

# **Substance Misuse Needs Assessment for Children and Young People**

Birmingham Public Health  
August 2018

# Content

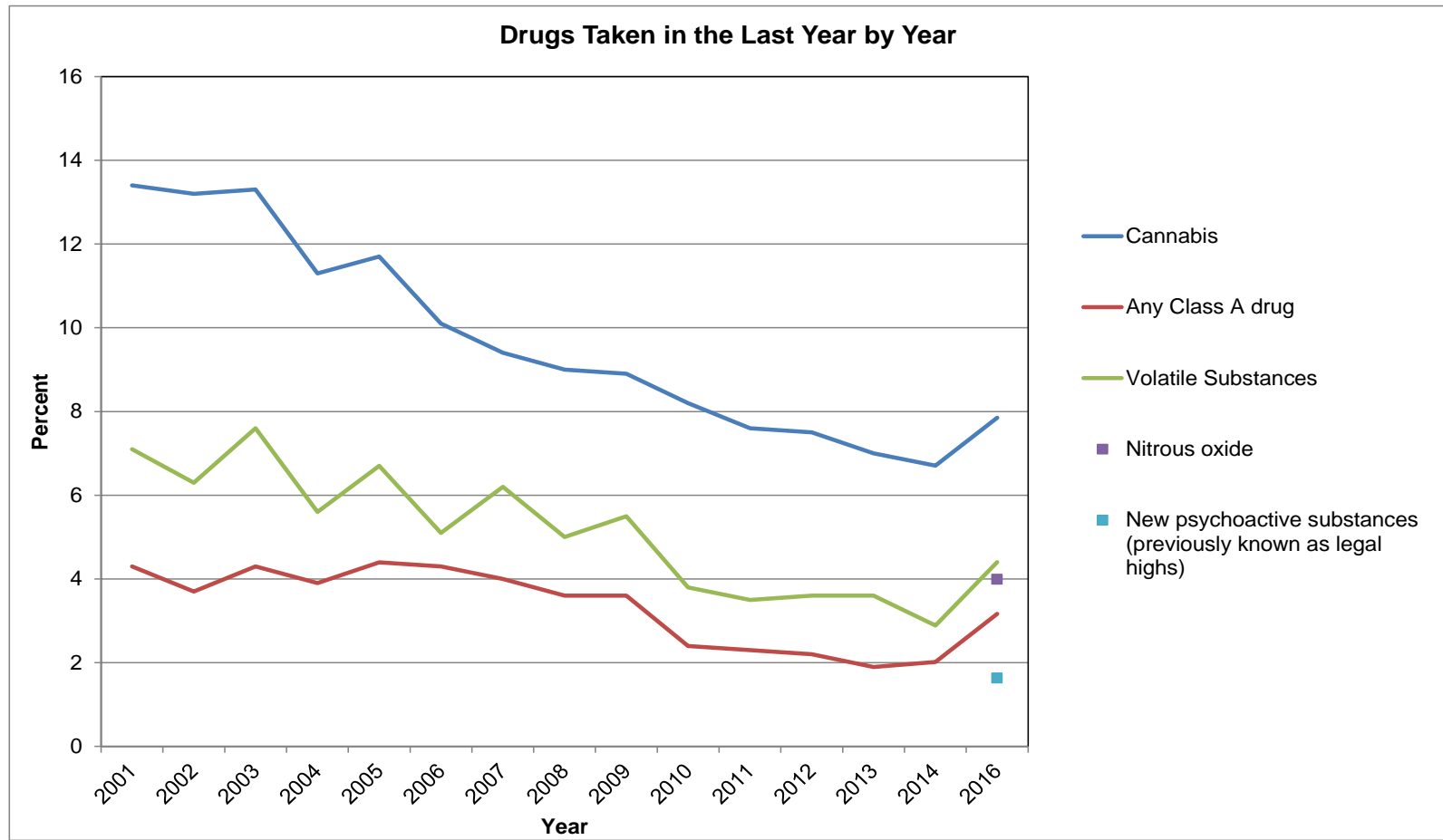
- National context
  - Prevalence and trends
- Prevalence estimates for Birmingham
- Risk factors
- Evidence about what works
- Numbers in treatment
- Gaps

# 2017 Drug strategy

- Partnership approach – jointly owned by local authorities, health, employment, housing and criminal justice partners
- 4 strands: reducing demand, restricting supply, building recovery and global action
- Reduce illicit and harmful drug use
- Personalised support to increase rates recovering from dependence
- Joined up approach with alcohol treatment

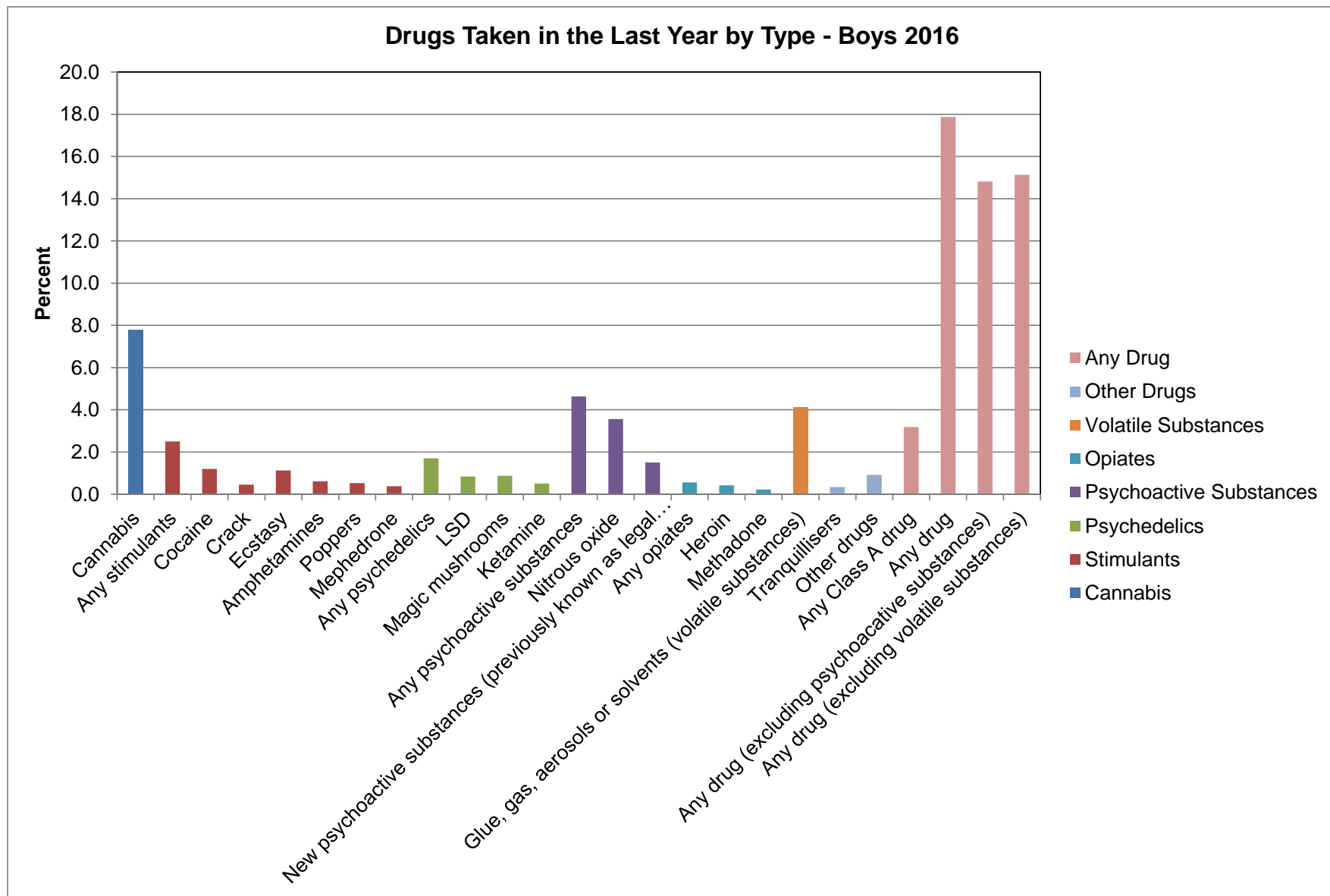


# Trends in prevalence: 11-15 year olds, England



Source: Smoking, drinking and drug use among young people, 2016

# Types of drug taken in the last year, ages 11-15, 2016, England

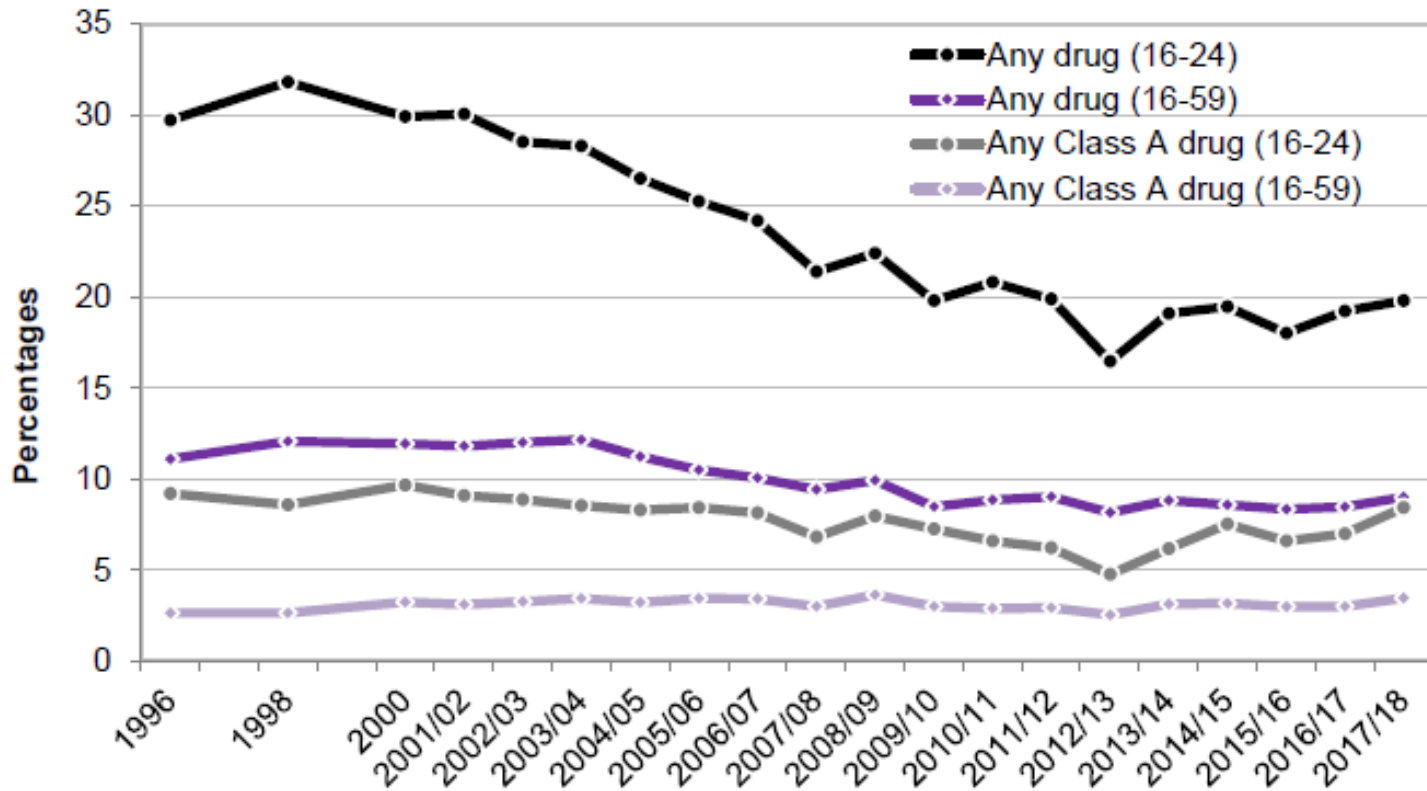


# Drug use amongst 11-15 year olds, England

- Steady decline since 2001
- Cannabis most commonly taken drug
- 7.9% used cannabis in last year, 4.4% volatile substances (glue, gas, aerosols, solvents), 4% nitrous oxide, 1.6% NPS, 3.2% any class A drug
- 37% of 15 year olds have ever taken drugs, 18% have taken in the last month
- Percentages are similar for boys and girls
- Prevalence increases with age: 7% of 11 year olds had taken drugs in the last year, compared with 30% of 15 year olds
- Higher drug use amongst black pupils (34% had ever taken vs 23% for whites)
- 55% of 15 year olds have been offered drugs
- Pupils who first tried drugs at a younger age were more likely to have taken volatile substances, whereas those who first tried at an older age were more likely to have tried cannabis
- 49% who had taken on more than one occasion had got from a friend, compared to 26% from a dealer

# Trends in prevalence: 16-24 year olds, E&W

Figure 1.1: Trends in drug use in the last year among adults, 16 to 59 and 16 to 24 year olds, 1996 to 2017/18 CSEW



Source: Crime Survey for England and Wales, 2017/18

## Drug use amongst 16-24 year olds, E&W

- Around 1 in 5 (19.8%) adults aged 16 to 24 had taken a drug in the last year, compared to 1 in 11 (9%) of people aged 16 to 59
- Around 1 in 11 (9.5%) young adults aged 16 to 24 had taken a drug in the last month, compared to around 1 in 23 (4.3%) of those aged 16-59
- Among young adults aged 16 to 24, 8.4% had taken a Class A drug in the last year, compared with 3.5% of people aged 16-59
- There has been an upward trend since 2011/12 in class A drug use amongst 16-24 year olds, driven mainly by an increase in powder cocaine and ecstasy use
- Note that the source: CSEW is a household survey and excludes use by those who are homeless, in temporary accommodation or in prison



# New psychoactive substances, E&W

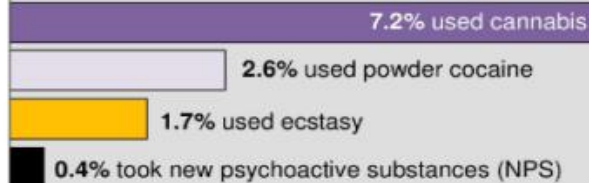
- Use of NPS has fallen since they were made illegal in May 2016
- Around half of all NPS users were aged 16 to 24
- People who had visited a pub or nightclub, consumed alcohol, or used another drug, were more likely to have used NPS in the last year than those who had not
- Herbal smoking mixtures were still the most commonly used NPS in the last year, although there was an increase in the use of liquids
- NPS were more likely than other illicit drugs to be obtained from shops and the internet

# DRUG MISUSE



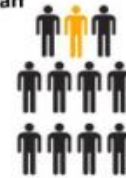
FINDINGS FROM THE 2017/18 CRIME SURVEY FOR ENGLAND AND WALES

## Among 16-59 year olds...



1 in 11

used an illicit drug



...in the last year

## Among 16-24s...

1 in 5 used an illicit drug



1.2% took new psychoactive substances

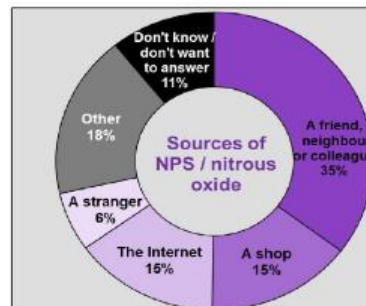
...in the last year

2.1% of 16-59s are frequent\* drug users

4.1% of 16-24s are frequent\* drug users

The majority of ecstasy and powder cocaine users only take the drug once or twice a year

34% of cannabis users aged 16-59 are frequent\* users



The type of NPS most recently used was most likely to be a herbal smoking mixture (33%)

The source of NPS or nitrous oxide was most likely to be from a friend, neighbour or colleague, which was most likely to have originated from the Internet

NPS use among 16 to 59 year olds has remained at 0.4%

Other includes: known dealer, unknown dealer, acquaintance and family member

\* Frequent drug use is defined as taking an illicit drug more than once a month in the last year.

For more information: <https://www.gov.uk/government/statistics/drug-misuse-findings-from-the-2017-to-2018-csew>

# Smoking: ages 11-15, England

- Smoking rates amongst 11-15 year olds have declined over the last 15 years
- In 2016, 36% of 15 year olds had ever smoked
- Smoking prevalence increases with age: 1% of 11 year olds vs 15% of 15 year olds are current smokers
- Rates are higher amongst girls: 12% of boys and 18% of girls aged 15 are current smokers
- Prevalence is higher amongst white and mixed ethnicities for both boys and girls and Asian boys
- Factors associated with smoking regularly include: drinking alcohol in the last week, taking drugs in the last year or month, having 1 or 2 smokers at home, having friends who smoke, being excluded from school

# CMO alcohol advice

## Children:

An alcohol-free childhood is the healthiest and best option. However, if children [drink alcohol underage](#), it should not be until at least the age of 15 years.

## Adults:

Low risk alcohol guidelines\*



**Low risk guidelines** are the **SAME** for men & women. **BOTH** are advised **not to regularly drink** more than **14 units a week**.

## Alcohol use: ages 11 to 15, England

- There was a decline in drinking alcohol between 2003 and 2014
- In 2016, 44% of 11-15 year olds had ever tried alcohol; 10% had drunk alcohol in the last week
- Prevalence of drinking alcohol is higher amongst white and mixed ethnicities than black and Asian pupils
- 7% of boys and 11% of girls had been drunk in the last 4 week
- Factors associated with drinking in the last week include: drinkers at home, older pupils, taking drugs, smoking, truancy, white or mixed ethnicity and families that don't discourage drinking

## Alcohol consumption: ages 16-24, GB

- Prevalence of drinking alcohol has declined for all age groups over the last 10 years
- People aged 16-24 are less likely to be drinkers than older ages
- In 2017, 48% of 16-24 years had an alcoholic drink in the previous week compare to 57% for all aged 16+
- However, young people aged 16-24 who do drink are more likely to drink more than recommended levels
- Of those aged 16-24 who drink, 43% exceeded 8 units (men)/6 units (women) on their heaviest drinking day in the last week
- 30% exceeded 12 units (men)/9 units (women)
- 16-24 year olds of white ethnicity are around twice as likely to exceed recommended levels as non-whites

# What About Youth (WAY) Survey 2014/15 (age 15): Birmingham results

<p><b>Getting drunk in the last 4 weeks</b></p>	<p>Rates were lower in Birmingham than in England (5.9% vs 14.3%) Within Birmingham, rates were higher for girls than boys; highest for white ethnicity amongst girls and mixed ethnicity amongst boys</p>
<p><b>Ever trying cannabis</b></p>	<p>A lower proportion of Birmingham children reported ever trying cannabis (6.5%) than in England (10.5%) Within Birmingham, mixed ethnicity had the highest rates</p>
<p><b>Taking cannabis in the last month</b></p>	<p>A lower proportion of Birmingham children reported taking cannabis in the last month (2.0%) than in England (4.5%). Within Birmingham, rates were highest for black boys and mixed ethnicity girls</p>
<p><b>Ever trying drugs other than cannabis</b></p>	<p>A lower proportion of Birmingham children reported ever trying drugs other than cannabis (1.4%) than in England (2.4%). Within Birmingham, rates were higher for girls; highest for white girls and black boys</p>
<p><b>Taking drugs other than cannabis in the last month</b></p>	<p>A very low proportion of Birmingham children reported taking drugs other than cannabis in the last month (0.2% vs 0.8% in England).</p>

## Numbers affected in Birmingham: 11-15 year olds

	National prevalence %	Estimated Birmingham prevalence (ethnicity adjusted) %	Estimated numbers in Birmingham population aged 11-15 N=73,252 (2016)
Ever taken drugs	23.9	26.0	19,000
Taken drugs in the last year	17.4	18.2	13,300
Taken drugs in the last month	9.7	9.8	7,200
Ever drunk alcohol	45.3	30.4	22,300
Drunk alcohol in the last week	10.3	5.7	4,200
Ever smoked	19.0	16.3	12,000
Current smokers	6.3	5.0	3,600
Regular smokers	2.7	2.0	1,500

Source: Smoking, drinking and drug use among young people, 2016



## Numbers affected in Birmingham: 16-24 year olds

	National prevalence %	Estimated numbers in Birmingham population aged 16-24 N=169,046 (2016)
Infrequent drug users (once or twice a year)	46	77,800
Frequent drug users (>once a month)	4.1	7,000
Taken NPS in the last year	1.2	2,000
Number drinking >8/6 units on heaviest drinking day	20.4	34,500

Sources: Crime Survey for England and Wales, 2017/18,  
Adult drinking habits in Great Britain, 2017: ONS

# Risk factors for substance misuse

- Risk factors include experiencing abuse and neglect (including emotional abuse), truanting from school, offending, early sexual activity, antisocial behaviour and being exposed to parental substance misuse
- More risk factors = higher likelihood of substance misuse
- More severe drug misuse associated with earlier start age
- Regularly excessively consuming another substance eg alcohol or already using drugs on an occasional basis
- Smoking and alcohol consumption twice as likely for lesbian and gay 18-19 year olds compared to heterosexual
- Girls with low life satisfaction are more likely to drink, smoke and use cannabis
- Good mental and physical health and wellbeing are protective factors, along with good social relationships and support inside and outside the home

# Groups at risk (PHE)

- Looked after children
- Children in need/child protection plan
- Domestic abuse
- Mental ill-health
- Child sexual exploitation (CSE)
- Self-harm
- Not in education, employment or training (NEET)
- Housing problems
- Parental substance abuse
- Antisocial behaviour/criminal activity

## Risk factors for CYP substance misuse: Birmingham

Indicator	Period	Birmingham		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
1.05 - 16-17 year olds not in education, employment or training (NEET) or whose activity is not known - current method (Persons, 16-17 yrs)	2016	2,560	10.2%	7.3%	6.0%	44.8%		0.0%
Children in the youth justice system (10-18 yrs) (Persons, 10-18 yrs)	2016/17	-	6.4	5.1	4.8	10.5		1.5
1.04 - First time entrants to the youth justice system (Persons, 10-17 yrs)	2016	662	564.2	398.5	327.1	739.6		97.5
Persistent absentees - Secondary school (Persons, Secondary school age)	2015/16	8,901	13.3%	13.0%	13.1%	21.3%		6.6%
Secondary school fixed period exclusions: rate per 100 pupils (Persons, Secondary school age)	2015/16	5,388	7.2%	8.1%	8.5%	62.2%		0.0%
Looked after children aged 10-15 (Persons, 10-15 yrs)	2016	695	79.4*	88.7*	75.3*	166.9		0.0
Children leaving care: rate per 10,000 <18 population (Persons, <18 yrs)	2015/16	885	31.2	28.4	27.2	0.0		75.0
Children in need: Rate of children in need during the year, per 10,000 aged <18 (Persons, <18 yrs)	2014/15	20,646	732	766	674	291		1,501
Homeless young people aged 16-24 (Persons, 16-24 yrs)	2016/17	669	1.55	0.81	0.56	2.14		0.03
Under 18s conception rate / 1,000 (PHOF indicator 2.04) (Female, <18 yrs)	2016	455	21.4	21.4	18.8	36.5		4.6
Children subject to a child protection plan with initial category of abuse: rate per 10,000 children aged under 18 (Persons, <18 yrs)	2017	457	16.0	21.0	19.9	0.0		53.2
Estimated prevalence of mental health disorders in children and young people: % population aged 5-16 (Persons, 5-16 yrs)	2015	18,951	10.3%*	9.7%*	9.2%*	7.0%		11.0%
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Persons, Secondary school age)	2017	1,710	2.22%	2.18%	2.27%	0.00%		4.90%

# Parental substance misuse

Dependent parental alcohol and drug use has an adverse impact on children, particularly regarding their physical health, psychological wellbeing and personal alcohol and drug use.

There is increasing evidence that adverse childhood events (ACEs) such as living in a household with problem alcohol use can contribute to long term harms. If a child experiences four or more risk factors during childhood they have a substantially higher risk of developing health-harming behaviours, such as smoking, heavy drinking and cannabis use.

A recent report by the Children's Commissioner produced prevalence estimates for the percentage of children affected by parents with drug or alcohol misuse, mental health problems and experiencing domestic violence and abuse. Applying these results locally we estimate:

- 30,000 children and young people aged under 18 in Birmingham are living with an adult who has reported substance misuse
- Of these, over 11,000 are living with an adult dependent on drugs or alcohol
- Of these, 2,500 are living with an adult who also has severe mental health problems and has experienced DV

# PHE Parental drug and alcohol use toolkit for local authorities

Adults with an alcohol dependency	Birmingham			Benchmark	National
	<i>Prevalence</i>	<i>Treatment</i>	<i>% met need</i>	%	%
Total number of adults with a dependency who live with children	2902	454	16%	22%	21%
Total number of children who live with an adult with a dependency	5642	802	14%	21%	21%

Adults with an opiate dependency	Birmingham			Benchmark	National
	<i>Prevalence</i>	<i>Treatment</i>	<i>% met need</i>	%	%
The number of women with a dependency who live with children	925	446	48%	91%	60%
The number of children who live with a woman with a dependency	1784	896	50%	93%	60%
The number of men with a dependency who live with children	2447	1001	41%	82%	48%
The number of children who live with a man with a dependency	4767	2077	44%	85%	49%
Total number of adults with a dependency who live with children	3372	1447	43%	85%	52%
Total number of children who live with an adult with a dependency	6551	2973	45%	87%	53%

Source: <https://www.gov.uk/government/publications/parental-alcohol-and-drug-use-understanding-the-problem>

Estimates produced by University of Sheffield

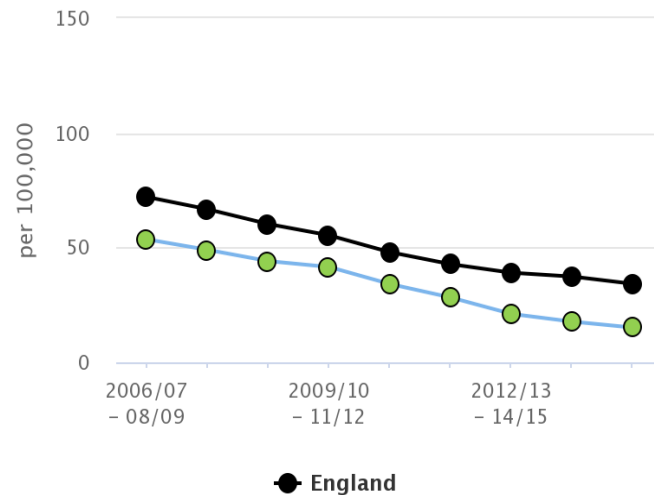
# Performance on young people alcohol and drugs indicators for Birmingham and West Midlands

Indicator	Period	England	West Midlands region	Birmingham	Coventry	Dudley	Herefordshire	Sandwell	Shropshire	Solihull	Staffordshire	Stoke-on-Trent	Telford and Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire
Percentage who have ever tried cannabis (Persons, 15 yrs)	2014/15	10.7	8.4	6.8	11.1	10.1	7.9	7.7	9.1	6.4	7.7	8.7	6.6	7.8	10.3	7.9	11.0
Percentage who have taken cannabis in the last month (Persons, 15 yrs)	2014/15	4.6	3.1	2.2	3.8	3.7	2.4	3.5	4.1	2.9	2.6	2.9	1.8	2.5	4.0	3.3	4.5
Hospital admissions due to substance misuse (15-24 years) (Persons, 15-24 yrs)	2014/15 -16/17	89.8	74.6	63.1	55.2	108.4	77.7	90.3	61.2	82.3	76.1	101.7	42.8	109.8	77.6	106.1	60.9
Percentage who have taken drugs (excluding cannabis) in the last month (Persons, 15 yrs)	2014/15	0.9	0.4	0.2	0.5	0.4	0.4	0.3	0.9	0.7	0.1	0.7	*	1.0	0.4	0.4	0.4
Percentage who have ever had an alcoholic drink (Persons, 15 yrs)	2014/15	62.4	56.3	33.0	52.4	58.4	72.7	46.3	68.1	65.8	68.8	60.9	65.0	55.3	68.0	51.2	70.0
Percentage of regular drinkers (Persons, 15 yrs)	2014/15	6.2	5.5	2.8	4.3	8.9	7.8	4.4	7.1	5.4	6.5	5.7	6.0	4.8	8.5	5.0	6.1
5.02 - Admission episodes for alcohol-specific conditions - Under 18s (Persons, <18 yrs)	2014/15 -16/17	34.2	28.5	15.1	35.5	38.7	40.7	32.2	26.9	31.4	31.5	32.0	25.5	20.4	43.8	26.3	29.7
5.02 - Admission episodes for alcohol-specific conditions - Under 18s (Male, <18 yrs)	2014/15 -16/17	27.4	23.2	9.1	30.3	33.7	41.3	22.2	23.1	32.5	21.5	25.7	27.0	16.0	40.4	20.1	27.5
5.02 - Admission episodes for alcohol-specific conditions - Under 18s (Female, <18 yrs)	2014/15 -16/17	41.3	34.1	21.5	40.9	44.0	40.1	42.7	30.8	30.2	42.1	38.6	24.0	25.1	47.3	32.8	32.1
Percentage who have been drunk in the last 4 weeks (Persons, 15 yrs)	2014/15	14.6	11.9	6.3	12.2	11.4	15.3	7.6	16.4	14.4	16.0	12.7	9.5	9.2	16.9	8.8	15.6

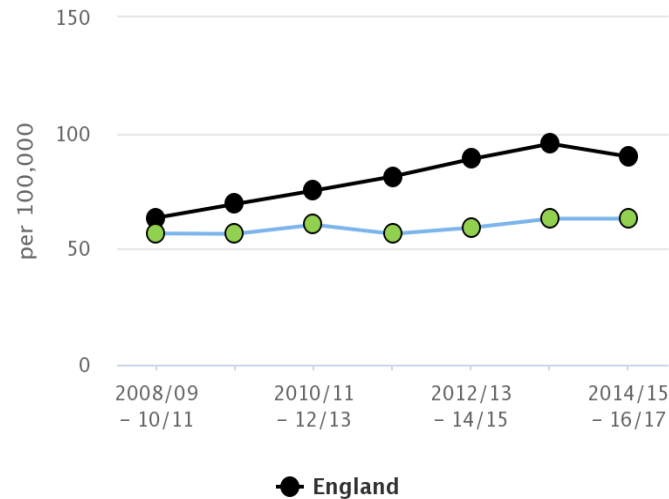
Source: Fingertips, PHE

# Hospital admissions due to alcohol and substance misuse, Birmingham and England

5.02 – Admission episodes for alcohol-specific conditions – Under 18s (Persons) – Birmingham



Hospital admissions due to substance misuse (15-24 years) – Birmingham





## Alcohol and substance misuse hospital admissions by ward: 2012/13 to 2016/17, Birmingham

### Alcohol-specific

- 1,500 admissions for ages 16-24, 140 for under 16s in last 5 years
- Significantly high rates for 16-24 year olds in Acock's Green, Billesley, Bournville, Kingstanding, Longbridge, Northfield, Shard End, Sheldon, Weoley

### Substance misuse

- 500 admissions for ages 16-24, 200 for under 16s in last 5 years
- Significantly high rates for 16-24 year olds in Acock's Green (24 admissions in last 5 years)

# Drug-related deaths, ages 26 and under

- 26 drug overdose deaths in Birmingham (Jan 2015-Mar 2018)
- Male: 21; female: 5
- Ages under 20: 3
- Ages 20-24: 16
- Ages 25-26:7

	Substances contributing to death (some cases involve more than one substance)
Heroin	10
Methadone	3
Cocaine	7
Synthetic cannabinoids	2
MDMA	4
Other opioids	2
Barbiturates	1
Aspiration, cannabis and alcohol	1
Cannabis associated with other substances	2

**What can we do about it?**

# Cost-effectiveness of interventions

- School-based prevention interventions, including those delivered as part of the curriculum, derive cost-benefits for society. For example, interventions to tackle emotional learning save money in the first year by reducing costs for social services, the NHS and criminal justice system, and have recouped £50 for every £1 spent.
- Specialist interventions for young people's substance misuse are effective and provide value for money. A Department for Education cost-benefit analysis found that every £1 invested saved £1.93 within two years and up to £8.38 in the long term.

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Sources: Knapp, M, McDaid, D, Parsonage M (eds) Mental Health Promotion and Prevention: The economic case. London: Personal Social Services Research Unit, London School of Economic and Political Science (2011)

Department for Education (2010) Specialist drug and alcohol services for young people: a Cost Benefit Analysis. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/182312/DFE-RR087.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182312/DFE-RR087.pdf)

# PHE guidance on interventions aimed at prevention

## Universal

Whole population  
eg school

## Selective

Specific sub-  
populations known  
to be at greater risk

## Indicated

Those already  
using substances  
but not dependent

# Types of intervention linked with successful outcomes

## Types of intervention likely to be successful

- Early intervention
- Personal & social skills
- Improving school environment
- Risk and resilience
- Parental support
- Qualified staff

## Types of intervention likely to be unsuccessful

- Scare tactics and images
- Knowledge-only approaches
- Ex-users and police educators as sole intervention
- Peer mentors not evidence based

# School-based guidance

Drugs: Guidance for Schools, DfES (2004)

<http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/DfES%20112%20200MIG619.pdf>

- Drug and alcohol education
- Dealing with drug-related incidents
- Supporting personal, social and health needs of pupils relating to drugs
- Developing a school drugs policy

DfE and ACPO drug advice for schools (2012)

<https://www.gov.uk/government/publications/drugs-advice-for-schools>

# NICE guidance: Alcohol

## School-based interventions (PH7, 2007)

Aim to prevent and reduce drinking in CYP, additionally cover PRU, secure units, FE colleges

### 3 Recommendations:

- Include science and PHSE education on harmful effects of alcohol, attitudes and perceptions of drinking, social skills, whole school approach (in line with DCSF guidance)
  - Healthy Schools Programme
- CYP thought to be drinking harmful levels: 1-1 brief advice or refer to external services
- Partnership working

## Prevention and early identification of alcohol use disorders (PH24, 2010)

Adults and young people aged 10+

### 10 Recommendations:

- Policy
  - National: price, availability, marketing
  - Local: licensing, resources for screening & brief intervention for people over 16
- Professionals
  - support to CYP aged 10-15 via safeguarding
  - alcohol screening for age 16-17 thought be at risk
  - extended brief intervention for ages 16-17 identified as drinking hazardously or harmfully
  - referral for people over 16 who may be dependent

## Clinical guidelines

- Diagnosis and clinical management of alcohol-related physical complications (CG100, 2010)
- Diagnosis, assessment and management of harmful drinking and dependence (CG115, 2011)



# NICE guidance - drugs

Drug misuse: targeted prevention (NG64, 2017)

- Through existing services (CYP at risk of drug misuse commonly in touch with other organisations)
- Opportunistic assessment for those vulnerable to drug misuse eg health assessments for LAC, Youth Offending
- Skills training for CYP at risk, particularly LAC (including carers and families) to build resilience
- Depending on age and development level may be more appropriate to offer information on effects of drugs
- Provide information in settings where people at risk may attend eg nightclubs

# **NICE Quality Standard for prevention (QS165, 2018)**

4 quality statements:

1. Looked-after children and young people having their annual health plan review are assessed for vulnerability to drug misuse
2. Care leavers having a health assessment as part of planning to leave care are assessed for vulnerability to drug misuse
3. Children and young people having a young offender assessment are assessed for vulnerability to drug misuse
4. Adults assessed as vulnerable to drug misuse are given information about local services and where to find further advice and support

## **NICE guidance on drug misuse management in over 16s**

- Needle exchange schemes with specific policy for under 18s (PH52, 2014)
- Psychosocial interventions (CG51, 2007)
- Opioid detoxification (CG52, 2007)
- Psychosis with coexisting substance misuse – ages 14+ (CG120, 2011)

## **NICE Quality Standard for drug use disorders in adults 18+ (QS23, 2012)**

1. Needle & syringe programmes
2. Comprehensive assessment
3. Family & carer assessment
4. Hep B, Hep C, HIV testing
5. Treatment options: harm-reduction, maintenance, detoxification and abstinence
6. Psychosocial interventions from keyworker
7. Support to access other services eg housing, employment, education, benefits
8. Formal psychosocial interventions/psychological treatment
9. 6 months continued support after abstinence
10. Eligibility for residential rehabilitative treatment

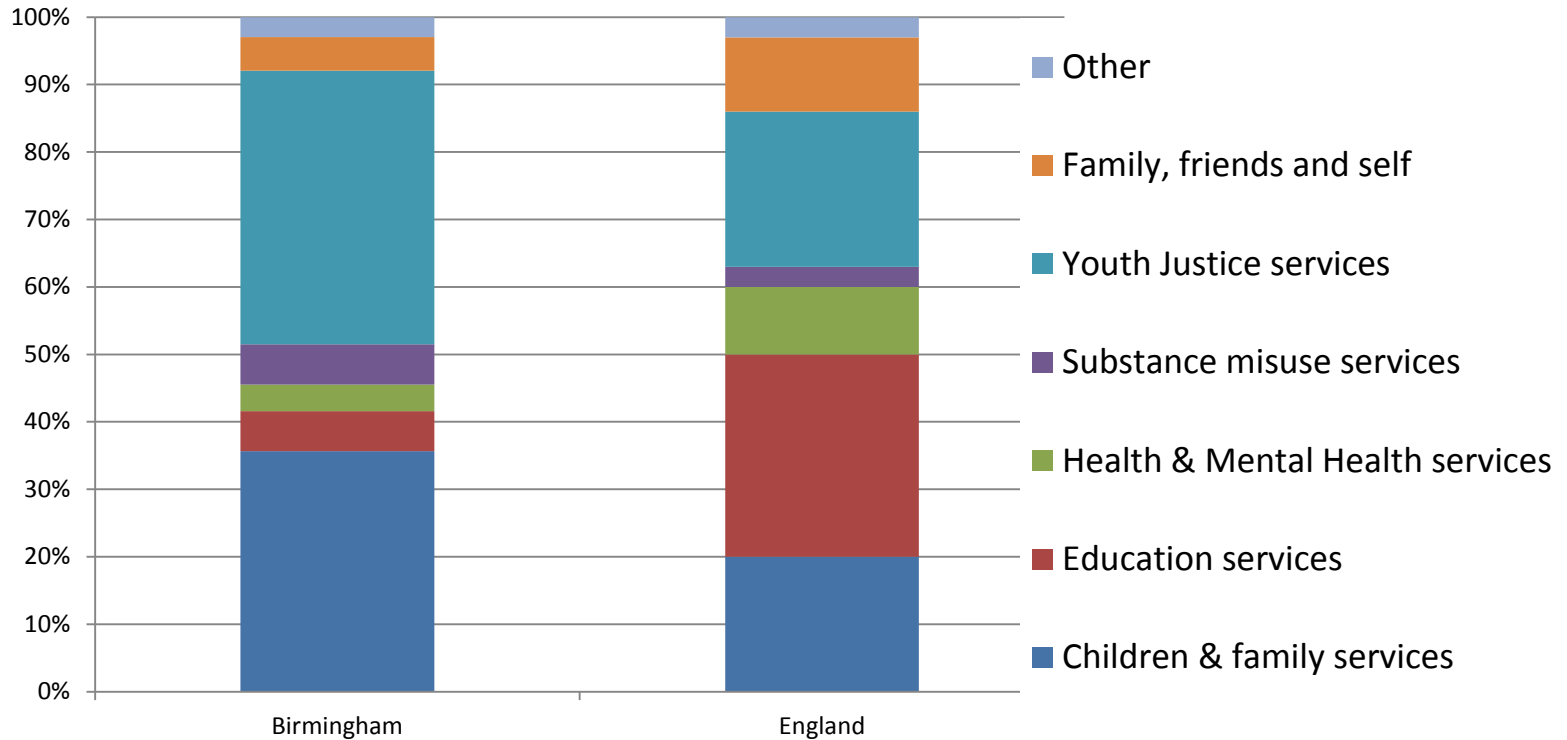
# Association of Directors of Public Health: policy position: drugs

- Prevention increasingly being integrated with treatment or other services concerned with reducing risky behaviours such as sexual health or truancy
- Education to encourage personal resilience should take place through PHSE, which should be made mandatory in schools
- Young people need to be provided with accurate information about drugs to allow them to make informed choices
- A holistic approach to drugs misuse prevention including building resilience in young people paired with drug misuse education programmes is recommended
- Would welcome increased screening and referral of young people at risk of substance misuse
- Drug treatment services should make themselves accessible to NPS users and understand their social and cultural backgrounds

# Young people in treatment 2017/18

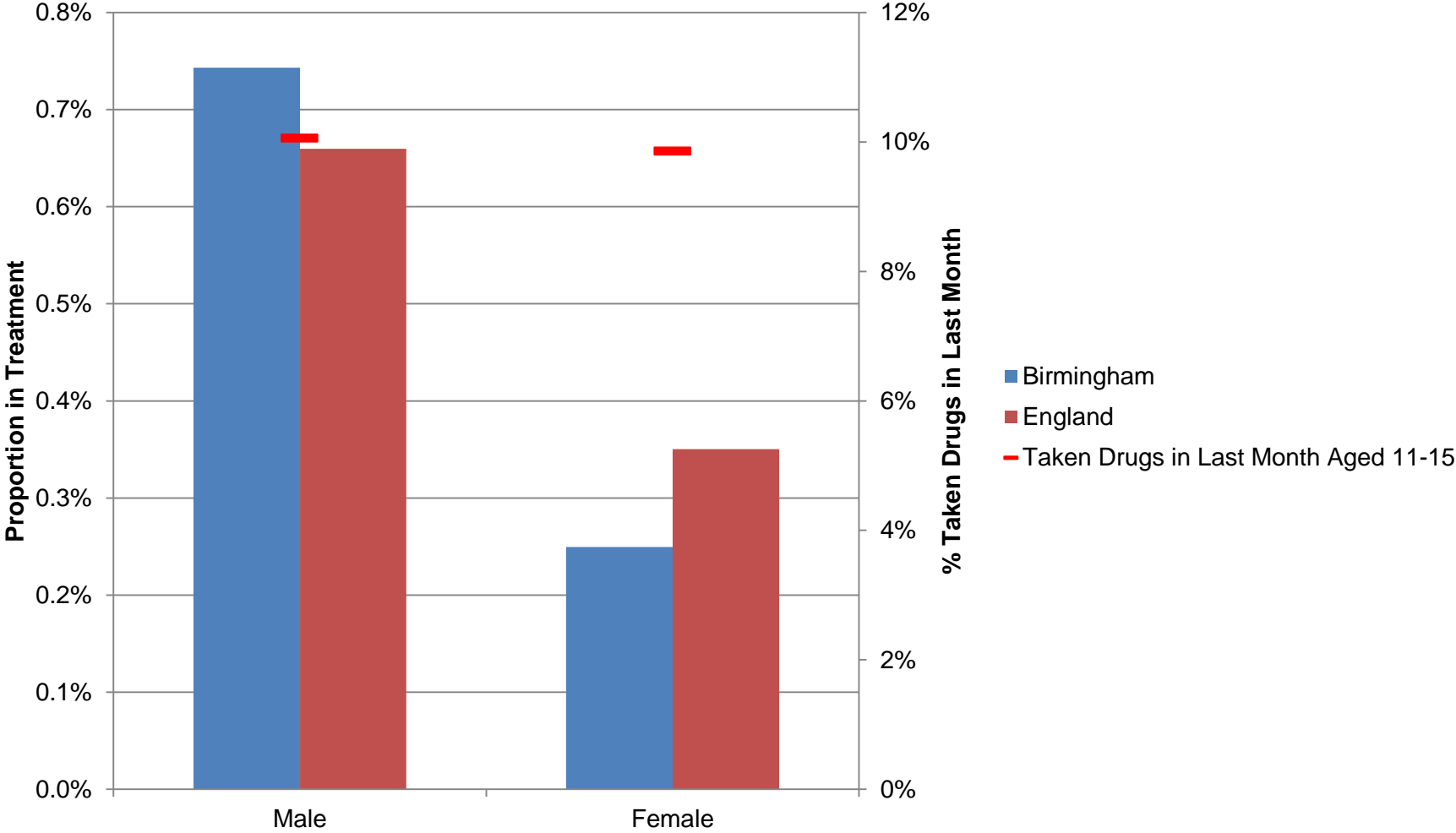
- At 31<sup>st</sup> March 2018 there were:
  - 366 under 18s in treatment (down 16%)
  - 63 in secure estate
  - 39 over 18s in YP services
- 95% wait less than 3 weeks
- 70% had planned exits (England 81%)
- 23% drug free (England 33%)
- Main substances: cannabis (96%), alcohol (40%), nicotine (17%), cocaine (4%)

# Young people in treatment, 2017/18: referral source



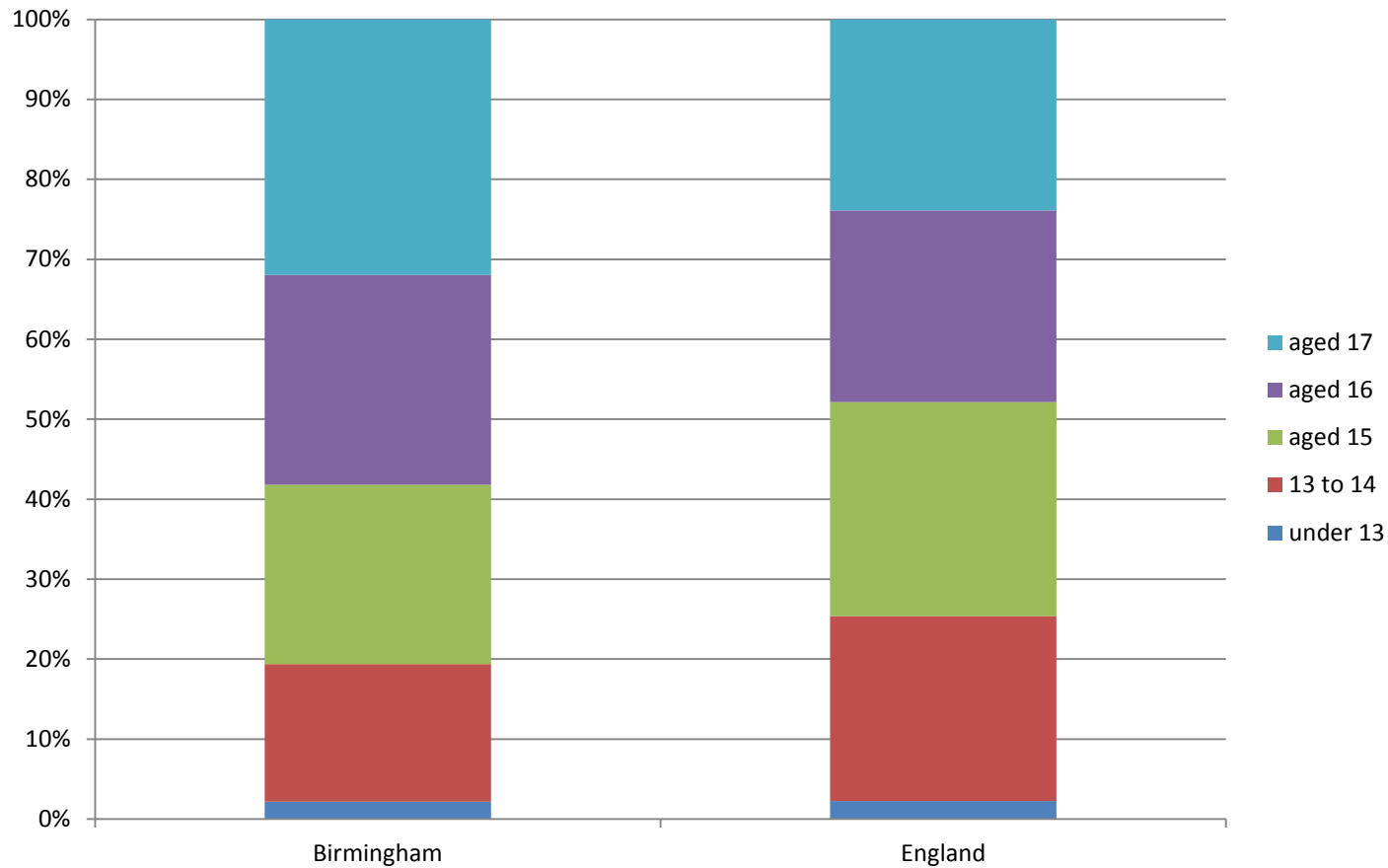
Source: NDTMS

**Proportion of 13-17 Year Olds in Treatment 2017/18 Q4 in Birmingham & England vs  
% 11-15 Year Olds Taken Drugs in the Last Month (England) 2016 by Gender**



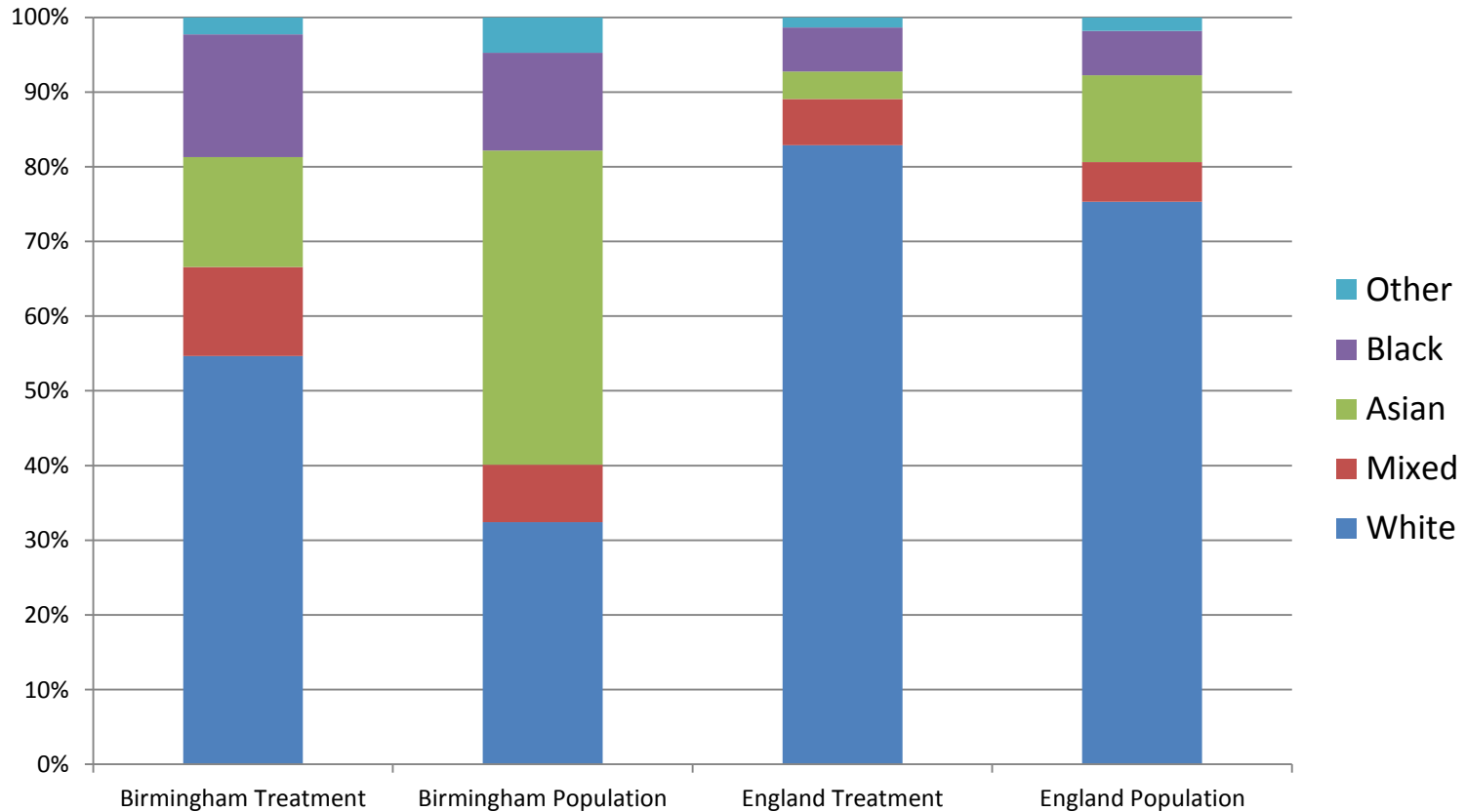


# Young people in treatment by age, 2017/18



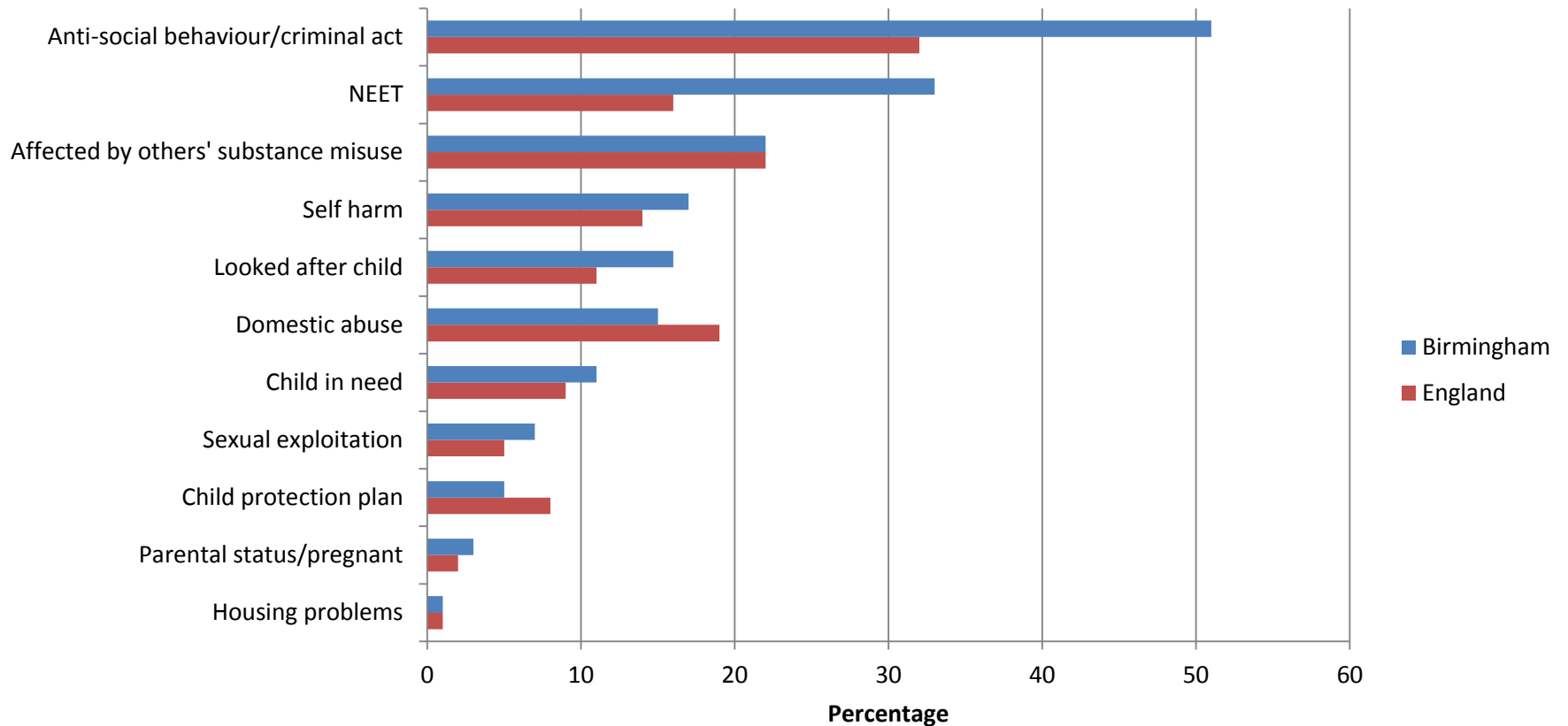
Source: NDTMS

# Young people in treatment vs population: ethnicity breakdown



Sources: NDTMS, Schools, pupils and their characteristics: state funded secondary school population by ethnicity (SFR tables), Jan 2017

# Young people in treatment, 2017/18: vulnerabilities



Source: NDTMS

# Knowledge gaps

- Numbers of children and young people with problematic drug use
- Knowledge about delivery of drug and alcohol education in schools
- Information from partners

# Summary

- Rates of drug and alcohol misuse have reduced for under 16s, but class A drug use has increased among 16-24 year olds
- Rates of substance misuse in CYP appear to be lower in Birmingham than nationally
- Young people in Birmingham have significantly high levels of risk factors for substance misuse
- Unmet need in adult treatment services, particularly alcohol, impacts on children and young people
- Boys, white ethnic groups and young people in contact with Youth Justice are over-represented in treatment services

# Data sources and links

Smoking, drinking and drug use among young people, 2016

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

Crime Survey for England and Wales, 2017/18

<https://www.gov.uk/government/statistics/drug-misuse-findings-from-the-2017-to-2018-csew>

Adult drinking habits in Great Britain, 2017: ONS

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/datasets/adultdrinkinghabits>

PHE guidance on prevention

<http://www.nta.nhs.uk/uploads/unodc-prevention-guide.pdf>

<https://fingertips.phe.org.uk/>

<https://www.nice.org.uk/guidance>

Young people - substance misuse commissioning support pack 2018-19: principles and indicators: Planning comprehensive interventions for young people

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/647204/Young\\_people\\_substance\\_misuse\\_commissioning\\_2018-19\\_principles\\_and\\_indicators.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647204/Young_people_substance_misuse_commissioning_2018-19_principles_and_indicators.pdf)

Young people - substance misuse commissioning support pack 2018-19, Key data, PHE.

Young people quarterly activity report: Birmingham, NDTMS, PHE.

Estimating the prevalence of the 'toxic trio'. Childrens' Commissioner, 2018

<https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/07/Vulnerability-Technical-Report-2-Estimating-the-prevalence-of-the-toxic-trio.pdf>