

YOUNG PEOPLE'S SUBSTANCE MISUSE NEEDS ASSESSMENT

October 2024

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1.Executive Summary

Young People's substance misuse is different to that of adults – it can be experimental in nature and associated with risk taking behaviour in adolescence. Nationally, it has been normalised through the ubiquitous use of alcohol and cannabis. However, it can impact on a young person's health and wellbeing and can develop into problematic use in adulthood, particularly if the substance use starts at a young age. Problematic substance use in young people can also be linked to other vulnerabilities such as mental health and parental misuse, and risks such as exploitation, poverty, school exclusion, neglect, first sexual encounters, unsafe sex and criminal activity.

In terms of assessing the substance misuse related needs of young people in Bexley, it is not possible to identify universal levels of use across the borough. This report therefore draws on quantitative national data, data from the treatment service BYPDAS (Bexley Young People's Drugs and Alcohol Service) and qualitative data from the wide children and young people's system.

Key findings include:

- the increasing challenge posed by children and young people vaping in Bexley, and particularly around the use of adulterated vapes
- a significant proportion of those young people in treatment have mental health issues
- a link between neurodiversity and misuse in the borough
- there are low numbers in treatment and a lack of referrals particularly from Primary Care and Education
- There has been an increase in drug related exclusions in Bexley schools.
- BYPDAS has experienced issues with its resilience, and is not well known to partner organisations especially due to its lack of digital presence

Recommendations are made to address the findings of this report. These will be taken forward and monitored by the Bexley Combatting Drugs Partnership.

This report has influenced the development of the specification for the recommissioning of the young people's substance misuse service. The new service will go live on 1st April 2025.

2. Introduction

The aim of this report is to examine the needs of young people in Bexley (aged 18 and under) in substance misuse treatment and to identify gaps and barriers to accessing services.

Young people's substance misuse differs markedly to that of adults. It may not be as enduring or chaotic. Young people may be at the beginning of their substance misuse journey, and they may be experimenting. They are often experiencing other vulnerabilities and there is the concern that their substance misuse may continue into adulthood. There is an additional concern of young people becoming criminalised for their substance misuse or involved in exploitation by adults. We are also aware of young people living in families where parents and/or carers, or other household members are misusing substances and the impact this can have on their lives.

There is a lack of data around substance misuse and young people in terms of the identification of numbers of young people who may be experimenting with substances. Reliable data is for the small proportion of young people in treatment. National data is therefore relied upon to provide more information and to contextualise the Bexley data.

Substance misuse describes the misuse of drugs and alcohol. It refers to the intoxication by, or regular excessive consumption of, and/or dependence of psychoactive substances, leading to social, psychological, physical or legal problems. This includes problematic use of both legal and illegal substances.

Legal substances include the use of alcohol and tobacco as well as over the counter (OTC) medicines purchased from the pharmacy. The most frequently reported misused/abused OTC medicines include analgesics (with or without codeine), sedative antihistamines, cough mixture containing dextromethorphan, antidiarrheal agents (loperamide)¹

Prescription drugs can also be misused e.g., Codeine, Co-codamol, Tramadol, Valium, Pregabalin, Gabapentin, Ritalin. It is illegal for prescription only medicines to be given to someone else e.g., someone giving a friend Valium to help them through an anxious situation.

Problem or problematic substance use tends to refer to drug use which could either be dependent or recreational. In other words, it is not necessarily the frequency of drug use which is the primary 'problem' but the effects that the substance use is having on the user's life (i.e.,

¹ Mohammad Algarni et al., 'A Mixed-Methods Systematic Review of the Prevalence, Reasons, Associated Harms and Risk-Reduction Interventions of over-the-Counter (OTC) Medicines Misuse, Abuse and Dependence in Adults', *Journal of Pharmaceutical Policy and Practice* 14, no. 1 (13 December 2021): 76, <https://doi.org/10.1186/s40545-021-00350-7>.

they may experience social, financial, psychological, physical or legal problems because of their drug use).

Drug and alcohol dependence is defined as a syndrome in the International Classification of Diseases (ICD-10) as a 'cluster of behavioural, cognitive and physiological phenomena that develop after repeated substance use'² and typically includes:

- A strong desire to take the substance
- Difficulties controlling its use
- Persisting in its use despite harmful consequences
- A higher priority given to the substance use than to other activities and obligations
- Increased tolerance to the substance
- A physical withdrawal state

A diagnosis of dependence is usually made when three or more of the above criteria have been experienced or exhibited in the previous 12 months. Distinctions are made between 'psychological' and 'physical' dependence. A physical dependence may require a medically supervised detoxification process (particularly for opiates, alcohol and benzodiazepines). Psychological dependence is present for all substances and can take longer to overcome/address. Relapse is a common feature with drug dependence being referred to as a 'chronic relapsing condition'.

In terms of alcohol, guidance suggests that men and women should not regularly drink more than 14 units of alcohol a week³.

Hazardous drinking can be defined as drinking more than 5 units per day. Hazardous drinking also includes *binge drinking* which is defined as excessive consumption of alcohol on any one occasion involving 8 or more units.

Harmful drinking is defined in the International Classification of Diseases (ICD-10) as a pattern of drinking that causes damage to physical or mental health⁴. The diagnosis requires that actual

² World Health Organization, 'ICD-10: International Statistical Classification of Diseases and Related Health Problems', 2004, <https://iris.who.int/handle/10665/42980>.

³ A unit of alcohol is 8g or 10ml of pure alcohol which equates to:

- Half a pint of lower to normal strength lager/beer/cider (ABV3.6%)
- A single small shot measure (25ml) of spirits (25ml, ABV 40%)
- A small glass (125 ml, ABV 12%) of wine contains about 1.5 units of alcohol

⁴ World Health Organization.

damage should have been caused to the physical or mental health of the user. Harmful drinking also includes drinking at levels that may be causing substantial harm to others.

It should be noted that in 2009, the Chief Medical Officer provided guidance that stated that there are no safe drinking levels for under 15s and young people aged 16 – 17 should drink infrequently on no more than one day a week⁵ or remain alcohol free until the age of 18. The guidance was based on a body of evidence that drinking at a young age, and particularly heavy or regular drinking can result in physical or mental health problems, impair brain development and put children at risk of alcohol related accident or injury. More broadly, it is also associated with missing or falling behind at school, violent and antisocial behaviour and unsafe sexual behaviour.

The National Drug Strategy, 'From Harm to Hope'⁶ places an emphasis on preventing the onset of substance misuse by building resilience in young people and supporting young people and families at risk of substance misuse. The Strategy advocates for the provision of good quality education, for targeted support to prevent substance misuse, and for early interventions in substance related harm.

Evidence suggests that effective specialist substance misuse interventions contribute to improved health and wellbeing, better educational attainment, reductions in the numbers of young people not in education, employment or training (NEET) and reduced risk-taking behaviour, such as offending.⁷

The National Drugs Strategy has mandated all local authorities to establish Combatting Drugs Partnerships⁸ bringing together local partners in multi-agency forums to deliver the drugs strategy outcomes. Young people with substance misuse issues often have complex needs and vulnerabilities – the partnership approach is therefore an effective mechanism of addressing multiple needs and achieving better outcomes for children and young people. It is also a useful arena to address emerging issues and devise coordinated responses thereby making best use of available resources.

⁵ Liam Donaldson, 'GUIDANCE ON THE CONSUMPTION OF ALCOHOL BY CHILDREN AND YOUNG PEOPLE: SUPPLEMENTARY REPORT', 2009, https://assets.publishing.service.gov.uk/media/62696ab98fa8f57a33ccea9/cmo-alcohol-guidance-2009_supplementary.pdf.

⁶ 'From Harm to Hope: A 10-Year Drugs Plan to Cut Crime and Save Lives First Annual Report 2022-23', 2023, https://assets.publishing.service.gov.uk/media/65dc7655529bfa0011e95508/E02949325_15.109_HO_Harm_to_Hope_AR_2022-23_Web+Accessible_v02.pdf.

⁷ Department for Education, 'Specialist Drug and Alcohol Services for Young People – a Cost Benefit Analysis', 2010.

⁸ 'Guidance for Local Delivery Partners', <https://www.gov.uk/government/publications/drugs-strategy-guidance-for-local-delivery-partners/guidance-for-local-delivery-partners-accessible-version#ministerial-foreword>

3. National Policy Drivers

3.1. National Drug Strategy

In 2019 the Government published its new Drugs Strategy, 'From Harm to Hope'⁹. It is described as a 10-year plan to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system. It has been accompanied by additional funding.

The key tenets of the Strategy are:

1. **To Break Drug Supply Chains** – this will be achieved through:
 - Restricting upstream flow – preventing drugs from reaching the country
 - Securing the border
 - Targeting the 'middle market' – breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers
 - Disrupting drug gang operations and seizing assets
 - Disrupting county lines
 - To enable the Police to target local drug gangs and street dealing
 - To restrict the supply of drugs into prisons with technology and skills to improve security and detection.

2. **Deliver a world-class treatment and recovery system** – this will be achieved by:
 - Improving the quality, capacity and outcomes of local authority commissioned substance misuse services
 - Developing a comprehensive substance misuse workforce strategy
 - Ensuring better integration of services
 - Improving access to accommodation alongside treatment – access to quality treatment and better support for accessing and maintaining secure and safe housing
 - Improving employment opportunities
 - Keeping prisoners engaged in treatment after release with continuity of care

3. **Achieve a generational shift in demand for drugs** – this will be achieved by:
 - Building a world- leading evidence base
 - Applying tougher and more meaningful consequences for those in possession of drugs

⁹'From Harm to Hope: A 10-Year Drugs Plan to Cut Crime and Save Lives First Annual Report 2022-23'.

- Delivering school-based prevention and early intervention – including an expectation that all pupils will learn about the dangers of drugs and alcohol during their time at school
- Supporting young people and families most at risk of substance misuse – by providing early, targeted support, including the Supporting Families Programme

Accountability for implementing the National Drugs Strategy locally is through the Bexley Combatting Drugs Partnership and associated action plan.

3.2 The Black Review

The evidence base for the National Drug Strategy can be found in The Black Review, 2020¹⁰. While the report is principally adult focused, there were some findings that relate directly to young people:

- The county lines model drives increased violence and the exploitation of young people and vulnerable drug users
- Young people and children pulled into drugs supply on an alarming scale, especially at the most violent end of the market. There are strong associations between young people being drawn into county lines and increases in child poverty, the numbers of children in care and school exclusions. Social media has played a facilitating role.
- There has been a considerable increase in children using drugs. Those seeking treatment have complex needs (including mental health) that can only be met through a combination of specialist treatment and wider social and health care.
- There's a renewed focus by the National Crime Agency (NCA) and police forces on drugs in response to the serious violence caused by the county lines model.

3.3 No Child Left Behind

The COVID19 pandemic has highlighted vulnerabilities and inequalities and the report *No Child Left Behind*¹¹ seeks to identify the multiple vulnerabilities children and young people are facing to improve outcomes and to plan services which are preventative and protective.¹² The report

¹⁰ Department for Health and Social Care, 'Government Response to the Independent Review of Drugs by Dame Carol Black', <https://www.gov.uk/government/publications/independent-review-of-drugs-by-dame-carol-black-government-response/government-response-to-the-independent-review-of-drugs-by-dame-carol-black>, 27 July 2021.

¹¹ Public Health England, 'No Child Left behind: A Public Health Informed Approach to Improving Outcomes for Vulnerable Children', September 2020, https://assets.publishing.service.gov.uk/media/5f4e8896d3bf7foa2d41c511/Public_health_approach_to_vulnerability_in_childhood.pdf.

¹² 'vulnerable' children are defined as any children at greater risk of experiencing physical or emotional harm and/or experiencing poor outcomes because of one or more factors in their lives'

advocates a public health approach to improve outcomes for vulnerable children and young people.

In this report, parental substance misuse is identified particularly in relation to children and young people who may be negatively impacted through their social and family circumstances and who may not be known to services. The importance of prevention and early intervention is highlighted as well as risk and protective factors for children and young people.

Early intervention and prevention are significant in considering appropriate and effective responses to young people and substance misuse.

3.4. The Updated Healthy Child Programme

The Healthy Child Programme¹³ was updated in March 2021. It has been extended to 24 years of age (for young people with special needs) and follows the life course from pre-conception. The high impact areas for school age children have been updated. There is relevance to young people and substance misuse in the high impact areas of:

- Improving health behaviours and reducing risk taking
- Supporting health lifestyles
- Supporting vulnerable young people and improving health inequalities
- Supporting self-care and improving health literacy.

The updated Healthy Child Programme therefore supports the delivery of preventative and early intervention approaches to drug and alcohol education with children, young people and their families.

3.5 The Tobacco and Vapes Legislation

The Government has revived plans to phase out smoking and impose stricter regulations on vaping through the 'Tobacco and Vapes Bill'¹⁴. This bill, initially introduced by the previous governments aims to create the first-ever smokefree generation by making it illegal to sell tobacco products to anyone born after January 1st, 2009. These measures are part of a broader effort to reduce smoking rates and prevent nicotine addiction among young people.

¹³ Office for Health Improvement and Disparities, 'Healthy Child Programme', <https://www.gov.uk/government/collections/healthy-child-programme>, 2023.

¹⁴ House of Commons, 'Tobacco and Vapes Bill' (2024), <https://hansard.parliament.uk/Commons/2024-04-16/debates/EDBAAEB6-8690-4448-83D3-1CoEAD384ABE/details>.

Key measures include:

- Phasing out tobacco sales – it will be illegal to sell tobacco to those born on or after January 1st, 2009
- Regulating vaping products – the bill provides powers to regulate the flavours, contents, packaging, and presentation of vaping products
- Restricting marketing – there will be stricter rules on advertising and sales, especially targeting underage users.

3.6 Commissioning Quality Standard; Alcohol and Drug Treatment and Recovery Guidance¹⁵

These standards were developed to clarify the commissioning process that local authorities should follow and specify the treatment services that should be available in each area is based on the UK clinical guidelines on drug treatment.

3.7 The Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG)¹⁶

The SSMTRG is the mechanism by which local authorities have been allocated additional funding to improve substance misuse treatment and recovery systems. This funding aims to support local authorities to address the aims of the national Drugs Strategy. The funding is available from 2022/2023 – 2024/2025.

4. National data

The following data is presented to provide national context of substance misuse amongst young people. Please not – this is national data which provides an overarching view of substance misuse amongst young people.

4.1 Smoking, Drinking and Drug Use Amongst Young People in England 2021¹⁷

¹⁵ Office for Health Improvement and Disparities, 'Commissioning Quality Standard: Alcohol and Drug Services', [https://www.gov.uk/government/publications/commissioning-quality-standard-alcohol-and-drug-services#:~:text=This%20commissioning%20quality%20standard%20\(%20CQS,reduction%2C%20treatment%20and%20recovery%20interventions](https://www.gov.uk/government/publications/commissioning-quality-standard-alcohol-and-drug-services#:~:text=This%20commissioning%20quality%20standard%20(%20CQS,reduction%2C%20treatment%20and%20recovery%20interventions), 2022.

¹⁶ Office for Health Improvement and Disparities, 'Additional Drug and Alcohol Treatment Funding Allocations: 2023 to 2024 and 2024 to 2025', GOV.UK, 2023, <https://www.gov.uk/government/publications/extra-funding-for-drug-and-alcohol-treatment-2023-to-2025/additional-drug-and-alcohol-treatment-funding-allocations-2023-to-2024-and-2024-to-2025>.

¹⁷ NHS Digital, 'Smoking, Drinking and Drug Use among Young People in England, 2021', <http://digital.nhs.uk/pubs/sdd21>, 2022.

This report contains results from a biennial survey of secondary school pupils in England in years 7 – 11 (mostly aged 11 – 15 years) focusing on smoking, drinking and drug use. It covers a range of topics including prevalence, habits, attitudes and wellbeing.

In 2021 additional questions were included relating to the impact of Covid. They covered how pupil's took part in school learning in the last school year (September 2020 to July 2021)

The key findings from 2021 show the following:

Smoking:

- 12% of pupils had ever smoked cigarettes (down from 16% in 2018 and 49% in 1996)
- 3% were current smokers, down from 5% in 2018 and 22% in 1996
- 1% were regular smokers (2% in 2018)

In terms of E-cigarette use (vaping) specifically:

- Current e-cigarette use (vaping) has increased to 9%, up from 6% in 2018
- Around 1 in 5 (21%) 15-year-old girls were classified as current e-cigarette users

Alcohol:

- 6% of all pupils said they usually drank alcohol at least once per week – the same as 2018. The proportion increases with age, from 1% of 11-year-olds to 14% of 15 year olds.

Drugs:

- There has been a fall in prevalence of lifetime and recent illicit drug use
- 18% of pupils reported they had ever taken drugs in the last year (17% in 2018) and 6% in the last month (9% in 2018)
- Cannabis is the drug that pupils are most likely to have taken un the last year, with 6% saying they had done so in 2021, down from 8% in 2018 and 13% in 2003. The proportion of pupils saying that they had taken a class A drug has been around 2% to 3% since 2010

Attitudes:

- Pupils who took drugs on the first occasion were most likely to say that they took them 'to see what it was like' (52%), whilst on the most recent occasion they were most likely to say, 'to get high or feel good' (50%).
- 10% of pupils thought that it was OK for someone their own age to take cannabis to see what it was like (down from 13% in 2018). This increased with age – 25% of 15-year-olds thought it was OK to try cannabis and 14% thought it was OK to use it once a week.

Behaviour:

- Pupils who frequently met up with people outside their school or home, were more likely to have recently smoked, drunk alcohol or taken drugs
- Of pupils who met with people every day, 9% were current smokers, 12% usually drank alcohol once a week, and 19% had taken drugs in the last month. For pupils who had never met other people in the last 4 weeks, these proportions fell to 1%, 2% and 2% respectively
- Low wellbeing is more likely amongst pupils who recently smoked, drank and/or have taken drugs. Pupils who have recently smoked, drunk alcohol and taken drugs (recently refers to smoking in the last week, drinking alcohol in the last week, and taking drugs in the last month) are more likely to report low levels of life satisfaction (57%) compared to pupils who have only done one of these (35%), and those who have done none of these (18%).

Information:

- Pupils were most likely to have obtained helpful information about drug use from parents (67%) and teachers (64%). Followed by other relatives (40%), friends (39%) and police in schools (38%).
- Of the different forms of media, the internet was the most popular source of helpful information about drug use (54%), followed by TV (49%) and then social media (47%).

4.2 The Crime Survey for England and Wales 2022¹⁸

This report estimated that one in five 16 – 24-year-olds had taken a drug in the last year; data on younger people is not available.

The survey found that cannabis was the most common drug used by 16% of 16 – 24-year-olds. The second most common was powder cocaine, at 4% and nitrous oxide was the third most common, at 3.9% down from 8.7% in the year ending March 2020. Drug use was more likely in low-income households.

4.3 Enabling Student Health & Success – Tackling Supply and Demand for Drugs, 2024¹⁹

This report surveyed nearly 4000 UK students in university. Of those interviewed 18% had ever used illegal drugs and 12% had used the illegal drugs in the last year. Substances used included cannabis (53%), cocaine (8%), prescription drugs (7%), ketamine (6%) and MDMA (4%). The following reasons were cited for their use:

- To have fun (49%)
- To relax (34%)
- Bonding with friends (33%)
- To cope with emotional distress (23%).

4.4 Health Behaviour in School Aged Children (HBSC)²⁰

HBSC is a school-based survey carried out every 4 years in collaboration with the World Health Organisation (WHO). It includes 2021-2022 data in 280,000 children aged 11, 13 and 15 from 44 countries and regions who were asked about alcohol, cigarettes, vaping and cannabis use.

¹⁸ Office for National Statistics, 'Crime in England and Wales: Year Ending December 2022', 2022, <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingdecember2022>.

¹⁹ Universities UK, 'Enabling Student Health and Success', 2024, <https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/enabling-student-health-and-success>.

²⁰ HBSC, 'Health Behaviour in School-Aged Children (HBSC)', [https://hbsc.org/#:~:text=Health%20Behaviour%20in%20School%20Aged%20Children%20\(HBSC\)%20is%20a,using%20a%20self%20report%20questionnaire](https://hbsc.org/#:~:text=Health%20Behaviour%20in%20School%20Aged%20Children%20(HBSC)%20is%20a,using%20a%20self%20report%20questionnaire), 2024.

The data suggests an increase in the use of cannabis, vaping and alcohol use amongst young people aged 11 – 15 years. Vaping being more common than smoking.

Key findings:

Alcohol: Alcohol is the most common substance used among adolescents. Over half of 15-year-old girls and two fifths of boys of the same age drank alcohol in the last month. UK girls, especially, get drunk more often than their counterparts in other European countries.

Vaping: Vaping is now more common than smoking. Nearly one in ten 11-year-olds in England have tried e-cigarettes, rising to 26% of boys and 40% of girls by age 15. Prevalence of vaping among 15-year-old girls in England, Scotland and Wales is above the HBSC average.

Cannabis: UK teens use cannabis more than the HBSC average with almost one in five 15-year-olds trying it. Boys in Scotland have the highest cannabis use rate among all countries studied.

4.5 National - Young People's Substance Misuse Treatment Statistics 2022 to 2023²¹

The data in this section is collected and analysed by the National Drug Treatment Monitoring System (NDTMS). The data is national; the NDTMS collects data from sites providing structured substance misuse interventions to young people in every local authority in England. This national data shows effectiveness of young people's alcohol and drug treatment in England and the profile of those accessing this treatment

Nationally, specialist substance misuse services for young people are normally separate from adult treatment services. This is because young people have different needs, and they require a different response from services that considers their age and maturity and addresses safeguarding. For these reasons it is important that young people do not mix with adult drug and alcohol users. Specialist substance misuse services for young people should be part of a wider network of local prevention services, which support young people with a range of issues, and which help them to build resilience.

Young people's alcohol and drug treatment in England is commissioned by local authorities using the public health grant. Evidence suggests that effective substance misuse interventions

²¹ OHID, 'Young People's Substance Misuse Treatment Statistics 2022 to 2023: Report', 2024, [https://www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-2022-to-2023/young-peoples-substance-misuse-treatment-statistics-2022-to-2023-report#:~:text=Trends%20in%20young%20people's%20treatment,2019%20to%202020%20\(14%2C291\).](https://www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-2022-to-2023/young-peoples-substance-misuse-treatment-statistics-2022-to-2023-report#:~:text=Trends%20in%20young%20people's%20treatment,2019%20to%202020%20(14%2C291).)

contribute to improved health and wellbeing, better educational attainment, reductions in the numbers of young people not in education, employment or training (NEET) and reduced risk-taking behaviour such as offending.

- ***Substances used – national data***

Nationally, cannabis is the most common substance with 87% of young people entering treatment in 2022/2023 due to cannabis (down from 89% in 2019/20). Nearly half of young people in treatment (44%) said they had problems with alcohol, 7% had problems with ecstasy and 9% reported powder cocaine problems.

There was a decrease in young people reporting a problem with benzodiazepines, with 2% having problems with this drug compared to 3.7% in 2020/2021.

The number of young people in treatment for solvent misuse increased markedly from 329 (2.9%) young people reporting a problem in 2021 to 2022 to 629 (5.1%) in 2022/2023. There was also a rise in the number of young people reporting problems with ketamine from 512 (4.5%) in 2021/2022 to 719 (5.8%) in 2022/23.

- ***Vulnerabilities – national data***

Nationally, young people often enter specialist substance misuse services with a range of problems or vulnerabilities related to (or in addition to) their substance use. These include using multiple substances, having a mental health treatment need, being a looked after child or not being in education, employment or training (NEET). Other wider risk factors can also impact on their substance use, such as self-harming behaviour, sexual exploitation, offending or domestic abuse.

The most common vulnerability reported by young people entering treatment, nationally in 2022/23 was early onset of substance use (79%), which means the young person started using substances before the age of 15. This was followed by poly drug use (56%)

Proportionally, girls tended to report more vulnerabilities than boys, particularly self-harming behaviour (51% compared with 17%) and sexual exploitation (11.5% compared with 1%).

Nationally, nearly half 48% (up from 37% in 2019/20) of young people who started treatment in 2022/2023 said they had a mental health treatment need. A higher proportion of girls reported a mental health treatment need than boys (65% compared to 39%). Most young people (71%) who had a mental health treatment need received some form of treatment.

Nationally, most young people who reported needing mental health treatment (59%) were already engaged with community or other mental health services at the start of treatment.

Overall, 5% (455) of young people, who entered treatment in 2022/23 reported child sexual exploitation (CSE). Broken down by age the proportion was:

- 6% of 17-year-olds
- 5% of 16-year-olds and 15 years olds
- 4% of 14-year-olds and children under 14

Nationally, among the young people who started treatment in 2022/23, girls reported child sexual exploitation (CSE) much more than boys, with 371 girls (11% of all girls) and 84 boys (2% of all boys) reporting it.

Among girls, 13% of those aged 15 or older reported CSE compared to 8% of those aged 14 or younger. For boys, the proportion reporting CSE was under 2% for both these age groups.

- ***Age and Gender***

Nationally, there were 12,418 young people in structured treatment with drug and alcohol services between 1 April 2022 and 31 March 2023. Two-thirds were male (62%), which was like the previous year. The median age was 16 years old for both boys and girls.

- ***Routes into treatment***

Nationally, the most common route for young people to get into specialist treatment services was a referral from education services (such as mainstream education or alternative education). In England, 31% young people who entered treatment this way.

The second most common route for young people to get into specialist treatment was a referral from social care by Children's Social Care, making 23% of all referrals in England. This was the same proportion in 2021/2022.

- **Treatment Types – national data**

Most young people in treatment received a psychosocial intervention (99%) from the young people's substance misuse service. This intervention uses psychological, psychotherapeutic, and counselling skills to encourage behaviour change.

Structured harm reduction interventions include support to manage risky behaviours associated with substance misuse, such as overdose or accidental injury. In 2022 to 2023, 70% of young people in treatment received a harm reduction intervention.

Commented [KB1]: A&E overdoses - are they referred into the service?

Commented [JW2R1]: No - not routinely

Less than 1% of young people received a pharmacological intervention during treatment (usually in community services). These interventions involve medication prescribed by a clinician and can include detoxification, stabilisation, relapse prevention, and substitute prescribing for opiates. This is because pharmacological interventions are available for those dependent on opiates. There are very few young people using opiates who are physically dependent and in need of this type of treatment.

- **Treatment Exits – national data**

In 2022/23, 83% of young people successfully completed their treatment and 12% dropped out. A further 3% left during a transfer to another provider for treatment and 2% declined the treatment offered.

4.6 County Lines exploitation – the national context

The 2018 Home Office Serious Crime Strategy²² states the NPCC definition of a County Line is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

County lines is therefore a form of criminal exploitation where urban gangs persuade, coerce or force children and young people to store drugs and money and/or transport them to suburban areas, market towns and coastal towns. It is against the law and a form of exploitation of children which can lead to serious physical and emotional harm to young people. It's important to consider the children and young people involved in county lines as victims rather than as criminals and understand the role in the criminal network, they are being forced to play.

Conflict between rival gangs that are in dispute or who controls an area can result in serious injury or death for young people. The fear of violence can prevent young people from seeking

²² Home Office, 'Serious and Organised Crime Strategy 2018', 2018, <https://www.gov.uk/government/publications/serious-and-organised-crime-strategy-2018>.

help. As well as being used to transport drugs, county lines gangs may sexually abuse and exploit children of any gender. Some children and young people may be forced to transport drugs in ways that are invasive and harmful to their bodies by swallowing bags of drugs or 'plugging' (drugs are inserted into the rectum or vagina).

Gangs will groom young people in several ways – through social media, through family members or relatives who are already members, through youth clubs, schools, hostels and other settings often with a focus on attracting vulnerable young people who may be seeking financial gain or a sense of belonging. However, it is important to note that any child or young person could be at risk of criminal exploitation by a county lines gang yet when considering risk factors²³ young people having substance misuse issues may be more at risk of getting involved in county lines gangs. The average age of young people who are exploited through county lines activity is 15 – 16 years old but children as young as 12 have also been reported to have been involved²⁴. Since COVID19, criminal gangs have dressed children as keyworkers (for example Deliveroo workers) to deliver drugs²⁵ and grooming has moved online.

There are an estimated 1,000 different County Lines operating in the UK²⁶, the majority originating from London, West Midlands and Merseyside. The majority of those involved are male (91%) however, females may be underrepresented in the data.

The exact number of children affected by County Lines is unknown, although 15 – 17-year-olds are most identified as victims of county lines exploitation. They may be subject to sexual exploitation and other forms of criminal exploitation and may also be victims of modern slavery.

There was an eightfold increase in children referred for support by Councils in relation to modern slavery²⁷ and 401 referrals (nationally) for Modern Slavery National Referral Mechanism were flagged as county lines in Q3 of 2020. The expansion of County Lines is likely to have been

²³ Home Office, 'Criminal Exploitation of Children and Vulnerable Adults: County Lines (Accessible Version)', <https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines/criminal-exploitation-of-children-and-vulnerable-adults-county-lines>, 2023.

²⁴ Home Office.

²⁵ Children's Society 2020

²⁶ OHID, 'All Our Health: About the Programme', 2015, <https://www.gov.uk/government/publications/all-our-health-about-the-framework>.

²⁷ *ibid*

driven in part by declining heroin/crack markets in urban areas. It may also have been driven by an increase in the number of vulnerable young people (e.g. children in care excluded from school available for use and exploitation in county lines).

4.7 Parental *Substance Misuse – national data*

Most parents who drink alcohol or use drugs do not cause harm or neglect to their children. However, children living in families where there is problematic drug and/or alcohol use can be at greater risk. It can be difficult to identify these families and these children, and, in some cases, the harms can be significant and enduring.

Dependent alcohol and drug use is associated with a wide range of social and health harms for the individual, their family, and the community. It can be linked with other issues such as poor physical and mental health, unemployment, and crime.

There is evidence which links higher risk parental drinking and drug use with negative outcomes for children in their care. The rapid evidence review found the following²⁸

- Higher risk parental alcohol and drug use, is associated with an increased risk of experiencing an injury or health concerns, resulting in medical care for children in their early years
- High levels of substance use by parents can impact negatively on their children's psychological health. In particular, there is increasing evidence of this increasing the likelihood of externalising problems such as conduct disorders, attention problems and aggression by their children. The presence of co-existing parental mental ill-health is likely to increase the risk of these difficulties in children and young people
- Children of higher risk alcohol and drug users are more likely to drink alcohol at a younger age, drink more alcohol, use drugs and develop problematic problems of use.

Further research shows there are more nuanced ways of understanding the full extent of impacts and risks according to the age and gender of the child and co-existing health and social issues found in families where one or more parents use alcohol and drugs in a dependent or high-risk way. A report by the Children's Commissioner²⁹ found that children living with parental alcohol misuse came to the attention of services later than children living with parental drug misuse.

²⁸ Public Health England, 'Addressing the Impact of Non-Dependent Parental Substance Misuse upon Children. A Rapid Review of the Evidence of Prevalence, Impact and Effective Interventions.' (London, 2018), <https://www.drugsandalcohol.ie/29045/>.

²⁹ The Children's Commissioner, 'Parental Alcohol Misuse: Uncovering and Responding to Children's Needs at a Local Level', 2014, <https://dera.ioe.ac.uk/id/eprint/21636/>.

Boys are less likely than girls to seek help and are more likely to come to the attention of services because of their behaviour, such as through youth offending services, than for the harm they are experiencing.

Young parents in children and young people's alcohol and drug treatment services are likely to have a range of other vulnerabilities alongside their alcohol and drug use including their own experiences of abuse and neglect, offending and antisocial behaviour.

The youngest infants and adolescents stand out as being particularly at risk for different reasons. Babies and young children are inherently vulnerable and dependent, and more so where they require special care because of issues like low birth weight, illness or the impact of maternal drug misuse. These issues can be real challenges to parents over and above the demands of having a newborn infant.

In adolescence the effects of long-standing abuse or neglect may become manifest in mental health problems or offending behaviour and the drug and alcohol use by the young person. Disabled children are a particularly vulnerable group, where signs of abuse and neglect can be misinterpreted as physical impairments.

There is a gap in research which has explored the experiences and needs of specific groups of children affected by parental alcohol and drug use. This includes:

- Young carers
- Children from Black, Asian and ethnic minority backgrounds
- Children who experience a substance misuse related bereavement
- Children of prisoners
- Children who are cared for other others (kinship carers e.g. grandparents)
- Foster carers or adoptive families
- Children with foetal alcohol spectrum disorders (FASD)
- Young homeless people.

In 2018, Public Health England published a toolkit for local authorities³⁰ to understand the extent of problem parental drug and alcohol use in their local area and the impact on children and young people in families.

³⁰ Public Health England, "Problem Parental Drug and Alcohol Use: A Toolkit for Local Authorities", 2018.

The toolkit suggests that nationally:

- 7% of young carers are looking after a parent or relative with drug or alcohol use problems. Of these, 28% had received an assessment and 40% were missing school, or had other indicators of educational difficulties
- The Department for Education's Children in Need census showed that in 2016/17, drug use was assessed as a factor in 19.7% of cases and alcohol use a factor in 18%
- Problem parental alcohol and drugs use is a common feature in serious case reviews (local enquiries into the death of, or serious injury to, a child where neglect or abuse is known or suspected, including where drugs were ingested by the child). In a national analysis carried out in 2016 parental alcohol and drug use were present in over a third of reviews (37% and 38% respectively), with at least one of these in 47% of cases.³¹
- Responses to referrals about children of alcohol and drug using parents are often only instigated when matters have reached a child protection level, rather than providing support to a child in need.

5. Young People's Substance Misuse in Bexley

The local landscape for young people's substance misuse is influenced by a range of drivers and initiatives that link back to national policy. Data is available for young people in treatment, but this is not illustrative of the extent of substance misuse in the borough.

Bexley Young People's Drug & Alcohol Misuse Service (BYPDAS) provides substance misuse treatment to children and young people in the borough. BYPDAS sits in Bexley Child and Adolescent Mental Health Service (CAMHS). It is comprised of three substance misuse nurses. The service works with young people up to the age of 18 (after which they will be transferred to the adult substance misuse service as necessary). Young people using the service must live in the borough of Bexley or have a Bexley GP. Self-referrals are accepted as are referrals from the wider Children and young people's workforce, the voluntary sector and primary and secondary care.

Interventions offered include the following:

³¹ Department of Education, 'Pathways to Harm, Pathways to Protection: A Triennial Analysis of Serious Case Reviews 2011 to 2014', 2016, https://assets.publishing.service.gov.uk/media/5a803010e5274a2e8ab4eb1f/Triennial_Analysis_of_SCRs_2011-2014_-_Pathways_to_harm_and_protection.pdf.

- One to one sessions providing the following interventions – cognitive behavioural therapy (CBT), Dialectical behavioural therapy (DBT), mindfulness, motivational interviewing, harm minimisation, relapse prevention
- Group work
- Sexual health advice

All young people receive care plans which are reviewed regularly.

5.1 Local Drivers

- **The Bexley Prevention Strategy³²**

The Bexley System-Wide Prevention Strategy 2020 – 2025: Start Well, Live Well and Age Well, is aimed at preventing illness and poor health and social care outcomes and promoting a positive state of health and wellbeing.

The Prevention Strategy is structured on six themes grouped under the three domains of People, Policies and Practices and Places. Within the People Domain, Theme 1; 'Giving children and young people the best start in life and throughout their lives'.

- **Bexley Joint JTAI³³**

In 2020 there was a Joint Targeted Area Inspection (JTAI) of the multi-agency response to children's mental health in Bexley.

Among the weakness identified in the report was the following:

'Other than the children being referred by the Youth Offending Service (YOS) there is a low number of children accessing substance misuse services. There is a lack of accurate data to help the partnership to understand the extent of children and young people's substance misuse in Bexley'.

'There is insufficient understanding across the partnership of the adverse effect that substance misuse may have on the mental health of children and young people. In health settings, there

³² Bexley CCG, 'Bexley System-Wide Prevention Strategy 2020-25', 2019, <https://www.bexley.gov.uk/sites/default/files/2020-06/Bexley-Prevention-Strategy.pdf>.

³³ Ofsted, 'Joint Targeted Area Inspection of the Multi-Agency Response to Children's Mental Health in Bexley ', 2020, <https://files.ofsted.gov.uk/v1/file/50148145>.

is a lack of consistent professional curiosity to identify whether the use of substances was in an attempt to self-medicate or in response to trauma or adversity.'

'There is a lack of consistent understanding of the impact of parental substance misuse across the partnership, and particularly in relation to the use of cannabis. The impact of such misuse and its relevance for parents' well-being, as well as that of their children, was not consistently sufficiently considered.'

The JTAI triggered a series of actions to address the concerns raised. These included work by Bexley SHIELD, documented below.

- **Bexley SHIELD**

Bexley S.H.I.E.L.D. is the safeguarding partnership for children and young people.³⁴ The Partnership was formed in October 2018, is led by the local authority, Clinical Commissioning group and Police and was named by Bexley Youth Council. A key component of Bexley S.H.I.E.L.D.'s multi agency work is the back to practice model which has led to the development of *learning hubs*. The learning hubs focus on specific priorities on a 4-month cycle.

In 2020, work was carried out on the Learning Hub Priority 4 *Identifying and better understanding the young people we are most worried about in Bexley as a multi-agency safeguarding partnership*. A multi-agency group of practitioners were asked to nominate young people they were most worried about and to note key risk themes for those young people. Of the 77 nominated young people, 12 (16%) had substance misuse identified by practitioners as being one of the most concerning areas of risk in their life. The same line of enquiry was explored in Priority 7 from March 2021 and within this cohort of young people 13 out of 48 (27%) had substance misuse as one of the most concerning areas of risk identified.

In May 2023, Bexley S.H.I.E.L.D. launched the 'Bexley Multi-Agency Parental Substance Misuse Protocol'³⁵ which aims to support all professionals in Bexley with concerns about the wellbeing of children and young people whose parents or carers have substance misuse problems,

³⁴ Bexley's Youth Council chose the partnership's name in April 2019. The name S.H.I.E.L.D. is made up of the following words the Youth Council agreed were important for the partnership to demonstrate: Sheter, Haven, Inspiring, Leading, Defending

³⁵ Bexley SHIELD, 'Bexley Multi-Agency Parental Substance Misuse Protocol', 2023, <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fbexleysafeguardingpartnership.co.uk%2Fwp-content%2Fuploads%2F2023%2F08%2FBexley-Multi-Agency-Substance-Misuse-Protocol-May-2023.docx&wdOrigin=BROWSELINK>.

specifically where the substance misuse is impacting on or likely to impact on their ability to meet the needs of the children and young people in their care.

The protocol was developed in partnership with LB Bexley Public Health and following some initial work in the partnership's Learning Hub in 2021. Bexley S.H.I.E.L.D. has also produced a resource pack on substance misuse following the Learning Hub's work in 2021 (this was refreshed in 2023).

To respond as effectively as possible to parental problems drug and alcohol use and its impact on children and young people, it is essential that all health, social care and support organisations take a whole family approach, use effective screening tool, and work together for the best possible outcomes for parents and children.

5.2 Bexley Young People's Treatment data

Identifying accurate data to determine numbers of young people misusing substances in Bexley is very difficult. Assumptions can be made based on national data presented above and data from BYPDAS can be considered. This is presented below.

It should be noted that the data presented here is data collected by the National Drug Treatment Monitoring System for young people accessing BYPDAS. These are young people who have acknowledged that their use is problematic, and they want support, treatment and to stop using. It is likely that there are many more young people using substances in Bexley who may not have come to the attention of services or who may not want to be referred to BYPDAs or to work with BYPDAS.

The ambition from the 2021 Drug (*From Harm to Hope*) is to increase the number of children and young people under the age of 18 in treatment by 50% by the end of 2024/2025.

A baseline for London was set in March 2022 of 1770 CYP being in treatment. This figure was 1927 for 2023/24 and 2345 for 2023/2024. In Bexley, we have not exceeded the baseline from 2022.

- **Number of young people in substance misuse treatment in Bexley**

Commented [KB3]: who set the baseline - was there a Bexley specific baseline

Commented [JW4R3]: @Tilbrook, Julie - do you know what the baseline was for Bexley?

Commented [JT5R3]: The baseline is the 21/22 outturn data, so total number in treatment during 21/22 - that becomes the baseline for the following year

Data in this report has been provided both by the National Drug treatment Monitoring System (NDTMS) and Public Health England.³⁶

Table 1: Numbers of young people in specialist substance misuse treatment, Bexley 2022/2023

NUMBER OF YP (UNDER18) IN SPECIALIST SM TREATMENT IN BEXLEY	2018/2019	2019/2020	2020/2021	2022/2023
	76	66	52	31

DATA SOURCE: Young People Substance Misuse Commissioning Support Pack 2024- 2025 Key Data (OHID)

Of the 31 young people in treatment in 2022-2023, 58% were male and 42% were female. In terms of their ethnicity, 74% defined themselves as White British, 3% as Other White, 6% as Other Mixed, 3% as African, 3% as Other Black, 6% as White and Black African and 3% did not state their ethnicity.

Data shows that numbers in treatment have decreased steadily. There are several factors which have impacted on numbers in treatment. BYPDAS has had staffing issues with long term sickness. There has also been a lack of visibility of the Service which the qualitative data attests to. There have been many issues with referrals into the service particularly with regards to consent and a lack of understanding of the referral process by local partners. During Covid – numbers in treatment remained static as many young people were not discharged. For 2022/2023 the total number of children and young people in treatment is very low.

- **Routes into treatment**

Young people come to specialist services from various routes but are typically referred by a range of services that are engaged with young people e.g., education, youth justice, children and family services and self, family and friends.

In Bexley in 2022/2023, referrals were received from the following services:

- Education services: less than 5
- Youth Justice: 5 referrals
- Social care (children & family services): 6 referrals
- Self, family and friends: less than 5
- Child & adolescent mental health services: 12 referrals

³⁶ Public Health England, 'Young People – Substance Misuse Commissioning Support Pack 2024- 25key Data', n.d.

- GP: less than 5

The NDTMS national data, discussed above, showed that the biggest referrer nationally is Education (31%) and the second is Children’s Social Care (23%). This is not mirrored locally. It is not surprising that most referrals to BYPDAS in 2022/2023 were from child and adolescent mental health service (CAMHS) as BYPDAS is delivered by Oxleas and sited at CAMHS.

During 2023/2024, work has been carried out with Bexley Children’s Social Care to increase referrals into the service. The table below shows how the sources of referral compare to national rates. It can be seen that referrals from Education Services, Children and Families Services and Self, Families and Friends are all lower in Bexley than in England. There were also no referrals from Accident and Emergency departments or school nursing.

Table 2: Source of Referral, Bexley 2022/2023

Source of referral into treatment	Local percentage	National percentage	Highlighted as higher or lower than national rate (more than 2% points)
Education Services	6%	32%	LOWER
Youth Justice	16%	17%	ON PAR
Children & Family Services	19%	23%	LOWER
Self, Family, Friends	10%	11%	LOWER
Health & Mental Health Services:	45%	13%	HIGHER
CAMHS	39%		
GP	6%		
school Nurse	0%		
A& E	0%		
Hospital	0%		
Other health services	0%		
Other	0%		

DATA SOURCE: Young People Substance Misuse Commissioning Support Pack 2024- 2025 Key Data (OHID)

- **Profile of drug use for those in treatment in Bexley**

The table below shows the number of young people in treatment by reported substance in Bexley 2022-2023.

Table 3: Numbers of young people in Treatment by Substance, Bexley 2022/2023

SUBSTANCE	Total	Proportion of all in treatment
Cannabis	27	87%
Alcohol	14	45%
Nicotine	<5	6%
Cocaine	9	13%
Ketamine	<5	0%
Ecstasy	<5	13%
Solvents	<5	6%
Other drugs	<5	16%
Benzodiazepines	<5	6%
Other opiates (including codeine)	0	0%
Crack	0	0%
Amphetamines	0	0%
Psychoactive Substances (PS)³⁷	0	0%
TOTAL (n)	2	31%

DATA SOURCE: Young People Substance Misuse Commissioning Support Pack 2024- 2025 Key Data (OHID)

³⁷ Formerly known as New Psychoactive Substances (NPS); drugs controlled by the Psychoactive Substances Act 2016

This correlates with data for England of the same period where 83% of young people are in treatment due to cannabis use and 46% due to alcohol use. Nationally in 2022/2023, there was an increase in ketamine use. This was not seen in Bexley in the young people's substance misuse service. Pier Road, the adult substance misuse service delivered by South London and Maudsley NHS Foundation Trust (SLAM) have reported a rise in young adult service services presenting with ketamine issues. This led to the development of a specialist ketamine clinic in 2022. Adults, many of whom, starting misusing ketamine as teenagers are presenting with bladder problems and nerve damage.

- **Tobacco Use**

Data provided above from the Smoking Drinking and Drug use among Young People in England Survey ³⁸ shows that pupils who use drugs and alcohol are more likely to smoke as well.

In 2022/2023. In Bexley, 9 young people under 18 in treatment were identified as smoking at the start of treatment. This represents 29% of all those young people in treatment. The figure for England for the same period is 42%.

- **Length of time in services and interventions delivered**

Young people generally spend less time in treatment than adults. This is because their substance use is not as entrenched and enduring as that of adults, clearly by virtue of their age. A 17-year-old is unlikely to have had a such a long and complex history of substance misuse as a 40-year-old. Young people will have better outcomes if their care is delivered as a package of multiple interventions which includes harm reduction.

The following table shows the time young people spent in Bexley receiving specialist interventions, at the point when they exited treatment.

Table 4: Length of time in treatment, Bexley 2022/2023

Length of time in services	Percentage of all in treatment in Bexley	Percentage of all in treatment in England
0 – 12 weeks	20%	38%
13 – 26 weeks	40%	35%

³⁸ *ibid*

27 – 52 weeks	33%	20%
Longer than 52 weeks	7%	7%

DATA SOURCE: Young People Substance Misuse Commissioning Support Pack 2024- 2025 Key Data (OHID)

In Bexley, a total of 33% of clients have been in treatment for longer than 27 weeks. They have all been receiving psychosocial interventions. This is considerable higher than the national picture.

Young people’s substance misuse treatment includes the following interventions:

- Psychosocial interventions – these are a range of talking therapies designed to encourage behaviour change
- Harm reduction
- Prescribing – pharmacological intervention should always be delivered alongside appropriate psychosocial support

In Bexley in 2022- 2023, 100% of young people received psychosocial interventions and 32% received harm reduction interventions. This was all received in the community. No young people in Bexley received pharmacological interventions. This is in line with national data where only 1% of children and young people received pharmacological interventions in 2022/2023. As discussed earlier, this is because a young person’s use of substances is not as entrenched or as enduring as that of an adult who has been using for a longer period of times. Pharmacological interventions are generally only prescribed for dependence on opiates and/or alcohol.

Exits, successful completions and re-presentations

This section shows the number of young people who have left specialist interventions successfully and the proportion that return to treatment, referred to as re-presentations.

Young people’s circumstances can change, as does their ability to cope. If they re-present to treatment, this is not necessarily a failure, and they should be rapidly re-assessed to inform a new care plan that addresses all their problems.

The re-presentation information is based on planned exits between 1 January 2022 and 31 December 2022, with re-presentations up to 6 months after exiting.

Table 5: Young People leaving treatment successfully 2022/2023

Area	Total leaving Treatment	Proportion of treatment population	Male (%)	Female (%)
Bexley	12	39%	39%	38%
England	6,600	53%	54%	52%

DATA SOURCE: Young People Substance Misuse Commissioning Support Pack 2024- 2025 Key Data (OHID)

The data shows that just over a third of children and young people successfully completed their treatment in 2022/2023. It would be useful to carry out an audit to determine the reasons why young people did not complete their treatment.

However, of the young people completing treatment, all of them did not represent. This is shown in the table below. Again, it would be useful to gain more insights from the young people about what kept the in treatment and which interventions/approaches were useful.

Table 6: Young People successfully completing treatment and not re-presenting to Young People's Substance Misuse Services within 6 months during 2022

AREA	TOTAL SUCCESSFULLY COMPLETING TREATMENT	TOTAL NON-REPRESENTING	MALE (%)	FEMALE (%)
Bexley	16	16 (100%)	100%	100%
England	6,461	6,176 (96%)	95%	96%

DATA SOURCE: Young People Substance Misuse Commissioning Support Pack 2024- 2025 Key Data (OHID)

5.3 Vaping amongst young people in Bexley

During the academic year 2023/24 there has been increasing concern about young people and vaping in Bexley schools and particularly the use of vapes which have been adulterated with synthetic cannabinoids.

Anecdotal evidence of young people of school age vaping and the difficulties schools have faced in trying to address this issue have been raised in meetings and amongst colleagues.

During the first 3 months of 2024, the Met Police, Safer Schools Team confiscated 126 vapes from secondary schools in Greenwich, Lewisham and Bexley. 116 vapes were from 10 secondary schools in Bexley. Of the 116 were screened by the University of Bath to determine if they contained synthetic cannabinoids. It was found that 15 vapes (13% of the total tested) contained Spice.

More training has since taken place with schools to enable more details to be collected in terms of police requirements regarding confiscating adulterated vapes and recording data for intelligence purposes, to assist in identifying patterns and suppliers.

5.4 Vulnerabilities of young people in specialist substance misuse services in Bexley

Young people receiving specialist interventions for substance misuse usually have a range of vulnerabilities including being NEET, in contact with the youth justice system and sexual exploitation. Alcohol and drug use is often associated with early sexual activity and other risky sexual behaviours.

Specialist substance misuse treatment is provided for young people whose substance misuse is causing harm and for whom support is required to cease their substance use. It is important that universal services can provide advice and information about drug and alcohol use and refer young people into specialist treatment as necessary and appropriate.

The following table provides data from 2022/2023. Please note the total may be more than 100% as an individual may have more than one recorded vulnerability.

Table 7: Vulnerabilities of Young People in Substance Misuse Treatment, Bexley 2022/2023

WIDER VULNERABILITY	BEXLEY Number	BEXLEY Proportion of all in treatment	ENGLAND percentage	Higher/lower than nat. rate (2 % pts. differential)
Anti-social behaviour	10	50%	30%	HIGHER
Involved in self-harm	8	40%	30%	HIGHER

Affected by others' substance misuse	8	40%	23%	HIGHER
Unsafe sex	5	25%	19%	HIGHER
Affected by domestic abuse	<5	10%	17%	LOWER
Child in need	<5	10%	12%	Not available
Looked after child	<5	20%	11%	HIGHER
Criminal exploitation	0	0%	9%	LOWER
Subject to a Child Protection plan	<5	5%	8%	LOWER
Involved in gangs	<5	5%	6%	Not available
Affected by sexual exploitation	0	0%	5%	LOWER
Risk of homelessness	0	0%	2%	Not available
Pregnant and/or parent	<5	5%	2%	HIGHER
NFA/unsettled housing	0	0%	1%	Not available

DATA SOURCE: Young People Substance Misuse Commissioning Support Pack 2024- 2025 Key Data (OHID)

In Bexley the 2022/23 cohort of young people in treatment are affected by anti-social behaviour, involved in self-harm, affected by someone else's substance misuse and engaging in unsafe sex and pregnant or a parent.

Nationally, as discussed earlier, the most common vulnerability cited by young people entering treatment was early onset of drug use (before the age of 15). Delay the first use of drugs, alcohol and tobacco should be a priority for all those working with young people.

5.5 Co-occurring mental health and substance misuse issues

In Bexley, 17 (55%) young people in 2022- 2023 were identified as having a mental health treatment need at the start of treatment. This correlates with England where the rate was 50%.

The following table shows young people under 18 in Bexley, in substance misuse treatment, identified as having a mental health treatment need and receiving treatment for their mental health.

Table 8: Young People in Substance Misuse Treatment in Bexley with Mental Health Treatment Need

TREATMENT TYPE	BEXLEY: NUMBER	PROPORTION OF THOSE WITH MH NEED (Bexley)	MALE %	FEMALE %	ENGLAND
Already engaged with CMHT³⁹	10	59%	62%	56%	61%
GP⁴⁰	0	0%	0%	0%	12%
NICE⁴¹	<5	24%	12%	33%	5%
Place of Safety⁴²	0	0%	0%	0%	2%
Engaged with NHS Talking Therapies for Anxiety & Depression	0	0%	0%	0%	2%
TOTAL⁴³	13	76%	75%	78%	72%

DATA SOURCE: Young People Substance Misuse Commissioning Support Pack 2024- 2025 Key Data (OHID)

Table 8 demonstrates that the data in Bexley correlates with national data. It will be useful to gain more insight on whether the reason for young people's substance misuse has moved from using for enjoyment or peer pressure to helping to self-medicate and manage aspects of mental health.

5.6 Education and Employment

³⁹ Already engaged with CMHT – Already engaged with the Community Mental Health Team/other mental health services

⁴⁰ GP- receiving mental health treatment from General Practice

⁴¹ NICE – receiving any NICE recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem in drug or alcohol services

⁴² Place of Safety – Has an identified space in a health-based place of safety for mental health crises

⁴³ The total number of individuals receiving mental health treatment and not a summation of treatment type.

In Bexley in 2022-2023, of the 31 young people in treatment:

- 17 (55%) were in mainstream education (England 63%)
- 6 were in alternative education (19%) (England 17%)
- 6 (19%) were not in education, employment or training (England 13%)
- <5 (6%) were employed (England 3%)

The education and employment data shows that, of the young people in treatment in 2022/2023, there were slightly higher rates of young people in alternative education and NEET than shown by the England data.

5.7 Housing and Homelessness

In Bexley, 25 of the 31 young people in treatment self-reported their housing status when they started in treatment. Of those 24 (80%) were living with parents, 5 (17%) were in care and 1 (3%) was living in secure care.

The proportion of young people living in care at 17% was higher than England (6%).

6. Profile of Vulnerable Children and Young People in Bexley

The Office for Health Improvement and Disparities suggests that vulnerable children and young people can be defined as those children and young people who are 'at greater risk of experiencing physical and/or emotional harm and experiencing poor outcomes because of one or more factors in their lives. A range of risk factors may make a child more vulnerable, while protective factors may make a child less likely to experience a poor outcome even when risk factors are present.'⁴⁴

The Office of the Children's Commissioner for England [Click or tap here to enter text.](#) has developed a framework to categorise and understand the various dimensions of child vulnerability, with the children who fall into each being vulnerable to a greater risk of harm or of not reaching their full potential. The two broad categories of vulnerable children and young people are:

⁴⁴Improving Health Outcomes for Vulnerable Children & Young People, Report for Bexley', September 2020

- Children receiving statutory support – This includes children in care, children in secure settings and children subject to child protection plans.
- Children living with risk because of a vulnerable family background. This includes children in low-income families, young carers, children exposed to domestic violence and abuse and children with parental mental ill-health and parental substance misuse.

Adverse childhood experiences (ACEs) can also increase vulnerability in children and young people and can also be associated with negative outcomes later in life. ACEs can relate directly to the child such as psychological, physical or sexual abuse and can also include the early onset of substance misuse. ACEs can also relate to the child's household and include parental separation, domestic violence, mental illness and substance misuse of parents and other family members.

6.1 Children in Care

Children in care are likely to be more vulnerable than their peers who are not in care – this may put them at risk of poorer outcomes.

As of the end of March 2024, there were 292 children looked after by Bexley.

6.2 Children in Need⁴⁵

In 2022/2023, there were 406 alcohol, and 518 drug misuse episodes identified as a risk factor in children in need assessments, from a total of 3,023 episodes with assessment factor information. More details are provided in the table below:

Table 9: C3 Factors identified at the end of assessment, Bexley for 2023⁴⁶

C3 FACTOR	NUMBER
Alcohol misuse: concerns about child	45
Alcohol misuse: concerns about another person living in the household	33
Alcohol misuse: concerns about parent	328
Drug misuse: concerns about child	172
Drug misuse: concerns about another person living in the household	46
Drug misuse: concern about parent	300
Number of episodes with assessment factor information	3,023

DATA SOURCE: Gov.uk. (2023). *C3 Factors identified at the end of assessment by local authority*. <https://explore-education-statistics.service.gov.uk/data-catalogue/data-set/6e97b341-28d3-4e4e-9e4e-37ae128dbdf1>

Table 10: Risk Factors identified in Children in Need Assessments (CIN), Bexley 2023

	Risk factors identified in CIN assessments	
	ALCOHOL	DRUGS
BEXLEY	13.4%	17.1%
NATIONAL AVERAGE	18.7%	21.1%

Note: These figures represent assessment information following a referral to children's social care. An assessment may have more than one factor recorded.

DATA SOURCE: Performance Team, London Borough of Bexley

A child in need assessment under Section 17 of the Children Act 1989 identifies the needs of a child and ensure that the family receives appropriate support to safeguard and promote the child's welfare. Social workers conduct a multi-agency assessment under Section 17. Parental substance misuse is considered and the impact on children as part of the Section 17 assessment.

6.3 Homelessness

Children from homeless households are often the most vulnerable in society. The OHID Child Health Profile, March 2023 shows that there were 288 households with dependent children or pregnant women regarded as unintentionally homeless and eligible for assistance, a rate of 8.6 per 1,000. This is better than London average.

Homelessness is often linked to other risk factors such as family breakdown or children leaving care. Over a third of young homeless people have poor physical or mental health and potentially misuse substances. Many young homeless people are also affected by gang crime.

6.4 Children in low-income families

Childhood poverty, in addition to being linked to higher rates of offending, may also lead to premature mortality and poor health outcomes in adulthood. In Bexley in 2020/21, 14.5% of under 16s were living in low-income families, which is better than London region (16.6%) and is better than England (18.5 %).

The 2019 Index of Multiple Deprivation (IMD) is a commonly accepted measure of deprivation. Upper tier local authorities are ranked out of the 152 upper tier local authorities in England, with a rank of 1 indicating the most deprived. Bexley, with a score of 16.2, is in the third less deprived decile, though it is important to recognise that local variation across the authority will exist, with some wards being more deprived than others. The deprived wards and most heavily concentrated in the northeast of the borough.

⁴⁵ A child is considered to be in need if they are unlikely to reach or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for them of services by a local authority. The definition is defined in law (Section 17 of the Children Act 1989).

⁴⁶ Gov.uk. (2023). C3 Factors identified at the end of assessment by local authority. <https://explore-education-statistics.service.gov.uk/data-catalogue/data-set/6e97b341-28d3-4e4e-9e4e-37ae128dbdf1>

6.5 Mental health

There were 1,081 (2.5%) school pupils with social, emotional and mental health needs for the academic year ending 2022. This correlates with London (2.7%) and England (3.0%).

Nationally, the rate of young people being admitted to hospital as a result of self-harm, between 2016 – 2020. Is not significantly changing, and this is also the case for Bexley. Nationally, levels of self-harm are higher among young women than young men.

6.6 School absence

Persistent absence from school can be more common in children from families with multiple problems.

In 2019/20, Bexley had 4.3% of school absences which was significantly lower than the England average (4.7%) and London average (4.5%).

6.7 Not in Education, Employment or Training (NEET)

In 2019/20, 2.9% of 16–17-year-olds in Bexley were not in education, employment or training (NEET) or their activity was not known. Bexley's NEET rate was significantly lower than that of London (4.2%) and that of England (5.5%).

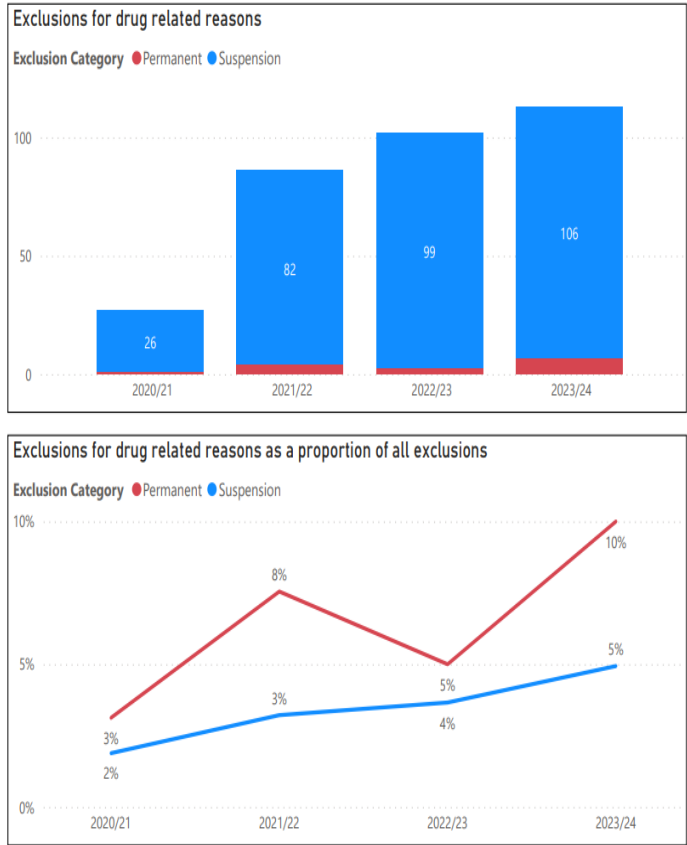
6.8 Drug and alcohol related exclusions

Data relating to drug and alcohol exclusions in Bexley from 2020/21 to 2023/24 is shown below.

Permanent exclusions for substance misuse in Bexley are small but have risen in 2023/2024. Substance misuse issues are usually dealt with through internal exclusions. There has been a significant rise since 2021/2022.

Figure 1: Exclusions in Bexley 2021/22 – 2023/2024 (data from Education, London Borough of Bexley)

Exclusions in the last 4 years



Of all suspensions in 2023/24, 5% were drug related and of all exclusions 10% were drug related. It can be seen that both drug related permanent exclusions and suspensions have increased year on year since 2020/21. With permanent exclusions for drug related reasons doubling between 2023 – 2024.

Exclusions in 2023/24 with drug related reason

Exclusion Category	Exclusions (drug related)	All exclusions
Suspension	106	2148
Permanent	7	70
Total	113	2218

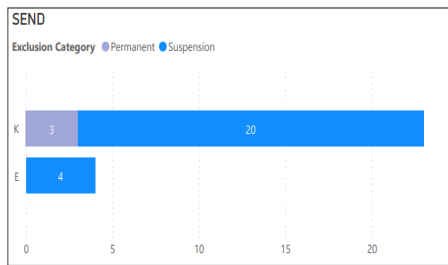
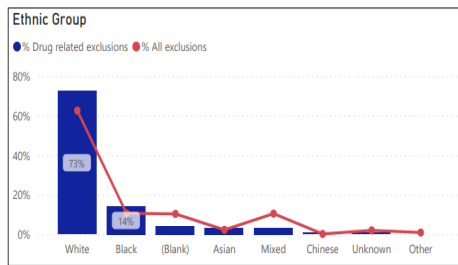
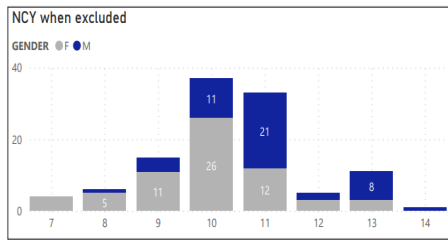
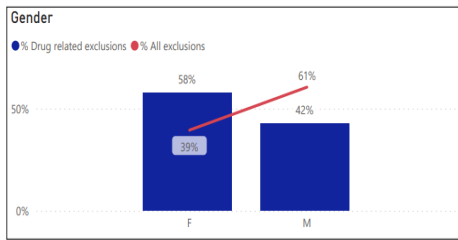


Figure 2 provides more detail of the drug related exclusions. It can be seen that there are more females and that the peak school years are in years 10 and 11 (ages 14 – 16 years approximately). In terms of ethnicity, 73% of the drug related exclusions were for white pupils and a significant number had special education needs and disabilities.

6.9 Domestic Abuse

The Domestic Abuse Act 2021 created a statutory definition of domestic abuse. Abusive behaviour is defined as, violent or threatening behaviour, controlling or coercive behaviour psychological, physical, sexual, economic, emotional or other abuse. Both parties must be aged 16 or over and 'personally connected'.

Domestic abuse incidents (police reported) have increased from 4,078 in 2020 to 4185 in 2022⁴⁷.

6.10 Young people in contact with the youth justice system

In Bexley, the Substance Misuse Service works very closely with the Youth Justice Service (YJS). Substance misuse features in the comprehensive assessment carried out by YJS workers with their clients. Young people who are identified with substance misuse issues that either relate directly to their offence or through personal disclosure are referred to the Young People's Substance Misuse Service. The data shows that Bexley YJS is a significant referrer to the Bexley Young People's Substance Misuse Service.

The YJS Manager works strategically alongside Public Health Commissioners in Bexley on the contract monitoring of the Young People's Substance Misuse Service and contributes to the continued development of substance misuse services.

Children who offend or are at risk of offending often experience multiple layers of disadvantage. This includes not being in education, employment and training and experiencing communication difficulties – with high speech and language needs.

In 2021/22 there were 39 drug offences on the case load. This decreased to 28 in 2022/23. The proportion of young people on the YJS caseload with substance misuse issues was 83% (in quarter 2 2023/24). This equated to 39 children

Children with learning difficulties and neuro-disability are overrepresented in the youth justice system. Having these conditions can make it more difficult to cope with justice processes, such as police interviews, court proceedings or compliance with the requirements of a community sentence. As young people are admitted to custody their needs (including health needs) are assessed. Through this process, young people entering youth custody have been found to have

⁴⁷ Bexley Domestic Abuse Partnership. (2021). *Domestic Abuse Strategy 2021-2026*. <https://www.bexleydomesticabuseservices.org.uk/wp-content/uploads/Bexley-Domestic-Abuse-Strategy-2021-2026-PDF-Download.pdf>

disproportionate health needs (often undiagnosed or untreated) when compared to the general population, including mental health, substance misuse (including alcohol), and learning difficulties or disabilities. In 2022/23, the link between substance misuse and neurodiversity was found to have a strong correlation.

Table 11: Health conditions and substance misuse, Youth Justice Service, Bexley

	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24
Number of YP with health conditions who have SM problems		24	28	28	27	31	20	23
Number of YP with ADHD/ASD		15	16	15	16	16	11	16
Number of YP with ADHD/ASD who have SM problems		12	14	13	13	14	8	13
%age of YP with health conditions who have SM problems		85.7%	96.6%	77.8%	79.4%	88.6%	83.3%	85.2%
Number of YP with ADHD/ASD who have SM problems		80.0%	87.5%	86.7%	81.3%	87.5%	72.7%	81.3%

DATA SOURCE: Bexley Youth Justice

The links between neurodiversity and addiction are being recognised in other arenas. The results from a study in Sweden⁴⁸ found that a neurodivergent person may be two times more likely to develop a substance misuse dependency than a neurotypical person.

A representative from the Young People's Substance Misuse Service sits on the Out of Court Disposal Panel alongside the Police and the Youth Justice Service. This deals with community resolutions and BYPDAS is included in supporting children and families where there are substance misuse issues. Drug offences make up the largest proportion of triage cases. Where drug related offences are heard in Court – they are generally more serious in nature such as Possession with

⁴⁸ Butwicka, A., Långström, N., Larsson, H., Lundström, S., Serlachius, E., Almqvist, C., Frisé, L., & Lichtenstein, P. (2017). Increased Risk for Substance Use-Related Problems in Autism Spectrum Disorders: A Population-Based Cohort Study. *Journal of Autism and Developmental Disorders*, 47(1), 80–89. <https://doi.org/10.1007/s10803-016-2914-2>

Intent to Supply offences, or more often, the YP is appearing for Possession of drugs alongside another, more serious matter. In terms of the top ranked court offences, drug offences came second in both 2021 and 2022, following motoring offences. In 2021/22 there were 11 Possession with Intent to Supply offences, in 2020/21, there was just one. Reoffending children with drug offences had the highest reoffending rate at 44.4% (Quarter 2 2023/24).

Since August 2021, the Out of Court Disposal Panel also reviews all community resolutions that the Youth Justice Service is notified of, and contact is made by the YJS to explore with the child and family any need for support. Where the offence was one of drug possession, BYPDAS contacts the child and family. This has been found to increase the take up of substance misuse intervention.

6.11 County Lines in Bexley

Bexley's Community Safety Team lead on Gangs and Serious Violence for the Local Authority. This work includes managing risk and responding to criminal exploitation, particularly in relation to drugs supply.

Bexley is unique, in that its position on the outskirts of London means that Bexley is both a county lines importer and a county lines exporter. Children are often used by criminal gangs and organised criminal networks (OCNs) to move drugs and money between different locations.

Although historically, county lines were run from one specific exporting area to the importing area, this is changing locally. Within the last year, county lines have been found to be running to both Hampshire (Portsmouth/Southampton) and East Sussex (Brighton). Despite Bexley young people being found running drugs for these lines, a number of young people from various boroughs across London and the South East were also exploited on these lines. This makes disruption more difficult as the county lines become diluted and therefore harder to identify.

The Covid-19 pandemic has changed the way in which county lines were operated. During the first lockdown, many offenders were apprehended for county lines activity due to being more visible on the road and train networks. Organised criminal groups became aware of this and utilised tactics such as dressing as delivery drivers, construction workers and key workers to disguise their true identities. This has led to a difficulty in identifying new and emerging county lines and those involved in this activity.

Data for the period December 2021 – November 2022 shows that there were 1108 individuals involved in county lines activity in London.

Table 12: County Line Activity in Southeast London, December 2021 - November 2022

BOROUGH	NUMBER	RANK
Croydon	91	1
Lewisham	64	2
Southwark	48	6
Greenwich	41	8
Bexley	28	13
Bromley	27	14

Lewisham ranks second highest in London for people involved in county lines activities, Greenwich ranks 8th highest and Bexley 13th for individuals involved in county lines activities.

Of those individuals involved in County Lines activity in 2023/2022, 11% are aged 36 and over, 24% are aged 26 – 35, 41% are aged 18 to 25 and 24% are under 18. The majority, 65% are under 25. Of these 13 individuals had markers for modern slavery and human trafficking and 16 had markers for safeguarding.

Rescue and Response is a pan-London County Lines support service for vulnerable young people up to the age of 25 who are caught up in County Lines drug distribution networks and subject to criminal exploitation. The project was launched in 2018 by the Mayor’s Office for Policing and Crime (MOPAC) and is the first County Line support service to operate at a scale across London. There are 3 core elements to the project:

- i. Rescue and response – casework response to young people referred in for intervention – delivered by a third sector consortium of St Giles Trust, Safer London and Abianda
- ii. Intelligence Development – strategic analysis on emerging County Lines themes
- iii. Breaking the Cycle Training and Awareness sessions – upskilling frontline professionals.

A total of 598 referrals were received by the Rescue and Response Project from May 2020 to April 2021, 7 of these were from Bexley (down from 10 in 2019/20).

In terms of the National Referral Mechanism (NRM), there were 39 referrals from Bexley into the NRM in 2023 (an increase from 21 in 2022). This is only Bexley referrals and does not include the Police and third sector referrals and is therefore likely to be higher. Of the NRM referrals, 26 were of young people.

6.12 Hospital Admissions – PHOF data

The Public Health Outcomes Framework (PHOF)⁴⁹, 'Healthy Lives, Healthy people; Improving outcomes and supporting transparency'⁵⁰ sets out the outcomes and indicators that help local areas understand how public health is being improved and protected.

Within Child and Maternal Health, there are two indicators that relate to young people and substance misuse:

- Hospital admission episodes for alcohol specific conditions – under 18s
- Hospital admissions due to substance misuse (15 – 24 years)

Data from Public Health England presented in the Child Health Profile for Bexley (March 2023), provides data for the period 2018/19 to 2020/21. During this period, there were 7 hospital admissions for alcohol specific conditions. This is a rate of 11.7 which is better than the England average of 29.3.

There were 15 admission episodes due to substance misuse (15 – 24 year olds). This is a rate of 52.4 which is better than the England rate of 81.2.

6.13 Parental Substance Misuse in Bexley

- **Alcohol**

The Office for Health Improvement and Disparities (OHID) commissioned the University of Sheffield to provide estimates for the number of dependent alcohol users with children living in the household and the number of children in those households.

Between 2014/15 to 2016/17, it was estimated that there are 638 children living in Bexley with an adult with an alcohol dependency. Of these, 284 may be known to services (45%).

⁴⁹ Department of Health. (2013). *Improving outcomes and supporting transparency Part 1A: A public health outcomes framework for England, 2013-2016*.

- **Drugs**

Liverpool John Moore's University were commissioned to provide estimates for the number of adults with an opiate dependency who live with children, and the number of children living in those households.

Between 2014/15 to 2016/17. It was estimated that there were 459 children living in Bexley with an adult with an opiate dependency. The estimates also showed that there were 253 opiate dependent adults living with children and of these 124 were in treatment.

Some parents who are using substances problematically may come into contact with a range of services but the impact of their drug and alcohol use on their children can be over-looked, under-identified or disregarded (particularly in relation to problematic alcohol use). It is therefore important to establish effective screening by all front-line workers and referral pathways into substance misuse treatment services.

Partnerships between children's services and alcohol and drug services, combined with effective identification and interventions can help to minimise the longer-term impact of parental alcohol and drug use on a child's future health and wellbeing.

7. Qualitative data

Semi structured interviews were conducted with individuals and teams in June and July 2024. Three focus groups were also conducted –two with young people and one with parents.

A full list of the interviewees can be found at appendix 1.

The qualitative data was analysed using thematic analysis. The key themes raised are explored below.

7.1 Findings from adults

- ***Normalisation of substance misuse amongst young people in Bexley***

There is normalisation of substance misuse amongst young people in Bexley particularly in relation to cannabis use and alcohol use.

Many young people are vaping, but they do not have a full understanding of the impact on their health and wellbeing.

Other substances used by young people were cited by interviewees:

- Vapes
- Cannabis
- Nitrous Oxide
- Ketamine
- Aerosols for self-harm (skin burns) rather than for inhaling.

- ***Increase in vaping by young people***

Interviewees reported that vaping is not seen as anything serious or important. Young people are not aware of the dangers or long-term impact. The marketing of cool colours, flavours and packaging is attractive to young people.

There were anecdotal reports, during the interviews, of children starting to vape in primary schools.

The issue of adulterated vapes was also raised and links are being made to adulterated vapes and exploitation.

- ***Lack of visibility of the young people's substance misuse service, BYPDAS***

There is not a wide knowledge of the existence of Bexley's Young People's Substance Misuse Service (BYPDAS). Some of the stakeholders e.g. the Police had not heard of the service. In Children's Social Care, some staff will refer to GP or Pier Road (adult substance misuse service) rather than to BYPDAS.

- ***Young people do not identify their use as problematic and therefore do not want to engage with BYPDAS***

Those interviewed who are working face to face with young people in Bexley reported that they are aware of young people using a range of substances, but many do not want any help in stopping using and therefore do not want to engage with the YP Substance Misuse service.

Some young people do not want to be referred on to another service – particularly those that are already in the system. This is also the case for young people who are experiencing or who have experienced trauma.

It was suggested that joint meetings with young people could be useful to forge an introduction to the YP drugs worker and to foster relationships. This could help to break down the fear and stigma for young people of engaging with substance misuse services.

- ***Resilience of BYPDAS***

The BYPDAS service has had a series of vacancies. There has been a limited period when the service has been fully staffed. This impacts on capacity and visibility. Service resilience was identified as lacking with regular staff shortages.

- ***The impact of substance misuse on young people's mental health***

Interviewees reported on the impact of cannabis use on young people's levels of anxiety. This was also reported for vaping by young people too. Linking young people's substance misuse and mental health was identified. This is done more formally for adults – it would be useful to ensure that this is established with young people. When young people are seen in primary or secondary care for anxiety, it would be helpful for them to be screened around their drug use – particularly in relation to cannabis use.

- ***Emerging need of young people with ADHD and ASD and substance misuse issues***

This was highlighted by the Youth Justice Service and has been discussed earlier.

- ***Generational use of substances***

Interviewees reported a generational use of substances in that teenagers are using as are parents and they may be using in the presence or with parents – especially cannabis. A whole family approach is therefore required.

- ***Staff knowledge and skills***

It is clear that there is a lack of knowledge and skills for staff particularly in talking to young people about drugs and alcohol. Staff members feel that they cannot keep abreast of new trends and developments and that young people have more knowledge of substances they do themselves.

Staff want to refer on to specialist substance misuse support often without consent of the young person. This has led to a number of inappropriate referrals and BYPDAS workers contacting

young people who have not consented to the referral. Staff therefore need the skills to pursue conversations with young people about substance and to return to these conversations. They need to be confident in assessing risk in these situations and to be professionally curious.

The parents group interviewed also said that they would like help in thinking of conversation starters to use with their own children in order to talk to them about substances and risky behaviours.

- ***Lack of information about substances and services in the community***

There is a lack of information in the community about young people and substance misuse in terms of support available and information and advice. Information about BYPDAS was only added to the LBB website early in 2024. With the current service being located in CAMHS, there is often a misconception that a young person has to be a CAMHS client in order to access the service. This is not clear for some staff and service users.

There is no website and therefore no information online for young people or parents and carers. Any information is gained from national websites such as Talk to Frank.

- ***Silo working***

Interviewees reported silo working – where professionals are working with young people but not linking up with services such as BYPDAS. Improvements with joint working and sharing information are required.

7.2 Findings from young people

The following themes were drawn from the consultation with young people. Young people were asked about the sorts of support they would like to see for young people in Bexley.

- ***Non-Judgemental service***

Young people want services that are non-judgemental – that offer advice, help and support where young people feel listened to and seen.

- ***Digital content***

Young people would like to see short, concise digital content. Short movie clips – TikTok style with clear information on the effects, impact and legal status of substances.

- ***More information***

There is not a lot of information locally. Schools teach about substance misuse as part of the science curriculum. Information should be more widely available.

Some young people asked for more detailed information such as,

'What happens when someone overdoses?'

'How do you help a friend come down from a bad trip?'

'Will you get in trouble with the Police if someone overdoses and you call 999?'

- **Face to face and online**

Support is required both face to face in safe, young people friendly environments as well as digital support. One young person requested a 'confidential helpline' that provided anonymous advice and support where the service user does not need to provide name and contact details.

- **What happens when you ask for help?**

Young people reported that they are referred to or encouraged to get help around a range of issues, but they are unclear what happens once the referral is made. How does the service make contact? What happens at the first appointment/meeting? Will I get in trouble? Who else will be told? Will my parents find out? It is important that any service provides a 'walk through' that can answer these questions. This could be in the form of info or short video clips on the service website. This may encourage more young people to get in touch/be referred.

- **Location**

The location of a young people's substance misuse service is important. It should feel safe and ideally not be in the school setting. Someone suggested that it would be better for the service to be sited in a setting such as McDonalds rather than in school.

- **Language**

Young people fed back that language used by professionals/adults is important. Young people don't identify with having *substance misuse problems or issues*. Many are experimenting and do not view their use as problematic or damaging and therefore may not identify with the services and or interventions being offered.

- **Vaping**

Bexley Youth Council have been working with the Bexley Council Transport Scrutiny Committee to raise their concerns about vaping being advertised on buses that they use on their travel to and from school. They would like these adverts to be removed.

In their 2024 Manifesto discussions, Bexley Youth Council have also raised concerns around the sale of vapes (more stringent controls should be in place), vaping on public transport and the need for more education around healthy behaviours.

7.3 Responses relating to Service Provision

Interviewees were asked the following question:

- ***What sorts of substance misuse provision should we be providing in Bexley?***

The following responses were provided:

1. Outreach workers

It was suggested that it would be useful for young people's substance misuse workers to carry out outreach work with other partners in the borough e.g. the Targeted Youth Support Team or Charlton Athletic Community Trust (CACT). This would enable relationships to be built with young people who are congregating in hotspots across the borough and using substances on the streets. It would be useful for a young people's substance misuse service to work in partnership with existing services. There is a need to build relationships with young people. The service cannot rely on referrals as many young people do not want to be referred.

It was also suggested that outreach in Welling Youth Club would be advantageous. Other suggestions included outreach in local gyms, joint work with CACT on their outreach bus as there is a private space on the bus for one-to-one work.

2. Prevention work

Prevention work is required with young people to help them understand more about positive choices. Interviewees also reported that there should be more drug education work carried out in schools in the borough particularly at Key Stage 2, in years 5 and 6.

3. Work in Schools

More engagement with schools is required. Particularly in terms of making referrals to BYPDAS and providing alternatives to fixed term exclusions. For example, if a child is given a fixed term exclusion for drugs/vapes, a sanction should be a meeting with a BYPDAS worker.

There was also a suggestion for curriculum/take over days in schools in year 7 or 9. These used to be delivered in partnership with other organisations e.g. community safety, sexual health services, substance misuse etc.

4. Partnership with schools

Interviewees would like to have a closer connectivity with schools particularly in relation to young people with multiple needs and those at risk of exclusion.

5. Joint work

This could include joint appointments; joint home visits and drug workers being invited by Children's Social care to core group meetings.

6. Vaping support

Any provision for children and young people should include vaping support as it is so widespread.

7. Services that are accessible to young people across the borough

Services should be offered in different locations that are accessible to young people. Not just all centred in the centre of the borough. The face-to-face meetings should take place in a young people friendly location with flexibility to suit the needs of the young person.

8. Group work

It was suggested that group work as a treatment model would be useful, particularly in the Youth Justice Service. Group work would also be useful to provide prevention message

9. Co production with young people

The voices of children and young people are required in the design and delivery of the service. There should be coproduction in terms of the identity of the service, the name and what young people want from the service.

10.A Digital Offer

A digital offer in terms of young people's substance misuse is currently lacking. BYPDAS does not have a website or a digital presence on social media.

11.Substance misuse Communications aimed at young people

Young people are not only unaware of the impact of substance misuse on their health, but they are also not aware of the impact of a drugs conviction on their lives. More information to parents

and young people is required. It was also suggested that there should be a comms piece with Charlton Athletic to address substance use on the terraces with adults and young people.

8. Current service provision and assets

8.1 Bexley Young People's Drug & Alcohol Misuse Service (BYPDAS)

As highlighted above, BYPDAS, the young people's substance misuse service sits in Bexley Child and Adolescent Mental Health Service (CAMHS) and provides substance misuse treatment to children and young people living and or studying in the borough.

8.2 Wider network of CYP services in Bexley

- **Bexley 0 – 19 Children's Public Health Service**

Bexley 0 -19 Children's Public Health Service delivers the school nursing and health visiting services in Bexley.

Parents with substance misuse issues, identified by the health visiting service, would be referred to the adult treatment service if necessary. There is currently no data available on the numbers of parents referred.

The school nursing service will provide referral and support to children with substance misuse issues. School Health Profiles are conducted for all schools in Bexley by the Bexley 0 – 19 Service. Substance Misuse is not highlighted as a concern for school in Bexley in the school health profiles. There is little joint work between the Bexley 0 – 19 Service and BYPDAS.

- **LBB Community Safety Team**

Bexley Council receives funding from MOPAC (the Police and Crime Commissioner's Office for London). This funds the following programmes for children and young people in Bexley.

Growing Against Violence (GAV) is a charity that aims to prevent youth violence and protect young people against exploitation by gangs and grooming on both the streets and online. GAV was commissioned to provide 2 programmes to year 5 children who are transitioning to year 6. The programme covers peer pressure, gang activity and criminal exploitation.

In secondary schools, Youth Unity are commissioned to work on contextual safeguarding and year 9s. The Programme also focuses on choices, gangs and exploitation.

Bexley Moorings is commissioned to deliver work focusing on community capacity. This involves outreach and community engagement in Slade Green and Erith. Charlton Athletic are also funded to deliver outreach work in hotspot areas.

- **Bexley Moorings**

The Home Office (through the Violence Reduction Unit) has funded Bexley Moorings to set up a new parent/carer champion network to encourage parents/carers to come together to provide peer support and access bespoke training.

The aim is to support parents where their children and young people may be getting involved with criminal activities or who are displaying changes in behaviour and risk taking. The focus is on families with children aged 11 - 24 who are at risk of going missing, exploitation, gang affiliation and running county lines in Bexley.

This is part of a partnership led by the voluntary sector and comprised of Bexley Moorings Project, Porchlight and Bexley Voluntary Services Council (BVSC) with the Bexley Children's Safeguarding Partnership (S.H.I.E.L.D). The aim is to provide a safe space for parents and carers who may be isolated, frustrated and lonely, seeking the right support and understanding with the issues faced by their families.

- **Family Well-Being Service**

The Family Wellbeing Service provides advice, help and support to children and families from 0 – 18 years old, for a period of up to 6 months, where there is one or more of the following issues/difficulties:

- The permanent exclusion of a child from school
- The risk of school exclusion and school attendance issues
- Parental or carer mental ill health
- Parental learning disability
- Parental domestic abuse
- Parental drug or alcohol misuse

- Low level neglect
- Physical chastisement

Parents with substance misuse issues are referred to the Bexley Adult Substance Misuse Treatment Service and young people to the Bexley Young People's Substance Misuse Service.

- **Bexley Targeted Youth Service (TYS)**

Bexley YYS provides additional help at the earliest opportunity to vulnerable young people who face, or are at risk of:

- Exploitation
- Family violence
- Parental ill health
- Substance misuse
- Being excluded from school or at risk of school exclusion
- Involvement in crime or anti-social behaviour.

The service provides one to one support, group work and peer group programmes and outreach work.

YYS operates 'Safe Place to Be' – a one day a week open access youth hub. The youth hubs currently include Welling Youth Centre, Slade Green and Thamesmead and there is a specialist hub comprising a motorbike project, special educational needs provision, the youth council and children in care homework club. A range of agencies can refer to the YYS including the police, schools, education and Early Help (Children's Social Care).

Young people with substance misuse problems would be referred to the Bexley Young People's Substance Misuse Service and/or provided with information and advice from Bexley YYS staff.

- **Bexley Youth Justice Service**

The Bexley Youth Justice Service (YJS) is a multi-disciplinary team working with other agencies including the police, probation service and schools to both prevent young people from getting involved with the criminal justice system and to work with young people who have committed crimes to try and prevent them from re-offending.

Bexley YJS works very closely with the BYPDAS as described above. All young people working with the YJS are screened for substance use and referred to BYPDAS as appropriate. YJS staff will also deliver substance misuse interventions to young people, particularly those who are not willing to engage with BYPDAS.

In April 2023, 10 additional performance indicators were introduced for the Youth Justice Service. One of which relates directly to substance misuse:

Substance misuse: percentage of children with a screened/identified need for intervention; and of that the percentage of children with planned/offered and attended intervention/treatment.

- **BVSC – Social Prescribing**

Bexley Young People’s Social Prescribing support YP aged 10 – 17. The service only receives referrals from GPs. The current model funds 4 onward referral agencies. These are:

- Bexley Moorings
- Counselling Matters Bexley www.counsellingmattersbexley.org
- CRIBS www.cribsonline.org
- Little Fish [Little Fish Theatre Company](http://www.littlefishtheatre.com)

Other key partner services are:

- Bexley Voice
- Bexley IAS
- Bexley Local Offer
- Girls on the Spectrum, Bexley

There is no minimum or maximum timeframe for YP to be involved with social prescribing. After the planned interventions from partner agencies, the social prescribing key workers will have regular check-ins with young people and look at on-going support and other options such as volunteering. The staff are flexible and will accompany YP to activities and appointments. They have received training from Metro regarding C Card and giving out condoms.

There is currently contact with BYPDAS and training has been attended that was delivered by Pier Road (the adult SM treatment service).

- **Charlton Athletic Community Trust**

CACT provide outreach in hotspot areas providing a reactive service to areas of concern with high volumes of anti-social behaviour.

- **Bexley Safer Schools Team – Met Police**

The Bexley Safer School Team is comprised of 12 officers. The officers work with schools and deliver assemblies and face to face work with children and young people around a range of issues including substance misuse.

- **Bexley Combatting Drugs Partnership**

The Bexley Combatting Drugs Partnership is a multi-agency forum established to address shared challenges related to drug – related harm. It is focused on the national drug strategy and the operational plan addresses the 3 key principles of 'From Harm to Hope'.

A young people's subgroup has been established to provide a unified approach to working with young people and addressing the theme of 'reducing the generational demand for drugs'.

The Bexley CDP also reports on the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG). The SSMTRG is a 3 year Supplemental grant (administered by OHID) over a year three period (2022 – 2025) to enable areas to meet the objectives of the National Drugs Strategy. This funding is in addition to the money the LA spends on Substance Misuse from the PH grant.

9. Evidence of what works – Young People's Substance Misuse Treatment

Young people's alcohol and drug treatment in England is commissioned by local authorities using the public health grant. They are responsible for assessing local need for treatment and commissioning a range of services and interventions to meet that need.

Specialist substance misuse services for young people are normally separate from adult treatment services because young people's alcohol and drug problems tend to be different from adults' and need a different response. This includes:

- being child-centred
- considering the age and maturity of young people
- acting on safeguarding concerns
- making sure the young people do not mix with adults who use drugs

These services support young people, help them to reduce the harm their alcohol or drug use causes them and try to prevent it from becoming a bigger problem as they get older. Services should be part of a wider network of local prevention services that support young people with a range of issues and help them to build their resilience.

Public Health England produced guidance⁵¹ that outlines the principles and supporting indicators for local areas to consider when commissioning universal and targeted drug, alcohol and tobacco prevention interventions, and specialist interventions for young people already experiencing harm from these substances.

9.1 Universal and targeted interventions

Prevention approaches that focus on reducing risk and increasing resilience are more effective than those that just focus on a particular topic. A local drug misuse prevention programme for young people should therefore focus on factors such as raising educational attainment, training and employment, promoting positive health and wellbeing, positive relationships and meaningful activities such as community action and volunteering.

NICE recommends that at a school level, 'whole school approaches to alcohol are most effective'. This would mean that there is a thread running through the curriculum and programmes that are part of the personal, social and health education (PSHE) curriculum such as Relationships and Sex Education (RSE) address the connections to substance misuse. This whole school approach should include reference to the school ethos and positive engagement with parents and carers and the wider community.

The following indicators support the principal of universal interventions:

- Young people have universal access to accurate, relevant and timely information about the health harms of alcohol, drugs and tobacco
- Schools have a 'whole schools' approach' to preventions across all key stages
- Schools are equipping children and young people with the knowledge, skills and attributes that they need to keep themselves healthy and safe, and prepared for life and work, through the effective delivery of personal, social and health educations (PSHE)
- Commissioners have built good links with schools
- Schools have a drugs, alcohol and tobacco policy, that includes the need for external providers delivering drug and alcohol education programmes to be appropriately qualified
- Schools are discouraged to use approaches that are proven to be least effective, such as scare tactics, ex-users and knowledge-only approaches
- Parents and carers are offered information and advice to enable them to support their children to stay safe from harm

⁵¹ Guidance: Young People commissioning support: principles and indicators, October 2018, PHE

- National resources that provide information (FRANK) and build resilience (Rise Above) are considered as part of the local approach to prevention
- The local authority is working in partnership to prevent underage sales and proxy sales and undertakes test purchases to ensure compliance with the law on under-age sales for alcohol, tobacco and e-cigarettes.

9.2 Specialist drug and alcohol interventions

Specialist substance misuse interventions are individual packages of care-planned support, which can include medical, psychosocial or specialist harm-reduction interventions that can build young people's resilience and reduce the harm caused by substance misuse. This might include giving support to parents and carers to help the young people with healthy decision making.

Specialist drug and alcohol interventions include the following:

- Psychosocial interventions
- Harm reduction
- Pharmacological interventions – includes prescribing for detoxification and stabilization
- High intensity support for the most vulnerable young people – multi-agency packages

The following indicators support the principal of delivering specialist drug and alcohol interventions:

- High quality evidence – based interventions in line with NICE guidance and appropriate to the age and development of young people
- Young people with multiple vulnerabilities or a high risk of substance misuse- related harm get extra support. This includes young people affected by child sexual exploitation and abuse, parental substance misuse, experiencing domestic violence, early problematic misuse, Class A drug users, looked-after children, those with a mental health problem, those not in education, employment or training and those involved in crime.
- Services are safe, non-judgmental environments to meet the needs of young people with protected characteristics
- Young people who smoke are offered advice and referral to local stop smoking services by frontline workers
- Young people with increased suicide risk are offered specialist psychosocial assessment by a child and adolescent mental health professional and local safeguarding protocols are followed

- In terms of harm reduction, all young people should receive age-appropriate advice and information on:
 - The spread of blood-borne viruses
 - Sexual and reproductive health including local chlamydia screening, condom provision, early pregnancy testing and unbiased pregnancy options advice
 - Overdose
 - Health harms and reducing risky behaviour
- Pharmacological interventions should be delivered alongside and integrated with specific psychosocial interventions
- Services for young people should be accessible and welcoming.
 - Services should proactively engage with young people who fail to engage or who miss or stop attending appointments.

9.3 Commissioning integrated prevention and specialist interventions with wider children's services

PHE acknowledges that this principle may not be universally met. However, if it is being met, local areas will have effective integrated policies and commissioning of services that achieve positive outcomes for individuals, families and communities by having:

- Effective partnership working between public health the NHS, child and adolescent mental health services, children's services, youth justice agencies and emergency services
- A commissioning system operating transparently according to assessed need

It is important to have integrated support involving training, education and general improvement of skills and work experience.

The following indicators support the principals:

- A protocol with children's services has been agreed by the local safeguarding children's board to address identifying and responding to safeguarding concerns related to young people's substance misuse
- Policies and protocols are in place that cover information sharing with parents and carers and other agencies, including children's services
- Substance misuse is addressed across the wider children's agenda – at the LSCB, the youth justice, within child and adolescent mental health services and across children's services more widely with effective care pathways and referral arrangements

- A transition policy is in place that sets out roles and responsibilities between different services and sets out expected outcomes and standards for effective transfers
- There are reviews involving the young person, their current service and the service they are moving to (adult or other young people's service) to make sure there is an effective handover and continuity of care
- Young people who have reached the upper age limit of the service, but do not need to move to adult services, are informed how to access adult services later if they needed.

9.4 A skilled workforce to provide effective interventions

Staff who deliver specialist substance misuse interventions need to be appropriately qualified and competent.

The supporting indicators are as follows:

- Young people's substance misuse services are commissioned to ensure that staff have the skills and knowledge necessary for working with children and young people
- Staff are also appropriately trained in identifying sexual exploitation and can support young people with poor sexual health and unplanned pregnancy
- Workers in children and family services are competent to screen young people for substance misuse and refer as appropriate to specialist substance misuse care
- There are reciprocal arrangements, such as joint working protocols, mentoring arrangements, attachments and secondments, to help children and family workers and specialist substance misuse staff to support each other in screening and referring young people, and in responding to their wider health and social care needs
- Frontline workers in schools and youth settings are trained to discuss drugs, alcohol and smoking with young people

9.5 Cost Effectiveness

Specialist interventions for young people's substance misuse are effective and provide value for money. A Department of Education study concluded that for every £1 invested in drug and alcohol treatment, £1.93 is saved within 2 years and up to £8.38 is saved in the long term⁵².

⁵² <https://www.gov.uk/government/publication/specialist-drug-and-alcohol-services-for-young-people-a-cost-benefit-analysis>

Specialist services engage young people quickly, the majority of whom leave in a planned way and do not return to treatment services. This indicates that investing in specialist interventions is a cost-effective way of securing long-term outcomes, reducing future demand on health, social care, youth justice and mental health services.

Evidence also suggests that effective specialist substance misuse interventions contribute to improved health and wellbeing⁵³, better educational attainment, reductions in the numbers of young people not in education, employment or training (NEET) and reduced risk-taking behaviour, such as offending.

10. What is on the horizon?

10.1 Re-commissioning

The young people's substance misuse service is in the process of being recommissioned. A revised specification will incorporate the findings of this report with a start date of 1st April 2025 for the new service.

10.2 Training Needs Analysis (TNA)

As part of the Year 3 (2024/2025) workplan of the Bexley Combatting Drugs Partnership, a comprehensive training needs analysis is being conducted all member organisations.

The aim of the training needs analysis is to determine the gaps in knowledge and skills and the training required for staff members to work effectively around the whole substance misuse agenda.

The TNA will inform the development of a comprehensive training plan and programme for Bexley. This will be coordinated with the training offer delivered by the Safeguarding Adult's Board and Bexley S.H.I.E.L.D.

10.3 Bexley SHEU Survey

Bexley Council is working with Exeter University to deliver the Schools and Students Health Education Unit Survey. This was conducted in 31 schools (24 primary and 6 secondary) in years 4 – 6 and 9 – 11 in Bexley during the summer term 2024. The survey covers many aspects of health-related behaviour and includes questions on drugs, smoking, vaping and alcohol. The

⁵³ Young people – substance misuse commissioning support pack 2021-22: key data' PHE

results will be available from September 2024. They will provide insight in the health behaviours of young people in Bexley.

10.4 National Service Framework for Young People's Substance Misuse Services

The 2021 Drugs Strategy made a commitment to the development of a national service delivery framework for young people's substance misuse services. This would set out the core principles, standards and policies for delivering effective substance misuse interventions to young people. It would be part of a wider package of support including a CYP workforce capabilities document, clinical guidelines and commissioning quality standards.

Engagement with stakeholders has identified the following:

- The framework would apply to all providers and commissioners of both specialist and targeted CYP alcohol and drug interventions in England
- 'Specialist interventions' would be the term used for care planned pharmacological and/or psychosocial therapeutic support, as recommended in relevant guidance
- 'Targeted interventions' are those that can be offered to children and young people with a high risk of developing a problem with alcohol and/or drugs or 'indicated' for those identified as already having a problem. The following are examples of targeted activities:
 - Brief interventions for those aged 16+ in healthcare and education settings
 - Personal and social skills training
 - Outreach and assertive outreach
 - Activities with other local partners aimed at reducing drug use, risky sexual behaviours, crime or truancy
 - Mentoring schemes
 - Strengthening and supporting families' programmes and early help/family hubs
 - Positive Parenting Programme (*Triple P*) and *Triple P Teen*
 - Engaging with young People Mental Health Support Teams
- Three distinct groups would be addressed:
 - Under 18s
 - 18 – 24 under transitional arrangements in a YP service
 - 18 – 24 years old in an adult service.

Six possible core standard domains have been identified for the Framework:

- i. CYP Responsive services
- ii. Promoting and safeguarding welfare

- iii. Understanding local need and working together
- iv. Delivering evidence-based interventions
- v. Regular monitoring of activity outcomes
- vi. Investing in quality

It is possible that this will be developed from September 2024 pending agreement from the Government.

11. Summary of Key Findings

11.1 Prevalence and Risk Factors

Young people's substance misuse is a significant public health issue. Local prevalence data is difficult to determine. Young People's substance use is covert and hidden and often experimental. A young person's substance use may only be revealed when other problems are being experienced. As much substance use is normalised, a young person may not even acknowledge that they have a problem.

There are links between risky behaviours such as first sexual encounters and alcohol and unsafe sex and alcohol. There are also links between criminal activity being fuelled by alcohol use (and the use of other substances). It is likely that young people who start drinking alcohol problematically in adolescence may not present to treatment until much later in their adult lives when their problems have become entrenched and enduring.

Levels of parental substance misuse are also difficult to gauge. The estimations provided are useful but if alcohol is included then the estimations provided are likely to be much higher. The stigma associated with parental substance misuse can make it difficult for parents and carers to seek support.

The rise in the use of vapes and the identification of a significant number of adulterated vapes in secondary schools in Bexley poses a challenge for all those working with young people in Bexley.

There are a number of risk factors associated with substance use and national and local data helps to identify how a range of vulnerabilities may impact on a young person's likelihood to experience drug and alcohol related problems. As one of the key vulnerabilities for developing substance misuse problems in later life is early onset of drug use, a priority of working with young people in Bexley should be delaying first use of alcohol, tobacco and illegal substances.

11.2 Health and Social Impacts

Emerging issues associating neurodiversity and problematic substance misuse have been identified in Bexley. This will require a coordinated approach to provide appropriate support to this cohort of young people.

Substance misuse related exclusions have increased in schools. This, together with the rise in vaping and adulterated vapes is being addressed through the Education and Police Partnership Board.

A significant proportion of young people in treatment have co-existing mental health issues. There is the possibility that young people using substances to help manage their mental health issues rather than for pleasure. This requires more exploration.

11.3 Service Provision and Gaps

- Young People in Treatment

Data shows the low numbers of young people in treatment with BYPDAS. There have been issues with data recording and whether the data presented is an accurate reflection of local treatment activity. It would be useful to include data from young adults aged 18 – 24 who are receiving treatment from the adult substance misuse service (Pier Road).

Nationally, data recorded for NDTMS is for young people in Tier 3 treatment. Work carried out at level 2, which can include harm reduction work, is not currently included in the data recording, which therefore does not give a complete picture of all substance misuse work carried out.

There is also no qualitative data collection on patterns and types of drug use amongst young people. Qualitative data on non-fatal overdose and drug-related deaths and suicides is not recorded.

- Referral Sources

Low numbers in treatment links back to the limited range of referral sources to BYPDAS and the lack of knowledge of the service from other organisations working with young people.

There have also been problems with consent and referrers trying to refer young people into treatment without their consent. This is not good practice and young people must be consenting to receive any kind of therapeutic intervention. The issue of consent appears to stem from a lack of understanding of how BYPDAS operates, and the interventions provided and a desire to 'pass on the problem'. A joint working approach to young people who are resistant to engage would be a more effective way of working.

Low referrals from Primary Care and Education are particularly concerning.

- Partnership Working

Young drugs users are difficult to engage and because they do not always view their substance misuse as problematic, they may be reluctant to engage with services. As highlighted above, this means that professionals should work in partnership with BYPDAS to engage the young person. Professionals should also seek consultancy support from BYPDAS. There were few examples of this taking place, except with the Youth Justice Service. As a specialist substance misuse service, BYPDAS can be used to support other services working with complex cases. Young people need a combination of specialist treatment and wider health and social care services.

- Size and resilience of the young people's substance misuse service

BYPDAS is a very small service with a team leader and 2 staff members. There have been issues with the resilience of the service with vacancies and extended sick leave.

- Identity and visibility of BYPDAS

The qualitative research for this report identified a lack of knowledge of BYPDAS by a range of partners. The service lacks visibility in the borough. It does not have a digital presence and there is confusion about access due to its location within CAMHS.

- Prevention work

The work of BYPDAS is focused on treatment. Due to the size and nature of the service there is less opportunity to carry out prevention work.

- Drug Education in schools

There are knowledge gaps relating to how schools approach drug education and whether there is a 'whole school approach' to addressing substance misuse. It was not possible to gain information around how drug education is delivered in schools in Bexley for this report. Engagement with schools by BYPDAS has been inconsistent. At the time of writing engaging with schools is improving, particularly with the help of the local Met Police Schools Team and project ADDER (Met Police).

12. Recommendations

The following recommendations are offered for consideration:

- Establish young people's subgroup for the Combatting Drugs Partnership

The young people's subgroup will be able to address key issues relating to the achievement of the aims of the national drug strategy.

- Work with schools regarding drug policy and support to school suspensions and exclusions

Schools require support to update and unify their substance misuse policies to address the changing substance misuse landscape. The suggestion has been mooted for the young people's substance misuse service to provide support and an initial mandated meeting/assessment of CYP who have been excluded or who are at risk of permanent suspension.

- Specification for Young People's Substance Misuse Service
- Vaping

A response to vaping is required. This will include a plan to involve Public Health, Education, Police and Trading Standards.

Clear public health messaging regarding vaping is also required in Bexley. There appears to be confusion around vaping and its health impacts. Parents may not be aware of the harms to CYP by vaping. A public health campaign focusing on the risks of vaping should be considered.

- Professional curiosity regarding a young person's substance misuse

Professional curiosity is particularly important in identifying risks of harm and means challenging assumptions and exploring and understanding the potentially complex dynamics of a situation. The need for employing professional curiosity when considering a young person's substance misuse and a parent's substance misuse is essential in order to identify the impact and to assess risk.

- Workforce development

All services working with children, young people and parents should be supported to be more effective in identifying drug and alcohol related issues. This will include training and the implementation of multi-agency protocols. This would include the wider children's workforce e.g., primary care, emergency departments, mental health professionals and children's social care.

Support, which could include training, should be provided to parents and carers to have conversations with teenagers about substance misuse and to recognise where young people may be developing problems and need help.

- Prevention approach

A prevention approach should be implemented across services. In schools this would be a 'whole schools' approach to addressing substance misuse backed up by a Substance Misuse policy. The prevention approach can be linked to other risky behaviours such as sexual health and offending and anti-social behaviour.

- Think Family Approach

The Think Family Approach which underpins all work carried out by Children's Social Care is necessary to employ in relation to CYP and substance misuse. Children and young people need to be considered in the context of their family and any substance related issues that are present within the family system.

- Partnership Work

There has not been significant partnership work with the young people's substance misuse service and other services working with young people. In order to maximise the impact of the substance misuse intervention and to ensure better outcomes for young people, more partnership work is required this is due to the fact that children and young people who have substance misuse problems often have complex needs. The partnerships which require further

development include primary care, secondary care (particularly accident and emergency departments serving Bexley), mental health, education and children's social care.

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Appendices

Appendix 1

Interviewees

NAME	JOB TITLE	TEAM/ORGANISATION
Tamsyn Basson	Deputy Director, Children's Social Care & Safeguarding	Children's Social Care, London Borough of Bexley
Corne Van Staden	Head of Service, Looked After Children Placements & Specialist Services	Children's Social Care, London Borough of Bexley
Severine Aare	Youth Offending Service	Youth Justice Service, London Borough of Bexley
Jamie Nabieu	Service Manager, Children with Disabilities and Family Wellbeing Service	Children's Social Care, London Borough of Bexley
Maddison Myers	CYP Support Manager	BVSC
Adam Wills	Project Lead, Early Intervention	Bexley Moorings
Tim Woodings	Strategic Safeguarding Lead, Professional Standards & Quality Assurance	Children's Social Care, London Borough of Bexley
Adam Calladine	Sergeant, Schools Team, Bexley	Met Police
Hannah Porter	Exploitation Lead, Workforce Development and Academy	Children's Social Care, London Borough of Bexley
Nicole Porter	Violence, Risk and Exploitation Coordinator	Community Safety London Borough of Bexley
Nic Rathbone	Senior Community Safety Coordinator	Community Safety London Borough of Bexley
Jenny Adomako	School Nursing Lead	Bexley 0 – 19 Service
Jayne Jamal	Flare Coordinator	Bexley Moorings

Chris Lee	Youth Development Worker	Targeted Youth Support Services London Borough of Bexley
Jane Goodrich	Youth Development Worker	Targeted Youth Support Services London Borough of Bexley
Karen Leach	Youth Development Worker	Targeted Youth Support Services London Borough of Bexley
Dean Redwood	Return Home Interviews, Youth Development Worker	Targeted Youth Support Services London Borough of Bexley
Julie Hayward	Team Manager, Targeted Youth Services	Targeted Youth Support Services London Borough of Bexley
Kwasi Amoako	Interim Service Manager, Family Support and Child Protection Service	Children's Social Care, London Borough of Bexley
Bexley LGBTQ YP Group		
Bexley FLARE Group		
Bexley Young Mental Health Ambassadors		
Family Support and CP Service Team Managers Meeting		