

Partnership name
Newcastle upon Tyne

Young people's specialist substance misuse treatment plan 2009/10 Part 1

This strategic summary incorporating the planning grids and funding/expenditure profile have been approved by the Partnership and represent our collective action plan.	
Director of Children's Services	<i>Signature</i>
Chair, Partnership name	<i>Signature</i>
Chair, Young People's Substance Misuse Commissioning Group	<i>Signature</i>

Overall direction and purpose of the strategy for meeting young people's substance related needs and specifically their needs for specialist treatment interventions

To deliver high quality, value for money specialist substance misuse treatment services in partnership with D'n'A NECA, CAMHS, Education Welfare, Children's Social Care and Turning Point including screening, specialist assessment and a range of treatment interventions.

To deliver accessible, young people and family focussed treatment incorporating The Common Assessment Framework whenever appropriate.

To provide opportunities for young people, service users and their families to contribute to the development and delivery of treatment services.

Please expand the box as required.

Likely demand for specialist substance misuse treatment interventions for young people. Please identify and consider the differential impact on diverse groups and ensure that the overall plan contains actions to address negative impact

- In 2007/2008 197 young people were referred into specialist drug and alcohol treatment services.
- Most referrals were received from The Youth Offending Team followed by Education and Children's Social Care
- This shows a slightly changed pattern from the previous year when fewer referrals were received from education sources
- The number of Looked After Children has dropped from 475 in 2006/07 to 458 in 2007/08 and referrals from social care have also dropped during this period
- The number of young people eligible for leaving care services was 207 in 2007 – 08 an increase of 23 young people from the previous year.
- The number of young people in contact with the Youth Offending Team has reduced from 1,729 to 1503
- The number of young people permanently excluded from school has gone down from 80 to 68
- The rate of fixed term exclusions proportionate to the secondary population has decreased both nationally and locally (from 0.38 in 2006 in Newcastle to 0.34 in 2007.
- Almost 50% of those young people in specialist treatment are classified as NEET although referrals into services from Connexions and Youth Services remain very low.
- 13% of those young people in touch with treatment services during this period were homeless or in unsettled accommodation
- Among these vulnerable groups there is considerable cross over and it is acknowledged that the more vulnerable groups a young person belongs to the more likely they are to experience problematic substance misuse at some time during their lives

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Key findings of current needs assessment and a brief summary of the prevalence of problematic substance misuse by young people in the local area, changing trends, treatment mapping, characteristics of met and unmet need, attrition rates and treatment outcomes

- Of the 197 young people accessing treatment 60% were male and 40% were female – a slight reduction in young women accessing services.
- 47% were over 16
- 2% were from a Black or Minority Ethnic group
- Cannabis was the main substance for 47% of young people accessing treatment services.
- Alcohol was the main substance for 45% of young people accessing treatment services, This is a similar pattern as the previous year.
- Treatment services continue to see very small numbers of Class A drug users (1.52% for opiate and 1.52% for stimulants including Cocaine)
- 99% of those in treatment had never injected

- This does not reflect the pattern of substance misuse seen in adult drug treatment services which remains predominantly opiate based treatment,
- Services are organised so that vulnerable groups of young people are prioritised for treatment and the case load of each worker reflects this.
- 46% of young people had an unplanned exit from treatment compared to 63% last year.
- Dropping out of treatment and non attendance at treatment sessions continues to be a significant factor in the delivery of services
- Very small numbers of young people from ethnic minorities accessed treatment services although data from the YOT would indicate that there are substance misuse needs within this population.

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Improvements to be made in relation to the impact of treatment in terms of its outcomes which will deliver improvements in individual young people's health and social functioning

- Facilitate screening and access to services
- Increase number of young people coming into treatment services who are already engaged in a CAF process
- Ensure continued resourcing for the D'n'A treatment service
- Ensure effective arrangements are in place for clinical governance
- Increase numbers of planned exits from treatment
- Work with partners in education to ensure that young people have access to specialist treatment services through screening in schools
- Work with partners in the housing and accommodation sector to ensure young people in drug and alcohol treatment are prioritised in terms of access to stable and high quality supported accommodation
- In partnership with NECA and Turning Point deliver Alcohol Arrest Referral interventions and support for young people signing alcohol related Acceptable Behaviour Agreements
- Further develop CAMHS element of treatment services
- Ensure good transitional arrangements are in place for young people moving into adult services or back into Targeted Youth Support services

Please expand the box as required.

Key priorities for developing young people's specialist substance misuse treatment interventions to meet local needs during the next financial year

1. Ensure full integration of commissioning processes with Children's Trust Arrangements.
2. Prioritise access to treatment services through Universal and Targeted Youth Support services,
3. Review the links between CAMHS and D'n'A and increase the capacity and quality of treatment services in relation to Dual Diagnosis.
4. Review service delivery in relation to meeting the needs of Diverse Communities.
5. Enhance pathways into treatment from health services.

Please expand the box as required