

## Abstract

Drug and alcohol use amongst young people in Britain are common and thought to be increasing. In recent national surveys, 52% of 15 year olds reported drinking alcohol within the past week, 35% reported ever using cannabis and 1% reported ever using heroin. The development of drug and alcohol related services for young people, including education, is currently a high priority. This is reflected in the first aim of the government white paper 'Tackling Drugs to Build a Better Britain: The Government's Ten-Year Strategy for Tackling Drugs Misuse', which is 'to help young people resist drug misuse in order to achieve their full potential in society.'

In order to work towards achieving this aim, it is important to establish how well existing services are meeting the needs of young people who use drugs or alcohol. This project, undertaken within the remit area of the North Cheshire Drug Action Team, aimed to assess the need for services and to evaluate services from a user and provider perspective. A variety of research tools were used to fulfil these aims. The combination of data collected allowed gaps in service to be identified and recommendations to be devised as to how these gaps could be filled.

## 1. Introduction

In recent national surveys, 52% of 15 year olds and 62% of 16-19 year olds reported drinking alcohol within the past week<sup>1</sup>, 35% of 15 year olds reported ever using cannabis, 10% reported ever using LSD and 1% reported ever using heroin<sup>2</sup>. Levels of drug and alcohol use are known to vary widely between different areas of the country and even between different schools within the same town<sup>3</sup>. Within the North Cheshire Drug Action Team area, the number of young people (aged 10-16) cautioned by the police for drug-related offences increased from 37 in 1997 to 117 in 1999, suggesting that levels of drug use are increasing<sup>4</sup>. There is evidence nationally of a trend for young people to drink more frequently and drink more in one session than was previously the case<sup>5,6</sup>.

Young people are more vulnerable than adults to the toxic effects of alcohol and when intoxicated become vulnerable to accidents<sup>7</sup>, assault<sup>8</sup>, involvement in crime<sup>9</sup>, and having unprotected sex<sup>10</sup>. Young people can be at risk of lung problems if they inhale or smoke any drug, asphyxia if they inhale solvents, stomach problems, 'bad trips' and accidents if they use hallucinogens and overdose with many types of drug<sup>11</sup>. As with alcohol, young people are more likely to have unprotected sex after they have used drugs than they would normally<sup>12</sup>. A minority of young people use drugs or alcohol in a chaotic, heavy or dependent way; they usually also have other problems, such as involvement in crime<sup>13,14</sup>, truancy or expulsion from school<sup>15</sup>; being in the care of the local authority<sup>16</sup>; homelessness<sup>17</sup>, mental health problems<sup>18</sup>; unemployment<sup>19</sup> or having parents who also misuse substances<sup>20</sup>.

In light of the widespread use of drugs and alcohol by young people and the potential negative effects of these substances, the development of drug and alcohol related services including education for young people, is a high priority. This is reflected in the government white paper 'Tackling Drugs to Build a Better Britain: The Government's Ten-Year Strategy for Tackling Drugs Misuse'<sup>21</sup>. Of particular relevance to this research is the first aim of the strategy which is 'to help young people resist drug misuse in order to achieve their full potential in society.' Targets towards this aim include to:

- Reduce the proportion of people under 25 reporting use of illegal drugs within the last month and during the previous year (key objective)
- Increase levels of knowledge of 5-16 year olds about the risks and consequences of drug misuse
- Increase access to information and services for vulnerable groups - including school excludes, truants, looked after children, young offenders, young homeless people and the children of drug-misusing parents.

In order to work towards achieving targets set out in the ten-year strategy, it is important to establish how well existing services, are meeting the needs of young people who use drugs or alcohol. This research was undertaken to fulfil that objective for the area covered by North Cheshire Drug Action team (DAT)

The remit area of North Cheshire (DAT) has a population of approximately 42,000 young people between the ages of 10 and 19, of whom 22,000 are aged 10-14 and 20,000 aged 15-19; 19,500 in Halton and 23,500 in Warrington (mid 1998 Office for National Statistics population estimates). The area has three urban centres; Runcorn, Warrington and Widnes, and also has rural areas, especially around Warrington.

When the deprivation indicator, Index of Local Deprivation (ILD), is mapped by electoral ward, areas of high deprivation correspond to the urban centres of Widnes, Runcorn and Warrington. Most wards in Halton are relatively deprived, whereas Warrington is relatively affluent, with pockets of high deprivation (Figure 1). The 1998 Crime and Disorder Audit for Halton showed that the number of drug-related incidents reported to the police within each ward was related to the ILD of the ward<sup>22</sup>.

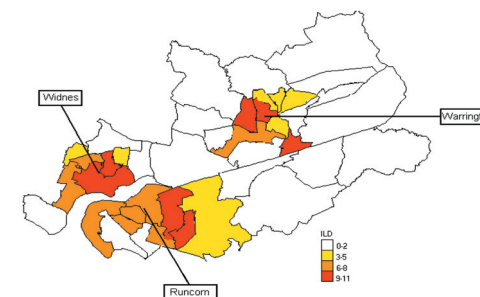


Figure 1: Map of North Cheshire illustrating areas of high and low social deprivation (ILD) by electoral ward.

## 2. Methods

A number of research methods were applied to assess the need for services and to evaluate services from a user and provider perspective. An initial literature review was undertaken to ascertain good practice in the prevention, management and treatment of drug-related problems. In addition to the literature review, the following research tools were employed:

- i. **Survey of young people aged 14-18** - A short, anonymous questionnaire was designed to assess the extent and effects of drug and alcohol use by young people, their experience of drug and alcohol education and who they would speak to about drug or alcohol related problems. Secondary schools, colleges and youth services in the area were invited to participate. Questionnaires were completed by 535 young people who, between them, attended six secondary schools, two colleges and a selection of youth centres in Halton and Warrington.
- ii. **Survey of GPs** - A short questionnaire was designed to assess the frequency with which GPs encountered young people they identified as experiencing problems due to their drug or alcohol use; their confidence in advising these young people and their knowledge of relevant local services. Completed questionnaires were returned by 89 GPs (response rate 57%).
- iii. **Survey of A&E and minor injury departments** - A survey of the three local A&E and Minor Injuries Departments was undertaken to estimate the numbers of young people in the area attending hospitals due to poisoning with alcohol or illicit drugs. St Helens and Knowsley NHS Trust (Whiston Hospital), Warrington Hospital NHS Trust and Halton General Hospital NHS Trust each provided information on the age, sex and substance(s) taken by young people attending with drug or alcohol poisoning within a set time period.
- iv. **Interviews with staff working with young people** - Informal interviews were conducted with all relevant agency staff members to obtain a description of their work with young people, their relationships with other agencies and the problems they encountered.

- v. **Analysis of local agency data** - Routinely collected agency activity data were used to build a picture of the services provided for young people in North Cheshire and the numbers of young people using the services. Criminal justice data were also analysed to assess trends in the numbers of young people being cautioned for drug and alcohol related offences.
- vi. **Survey of drug and alcohol education provision in schools** - A questionnaire was designed to assess the content of and time dedicated to drug and alcohol education in schools and the relevant support available to schools. Questionnaires were sent to Head Teachers of all primary schools and Personal Health and Social Education (PHSE) Co-ordinators of all secondary schools in the area. Completed replies were received from 46 primary schools (response rate 42%) and 13 secondary schools (response rate 55%).
- vii. **Interviews with young persons' drug and alcohol service users** - Semi-structured interviews with young service users were used to provide qualitative data about their experience of the service and their passage through the educational, social, legal and health systems before attending the service. Five young people participated in this survey.

For all aspects of the research that involved direct contact with young people, ethical approval was sought and obtained from the Research Ethics Committees of North Cheshire Health and Liverpool John Moores University.

### 3. Summary of Findings

The main findings of the research are described within this section. Some discussion on the points raised is provided in order to support the recommendations listed in the section that follows.

#### 3.1 Audit of Services

##### 3.1.1 Provision of drug and alcohol education

Drug and alcohol education should be available to all young people and should aim to prevent them from harming themselves by the use of substances. Between 1995 and 1999, a series of national guidelines on different aspects of drug education were published<sup>23-28</sup>. These, based on the results of research, highlight the importance of having whole school policies on drug education; starting drug education early (at around age 10); teaching decision-making skills and social values and involving the wider community, particularly parents.

Between 1993 and April 2000, Health Promotion, in partnership with Lifeline and, until April 1999, Halton Intermediate Treatment Service (HITS), delivered the following training to primary and secondary schools in North Cheshire, targeted in response to a needs assessment questionnaire:

- Basic drugs awareness for parents and governors
- Drug awareness for staff
- Policy development for schools governors and staff
- Curriculum development for staff

Health Promotion also currently manages two resource centres, from where schools have free access to drug education resources such as videos and teaching packs.

The partnership no longer specifically supports drug education in schools. It was thought appropriate that the service be withdrawn or reduced once all schools in the area received the support that they needed to implement their own drug education programmes. However, many of the primary schools surveyed reported not yet having drug education (37%) or incident policies (70%), suggesting that some schools

might still benefit from support. Over the duration of the partnership, support for policy development was provided to 30% of Warrington primary schools and 9% of Halton primary schools<sup>29,31</sup>. Comments made by two PHSE co-ordinators in secondary schools also point towards the continuing need for support:

- 'Advice needs to be made available should an incident attract attention from the press'
- 'Many staff are concerned that they are not well informed enough to lead lessons successfully, that pupils are better informed than they are'

A third of the secondary schools surveyed reported that staff from HITS or Lifeline had spoken about drugs or alcohol to groups of their pupils, a service that is no longer available. Staff working at young persons' drug agencies expressed concern that the loss of input from specialist agencies could encourage schools to use other, less qualified, outside speakers. Other staff working with young people commented that talks by staff from the drug agencies are useful to inform young people where to go if they, a family member or friend experience drug or alcohol-related problems.

In Halton, the LEA is using Standards Fund monies to employ a Project Worker for Drug Education, who, during the academic year 1999-2000, worked mainly with primary schools. Work undertaken included:

- organising drugs education workshops for 20 schools
- producing a framework for school drug incident and drug education policies
- providing drugs awareness and curriculum development training for teachers

There is evidence that this has been a successful innovation: primary schools in Halton were more likely than those in Warrington to report a range of good practice indicators, including having a drug education or drug incident policy and involving parents in their drug education programme. Work planned for the academic year 2000 to 2001 includes joint training of secondary school teachers and youth workers, after which it is planned that youth workers will assist in the delivery of drugs education within secondary schools.

In Warrington, Standards Fund monies have been given directly to schools. The lack of a designated manager for Warrington Youth Service has meant that the development of new ways for the youth service to work on drug education has not been possible in Warrington.

Support for drugs education is also supported by a variety of other statutory and voluntary organisations, including:

- Cheshire Police, providing drug awareness presentations to teachers and parents
- School Health Advisors, responding to requests from teachers by providing advice to teachers and working directly with pupils\*
- The Life Education Trust, which, using a mobile classroom with sound and light displays, provides an ongoing programme of drug education for pupils aged 3-11

Since April 2000, Health Promotion has employed a Health Promotion Specialist to support the Healthy Schools Initiative, of which drug/alcohol education is one aspect. In the first year, 18 schools throughout North Cheshire will receive this support.

Regarding experiences of drug and alcohol education, the majority (87%) of young people surveyed reported receiving both drug and alcohol education lessons in secondary school, although this was lower amongst younger respondents (62% of 14 and 15 year olds). Of the 14 and 15 year olds surveyed, 41% reported already trying illicit drugs, suggesting that, in some schools, the teaching of drug education had not started at an early enough age.

The majority of those who reported receiving drug or alcohol education expressed positive opinions about it, although this varied widely between schools. Those who reported using drugs expressed less positive

\* School Health Advisors are also planning to become more pro-active in the support they offer, following the widespread introduction of the Healthy Schools Initiative

opinions about their drug education than those who reported not using drugs, suggesting that drug education may have been less relevant to young people with experience of drug use (Figure 2).

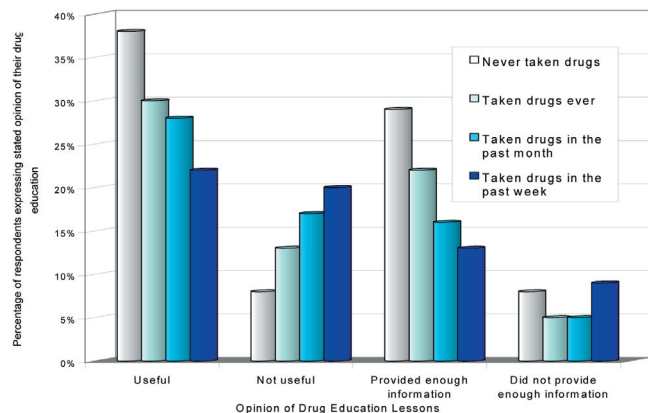


Figure 2: Percentage of respondents with varying levels of drug experience expressing different opinions of drug education

Young people who reported not receiving drug education lessons at secondary school (n=56) were more likely to report having ever suffered negative effects of drug-taking, for example, they were four times more likely to report missing school, homework or work because of taking drugs and 15 times more likely to report being stopped by the police. Similarly, young people who reported not receiving alcohol education at secondary school were more likely to report negative effects from alcohol than those who reported receiving lessons, including being over three times more likely to be stopped by the police. Missing out on drug education may have made this group more vulnerable to risky substance use: risky substance use may also have made them more likely to miss out on drug and alcohol education, for example through absence from school.

The majority of schools responding to the survey (66% secondary schools, 54% primary schools) reported involving parents in their drug education programme. Five (42%) secondary schools reported holding drug awareness meetings for parents: three of these commented on low attendance rates, one school reported that nobody had attended the last meeting.

### 3.1.2 Provision of harm-minimisation and treatment services

Guidelines on the provision of substance misuse services for children and young people were published in a report by the NHS Health Advisory Service (HAS) in 1996<sup>32</sup>. The report describes the organisation of comprehensive substance misuse service for young people, whereby:

- Drop-in youth advice centres or one-stop shops, able to advise or refer young people on any issue, including drugs and alcohol, are available in all urban centres.
- Generic professionals, such as GPs, teachers, school nurses, youth workers and youth justice workers are able to identify young people with substance misuse problems.
- Specialist substance misuse services for young people, that are separate from the adult services, appropriate to the age group and provide rapid access to care, are available to all young people with substance misuse problems

Within the DAT remit area, two drop-in youth advice services are available: Y'sUp in Runcorn town centre and the YMCA Community Centre in Warrington town centre. The Warrington YMCA drop-in also provides services such as cheap food, television, pool, washing facilities, etc. Two one-stop shops, Synergy in Runcorn town centre and the Youth Advice Shop in Warrington town centre, offer advice, counselling and sexual health services to young people (plates 1 and 2).



Plate 1: Synergy



Plate 2: The Youth Advice Shop

Warrington YMCA, Y'sUp, Synergy and the Youth Advice Shop are each able to offer young people advice about drugs and alcohol and referral to the specialist agencies where appropriate. Synergy, in particular, is an example of good practice in that it can provide for a range of needs, including careers, benefits and housing advice, counselling and sexual health care, within an environment that is non-threatening and appealing to young people. The service has been widely advertised on secondary school notice boards and seemed to have been well received.

In relation to substance misuse services in North Cheshire, a number of possible weaknesses were identified amongst the generic professionals and agencies surveyed. These included:

- An apparent lack of knowledge amongst GPs about substance misuse by young people and the services available. Only 21% of those surveyed reported that they had received enough information or training to be confident in offering appropriate advice, treatment or referral for under 18's presenting with drug or alcohol related problems. Only 20% demonstrated a knowledge of the appropriate referral routes for young people.
- The withdrawal of specialist agencies from the support of drug education in schools may compromise the efforts made in some secondary schools to develop drug and alcohol awareness amongst their pupils, staff and parents.
- Lack of confidence and knowledge of young people's drug use amongst some social workers, including those now working for the YOTS.
- Lack of a drop-in youth advice service in Widnes, which should be considered as an urban centre in its own right, rather than as part of Halton with services based in Runcorn.

During the period that the research was conducted, there were three specialist young persons' drug and alcohol services in the area: the HITS Young Persons' Drug Project, Lifeline and Oasis.

- HITS Young Persons' Drug Project is based in Runcorn and serves the Halton area only. It provides non-medical interventions for young people with drug misuse problems. The majority of its referrals are received from Halton Social Services, from where it receives part of its funding.
- Lifeline North Cheshire was based in Runcorn town centre and served both the Halton and Warrington areas. It offered information, advice and non-medical interventions for young people with drug and alcohol related problems and, in some cases, their families. It received referrals from a wide variety of sources, the largest proportion coming from parents. Lifeline closed on 31st March 2000.
- Oasis sees clients at a variety of venues but is based mainly in The Youth Advice Shop in Warrington and Synergy in Runcorn, and serves both the Halton and Warrington areas. It was set up to counsel and treat young people with complex needs, often with a need for a prescribing intervention. Since the closure of Lifeline, its remit has widened to all young people with significant substance misuse problems. It was initially run as a partnership between the local Community Drug Team (CDT), and Lifeline: since that time HITS have joined the partnership and Lifeline have left. Arch Initiatives will be joining the partnership in August 2000.

Analysis of agency data and interviews with agency staff and users indicated that HITS, Lifeline and Oasis, using effective links with other agencies, provided a holistic service that effectively addressed the health and welfare needs of young people with substance misuse problems. The employment at Oasis of a Dual Diagnosis Nurse for young people with co-existing mental health and substance misuse problems has successfully met a previous need in the area, reported at the start of the project by staff working with young people. During interviews, young people attending Oasis and HITS expressed high opinions of the service they were receiving and its effect on their lives. Reports produced by Lifeline and Oasis describe successful outcomes for their clients, including reductions in substance use, improvements in relationships, accommodation, employment and education prospects. In accordance with the HAS guidelines<sup>32</sup>, services for young people were kept separate to those for older drug users, with the exception that clients of Oasis occasionally attended CDT prescribing clinics. There were no waiting lists for the young persons' services, although both staff and users of the young persons' services reported that young adults (aged 19 and over) had to wait up to a year for treatment at the adult agencies.

The current main provider of treatment and counselling for young people, Oasis, has provided a service to few young people under the age of 16, despite the relatively high level of need identified amongst this age group. The loss of 'Footsteps', the parents service provided by Lifeline, is likely to increase the gap between service need and service provision amongst the under 16s, as it was a significant source of referrals of this age group. Footsteps is now an independent organisation, although, due to lack of funding, it does not currently have a meeting room available. The need for a separate service for families of young drug users also became apparent in interviews with Oasis users and staff.

The counselling of young people with less complex substance misuse problems, previously undertaken by Lifeline, has now been transferred to Oasis. This has put extra pressure on Oasis that will be partially relieved with the secondment of a new Young Persons' Drug Worker from Arch Initiatives in August 2000. HITS Young Person's Drug Project now works with young people both within the Oasis partnership and independently.

Recent changes in the criminal justice system, including the introduction of Youth Offending Teams (YOTs), drug treatment and testing orders and arrest referral schemes may help to identify a greater proportion of young people with substance misuse problems. New outreach schemes, currently being piloted in the area, may also help to reach these young people.

Further suggestions received from young service users included the provision of counselling at GP surgeries and a drop-in centre for young drug users. Oasis is currently able to see clients at two GP practices, and is looking to expand this provision to other practices. There are currently no plans to provide a drop-in centre specifically for young drug users, although, in Warrington, the YMCA and the planned mobile 'Youth Truck Station 12' provide a drop-in service for all young people.

## 3.2 Experience of substance use and misuse by young people in the area

### 3.2.1 Recreational Drug Use

Of the 535 young people surveyed, 41% reported ever trying recreational drugs. Actual rates of drug trying amongst young people in the area may have been higher, as those who left full-time education at the end of their compulsory schooling were under-represented in the sample<sup>33</sup>. The most commonly reported drug tried was cannabis (38%) followed by amphetamine (8%), ecstasy (5%) and cocaine (4%). Drug use within the past month was reported by 17% of the sample. As previous research has shown that approximately three-quarters of those reporting drug use within the past month are likely to be regular users<sup>3</sup>, this suggests that around 13% of the sample were regular users<sup>2</sup>. Young people who attended educational establishments in relatively deprived areas, measured by the ILD of the ward where they were based, were significantly more likely to report taking drugs within the past month. The majority of those reporting drug use within the past month reported using only cannabis, although 3% reported using ecstasy, 2% reported using amphetamine and 2% reported using cocaine.

# An evaluation

### 3.2.2 Problematic or potentially problematic drug use

Recent (past-month) use of either of the most potentially problematic recreational drugs, heroin or crack cocaine, was reported by only two of the young people surveyed (0.4%). This may have been partly because regular heroin and crack cocaine users tend not to attend school or college<sup>32</sup> and would therefore not feature in the survey. Past month use of cocaine, which can also lead to (psychological) dependence, was reported by 2% of the sample, suggesting that 1.5% of the sample were regular users. Recent heroin, crack or cocaine users were most likely to live in deprived areas, and, where they were over compulsory school age, to be outside 'A' level education. If 1.5% of all young people between the ages of 14 and 19 in North Cheshire were regular cocaine users, this would amount to approximately 300 throughout the area. Some of the estimated 11% of young people who were regular users only of other drugs (mainly cannabis) may also have been using heavily enough to cause potential problems for themselves.

The majority (64%) of the 89 GPs surveyed reported identifying at least one young person in the previous year who was experiencing problems related to their drug use; most of these reported seeing only one or two, although 7% reporting seeing over ten. GPs serving relatively deprived areas reported seeing more young people with drug-related problems than those serving more affluent areas. If each GP in North Cheshire (n=157) saw one or two young people with drug misuse problems each year, that would amount to a total between 161 and 322. Youth Justice Workers and Probation Officers estimated that 50% of their young clients had a substance misuse problem severe enough to require advice from an outside agency. Using a 1997 estimate that 512 young people from North Cheshire were convicted of indictable offences that year<sup>34,35</sup>, this would amount to 256 each year.

Harm-minimisation and treatment agencies in North Cheshire have recently provided ongoing counselling or treatment for drug misuse to approximately 107 young people per year<sup>36-41</sup>. The number engaging in services has increased each year, probably partly due to an increasing awareness of the services available amongst staff working with young people. Lifeline staff reported that, by starting an assessment and referral service at Warrington Social Services, they had significantly increased the referral rate of young people under the age of 16, suggesting that there were significant numbers of under 16s with substance misuse problems who were not attending services. Young people who attended services and workers at hostels for the homeless also reported knowing of young people (most over 16) with substance misuse problems who did not attend services. This does not necessarily correspond to an unmet need for immediate treatment; young service users interviewed stated the importance of being 'ready' and really wanting to stop using drugs before they engaged in treatment programmes. It may instead indicate a need for further outreach and general welfare services for young people with substance misuse problems, for example a drop-in centre.

### 3.2.3 Recreational alcohol use

Forty-one percent of young people surveyed reported that they drank enough alcohol to feel drunk every week or more often. Older respondents and respondents based in Halton were significantly more likely to report drinking enough to feel drunk at least once per week than younger respondents or respondents based in Warrington.

### 3.2.4 Problematic and potentially problematic alcohol use

Three percent of young people surveyed (n=15) reported drinking enough to feel drunk almost every day: none were the same individuals as those who reported past month use of cocaine, heroin or crack. The majority of those who reported drinking almost daily lived in a ward with a high ILD and were not engaged in 'A' level education. If 3% of all young people aged 14 to 19 in the area drank enough alcohol to feel drunk almost every day, this would amount to a total of around 600 throughout the area. It is known that some young people under the age of 14 also experience problems with alcohol use: Lifeline staff reported providing a service for alcohol-misusing clients as young as 11 years old.

Harm-minimisation and treatment agencies in North Cheshire have recently provided ongoing counselling or treatment for drug misuse to approximately 27 young people per year, with the numbers engaging in services increasing each year<sup>36-41</sup>. A local secondary school, the school counsellor identified three young people, all aged 16 or under, as having an alcohol misuse problem. Lifeline staff reported seeing increasing numbers of young people under the age of 16 with alcohol misuse problems.

### 3.2.5 Negative effects of drug and alcohol use

Overall reported negative effects of drug use were low, for example 6% of young people surveyed reported ever missing work, school or homework because they had taken drugs and 2% reported ever being stopped by the police because of drugs they had taken or had with them. Over the duration of the project, there were no reported incidents of young people attending A&E due to accidental poisoning with illicit drugs. By comparison, overall reported negative effects of alcohol were high, for example, 34% of young people surveyed reported ever missing work, school or homework because they were drunk or hungover and 22% reported ever being stopped by the police because they were drunk or drinking. An estimated 49 young people attended local A&E or Minor Injuries Departments due to alcohol poisoning within a 12-month period, approximately twice as many from Halton as from Warrington, despite Warrington having a slightly larger population of young people.

### 3.2.6 Who young people would talk to if they were worried about somebody's drug or alcohol use

Table 1 shows the people who male and female respondents said they would talk to if they were worried about their own or somebody else's alcohol or drug use. It can be seen that they reported being most likely to talk about worries over drug and alcohol use with friends of their own age, followed by older friends and parents. Telephone helplines and generic professionals such as GPs, teachers and youth workers were the next most popular choice, and the specialist agencies, for example Lifeline, the least popular. Females were significantly more likely than males to say that they would talk to friends of their own age, older friends, teachers, telephone helplines, school nurses or Synergy.

Table 1: Where young people stated that they would go for advice if they were worried about their own or somebody else's substance use

	Alcohol		Drugs	
	Males (n=231)	Females (n=304)	Males (n=231)	Females (n=304)
Friends of own age*	137 (59%)	242 (80%)	123 (53%)	217 (71%)
Older friends*	87 (38%)	162 (53%)	79 (34%)	161 (53%)
Parents	104 (45%)	144 (47%)	83 (36%)	111 (37%)
GP	53 (23%)	73 (24%)	50 (22%)	79 (26%)
Teachers*	51 (22%)	76 (25%)	35 (15%)	83 (27%)
Telephone helpline*	43 (19%)	83 (27%)	44 (19%)	98 (32%)
Youth workers	32 (14%)	50 (16%)	35 (15%)	56 (18%)
Community alcohol/drugs team	17 (7%)	39 (13%)	28 (12%)	49 (21%)
School nurse*	11 (5%)	41 (13%)	10 (4%)	35 (12%)
Synergy (Halton only)*	8 (7%)	26 (17%)	6 (5%)	30 (20%)
Lifeline	16 (7%)	22 (7%)	18 (8%)	29 (10%)
HITS (Halton only)	8 (7%)	12 (8%)	8 (7%)	17 (11%)

\* people who females were significantly (p<0.05) more likely than males to say that they would talk to if they were worried about their own or somebody else's drug use

Young people who reported ever taking drugs were significantly more likely than those who reported never taking drugs to say that they would speak to friends of their own age or older friends, and were less likely to say that they would speak to their parents, GP, teacher or school nurse. Those who reported drug use in the past month were even less likely to say that they would talk to a GP, teacher or school nurse. Youth workers, telephone helplines, specialist agencies and youth advice services were equally popular as sources of advice about drugs with those who reported ever using drugs and those who did not. Young people who attended educational establishments in Runcorn were more likely than those in Widnes to say that they would talk to somebody at Synergy (33% Runcorn, 10% Widnes).

## 4. Recommendations

The combination of data collection methods has enabled gaps in services to be identified and recommendations to be devised as to how those gaps could be filled.

### i. Encourage closer links between GPs/PCGs and the young persons' drug and alcohol services

To improve GP knowledge of the drug and alcohol services available for young people, the DAT and the young persons' drug agencies should work closely with the Primary Care Groups (PCGs) or Health Authority to find a way of raising awareness of substance misuse problems in young people and the services available to help them. Closer links between GPs and services might also include Young Persons' Drugs Workers seeing clients on more GP premises, as some young people with substance misuse problems might prefer to see a counsellor at their own GP practice.

### ii. Open a youth advice service in Widnes

A drop-in or one-stop advice service, based in the centre of Widnes, would be beneficial to young people living there, especially as Widnes has high levels of social and economic deprivation, known to be associated with substance misuse and other problems for young people. Synergy, based in Runcorn, was quoted as a source of advice on drugs or alcohol by only 10% of young people surveyed in Widnes, compared with 33% surveyed in Runcorn.

### iii. Support the role of the School Health Advisors in drug and alcohol education and in supporting young people who may have substance misuse problems

The School Health Advisors provide valuable support for drug and alcohol education in primary schools and for vulnerable pupils in secondary schools. The service should continue to receive sufficient resources to enable them to continue and develop these roles.

### iv. Local Education Authorities should provide a co-ordinated programme to support drug education in schools

A model of good practice in the provision of drug education support was provided by Halton LEA, which employs a Project Worker for Drugs Education to support the development of drug education within schools (section 3.1.1). The joint training of teachers and youth workers, planned by Halton LEA, leading to the use of youth workers to deliver drug education in schools, will provide an additional link between schools and Synergy, which can provide information on drugs and referral if necessary. In order to develop and implement a co-ordinated programme, adequate management structures would need to be in place, including a Manager for the Youth Service.

### v. Have one central referral point for young people identified as having substance misuse problems

Before the closure of Lifeline, North Cheshire had three separate referral points for young people with substance-related problems. This may have caused some confusion, as illustrated by the fact that only 20%

of GPs surveyed demonstrated that they had a full knowledge of the referral routes for young people in their area. With the closure of Lifeline, North Cheshire now has the opportunity to promote Oasis as the one central point of referral. HITS Young Persons' Drug Project may also carry on taking referrals in its own right, as the majority are made by Halton Social Services, with whom HITS has long-established links. Alternatively, the project may become part of Oasis, but keep the links developed as part of HITS, including the possibility of seeing clients there, especially those who are using other HITS services.

#### vi. Continue to provide the services currently provided by Oasis

Analysis of Oasis's activity data and interviews with staff and service users indicate that Oasis has been successful in treating substance dependency and caring for the social welfare needs of young people with a range of needs related to their substance misuse. The present provisions of a Substance Misuse Nurse, Dual Diagnosis Nurse, Specialist Youth Worker and, on a part-time basis, a prescribing doctor, should be maintained, and the services they provide continued as at present.

#### vii. Increase the capacity of Oasis

Analysis of police data on cautions for possession of drugs, combined with agency data relating to the numbers of young people referred to services, indicate that there is likely to be an increase in the number of young people in North Cheshire who experience substance misuse problems. Due to the provision of new outreach, criminal justice and youth advice services, there is also likely to be a rise in the proportion of young people with substance misuse problems who are identified and referred to services. Due to the closure of Lifeline, young people with less complex substance misuse problems and parents wanting advice about a young person's drug use are now referred to Oasis.

Some, but not all, of the increased staffing needs of Oasis will be met by the planned secondment of a Young Persons' Drug Worker from Arch Initiatives. The service would also benefit from the provision of administrative support, which would free the specialist workers to concentrate on direct work with clients. The service may, at some stage, find that it also needs additional nursing staff (or similar) to counsel increasing numbers of young people being referred with serious substance dependency problems. Whenever possible, posts should be filled on a permanent or secondment basis, to provide security to staff and encourage them to stay.

#### viii. Target additional services towards young people under the age of 16

Interviews with Lifeline staff (section 3.2.2) and data provided by a school counsellor indicated that there are a significant number of young people under the age of 16 who are experiencing substance misuse problems but not attending services. To meet the needs of this group, Oasis should consider providing additional services, targeted towards the age group. An example would be a service for young people together with their families. The families service previously provided by Lifeline successfully addressed substance misuse and family relationships together, and would provide a useful model for a new service. In addition, Oasis could consider developing strategies to identify and refer more under 16s with substance misuse problems, for example via links with schools, School Health Advisors, Social Services departments, etc.

Much of the additional work with young people under the age of 16 (the majority of whom are likely not to require a medical intervention) could be undertaken by a specially trained youth worker or social worker, either seconded from the Local Authority or employed directly by the service.

#### ix. Expand the services provided by Oasis to the provision of drug and alcohol education support for young people and training for staff who work with young people

A perceived need for additional support for drug and alcohol education, especially for 'experts' to work with young people of secondary school age, was identified. The drug education previously provided in

schools appeared less relevant to the 41% of young people who reported using drugs than to those who reported not using drugs. Schools are not currently able to access speakers for drug awareness sessions with parents, previously provided by Lifeline and Health Promotion. Social workers and agency staff identified a need for more drug awareness training for social workers working with young people, especially those working for the YOTS.

Education and training work could be undertaken by a staff member also working with young people with substance misuse problems. This dual role would provide flexibility within the system with which to respond to changes in service need, would assist the person to keep up to date with the issues facing young people and might increase their credibility with young people. Direct educational work with young people would be best provided by a youth worker. The services provided should complement and link in with other drug education initiatives in the area, for example, the initiative in Halton whereby youth workers will assist with the teaching of drug education in secondary schools

#### x. Continue to develop outreach services for young people

Outreach services, offering information, advice and access to specialised services, are known to be useful in making contact with disadvantaged young people who would not otherwise engage in services<sup>19</sup>. Oasis currently receive many referrals through their detached work at the local hostels for young homeless people, so it is important that this facility is maintained. New outreach schemes, such as a pilot satellite service currently being piloted by Synergy, provided that evaluation shows them to be useful, should continue to receive the resources that they require.

#### xi. Considerations regarding the adult drug services

It is important that, when recruiting new staff for the young persons' drug services, the needs of the adult services are taken into consideration. Staff and users of Oasis reported that the adult services had a long waiting list and high caseload, a situation that could be exacerbated if staff leave those services to work at the young persons' services. It may be necessary to train new Drugs Workers for the young persons' service rather than recruiting experienced staff. A reduction in the waiting times for treatment at the adult services would help to provide a more coherent service: currently, a young person has rapid access to services at age 18, but if presenting with substance misuse problems for the first time at age 19 may be face a wait of up to a year.

#### xii. Provide additional support for the families of young drug and alcohol misusers

Young services users and agency staff identified a need for more support to be provided to the families of young drug users. A high proportion of the under 16s seen by Lifeline were referred through Lifeline's parents' service, suggesting that a parents' service is a useful way of targeting this age group. Funding should be provided in the short-term for the former Lifeline parents' service 'Footsteps' to meet in Warrington and Halton, and the provision for parents and families reviewed at a later date.

#### xiii. Provide a service for young people who experience problems due to the substance misuse of a parent

Data provided by a school counsellor suggests that there are a significant number of young people in the area who have parents with a serious substance misuse problem, some of whom also have substance misuse problems of their own. A service for young people with substance misusing parents may be useful in alleviating general the distress that these young people experience and also prevent later substance misuse problems. It would need to be set up sensitively, so as not to stigmatise young people who attend. Although it will need to take referrals centrally, groups, lasting for around 6-8 weeks, could be set up in various locations.

#### xiv. Advertise telephone helplines

Young people surveyed were more likely to report that, if they were worried about their own or somebody else's drug-taking, they would speak to somebody on a telephone helpline (26%) than at a youth advice service (15% for Synergy) or specialist drug agency (9% for Lifeline). It would be helpful to young people if posters displaying telephone numbers of, for example, the National Drugs Helpline, were on display in areas where they congregate, such as schools and youth clubs.

#### xv. Implement a standardised outcomes monitoring tool

In order to continuously evaluate the work of the young persons' drug and alcohol agencies, a standardised outcomes monitoring tool should be used. A high quality and comprehensive outcome assessment form, comparable but not identical to that used by the adult services, has already been developed, and the collection and analysis of data has been commissioned. The outcomes monitoring data collected is mainly consistent with the data collected by staff for the assessment of clients, although staff have reported that some clients were unwilling to answer some questions which relate to sexual behaviour. Where it would improve compliance with the monitoring, these questions should be left out.

## Acknowledgement

This work was funded by North Cheshire Drug Action Team. The support of the Drug Action Team and of all those who provided information for the project is gratefully acknowledged.

### References

1. Health Education Authority (1992) Today's Young Adults: 16-19 year olds look at alcohol, drugs, exercise and smoking. London: HEA
2. Turtle J, Jones A and Hickman M (1997) Young People and Health: The Health Behaviour of School Age Children. London: HEA/BMRB
3. Parker H, Aldridge J and Measham F (1998) Illegal Leisure: The normalisation of adolescent recreational drug use. London: Routledge
4. Information supplied by Chris Fairly, Statistics Department, Cheshire Police
5. Goddard E (1997) Young Teenagers and Alcohol in 1996. Office for National Statistics. London: The Stationery Office
6. Measham F (1996) The 'Big Bang' approach to sessional drinking: Changing patterns of consumption amongst young people in the North West of England. *Addiction Research* 44 (3):283-299
7. Higson R and Rowland J (1993) Alcohol and non-traffic unintended injuries. *Addiction* 88: 877-83
8. Myers T (1982) Alcohol and Crimes of Interpersonal Violence. PhD Thesis, University of Edinburgh
9. Home Office Standing Conference on Crime Prevention (1987) Young People and Alcohol: report of the working group. London: Home Office
10. Hirst J (1994) Not in front of the grown-ups. Sheffield: Pavic Publications
11. Keene J (1996) Drug misuse: Prevention, harm minimisation and treatment. London: Chapman and Hall
12. Hingson RQ, Strunin L, Berlin BM and Heeren T (1990) Beliefs about AIDS, use of alcohol and drugs and unprotected sex amongst Massachusetts adolescents. *American Journal of Public Health* 80:295-299
13. Farrington DP (1996) Understanding and Preventing Youth Crime. York: Joseph Rowntree Foundation
14. Audit Commission (1996) Misspent Youth: Young People and Crime. London:HMSO
15. Swadi H (1989) Adolescent drug misuse and truancy: exploring the link. *European Journal of Psychiatry* 3: 108-115
16. Department of Health Social Care Group 6 (1997) Substance misuse and young people: the Social Services response. A Social Services Inspectorate study of young people looked after by Local Authorities
17. Craig T.K.J, Hodson S, Woodward S and Richardson S (1996) Off to a bad start: A longitudinal study of homeless young people in London. London: Mental Health Foundation
18. Zeitlin H (1999) Psychiatric co-morbidity with substance misuse in children and teenagers. *Drug and Alcohol Dependence* 55(3):225-34
19. Fergusson DM, Horwood LJ and Lynskey MT (1997) The effects of unemployment on psychiatric illness during young adulthood. *Psychological medicine* 27(2):371-81.
20. Royal College of General Practitioners (1986) Alcohol: A balanced view. London: RCGP
21. The President of the Council (1998). Tackling Drugs to Build a Better Britain: The Government's Ten- Year Strategy for Tackling Drugs Misuse: Presented to Parliament by the Lord President of the Council London: The Stationery Office
22. Halton Community Safety Team (1998) Crime and Disorder Audit, November 1998
23. DfEE (1995) Circular number 4/95. Drug Prevention and Schools.
24. DFE/SCAA (1995). Drug Education: Curriculum Guidance for Schools
25. DfEE (1998) Protecting Young People: Good Practice in Drug Education in schools and the Youth Service.
26. SCODA (1999). The Right Response; Managing and making policy for drug related incident in school. London: SCODA
27. SCODA (1999) The Right Choice: Guidance on selecting drug education materials for schools. London: SCODA
28. SCODA (1999) The Right Approach: quality Standards in Drug Education. London:SCODA
29. Health Promotion Service for North Cheshire (1996) Drug Education in North Cheshire: A Partnership Approach: Progress Report
30. Health Promotion Service for North Cheshire (1998) Drug Education in North Cheshire: A Partnership Approach: Progress Report May 1996-April 1998.
31. Information provided by Dave Bradburn, Health Promotion Service for North Cheshire
32. The NHS Health Advisory Service (1996) Children and Young People: Substance Misuse Services. London: Health Advisory Service
33. Parker H, Measham F and Aldridge J (1995) Drugs Futures: Changing Patterns of use amongst English Youth. ISDD Research Monograph seven. London: Institute for the Study of Drug Dependence
34. Confiscation of Alcohol (Young Persons) Act 1997
35. Crime and Criminal Justice Unit (1997) Aspects of Crime: Young Offenders 1997. Home Office
36. Lifeline North Cheshire (1999) Six month report October 1998-March 1999
37. Lifeline North Cheshire (1998) Six month report April 1998-September 1998
38. Lifeline North Cheshire (1999) Six month report April 1999-September 1999
39. Oasis service (1998) Oasis Service 1st Annual Report
40. Oasis Service (2000) Annual Report 2000
41. Information supplied by John Beddows, HITS
42. Ramsay M and Partridge S (1999) Drug Misuse Declared in 1998: Results from the British Crime Survey. Home Office Research Study 197. London: Home Office
43. Balding J (1998) Young People and Illegal Drugs in 1998. Exeter University Schools Health Education Unit
44. Goddard E (1997) Young Teenagers and Alcohol in 1996. Office for National Statistics. London: The Stationery Office
45. Measham F. (1996) The 'Big Bang' approach to sessional drinking: changing patterns of alcohol consumption amongst young people in the North West of England. *Addiction Research* Vol. 44 No. 3 283-299