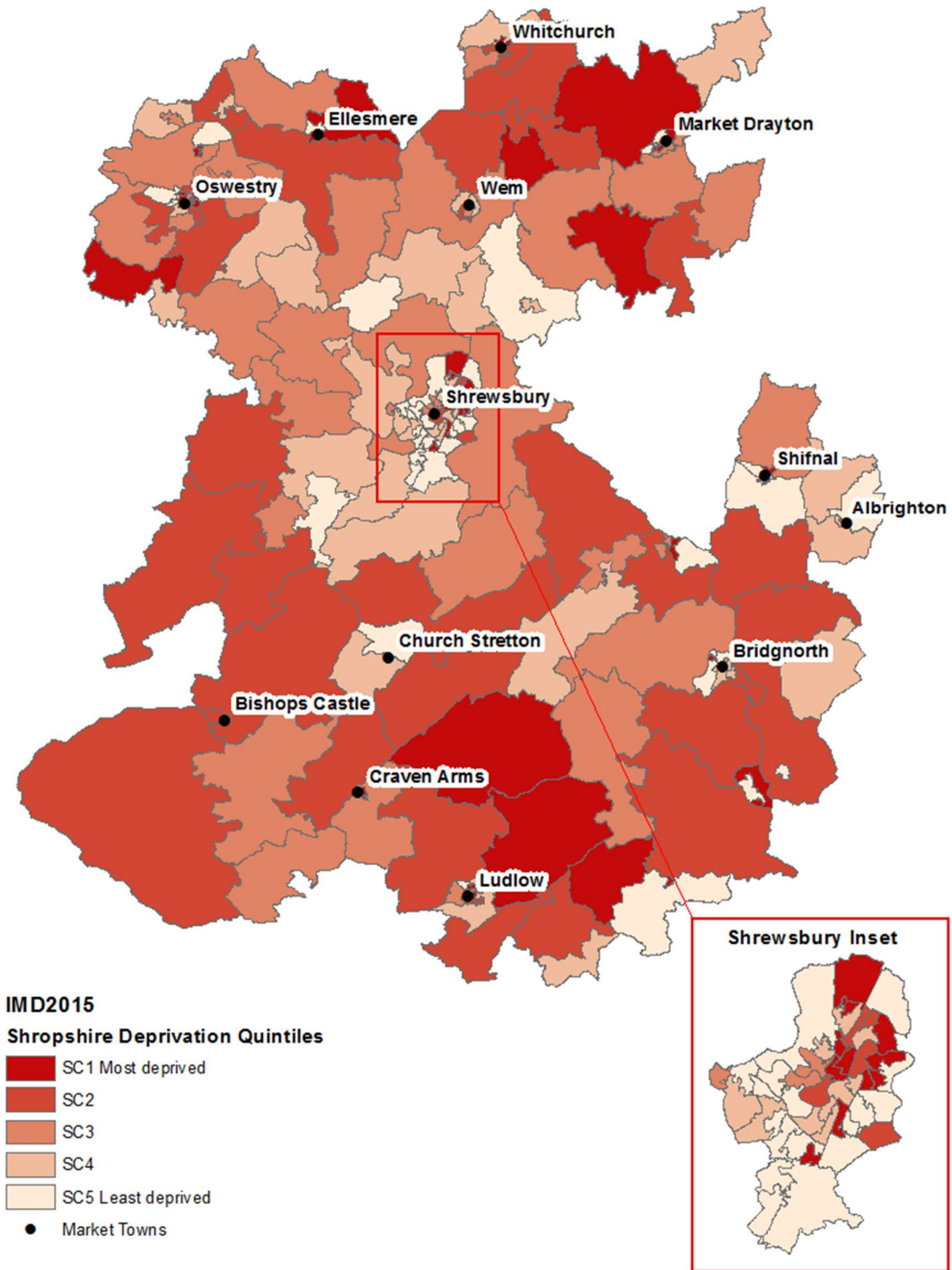
Overall, Shropshire is a relatively affluent area and is ranked the 107th most deprived county out of 152 upper-tier local authorities in England.

There are 193 LSOAs in Shropshire which are based on the boundaries from the most recent 2011 Census. There are nine LSOAs in Shropshire which fall within the 20% most deprived in England and these are located with urban areas of the county. The five most deprived areas are located within the electoral divisions of Harlescott (Shrewsbury), Monkmoor (Shrewsbury), Ludlow East (Ludlow), Oswestry South (Oswestry) and Meole/Bayston Hill, Column and Sutton (the LSOA crosses two electoral divisions in the wider Shrewsbury area).

To get a more accurate picture of local deprivation, Shropshire has been split into five quintiles. This has been done by ranking the IMD score for all LSOAs in Shropshire from one (most deprived) to 193 (least deprived) and then equally dividing the number of LSOAs to provide five categories.

Figure 3 shows deprivation as distributed in local quintiles in Shropshire. The LSOAs displayed in the darkest shade are the areas with the highest deprivation rank and those displayed in the lightest shade are the least deprived. The most deprived areas are generally situated around the major settlements in Shropshire, including Shrewsbury and Market Drayton.

Figure 3. Index of Multiple Deprivation 2015 in Shropshire County: Local Quintiles



Source: IMD 2015, Community & Local Government and SOA Boundaries, Office of National Statistics 2011  
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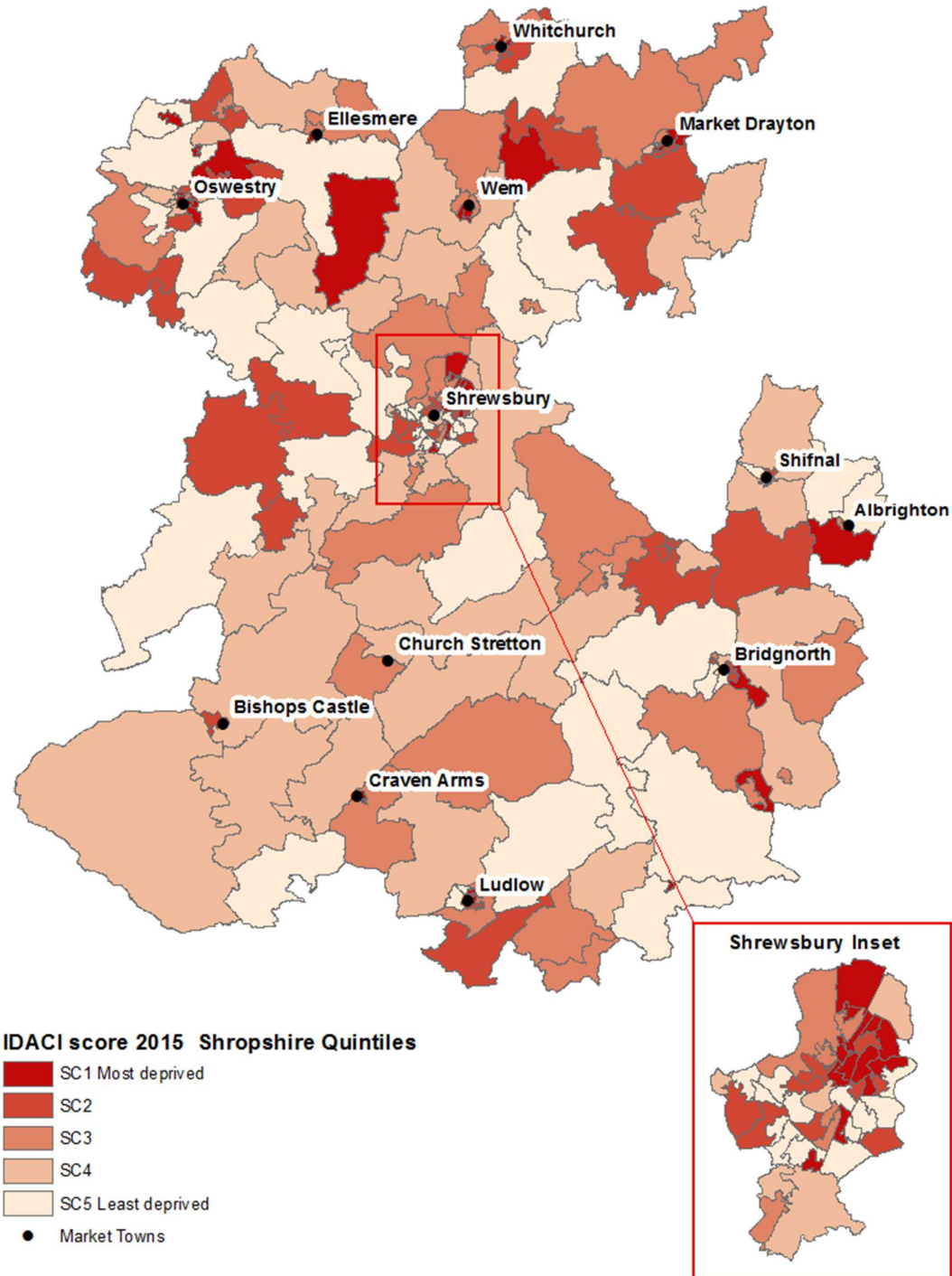
### **Income Deprivation Affecting Children Index (IDACI)**

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of children aged 0-15 years living in income-deprived families as a proportion of all children aged 0-15 years.

Income deprived families include those in receipt of means-tested benefits or in families in receipt of Income Support or income-based Jobseekers Allowance or income-based Employment and Support Allowance or Pension Credit (Guarantee) or families not in receipt of these benefits but in receipt of Working Tax Credit or Child Tax Credit with an equivalised income (excluding housing benefit) below 60 per cent of the national median before housing costs.

Figure 4 shows the IDACI deprivation quintiles in Shropshire. The LSOAs displayed in the darkest shade are the areas with the highest deprivation rank and those displayed in the lightest shade are the least deprived. The most deprived areas in terms of income deprivation affecting children dispersed throughout Shropshire. Within Shrewsbury, LSOAs falling in the most deprived fifth are mostly found in the northern half of the town (see Shrewsbury inset in figure).

Figure 4. Income deprivation affecting children index (IDACI) 2015 in Shropshire County: Local Quintiles



Source: IMD 2015, Community & Local Government and SOA Boundaries, Office of National Statistics 2011  
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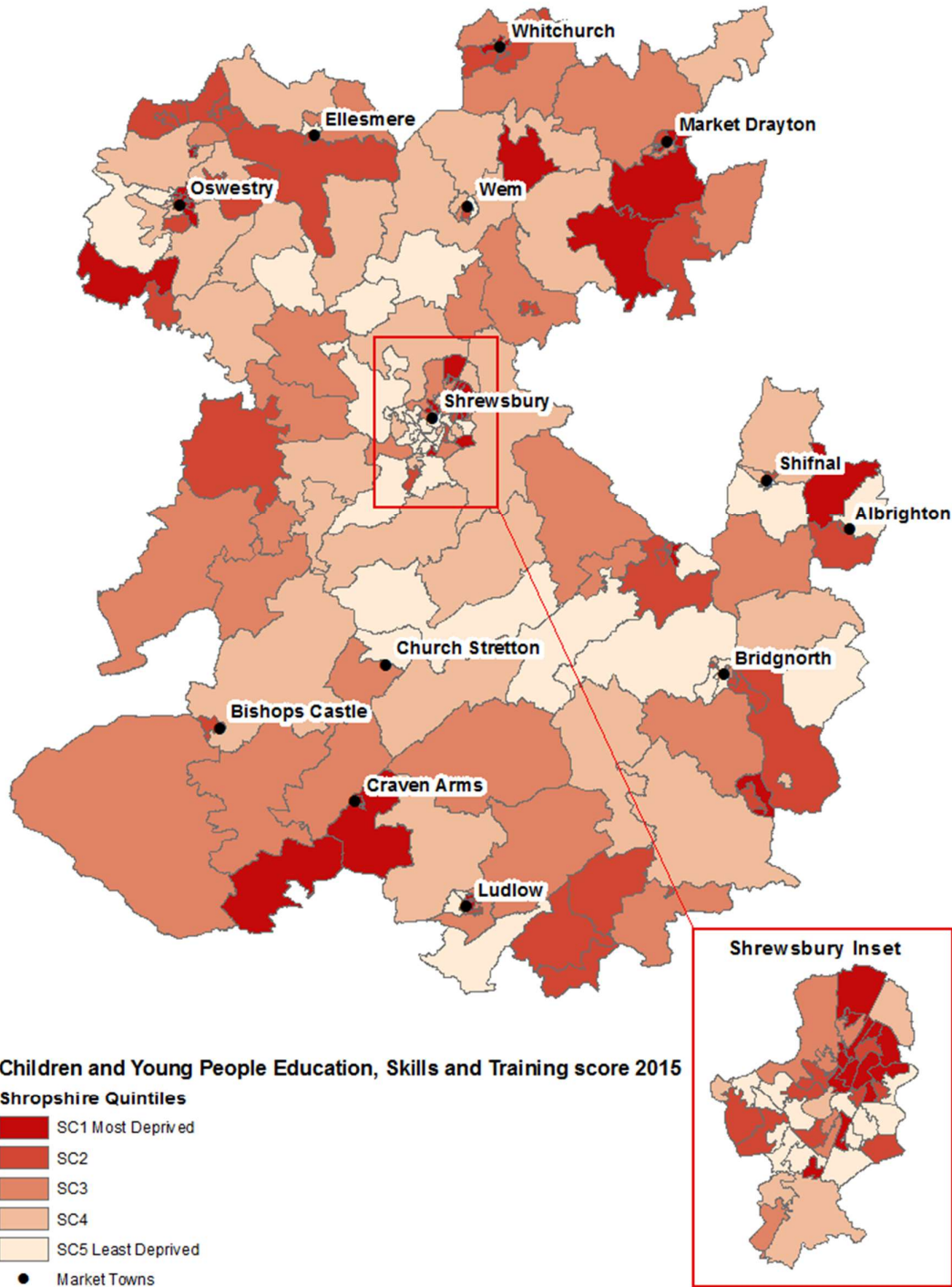
## **IMD 2015 Education, Skills and Training Deprivation affecting Children and Young People**

This subdomain measures deprivation in terms of lack of educational attainment, skills and training for children and young people and is derived from the following indicators:

- Key Stage 2 attainment: the average points score of pupils taking reading, writing and mathematics Key Stage 2 exams
- Key Stage 4 attainment: the average capped points score of pupils taking Key Stage 4
- Secondary school absence: the proportion of authorised and unauthorised absences from secondary school
- Staying on in education post 16: the proportion of young people not staying on in school or non-advanced education above age 16
- Entry to higher education: a measure of young people aged under 21 not entering higher education

Figure 5 shows the education, skills and training deprivation affecting children and young people in local quintiles in Shropshire. The LSOAs displayed in the darkest shade are the areas with the highest deprivation rank and those displayed in the lightest shade are the least deprived. The most deprived areas in terms of income deprivation affecting children dispersed throughout Shropshire. Within Shrewsbury, LSOAs falling in the most deprived fifth are mostly found in the northern half of the town (see Shrewsbury inset in figure).

**Figure 5. Children and Young People Education Skills and Training deprivation score 2015 in Shropshire County: Local Quintiles**



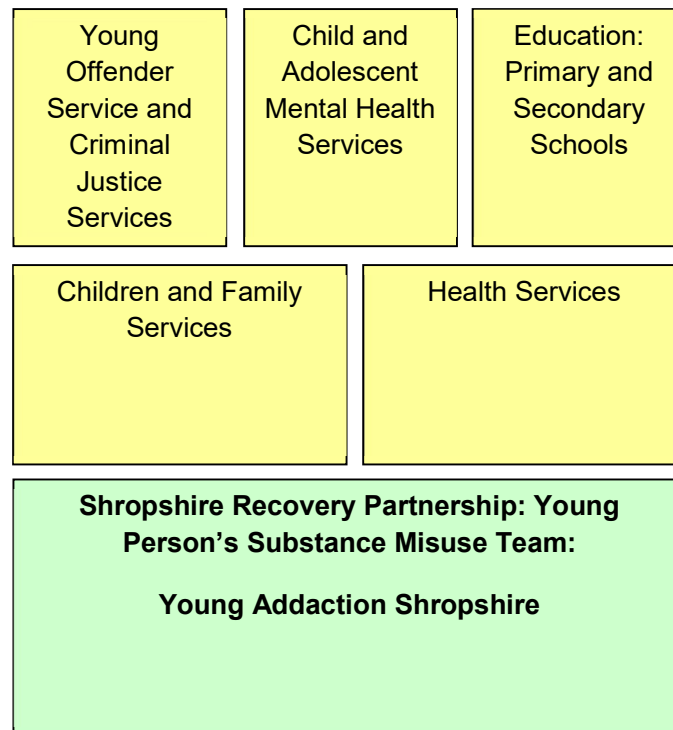
Source: IMD 2015, Community & Local Government and SOA Boundaries, Office of National Statistics 2011  
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### Background of Young Persons Treatment for Substance Misuse in Shropshire

The young persons' substance misuse service in Shropshire is provided by Young Addaction Shropshire. As part of the Shropshire Recovery Partnership they provide a substance misuse service to young people aged 10 to 18. The aim of the service is to help individuals to get healthy by making better lifestyle choices and to support them towards their own goals.

Figure 6 highlights some of the wider service areas with which the young persons' substance misuse service in Shropshire interact.

**Figure 6. Wider service areas which interact with Shropshire's Young Persons Substance Misuse Team**



## Findings from Needs Assessment Data

### Prevalence of Illicit Drug Use in England in 2014

The Smoking Drinking and Drug Use (SDD 2014) survey (ref. 2) involves surveys taken of secondary school children aged 11 to 15 from different schools throughout England during the autumn of 2014. The information provides estimates of behaviours for smoking, drinking alcohol and taking illicit drugs. This report was released by the Health and Social Care Information Centre (HSCIC) in 2015.

There has been a decline in the reported drug use among 11 to 15 year olds between 2001 and 2010. Figures from 2014 show that:

- 15% of pupils reported ever having taken drugs
- 10% reported having taken drugs in the last year
- 6% reported having taken drugs in the last month

Prevalence of drug use increases with age, in 2014:

- 6% of 11 year olds reported having taken drugs at least once
- 24% of 15 year olds reported having taken drugs at least once
- This same pattern was also seen in previous years

In 2014, cannabis was the most popular drug reported to be used among 11 to 15 year olds

In the 2014 survey, pupils who truanted or were excluded were more likely to report drug use in the last year than those pupils who hadn't:

- There has been a decline in the proportion of pupils who have ever played truant or had been excluded and reported they had taken drugs at least once a month. This figure has dropped from 21% in 2003 to 6% in 2014, this is compared with 1% of other pupils

Nationally, there is mounting concern about the increasing use of emerging novel psychoactive substances or "legal highs". In the 2014 survey, half of pupils reported that they had heard of "legal highs", six percent said that they had been offered them. 2.5% of pupils said they had taken legal highs with 2.0% reporting taking them in the last year and 0.9% reporting taking them in the last month.

### Prevalence of Drinking Alcohol in England in 2014

There has been a decline in the proportion of pupils who have reported ever drinking alcohol. The downward trend has continued since at least 2003 (ref. 2).

- In 2014, 38% of pupils had reported ever drinking alcohol and this proportion is the lowest since at least 2003.

As seen with drug use, the prevalence of drinking alcohol increases with age, in 2014:

- 1% of 11 year olds had reported drinking alcohol in the last week
- 18% of 15 year olds had reported drinking alcohol in the last week

In terms of frequency of drinking alcohol and the quantity of alcohol being consumed:

- In 2003, 25% of pupils reported drinking alcohol in the last week
- In 2014, 8% of pupils reported drinking alcohol in the last week
- 22% of pupils who drank in the last week had consumed 15 or more units of alcohol

## **Estimated Prevalence of Drug and Alcohol Use Among Young People in Shropshire**

In 2014 the Health and Social Care Centre (HSCIC) was commissioned by the Department of Health to develop a large scale and robust survey that would provide valuable information on the health and well-being of young people within England. Consequently the What About YOUth 2014 (WAY 2014) survey was conducted (ref. 3). The large sample size has enabled the results to be produced at the local authority level.

The survey asked questions of 15 year olds about their attitudes to healthy lifestyles and their behaviours covering areas including: diet, physical activity, smoking, alcohol, use of drugs, bullying and their wellbeing.

The following summarises some of the key findings for drug use from the WAY 2014 survey:

### **Drugs:**

A summary of reported behaviour relating to drugs among 15 year olds in **England**:

- 11% of young people said they had ever tried cannabis including trying it once. Males were more likely to be offered cannabis compared with females, (27% compared with 25%) but there was no gender difference when it came to trying cannabis (11% for both boys and girls)
- There was little difference in the proportion of reported cannabis use across different levels of deprivation (9% in most deprived areas had reported cannabis use compared with 8% in least deprived areas)
- There was an association between levels of general health as reported by respondents and their use of cannabis. 23% of those with “poor” health reported cannabis use compared with 17% of those who reported “fair” health and 7% of those who reported “excellent” health

## Summary of WAY 2014 Drug Findings as They Apply to Shropshire:

When asked “Have you ever tried cannabis (even if only once)?” The percentage of young people who answered “Yes” is shown below and in figure 7:

- 10.7% in England
- 8.4% in the West Midlands
- **9.1% in Shropshire**

**Figure 7. Percentage of respondents who reported ever trying cannabis by local authorities in West Midlands.**

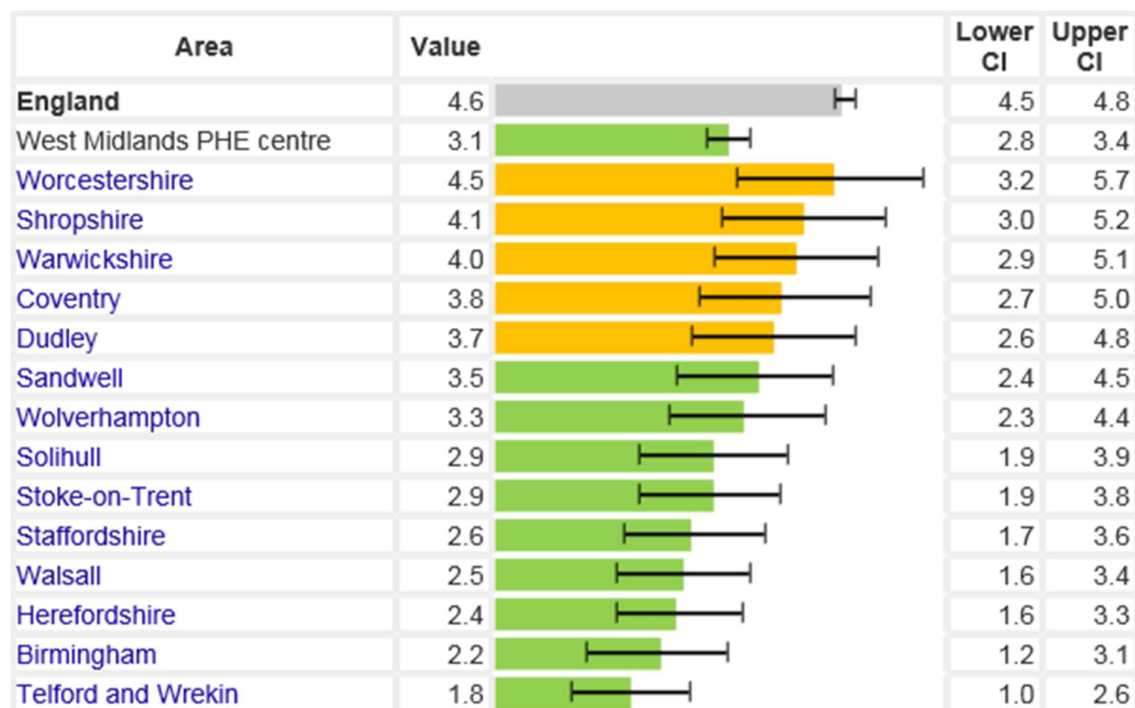
Area	Value	Lower CI	Upper CI
England	10.7	10.6	10.9
West Midlands PHE centre	8.4	7.9	8.9
Coventry	11.1	9.2	13.0
Worcestershire	11.0	9.2	12.8
Warwickshire	10.3	8.5	12.0
Dudley	10.1	8.3	11.9
Shropshire	9.1	7.5	10.6
Stoke-on-Trent	8.7	7.0	10.3
Wolverhampton	7.9	6.3	9.5
Herefordshire	7.9	6.4	9.4
Walsall	7.8	6.3	9.4
Staffordshire	7.7	6.1	9.3
Sandwell	7.7	6.1	9.2
Birmingham	6.8	5.3	8.4
Telford and Wrekin	6.6	5.1	8.0
Solihull	6.4	4.9	7.8

Source: What About YOUTH (WAY) survey 2014/15

If young people answered “Yes” to the question “Have you ever tried cannabis (even if only once), they were then asked about when they last used or took cannabis. The percentage who responded with “In the last month” is shown below and in figure 8:

- 4.6% in England
- 3.1% in the West Midlands
- **4.1% in Shropshire**

**Figure 8. Percentage of respondents who reported trying cannabis in the last month by local authorities in West Midlands.**



Source: What About YOUTH (WAY) survey 2014/15

The percentage of those who when asked “When did you last take drugs other than cannabis?” responded with “in the last month” is shown below and in figure 9:

- 0.9% in England
- 0.4% in the West Midlands
- **0.9% in Shropshire**

**Figure 9. Percentage of respondents who reported taking other drugs (other than cannabis) in the last month by local authority in the West Midlands.**

Area	Value	Lower CI	Upper CI
England	0.9	0.8	0.9
West Midlands PHE centre	0.4	0.3	0.5
Walsall	1.0	0.4	1.5
Shropshire	0.9	0.3	1.4
Solihull	0.7	0.2	1.2
Stoke-on-Trent	0.7	0.2	1.2
Coventry	0.5	0.1	1.0
Worcestershire	0.4	0.0	0.7
Warwickshire	0.4	0.0	0.7
Wolverhampton	0.4	0.0	0.9
Dudley	0.4	0.0	0.8
Herefordshire	0.4	0.1	0.7
Sandwell	0.3	0.0	0.7
Birmingham	0.2	0.0	0.4
Staffordshire	0.1	0.0	0.3
Telford and Wrekin	*	-	-

Source: What About YOUTH (WAY) survey 2014/15



## Alcohol

A summary of reported behaviour relating to alcohol among 15 year olds in **England**:

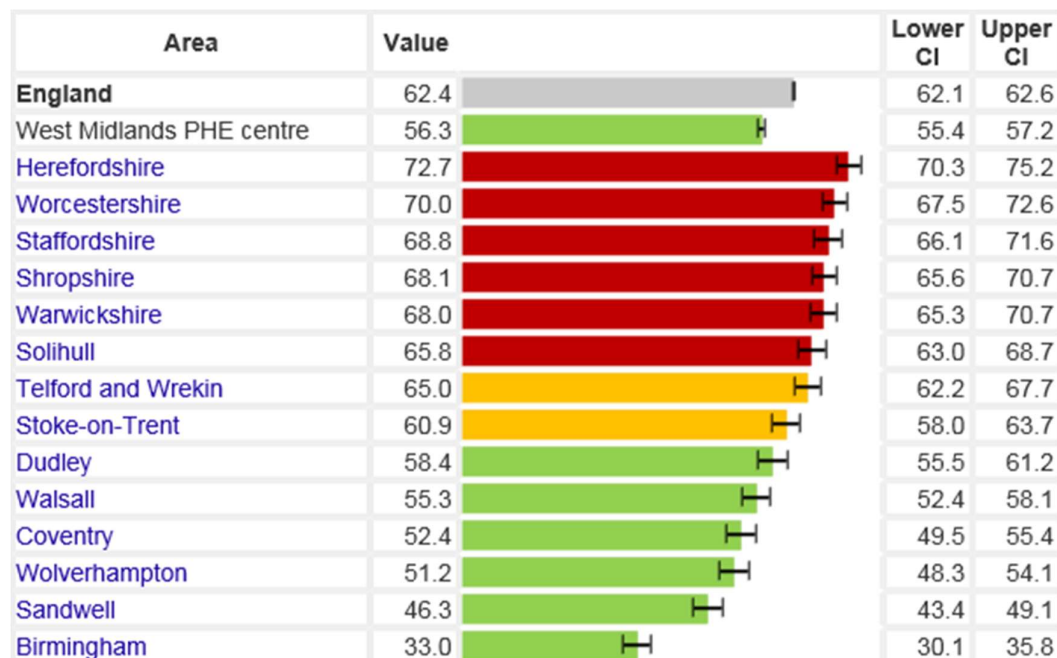
- 62% of 15 year olds surveyed reported that they had previously had a whole alcoholic drink. Females were more likely than males to report previously drinking alcohol with 65% of females compared with 60% of males
- Most respondents reported that they drank their first alcoholic drink between the ages of 13 and 15 but 10% of young people surveyed had their first drink under the age of 12
- 6% of those surveyed were classified as regular drinkers (reporting drinking alcohol at least once a week)
- An association between age at first drink and frequency of drinking was shown from the survey results:
  - Of those who had their first drink at the age of 10, 28% were regular drinkers
  - Of those who had their first drink at the age of 15 or 16, 3 % were regular drinkers
- 15% of those surveyed said they had been drunk at least once in the last four weeks
- 72% of young people from a White ethnic background reported ever having an alcoholic drink compared with 27% of those surveyed from a Black and Mixed Ethnic (BME) background
- Deprivation was also found to be associated with rates of drinking, young people from the least deprived areas who were surveyed were more likely to have ever drunk alcohol compared with those surveyed who were from the most deprived backgrounds (70% compared with 50% respectively)

## Summary of WAY 2014 Alcohol Findings as They Apply to Shropshire:

The percentage of those who answered yes when asked “Have you ever had an alcoholic drink – a whole drink, not just a sip is shown below and in figure 10:

- 62.4% in England
- 56.3% in the West Midlands
- **68.1% in Shropshire**

**Figure 10. Percentage of respondents who reported previously ever having a whole alcoholic drink by local authority in West Midlands**

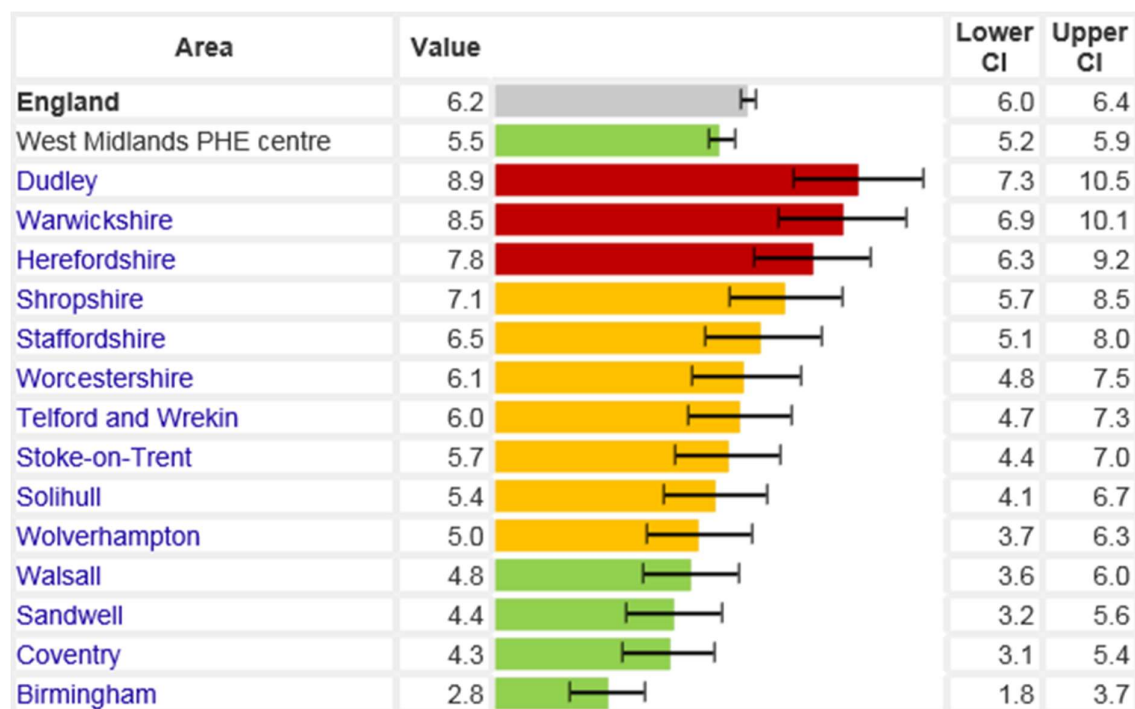


Source: What About YOUTH (WAY) survey, 2014/15

The percentage of those who when asked “How often do you usually have an alcoholic drink?” and reported “At least once a week” is shown below and in figure 11:

- 6.2% in England
- 5.5% in the West Midlands
- **7.1% in Shropshire**

**Figure 11. Percentage of respondents who reported having an alcoholic drink at least once per week by local authority in West Midlands**

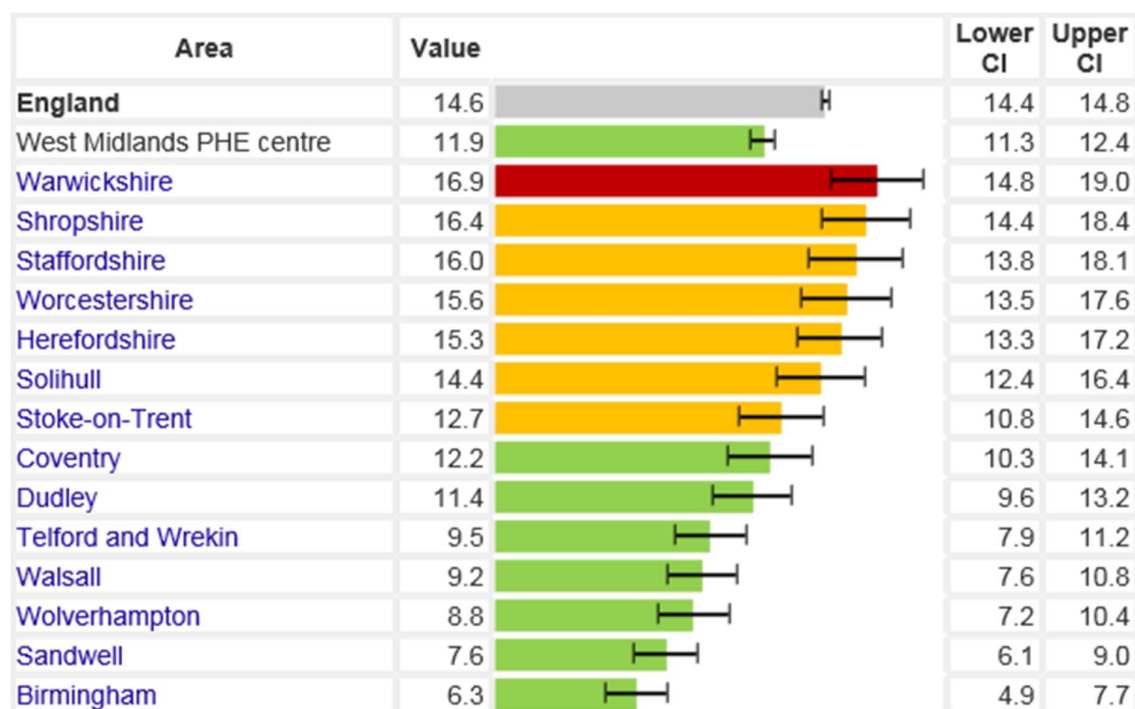


Source: What About YOUTH (WAY) survey 2014/15

The percentage of young people 15 year olds who when asked “Have you been drunk in the last 4 weeks” is shown below and in figure 12:

- 14.6% in England
- 11.9% in the West Midlands
- **16.4% in Shropshire**

**Figure 12. Percentage of respondents who reported being drunk in the last 4 weeks by local authority in West Midlands**



Source: What About YOUTH (WAY) survey 2014/15

## Alcohol Use Among Young People Across Shropshire

In 2013 a survey was taken among young people attending secondary school in five areas of Shropshire:

- Bridgnorth
- Ludlow
- Minsterley and Pontesbury
- Oswestry
- Whitchurch

Each of these five regions which took part in the Shropshire Community Alcohol Partnership (Shrop CAP).

The purpose of the survey was to investigate the behaviour and the views that young people under the age of 18 had towards alcohol within different areas of Shropshire.

Please note, findings from the Shrop CAP 2013 survey cannot be compared directly to the findings in the SDD 2014 and WAY 2014 national surveys, previously presented. The reason for this is that in each of the surveys different age groups were questioned.

Results from Shrop CAP 2013 can be added to paint an overall picture of the use of alcohol among young people in Shropshire.

### Have you ever drunk alcohol?

Table 1 shows the percentage of respondents in each of the five area who answered the question have you ever drunk alcohol?

**Table 1. Percentage of respondents in each of the five geographic areas who responded to: have you ever drunk alcohol?**

Town/Region	Have you ever drunk Alcohol?		Total Respondents (N)
	Yes	No	
Bridgnorth	84%	16%	910
Ludlow	87%	13%	197
Minsterley and Pontesbury	78%	22%	209
Oswestry	78%	22%	760
Whitchurch	72%	28%	292

*Source: Shropshire Community Action Partnership Survey 2013, Shropshire Council*

The percentage of young people who reported ever drinking alcohol varied across the regions surveyed from 72% in Whitchurch to 87% in Ludlow.

The prevalence of ever having drunk alcohol increases with age, and since 16 and 17 year olds were included in the Shropshire survey the high prevalence figures between 72% and 87% would be expected.

The proportion of pupils surveyed who had ever drunk alcohol was directly associated with age in each of the five areas in Shropshire:

- In Bridgnorth, 50% of 11 year olds (20/40) reported ever having drunk alcohol compared with 97% of 17 year olds (28/29) who had reported ever having drunk alcohol
- In Ludlow, 88% of 11 year olds (22/25) had reported ever having drunk alcohol compared with 96% of 17 year olds (22/23)
- In Minsterley and Pontesbury, 65% of 11 year olds (15/23) reported ever having drunk alcohol compared with 93% of 16 year olds (13/14)
- In Oswestry, 31% of 11 year olds (5/16) reported ever having drunk alcohol compared with 96% of 17 year olds (72/75)
- In Whitchurch, 29% of 11 year olds (8/28) reported ever having drunk alcohol compared with 100% of 17 year olds (17/17)

Note: In the above paragraph the numbers for the denominator in each age category are small. A degree of caution should be taken when interpreting any differences between groups and therefore drawing conclusions from the findings e.g. 88% of 11 year olds in Ludlow. It is not possible to be very confident that the differences seen between areas in the same age group are not due to natural variation within the general population.

### Regular Drinking

Table 2 shows the proportion of respondents who reported that they drink regularly (at least once a week). This varied from 22% of respondents who answered the question in Bridgnorth to 34% of respondents who answered this question in Ludlow.

**Table 2. Proportion of respondents who reported drinking at least once a week.**

Town/Region	How often do you drink?		Total Respondents (N)
	Regularly (at least once a month)	Occasionally (less than once a week)	
Bridgnorth	22%	78%	312
Ludlow	34%	66%	134
Minsterley and Pontesbury	29%	71%	121
Oswestry	27%	73%	467
Whitchurch	28%	72%	141

*Source: Shropshire Community Action Partnership Survey 2013, Shropshire Council*

It appeared that as the age of respondents increased so the frequency of drinking alcohol increased. This trend was noticed in each of the five areas surveyed (results not shown).

Some of the common themes arising from across the five areas surveyed are summarised below:

- The amount of alcohol drunk by respondents was also seen to increase with age in each of the five areas surveyed
- The main reason that young people gave for drinking was that they had a drink on special occasions
- As expected, Friday and Saturday were the days on which most respondents reported drinking
- Between one half and three quarters of respondents stated that they obtained their alcohol from their parents with their parent's knowledge. This ranged from 53% of respondents who answered in Whitchurch to 74% in Minsterley and Pontesbury
- Respondents were most likely to drink at home or at their friends' home. The likelihood of respondents reporting drinking at pubs and nightclubs increased with age
- When asked about what things they had experienced after drinking alcohol in the last six months, the most common things stated included being sick, injuring themselves and having a sexual experience

### **Key Points Arising From the Survey for Each Town/Region**

#### **Bridgnorth:**

- Young people are obtaining alcohol from parents with their knowledge – do parents need information about alcohol safety and young people?
- Young people are drinking at home and at friends' houses - are they supervised and are there issues around safety whilst drinking?
- Older people in this category were more likely to be regular drinkers than younger people – there is more risk around drinking as young people get older?

#### **Ludlow:**

- There was a higher prevalence of regular drinking from respondents in Ludlow, although this may be due to the sample being a slightly older age group.
- Young people are obtaining alcohol from parents with their knowledge – do parents need information about alcohol safety and young people?
- Young people, especially girls, are drinking at home and at friends' houses - are they supervised and are there issues around safety whilst drinking?
- Although regular drinking prevalence in girls was lower in Ludlow, they were more likely to drink larger amounts than boys, they were also more likely to drink stronger drinks (wine) and get alcohol from friends aged over 18 years – this could mean girls in Ludlow were more vulnerable to negative impacts of drinking?

**Minsterley and Pontesbury:**

- Young people are obtaining alcohol from parents with their knowledge – do parents need information about alcohol safety and young people?
- Young people are drinking at home and at friends' houses - are they supervised and are there issues around safety whilst drinking?

**Oswestry:**

- Young people are obtaining alcohol from parents with their knowledge – do parents need information about alcohol safety and young people?
- Young people, especially girls, are drinking at home and at friends' houses - are they supervised and are there issues around safety whilst drinking?
- Girls in Oswestry were more likely to drink larger amounts than boys, they were also more likely to drink stronger drinks (spirits) and get alcohol from friends over 18 years – this could mean girls in Oswestry were more vulnerable to negative impacts of drinking?

**Whitchurch:**

- Young people are obtaining alcohol from parents with their knowledge – do parents need information about alcohol safety and young people?
- Young people, especially girls, are drinking at home and at friends' houses - are they supervised and are there issues around safety whilst drinking?
- Girls in Whitchurch were more likely to drink larger amounts than boys – this could mean girls in Whitchurch were more vulnerable to negative impacts of drinking?



## Hospital Admissions for Under 18s Due to Alcohol-specific Conditions

In Shropshire for the three year period from 2012/13 to 2014/15 there were 40.5 individuals under the age of 18 per 100,000 of the population who were admitted to hospital for alcohol-specific conditions. This rate, though not statistically significant, is higher than the rate for the West Midlands (32.8 per 100,000) and England (36.6 per 100,000) (figure 13). This rate is third highest in the West Midlands PHE centre after Herefordshire (45.3 per 100,000) and Coventry (42.0 per 100,000).

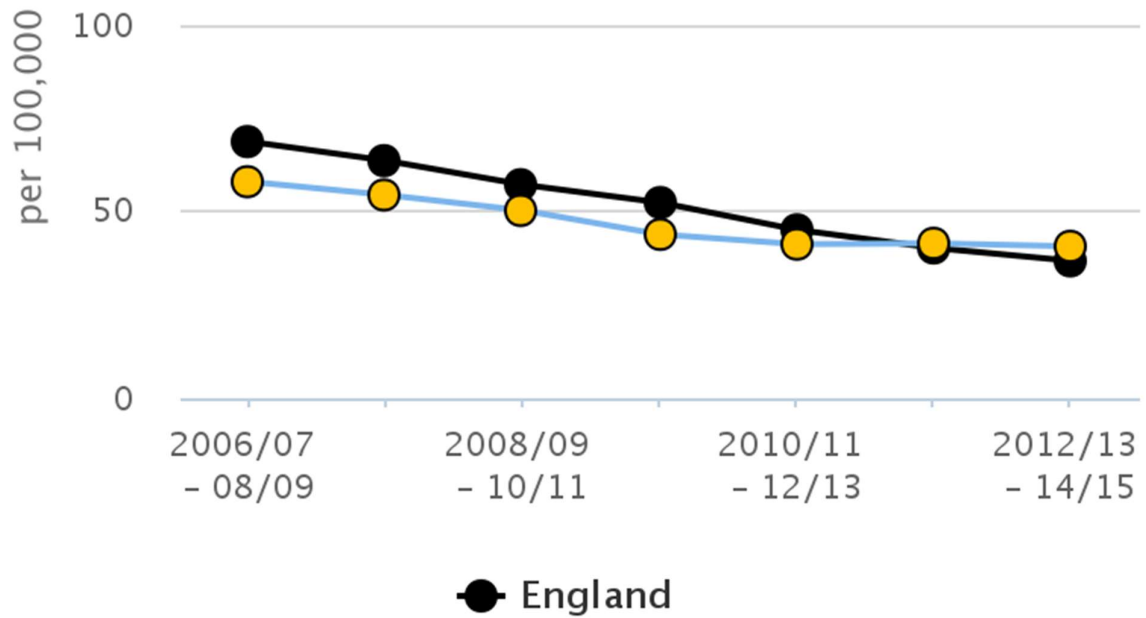
The trend for the rolling three year crude rate over a 7 year time period for alcohol specific admissions in Shropshire and England is shown in figure 14. In England the rate has been steadily declining year on year since 2006/07 – 2008/09. In Shropshire there has also been steady decline, however since 2010/11- 2012/13 the rate has stayed level. For the period from 2012/13 - 2014/15 England's admission rate dropped below Shropshire's for the first time.

**Figure 13. Persons under 18 years admitted to hospital for alcohol-specific conditions (crude rate per 100,000 per period from 2012/13-2014/15)**

Area	Value	Lower CI	Upper CI
England	36.6	36.0	37.3
West Midlands PHE centre	32.8	31.0	34.7
Herefordshire	45.3	33.5	59.9
Coventry	42.0	33.8	51.5
Shropshire	40.5	31.7	50.9
Dudley	39.9	31.7	49.6
Warwickshire	39.3	32.9	46.6
Walsall	37.5	29.4	47.2
Stoke-on-Trent	36.8	28.2	47.3
Staffordshire	36.4	31.4	42.1
Sandwell	34.7	27.5	43.2
Worcestershire	34.0	28.1	40.7
Telford and Wrekin	31.6	22.3	43.6
Wolverhampton	31.6	23.7	41.2
Solihull	24.3	16.7	34.1
Birmingham	19.4	16.6	22.6

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates

**Figure 14. Rolling three year trend for rate of persons under 18 years admitted to hospital for alcohol specific conditions in Shropshire and England (crude rate per 100,000)**



*Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates*

## Young People in Treatment for Substance Misuse in England for the Treatment Year 2015/16

A report on the status of specialist substance misuse treatment services in England in 2015/16 was published by Public Health England in January 2017 (ref. 4). The following paragraphs highlight some of the findings from the report and describe certain characteristics about the treatment population of young people in specialist substance misuse services across England.

In England in 2015/16, 17,077 young people received help for alcohol and drug problems in specialised treatment services. This is a drop of 1,272 and a 7% decrease from the number of young people receiving help in 2014/15.

Just less than two-thirds of young people in specialist treatment services in 2015/16 were male (65%) and 52% of all persons were over the age of 16 years. Females in treatment were younger than males, 26% of females were under the age of 15 years compared with 20% of males.

Cannabis remained the main problem drug that young people are most likely to seek help for with 87% of individuals (13,454 of under-18 year olds) who received help from specialist services stating that cannabis was a problem drug. The numbers who are in treatment for cannabis have been increasing since 2005/06 but have dropped slightly in the last two years.

Alcohol was the second most common problem substance that young people were likely to seek help for. In 2015/16, 48% of those in treatment were there for alcohol problems. There has been a steady decline in the numbers of young people in treatment for alcohol since 2008/09.

Young people in substance misuse services often have trouble with a range of drugs rather than just an individual substance. This is known as adjunctive substance misuse. In 2015/16 alcohol remains the most common adjunctive substance with 33% (n=5,682) of young people reporting it. Ecstasy use was next most common with 9% (n=1,605) reporting and this was followed by cocaine use also reported by 9% (n=1,477). Six percent (n=1,056) reported use of new psychoactive substances (NPS) up from 5% in 2014/15.

The most common referral source into specialist treatment services in 2015/16 was from education services with 28% (n=5,218) of all treatment episodes being referred from education. This was followed by youth justice services (26%) and children's social care (14%). This is the first time that there were more referrals from education services than from youth justice services.

Most young people who access specialist treatment services have a number of different problems and vulnerabilities which are related to or associated with their substance use. These risk factors can include; multiple drug use (poly-drug use), drinking alcohol daily or wider ranging factors such as self-harming, offending, domestic abuse or experiencing sexual exploitation.

The most common vulnerability stated in 2015/16 was early onset of substance misuse, with 92% of those in treatment reporting use of their primary substance under the age of 15. This was followed by poly-drug use (60%), reported antisocial behaviour (32%), being affected by others' substance misuse (23%), reported being affected by domestic abuse (21%)

More than a third of young people (38%) starting treatment in 2015/16 reported having four or more of these vulnerabilities and just under a half (46%) reported having either two or three. Eighty-three percent of young people started treatment in 2015/16 reported multiple vulnerabilities.

Males in treatment are more likely to have reported antisocial behaviour and not being in employment, education or training (NEET) while females are more likely to struggle with self-harm issues, high-risk alcohol use and domestic abuse and experience sexual exploitation.

Nationally, 6% of those presenting at treatment services in 2015/16 experienced sexual exploitation. The proportion is much higher among females than males, with 14% of girls reporting experiencing sexual exploitation compared with just over 1% of boys. It is possible that the difference in these percentages is because boys and young men are often not willing to disclose any abuse they might have experienced.

Four fifths (80%) of those who left treatment services in 2015/16 did so having completed their treatment programmes successfully. This is the same rate of successful completions as 2014/15.

## Young People in Specialist Substance Misuse Services in Shropshire

The following section describes the population of young people who were attending specialist treatment services in Shropshire for substance misuse. The data presented in this section is mainly sourced from the Joint Strategic Needs Assessment (JSNA) support packs for alcohol and drugs in Shropshire published by Public Health England (ref. 5-8) which describe data specific to Shropshire and England from the National Drug Treatment Monitoring Service (NDTMS).

The section describes:

- Numbers in treatment
- Referral sources
- Age and gender breakdown
- Other risk factors and vulnerabilities associated with substance misuse in young people
- Length of time in treatment
- Reasons for discharge from treatment
- Planned exits from treatment
- Value for money associated with substance misuse treatment for young people

### Numbers in Treatment

**Table 3. The number of young people (under the age of 18 years) in specialist substance misuse services in the community in Shropshire and England over a five year period from 2011/12 to 2015/16**

Year	Shropshire	England
2011/2012	110	20,688
2012/2013	113	20,042
2013/2014	92	19,126
2014/2015	80	18,949
2015/2016	52	17,593

Source: Joint Strategic Needs Assessment Support Pack for Alcohol and Drugs in Shropshire covering 2013/14, 2014/15 and 2015/16 Public Health England.

Table 3 shows that in 2015/16 there were 52 young people, under the age of 18, in specialist substance misuse services within the community in Shropshire. This number has fallen from 80 in the previous year.

This number does not include young people under the age of 18 who are receiving treatment from specialist substance misuse services and are in the secure estate which includes young offender institutions, secure training centres and secure children's homes. In 2015/16 there were less than five young people who were under the age of 18 and in specialist services who were within the secure estate.

## Referral Sources

**Table 4. Referral source as a proportion of all treatment episodes in Shropshire and England in 2015/16 (for clients under 18 years of age)**

Referral Source	Shropshire	England
	% of all treatment episodes	% of all treatment episodes
Self, Family, Friends	43%	12%
Youth Justice	20%	26%
Education Services	19%	28%
Children and Family Services	<10%	14%
Other substance misuse services	<10%	8%
Health and Mental Health services	<10%	7%

Source: Joint Strategic Needs Assessment Support Pack for Alcohol and Drugs in Shropshire covering 2015/16, Public Health England

Table 4 shows the proportion of all treatment episodes in 2015/16 from each of their referral sources. In Shropshire, the most common source that clients were referred into treatment was from clients themselves or from their family and friends. This accounted for 43% of all treatment episodes and this is compared with 12% nationally. The second most common referral source was from youth justice with 19% of all treatment episodes being referred from there. The picture for England as a whole is slightly different from the Shropshire picture. The most common source of referral in England was from education services at 28% of referrals of all treatment episodes and the second most common source of referral was from youth justice with just over one quarter (26%) of all referrals. Referrals from children and family services and from self, family and friends came a close third and fourth.

### Referrals for Those 18 years and Older for the Treatment Year 2014/15

The most common referral source for as a proportion of new treatment episodes in 2014/15 for clients aged 18-24 year was from Family, friends or self (43% of new episodes in 2014/15) the second most common sources of referral were from youth justice services (20% of new episodes in 2014/15). Because of very small numbers further breakdown of referrals data from clients aged 18-24 years and older has not been shown (source Supplementary Young Persons Partners Report 2014/15, Public Health England). At the time of writing referral data for clients aged 18-24 covering 2015/16 was not yet available.

## Age and Gender Breakdown

**Table 5. Proportion of young people in specialist substance misuse treatment in Shropshire in 2015/16 by age group and gender**

	Female	Male	Totals
Age Group	N (%)	N (%)	N
Under 18s	18 (35%)	34 (65%)	52

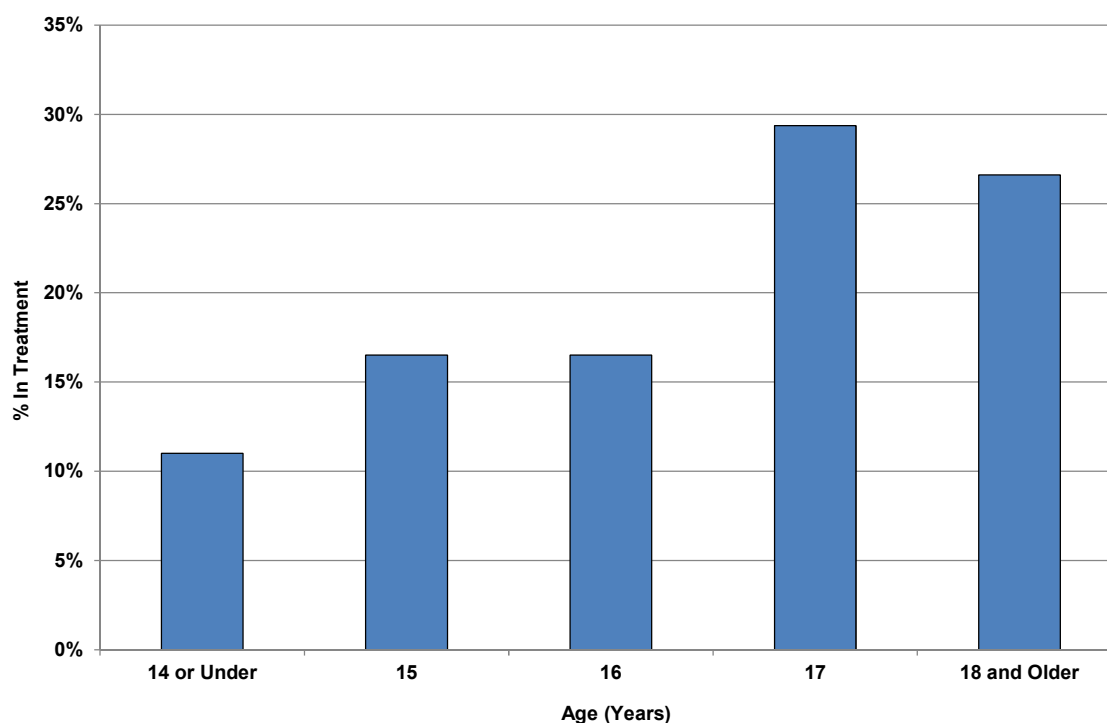
Source: Joint Strategic Needs Assessment Support Pack for Alcohol and Drugs in Shropshire covering 2015/16, Public Health England

Among those in treatment under the age of 18 35% were female and 65% were male. These proportions are identical to the national profile of young people in specialist treatment services (table 5).

Just less than two thirds of females in treatment cited cannabis as a problematic substance compared with 88% of males. This is compared with 78% of females and 92% males nationally (data not shown).

In Shropshire 56% of females in treatment in 2015/16 cited alcohol as a problematic substance compared with 15% of males. Nationally 63% of females and 42% of males cite alcohol as a problematic substance (data not shown).

**Figure 15. Age distribution of young people in specialist treatment in Shropshire in 2014/15**



Source: Supplementary Young Persons Partners Report 2014/15, Public Health England

Figure 15 shows the age distribution of those in specialist treatment for young people in Shropshire in 2014/15. The largest proportion of clients, were aged 17 years. Those aged 14 or less and those age 18 or greater were grouped together. At the time of writing data for the period 2015/16 had not yet been released.

### **Risk Factors and Vulnerabilities**

Table 6 shows the number and the proportion of all young people who are entering treatment in 2015/16 in Shropshire who have specific vulnerabilities and risk factors associated with substance misuse. The table also shows the proportion of all young people entering treatment in England for the same vulnerabilities as a point of comparison.

For the most part the proportions entering treatment with specific vulnerabilities in Shropshire are similar to proportions seen in England.

Every young person entering treatment in 2015/16 in Shropshire reported that they began using their main problem substance when they were younger than 15 years old. This is compared with 92% nationally.

When compared with national figures, a slightly higher proportion in Shropshire was identified as being looked after children when they entered treatment (17% compared with 12% nationally).

Slightly more than a quarter of (26%) of those entering treatment in Shropshire had an identified mental health problem compared with 19% in England. The same proportion (26%) in Shropshire were identified as being involved with self-harm compared with 17% of those entering treatment nationally.

On a more positive note, one fifth of those entering treatment (20%) were involved in offending or antisocial behaviour compared with a third of those nationally (32%).



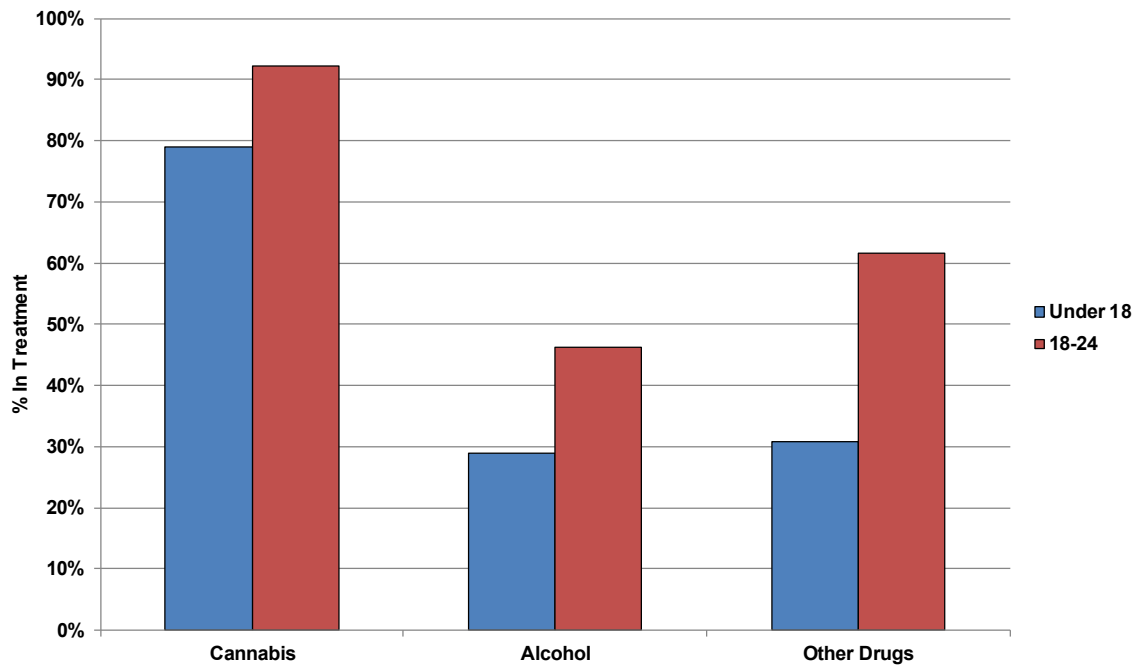
**Table 6. Table of risk factors and vulnerabilities associated with substance misuse in young people; percentages of those entering treatment in Shropshire and in England 2015/16**

<b>Risk Factor or Vulnerability</b>	<b>Shropshire</b>	<b>England</b>
	<b>N (% of all young people entering treatment)</b>	<b>% of all young people entering treatment</b>
<b>Using two or more substances (including alcohol)</b>	<b>20 (57%)</b>	<b>60%</b>
<b>Began using main problem substance under 15 years of age</b>	<b>35 (100%)</b>	<b>92%</b>
<b>Is a looked after child</b>	<b>6 (17%)</b>	<b>12%</b>
<b>Has an identified mental health problem</b>	<b>9 (26%)</b>	<b>19%</b>
<b>Involved in self-harm</b>	<b>9 (26%)</b>	<b>17%</b>
<b>Not in Education, employment or training (NEET)</b>	<b>7 (20%)</b>	<b>17%</b>
<b>Involved in offending/antisocial behaviour</b>	<b>7 (20%)</b>	<b>32%</b>
<b>Affected by others' substance misuse</b>	<b>8 (23%)</b>	<b>23%</b>

Source: Joint Strategic Needs Assessment Support Pack for Alcohol and Drugs in Shropshire covering 2015/16, Public Health England

## Main Problem Substances

**Figure 16. Proportion of clients in specialist treatment for young people in 2015/16 showing main substance by age group\***



Source: *Joint Strategic Needs Assessment Support Pack for Alcohol and Drugs in Shropshire 2015/16, Public Health England*

\*Note, individuals are counted for each substance that they cite for any episode of treatment in the year. The denominator is out of everyone in treatment which means that percentages will add up to more than 100%

Figure 16 shows the substances clients cited as their main problem substance for which they were seeking treatment. The proportions of clients citing different substances are shown in to separate age groups, those aged under 18 and those clients aged 18 – 24. For those under 18 cannabis was the most common substance with 79% of those in treatment citing its use. Twenty-nine percent of clients citing alcohol use. For clients who were aged between 18 -24 cannabis remains the most common substance cited with 92% clients reported its use. Alcohol use was reported by 46% of clients.

## Length of Time in Treatment

**Table 7. The number and proportion of young people in treatment in 2013/14 and 2014/15 by the length of time they spent in treatment in weeks in Shropshire and England**

Length of Time in Treatment (weeks)	Shropshire		England	
	2014/15	2015/16	2014/15	2015/16
	N (%)	N (%)	N (%)	N (%)
0 to 12 weeks	14 (18%)	23 (45%)	42%	41%
13 to 26 weeks	40 (51%)	12 (24%)	32%	32%
27 to 52 weeks	12 (15%)	11 (22%)	18%	19%
Longer than 52 weeks	13 (16%)	5 (10%)	8%	8%

Source: Joint Strategic Needs Assessment Support Pack for Alcohol and Drugs in Shropshire covering 2014/15 and 2015/16, Public Health England

The proportion of those in treatment by length of time in weeks has been presented in table 7. The proportion of those in treatment 0 to 12 weeks in Shropshire rose from 18% to 45% between 2014/15 and 2015/16 (an increase in 9 clients in real terms). The proportion in treatment 13 to 26 weeks decreased from 51% in 2014/15 to 24% in 2015/16 (a drop of 28 clients in real terms). In 2014/15 there were 25 clients in treatment for 27 weeks or more, and in 2015/16 the number dropped was 16 clients.

### In Treatment for 27 weeks (six months) or more (2014/15)

For those in treatment for 27 weeks or more in 2014/15, there were a total of 25 treatment episodes of which the most common referral source was youth justice services, and the second most common referral source was children and family services. The most common structured intervention for treatment that individuals received was psychosocial followed closely by harm reduction. Of those in treatment for 27 weeks or more there were a total of 18 exits from treatment recorded, of which 17 were discharged from treatment with their treatment completed as planned. At the time of writing a breakdown of those in treatment for 27 weeks or more in 2015/16 was not available (source: NDTMS data PHE West Midlands).

### Reasons for Discharge from Treatment 2014/15

In 2014/15 there were 60 young people aged less than 18 years who exited the treatment system in Shropshire. Of these 55 (92%) were discharged from treatment with their treatment completed as planned. The remaining 5 individuals were either discharged from treatment by being transferred or their treatment was recorded as incomplete.

For those aged between 18 and 24, there were 25 individuals who were discharged from treatment. Twenty of these individuals (80%) were discharged from treatment with their treatment recorded as completed. The remaining 5 individuals were discharged from treatment by being transferred or their treatment was recorded as incomplete.

If a client completes their treatment they can either be classed as alcohol-free, drug-free or an occasional user. A client who has been recorded as having incomplete treatment might have dropped out of treatment or been retained in custody. Transferred clients can include those who have made the transition to adult substance misuse service or to another. At the

time of writing data relating to reasons for discharge from treatment in 2015/16 was not available.

**Table 8. The proportion of those leaving treatments as planned exits from specialist substance misuse services as a percentage of all exits in 2012/13, 2013/14, 2014/15 and 2015/16**

Year	Shropshire	National
2012/13	77%	79%
2013/14	76%	79%
2014/15	92%	79%
2015/16	63%	79%

*Source: Joint Strategic Needs Assessment Support Pack for Alcohol and Drugs in Shropshire 2013/14, 2014/15, and 2015/16 Public Health England*

The proportion of young people leaving specialist substance misuse interventions in a planned way as a percentage of all treatment exits are shown in table 8. In 2015/16, 63% of exits from treatment in Shropshire were planned exits. This is compared with 79% of exits nationally. This is the lowest it has been since 2012/13.

## Value for Money

In 2011, a report commissioned by the Department of Education to look at the cost benefit of specialist drug and alcohol services for young people found that for every £1 invested a further £1.93 can be saved within two years and up to £8.38 is saved in the long term. The estimated benefits from this report are considered to be a robust yet conservative estimate of the benefits from investing in young people's treatment and include both economic and social costs that are avoided as a result of getting young people into specialist drug and alcohol treatment. The potential immediate benefits seen in the two years after completing treatment include a reduction in offending and crime, a reduction in the number of drug and alcohol related deaths among young people and a reduction in hospital admissions post-treatment. The potential long term benefits include fewer young people going on to become adult substance misusers and reducing the number of young people who are not in education, employment and training. Additional benefits that could be realised from reducing cost incurred from children's services if children who would have been taken into care receive adequate support and treatment before that has to become a possibility were not included in the analysis (ref. 9).

## Discussion of Needs That Have Been Identified

Across England there has been a noted decline in the prevalence of reported drug and alcohol use among young people in the last 10 to 15 years (ref. 2). It is however, difficult to confirm whether the declining trend is also reflected in Shropshire since no trend data has been collected to monitor prevalence of drug or alcohol use among young people. It is apparent that the number of young people in specialist substance misuse services in Shropshire has dropped by nearly a half from 110 in 2011/12 to 52 in 2015/16 which might suggest that the declining trend of drug and alcohol use among young people is being reflected in the Shropshire population.

Nationally, cannabis remains the most popular drug among 11 to 15 year olds (ref. 2). The What About Youth 2014 survey which was commissioned by the department of health sought information about drug and alcohol use from 15 year olds across England using sample sizes large enough to compare results at the Local Authority level. The findings from the survey found that in Shropshire, less than 10% of 15 year olds reported ever trying cannabis. The figure was slightly higher than the West Midlands but less than the overall figure for England but was still considered statistically similar to both (ref. 3). Cannabis use among 15 year olds in Shropshire appears to be largely in line with trends regionally and nationally.

There has been overall national decline in alcohol prevalence among young people in the last 10 to 15 years this has especially been seen among those under the age of 15 years. The Health Survey for England (HSE) which provides data about drinking behaviour among young people aged 16 and 17 years revealed that by the age of 17, 64% of boys and 48% of girls were drinking weekly (ref. 10).

The reported prevalence of 15 year olds who have ever had at least one drink of alcohol in Shropshire is significantly higher than the prevalence rates for both England and the West Midlands. Shropshire prevalence rate is also fourth highest in the West Midlands after Herefordshire, Worcestershire and Staffordshire respectively.

The prevalence of “regular drinkers” (i.e. those who reported having an alcoholic drink at least once per week) in Shropshire was also higher than the prevalence of regular drinkers in both England and the West Midlands. Shropshire’s prevalence rate for regular drinkers is also fourth highest in the West Midlands after Dudley, Warwickshire and Herefordshire respectively.

The prevalence of 15 year olds who reported being drunk in the last 4 weeks in Shropshire was higher than the prevalence in England and significantly higher than the prevalence in the West Midlands. Shropshire had the second highest reported prevalence of young people who were drunk in the last four weeks.

National findings from the WAY 2014 survey reveal that deprivation was found to be associated with rates of drinking, with young people from the least deprived areas being more likely to have ever drunk alcohol compared with those from the most deprived areas nationally (ref. 3). As described previously, Shropshire is a relatively affluent county, being ranked 107<sup>th</sup> most deprived out of 152 upper-tier Local Authorities in England and so it follows that Shropshire might be expected to have a higher prevalence of young people who drink alcohol compared with other areas in the West Midlands.

The WAY 2014 survey results also revealed that young people from a white ethnic background were more likely to report ever having a drink of alcohol compared with young people from a black and mixed ethnic background. Shropshire’s population consists mainly of white British ethnicity, which means that a higher prevalence of drinking alcohol among

young people in Shropshire compared to other urban Local Authorities in the West Midlands would also be expected.

Shropshire's prevalence for cannabis use among young people is largely in line with regional and national figures, however Shropshire does have a higher prevalence of regular drinkers among young people compared with other counties in the West Midlands and compared with England. Priority should be given to interventions targeting young people who are regularly drinking alcohol so that they don't develop further complex problems associated with drinking.

A local survey investigating the behaviour and views of young people towards alcohol in secondary schools in Shropshire in 2013 revealed that access to alcohol for young people is often facilitated by parents.

Additionally the local surveys also identified that young girls are more likely to drink larger amounts of alcohol than young boys because they tend to select stronger drinks such as wine. This can put particularly young girls at risk of vulnerable situations.

Recent data released from Public Health England has also revealed that for some measures long term harms relating to alcohol use among females in Shropshire things are getting worse rather than improving. Shropshire's measure for months of life lost due to alcohol among females has risen from a lower level of harm for period from 2011-2013 to higher level of harm for more recent period measured, 2012-2014 (ref. 11 and 12). Data from 2014/15 has also revealed that rate of hospital admissions for alcohol related cardiovascular disease among females in Shropshire fell within the higher levels of harm compared with males who fell within the lower levels of harm measure for the same year (ref. 12).

When taken together, details about the risky drinking behaviour among young girls in Shropshire and the long term alcohol related harms among women in Shropshire, suggests that this would be a key area to target specific work relating to young girls and women drinking alcohol in an effort to reduce risk of young girls in vulnerable situations and to reduce the long term effects/harms of drinking large amounts of alcohol among women in Shropshire.

Public Health England used National Hospital Episode Statistics data to describe the admissions for under 18s for alcohol specific conditions by age and gender. Their findings show that there is a downward trend for admissions among both girls and boys, but the number and rate of admissions is higher for girls than boys, and that for boys hospital admissions rise with age throughout the teenage years whereas for girls the rise from age 13 years and peak at 15 years. Two main reasons for hospital admissions for alcohol specific conditions for under 18s were for intoxication and alcohol (ethanol) poisoning. Nationally, since 2006/07 there has been a dramatic drop in the number of admissions for intoxication, however the number of admissions for alcohol poisoning has remained steady suggesting that the number of people engaged in the most harmful drinking behaviours has not changed despite the overall declining trend in prevalence of alcohol consumption among young people (ref. 10).

Across England the three year pooled crude rate per 100,000 for alcohol-specific hospital admissions among under 18s has been falling since 2006/07 – 2008/09. The rates in Shropshire remained below the national rate until 2010/11 – 2012/13 since then the rates have stopped falling and have remained level. This levelling trend highlights a need to focus work around reducing hospital admissions due to alcohol among young people in Shropshire to keep the trend in line with the national trend. By targeting interventions to young people involved in the most harmful drinking behaviours in Shropshire we could work to reduce the number of hospital admissions for alcohol specific conditions.

Nationally, the number of young people in specialist substance misuse treatment services in England has been declining. There was a 7% drop in the number of young people seeking help in 2015/16 compared with 2014/15 (ref. 4).

In Shropshire, the number of young people in treatment for substance misuse has also declined. The breakdown by gender of the treatment population in Shropshire is identical to that seen nationally. Additionally, cannabis and alcohol respectively are cited and the two most common problem substances reported by young people in treatment in Shropshire.

For cannabis, males in treatment in Shropshire were more likely than females to report it as a problematic substance, conversely for alcohol, a higher proportion of the females in treatment in Shropshire reported alcohol as a problematic substance when compared with males.

In England in 2015/16 the most common referral source for young people under 18 years in treatment was Education services and the second most common source was Youth Justice Services. In Shropshire just less than half of all treatment episodes in 2015/16 resulted from young people being referred to treatment by themselves, their family or friends. The second most common source was through Youth Justice Services. Referrals from Education Services in Shropshire accounted for 19% of all treatment episodes compared with 28% of all treatment episodes in England.

It is encouraging to note that referrals from individuals themselves, their family and friends are popular; however the referral profile for the treatment population in Shropshire is distinctly different to the national profile where only 12% of treatment episodes result from referrals from self, family or friends.

Because of the difference it might be worth investigating if there is potential to enhance to referral process from Youth Justice and Education services in Shropshire. The distinct difference with regard to self, family and friends referrals between Shropshire and England may also be a result of different coding practices during data entry. Further investigations could be carried out to shed some light on this question.

There are a range of vulnerabilities and risk factors associated with substance misuse that young people in specialist treatment are often dealing with. Some of these vulnerabilities include not being in education, employment or training (NEET), having contracted a sexually transmitted infection (STI), experiencing domestic violence, experiencing sexual exploitation, being in contact with the youth justice system. Young people who are in treatment for substance misuse will also be more likely to receive benefits by the time they are 18, and are half as likely to be in full-time employment (ref. 7).

More than a quarter of those entering treatment in 2015/16 had an identified mental health problem and the same number were also involved in self-harm. The proportions are higher than those nationally where less than a fifth of those entering treatment had an identified mental health problem and were involved in self-harm.

Because of associated vulnerabilities such as mental health and self-harm it is important that the pathways between treatment services and other specialist services such as child mental health services and children's social care work effectively so that those young people who are in a vulnerable situation can be protected from further escalation of substance misuse and the associated harms that that can cause (ref. 7).

Every young person entering treatment in Shropshire was someone who began using their main problem substance when they were under 15 years of age. Studies have shown that the age of alcohol initiation is the single biggest predictor of future alcohol abuse (ref. 10).

Between a half and two thirds of those entering treatment in Shropshire in 2015/16 were reportedly using two or more substances, just less than a fifth were a looked after child, a fifth were not in education, employment or training, a fifth were involved in offending and/or antisocial behaviour and just less than a quarter were affected by another's substance misuse.

These figures show that there is a complex web of factors and vulnerabilities associated with young people who are caught up in substance misuse and who need treatment. It is therefore important that there are clear pathways to treatment services and to a variety of specialist services including education and employment services, youth justice services so that the young people in treatment have access to support to enable them to overcome these associated vulnerabilities. One way to do this is to identify if there is scope for the referral pathways between the associated organisations to be strengthened.

The proportion of young people who remained in treatment for between 0 to 12 weeks increased dramatically between 2014/15 and 2015/16, returning to a proportion that closely reflects the national trend (45% in Shropshire and 41% in England). For those in treatment between 13 and 26 weeks the proportion dropped to nearly a quarter between 2014/15 and 2015/16. For those in treatment for 27 weeks (six months) or more the number dropped from 25 clients to 16 in 2015/16.

A breakdown of those in treatment in 2014/15 for 27 weeks or more was made available by PHE. This data showed that for these young people the most common source of referral was from youth justice services. This is in contrast with the overall treatment population of young people under 18 where the most common referral source has consistently been self, family and friends. During 2014/15, there were five new presentations who were then in treatment for six months or more. The vulnerabilities experienced by some or all of these new presentations included: early onset use of substances (under the age of 15), poly drug use, being a looked after child, experiencing domestic abuse, having a mental health problem, self-harming, not being in education, employment or training, antisocial behaviour and being affected by another's substance misuse. Of the 18 exits by individuals who had been in treatment for six months or more, 17 were planned exits. Trends concerning those in treatment six months or more will continue to be monitored in the coming years.

Those leaving treatment services as a planned exit as a percentage of all exits has dropped from 92% in 2014/15 to 63% in 2015/16 (a drop of 25 young people in real terms). This is the lowest percentage it has been since 2012/13. Further investigations can be carried out to determine why the percentage of planned exits has dropped and if there are any steps that can be taken to encourage more young people to exit treatment in a planned way in 2016/17 and in 2017/18.

Research has shown that there is a cost benefit to investing in specialist drug and alcohol services for young people both in the short term as well as in the long term. The potential immediate benefits seen in the two years after completing treatment include a reduction in offending and crime, a reduction in the number of drug and alcohol related deaths among young people and a reduction in hospital admissions post-treatment. The potential long term benefits include fewer young people going on to become adult substance misusers and reducing the number of young people who are not in education, employment and training (ref. 8).

There is therefore a strong case to make for continued investment in successful specialist services for substance misuse among young people as this can help to reduce future demands on associated services such as health, social care, youth justice and mental health and children's services.





## Recommended Actions from Findings of Needs Assessment Data

- Since Shropshire has a higher prevalence of regular drinkers among young people compared with other counties in the West Midlands and compared with England, priority could be given to interventions targeting young people who are regularly drinking alcohol so that they don't develop further complex problems associated with drinking.
- In local surveys access to alcohol has been facilitated by parents suggesting there is a need to educate on the risks of the early onset of alcohol consumption and the longer term health consequences.
- Local surveys have also identified that young girls are more likely to drink larger amounts of alcohol than young boys because they tend to select stronger drinks such as wine. There is therefore a need for specific targeted work with young females to reduce this high risk drinking to reduce putting young girls in vulnerable situations and to reduce the long term effects of drinking large amounts of alcohol at a young age.
- The declining trend for the rate alcohol specific hospital admissions in Shropshire levelled off in the three year period 2010/11 – 2012/13 however the national rate has continued to decline. Targeting young people involved in the most harmful drinking behaviours could help to reduce these admissions and other associated harms and help to keep Shropshire's admission rates in line with the national trend.
- There are distinct differences in referral patterns in Shropshire compared with England. Referral pathways between treatment services and associated organisations/services to be strengthened to ensure young people are appropriately supported.
- Continue to monitor annual trends concerning those in treatment for six months or more to see if they differ significantly from the general treatment population
- Further investigations could be carried out to determine why the percentage of planned exits has dropped so dramatically and if there are any steps that can be taken to encourage more young people to exit treatment in a planned way in 2016/17 and in 2017/18.
- There is a strong case to make for continued investment in successful specialist services for substance misuse among young people as this can help to reduce future demands on associated services such as health, social care, youth justice and mental health and children's services.

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