

MANCHESTER JOINT STRATEGIC NEEDS ASSESSMENT

CHILDREN AND YOUNG PEOPLE

CHAPTER: Adolescence

TOPIC: Smoking, alcohol and drug use among young people

Why is this important?

This topic focuses on smoking and substance misuse among young people (aged 18 or under). Substance misuse is defined as intoxication, regular excessive consumption, or dependence leading to social, psychological, physical or legal problems. The term covers a range of substances including volatile substances, new psychoactive substances ('legal highs'), alcohol, and illegal drugs.

Smoking is the primary cause of preventable morbidity and premature death in England, and alcohol misuse is the third-greatest overall contributor to ill health, after smoking and raised blood pressure. These compound existing health inequalities in the city, and particularly impact on more deprived areas. Effective responses to young people's smoking and substance misuse are key strands of public health and citywide strategies to reduce health inequalities, improve health and wellbeing, and prevent the development of complex needs.

Rates of smoking, drinking and drug use among young people have declined in recent years. According to national survey data for 2014¹:

- 18% of pupils said that they had smoked at least once (the lowest level recorded since the survey began in 1982); compared to 42% of pupils in 2003.
- 15% of pupils had ever taken drugs, 10% had taken them in the last year and 6% in the last month; this is similar to 2011 - 2013 levels but lower than 2001 levels
- 38% of pupils had drunk alcohol at least once, and 8% had drunk in the last week; in 2003, 25% of pupils surveyed had drunk alcohol in the last week

The prevalence of smoking, drinking and drug use increases noticeably with age. In 2013:

- less than 0.5% of 12 year olds said that they smoked at least one cigarette a week, the proportions increase with age, up to 8% of 15 year olds
- 6% of 11 year olds reported ever having taken drugs, increasing to 24%

¹ Smoking, drinking and drug use among young people in England in 2014, Health and Social Care Information centre (HSCIC)

of 15 year olds. There were similar patterns for drug use in the last year and in the last month

- Older pupils were more likely to have drunk alcohol in the last week: the proportion increased from 1% of 11 year olds to 18% of 15 year olds

Reductions in the overall prevalence of substance misuse use among young people are encouraging; however it remains a concern due to the detrimental effect it can have on physical, mental and sexual health, educational attainment and employment opportunities, safety, and general wellbeing for those young people who do smoke, drink or use drugs.

Of particular and continuing concern is the link between substance misuse and other vulnerabilities. Evidence suggests that a number of risk factors (or vulnerabilities) increase the likelihood of young people using drugs, alcohol or tobacco. The more risk factors young people have, the more likely they are to misuse substances. Risk factors include experiencing abuse and neglect, truanting from school, offending, early sexual activity, antisocial behaviour and being exposed to parental substance misuse². There are also links between substance misuse and young people's mental health or behavioural problems, homelessness, and sexual exploitation.

The Manchester Picture

Local authority-level data on young people's smoking, drinking and drug use is now being collected through the What About YOUth (WAY) study, which is funded by the Department of Health³.

Smoking prevalence data from the WAY study was published in August 2015. Manchester data for 2014/15 shows that smoking prevalence rates for young people are:

- 8.9% of 15 year olds report being current smokers, compared to 8.2% in England and 8.0% in the North West

Of these:

- 5.6% of 15 year olds report being regular smokers, compared to 5.5% in England and the North West
- 3.2% report being occasional smokers, compared to 2.7% in England and 2.5% in the North West
- 23.9% of 15 year olds report trying e-cigarettes, compared to 18.4% in England and 24.5% in the North West

WAY survey data for alcohol and drug use by young people in Manchester shows that in 2014/15:

- 43.8% of young people report having ever had an alcoholic drink, compared to 64.3% in the North West and 62.4% in England

² Young people's drug, alcohol and tobacco use: joint strategic needs assessment (JSNA) support pack - Good practice prompts for planning comprehensive interventions in 2016-17

³ What About Youth Study, Health and Social Care Information Centre, 2015

- 10.4% of young people report being drunk in the last 4 weeks, compared to 15.8% in the North West and 14.6% in England
- 12.7% of young people report having ever tried cannabis, compared to 10.9% in the North West and 10.7% in England
- 6.1% of young people report taking cannabis in the last month, compared to 5.0% in the North West and 4.6% in England
- 1.0% of young people report taking other drugs (excluding cannabis) in the last month, compared to 0.9% in the North West and England

Data on hospital admissions for alcohol and substance misuse is also included in the Child Health Profiles, this shows that in Manchester:

- Between 2012/13 and 2014/15, the rate of hospital admissions due to alcohol specific conditions for under 18s was 47.9 per 100,000 population, compared to 36.6 per 100,000 for England and 53.5 per 100,000 for the North West
- For the same period, the rate of hospital admissions due to substance misuse for 15-24 year olds was 92.5 per 100,000 population, compared to 88.8 per 100,000 for England and 129.4 per 100,000 for the North West

Data on outcomes for children looked after continuously by local authorities for at least 12 months⁴ show that 8.5% of looked after children in Manchester are identified as having a substance misuse problem, compared to 3.4% in the North West and 3.5% in England. This may represent either higher levels of substance misuse or more robust approaches to screening and early identification in this group of young people.

Young people's substance misuse treatment

Data from Public Health England⁵ shows that 216 young people accessed specialist substance misuse services in the community in 2014/15, compared to 271 young people in the previous year. 88% of young people cited cannabis as a problem substance (compared to 85% nationally) and 50% cited alcohol (compared to 52% nationally).

Many young people receiving specialist interventions for substance misuse have a range of vulnerabilities. They are more likely (compared to the general population of young people) to be not in education, employment or training (NEET), have contracted a sexually transmitted infection (STI), experiencing domestic violence, experiencing sexual exploitation, be in contact with the youth justice system, be receiving benefits by the time they are 18, and half as likely to be in full-time employment.

In Manchester, young people accessing substance misuse services are more likely to be a looked after child (24%, compared to 12% nationally), to have an identified mental health problem (32%, compared to 18% nationally), and to

⁴ <https://www.gov.uk/government/statistics/outcomes-for-children-looked-after-by-local-authorities> [online] [accessed 14.06.2016]

⁵ Young people's substance misuse data: JSNA support pack, PHE, 2015 [unpublished]

be affected by others' substance misuse (35%, compared to 21% nationally).

What would we like to achieve?

Local authorities became responsible for public health in April 2013, this included taking on responsibility for commissioning smoking, alcohol and drug services for adults and young people.

As noted earlier, evidence suggests that a number of risk factors (or vulnerabilities) increase the likelihood of young people using drugs, alcohol or tobacco. Therefore, building resilience and reducing risk factors are central to approaches to preventing and responding to young people's smoking, drinking and drug use. It is vital that all services work together to strengthen factors that promote resilience, such as educational achievement, training and employment, good health, positive relationships and meaningful activities. Evidence shows that physical and mental wellbeing, and good social relationships and support are all protective factors⁶. Important predictors of wellbeing are positive family relationships, and a sense of belonging at school and in local communities.

The strongest single predictor of the severity of young people's substance misuse problems is the age at which they start using substances.⁷ Therefore it is important that all professionals and services that come into contact with young people and families (particularly those working with groups of young people who are at increased risk of smoking, drinking or drug use) understand the indicators and impact of young people's smoking and substance misuse, and are able to identify young people at risk and provide appropriate early interventions or support engagement with specialist services.

Young people's smoking, drinking and drug use is also influenced by the adults around them (parents, carers, siblings) and their wider environment. Therefore smoking and substance misuse prevention are not achieved by youth-targeted interventions alone - early interventions and treatment to address adults' smoking, alcohol and drug use will also benefit children and young people. Similarly, there is evidence that interventions that address availability, affordability, and advertising of alcohol and tobacco will impact on the likelihood of young people smoking or drinking.

Manchester will launch its new Tobacco Control Strategy in the autumn of 2016. One of the main objectives of our work as a Public Health team going forward will be to stop young people starting smoking and reducing their harm from tobacco as they grow up. These aspirations are supported by recently implemented legislation around smoking in cars and the standardised packaging of cigarettes and hand rolled tobacco.

⁶ Young people's drug, alcohol and tobacco use: joint strategic needs assessment (JSNA) support pack - Good practice prompts for planning comprehensive interventions in 2016-17

⁷ Ibid

These approaches should result in the following outcomes:

- Resilient young people who make healthier life-choices and develop skills to make informed decisions
- Services that help prevent escalating harm and that provide evidence-based interventions to young people who are at risk of developing substance misuse problems
- Reductions in smoking, drinking and drug use, related offending, drug or alcohol-related deaths and hospital admissions and risk-taking behaviours more widely.
- Young people with improved confidence, self-esteem, school attendance and involvement in positive activities., and longer-term improvements in education and employment outcomes, wellbeing, mental health and family relationships
- Commissioners and services working together to develop and support a workforce that is competent to work with young people and their families, improving outcomes for them

What do we need to do to achieve this?

Public Health England (PHE) identify four key principles for preventing drug, alcohol and tobacco use in young people and responding to those already experiencing harm⁸:

- Commission effective, evidence-based, universal and targeted interventions to prevent young people's use of drugs, alcohol and tobacco
- Provide a full range of alcohol, drug and tobacco interventions for young people in need
- Integrate commissioning across prevention and specialist interventions and the wider children's agenda
- Have a skilled workforce in place to provide effective interventions at all levels

Improving outcomes for children and young people and reducing smoking and substance misuse prevalence and harm requires action at a number of levels, supported by robust and effective partnership working. This is reflected in current national smoking and substance misuse strategies, including *Healthy Lives*, *Healthy People: a tobacco control plan for England*, the current national drug and alcohol strategies *Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life* and *The Government's Alcohol Strategy*; and also the *Greater Manchester Alcohol Strategy* and *Manchester Alcohol Strategy*.

PHE advise that comprehensive interventions for young people's tobacco, alcohol and drug misuse should be delivered at the following levels:

⁸ Young people's drug, alcohol and tobacco use: joint strategic needs assessment (JSNA) support pack - Good practice prompts for planning comprehensive interventions in 2016-17

Universal prevention

- accurate and relevant information about risks and harms from alcohol, drugs and tobacco, delivered through 'whole school' approaches
- evidence-based education and information (in line with National Institute for Clinical Excellence (NICE) and other relevant guidance)
- effective tobacco, alcohol and drug policies in schools
- national resources that provide information and build resilience used to support local delivery
- intelligence and enforcement activity to tackle illegal supply of tobacco/alcohol/new psychoactive substances (e.g. underage sales and proxy purchasing)

Targeted prevention

- vulnerable young people and those at increased risk should receive targeted smoking/substance misuse interventions, aligned with other interventions to reduce risk and build resilience
- multi-component programmes that address young people's issues alongside wider family interventions (including parenting support) should be considered
- integrated commissioning arrangements should be developed to support targeted work with vulnerable groups (e.g. developing links with children's commissioning, offender health and criminal justice commissioning)
- awareness of and responses to substance misuse needs should be embedded within other vulnerable young people's services e.g. young people affected by domestic abuse, involved in sexual exploitation, involved in youth offending services, early help services

Specialist early intervention and treatment

- A range of high-quality, evidence based interventions that are appropriate to the age and development of young people, and that can respond to young people's changing needs and the needs of particular groups
- Higher levels of support including multi-agency care packages should be available for young people with multiple vulnerabilities/complex needs, supported by joint working protocols
- Brief interventions for young people who smoke should be delivered by a range of frontline workers (e.g. school and youth settings) and evidence-based stop smoking interventions should be available for young people
- A range of specialist substance misuse interventions should be in place – including harm reduction, psychosocial and pharmacological interventions
- Arrangements should be in place to ensure continuity of care for young people leaving the secure estate and needing ongoing substance misuse treatment in the community

Workforce skill and capacity building

- Workers in children and families services should be trained to discuss alcohol, drugs and smoking with young people, including screening to identify young people at risk
- Workers in substance misuse settings should be competent to identify and respond to young people's wider health and social care needs,

supported by joint working protocols with a range of agencies

What are we currently doing?

Universal prevention

The Manchester Health Improvement Service for Children and Young People works citywide to support schools to adopt a whole school approach to improving the health and wellbeing of children and young people, by encouraging and supporting schools to contribute to key public health priorities for the city. Within this, the Manchester Healthy Schools Programme supports schools to develop and deliver evidence-based 'whole school' smoking, alcohol and drug education and information for young people, and to develop effective tobacco, alcohol and drug policies in schools. This includes use of national resources to support local delivery as appropriate. The School Nursing Service also supports young people who have started smoking to access smoking cessation interventions.

Manchester City Council carries out test purchasing in partnership with Greater Manchester Police, to identify premises in the city that are selling tobacco, alcohol or new psychoactive substances illegally to young people (e.g. through underage sales or selling to adults who are buying on behalf of young people), outcomes of this then inform partnership enforcement activity with retailers to reduce the availability of these products to young people.

The Manchester Smokefree Homes Scheme works to protect children and young people from second-hand smoke by raising awareness about the risks and impact, and encouraging local families to stop smoking in their homes and cars.

Targeted prevention

Manchester's young people's substance misuse service, Eclipse, provides training and support to practitioners in services that work with vulnerable young people, to develop skills and capacity in early identification of young people's substance misuse; this includes working with services for looked after children (LAC), pupils excluded from schools, youth offending services, early help, youth services, and further and higher education settings. Eclipse also deliver early interventions in these settings for young people at risk of developing substance misuse problems, including group work delivered in partnership with service staff, and work with services to develop robust pathways into specialist substance misuse services for those young people who need additional support.

Specialist early intervention and treatment

Eclipse, the young people's substance misuse service, provides a range of early intervention and treatment services for young people; this includes a full range of harm reduction and psychosocial interventions to treat young people with substance misuse problems, and access to pharmacological treatment interventions if required.

Treatment interventions are delivered within a context of a holistic understanding of young people's other needs and vulnerabilities, supported by multi-agency care packages to ensure that young people's wider needs are met (e.g. homelessness, mental health, and sexual health). 81% of young people in Manchester successfully complete their substance misuse treatment, compared to 79% nationally.

Robust referral pathways are in place with a range of agencies, to ensure that vulnerable young people are able to access services quickly – these include accident and emergency departments, youth offending services, mental health services, and education and children and families services.

Eclipse also provide a family service to support young people affected by parental substance misuse, and develop their resilience to reduce the risk of inter-generational transmission of substance misuse within families. The family service works in close partnership with the adult treatment services that work with the parent(s).

Manchester Tobacco Control Strategy.

The government will launch its latest Tobacco Control Strategy in 2016. Manchester's refreshed Tobacco Control Plan will follow.

Work will be undertaken to develop plans to support recently implemented legislation around smoking in cars (1st October 2015) and Standardised Packaging of cigarettes and hand rolled tobacco (20th May 2016). This will require a combined approach of health promotion, and information activity supported by partners in the council's Trading Standards Team.

Community and Stakeholder Views

The Eclipse service is delivered by Lifeline, a voluntary and community sector service, who work in close partnership with other voluntary and community sector (VCS) services working with young people in the city. Engagement of children, young people and families is a key element of the work delivered by Eclipse, in addition to treatment services a range of engagement activities are delivered, including targeted activities with groups that have historically engaged less well with services - for example a Girls' Group has recently been established to address the barriers to young women accessing substance misuse early interventions and treatment services.

Young people's substance misuse services were included in the recent Manchester City Council 2015/7 budget proposals consultation. A range of consultation events were held, including a number of events specifically for young people, whose views about young people's substance misuse services have been fed back to commissioners and will inform future commissioning options for young people's health and wellbeing services.

References and Links

Smoking, drinking and drug use among young people in England in 2013, Health and Social Care Information centre (HSCIC)

<http://www.hscic.gov.uk/searchcatalogue?productid=15144&q=title%3a%22smoking+drinking+and+drug+use%22&sort=Relevance&size=10&page=1#top>

Young people's drug, alcohol and tobacco use: joint strategic needs assessment (JSNA) support pack - Good practice prompts for planning comprehensive interventions in 2016-17

<http://www.nta.nhs.uk/healthcare-JSNA.aspx>

What About Youth Study, Health and Social Care Information Centre, 2015

<http://www.hscic.gov.uk/catalogue/PUB19244>

Healthy Lives, Healthy People: A Tobacco Control Plan for England.

<https://www.gov.uk>; healthy-lives-healthy-people

Other related JSNA topics

- Wider determinants of health
- Mental health and emotional health and wellbeing
- Safeguarding
- Key groups (children and young people)

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