



Joint Commissioning Unit

# Substance Misuse Needs Assessment



Trafford CYPS brings together council and health services to improve outcomes for children, young people, their families and schools.

**Date of publication:** September 2008

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**Status:** Public document for consultation

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## **INTRODUCTION**

There has been a lack of understanding in Trafford around the scale of young people's substance use. Studies that have been previously conducted have been generally inconclusive and the aim of this project was to try and establish some baselines around drug and alcohol use that could help to guide strategic planning.

## **METHODOLOGY**

A variety of quantitative and qualitative methods were used in this study. A review of local and national literature was undertaken and a scoping exercise was undertaken to identify services in Trafford that are currently delivering substance misuse interventions for young people or who support the wider family in the delivery of interventions and support.

A questionnaire survey was conducted with young people facilitated through a sample of secondary schools in Trafford and a number of service providers. The schools that took part in the study were:

Altrincham Girls Grammar School  
Blessed Thomas Holford College  
Lostock College  
Sale High School  
Flixton Girls' High School  
Urmston Grammar  
St Anthony's Catholic College

Each individual school completed the survey with either a sample from each year group or with the full school population completing the form.

The services that completed the questionnaire survey were:

In-Volve Trafford  
Youth Offending Service  
Partington Children's Society

The breakdown of the total respondents was 72% female and 28% male. This was mainly due to the girls' schools that completed the questionnaire and the difficulty in engaging any boys' schools in the process. These figures equate to 619 males and 1595 females.

Interviews were undertaken with young people asking them specific questions around perceptions of drug use, their own experiences and their understanding of drugs and the law. One young male and 3 females were involved in the interviews.

Interviews were also conducted with a number of practitioners. Baselines around Hidden Harm<sup>1</sup> were sought to be established and statistics were collected from adult drug and alcohol services and Children's Social Services. Interviews were conducted with a practitioner from adult drug services and a support worker from Trafford Young Carers who support young people who may have a parent or carer with a drug and/or alcohol problem.

An interview was also conducted with the Personal, Social, Health Education (PSHE) Development nurse who coordinates the delivery of the PSHE agenda in schools and supports schools in developing their programme of work and drug policies.

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<sup>1</sup> *Children and Young People who have one or more parent with serious drug/alcohol problem*  
ACMD 2003

## SECTION ONE- NATIONAL POLICY

### 1.1 Government Policy related to Young People and Substance Misuse

The Home Office has been working closely with the Department for Education and Skills and the Department of Health on a cross- government approach to young people and drugs which aims to try and achieve a real downward shift in the numbers of young people using drugs. Currently use of Class A drugs has stabilised and the National Strategy is designed to try and turn this trend around. [www.drugs.gov.uk/young-people/strategy](http://www.drugs.gov.uk/young-people/strategy)

The key objective of the Government's Drug Strategy is to:

*'Reduce the use of Class A drugs and the frequent use of any illicit drugs by all young people under the age of 25, especially by the most vulnerable groups'* Tackling Drugs, Changing Lives, Home Office 2004a, 20.

### 1.2 Every Child Matters

A key aim under the Every Child Matters 'Be Healthy' outcome for children and young people is to encourage that:

*'Children and young people choose not to take illegal drugs'*. Every Child Matters, Home Office 2003

'Every Child Matters: Change for Children, Young People and Drugs' (2005) sets out how the Government aims to try and reduce the numbers of children and young people affected by substance misuse. The Department for Education and Skills, the Home Office and the Department of Health have agreed a joint approach to the development of universal, targeted and specialist services to prevent the harm caused by drugs and to ensure that young people are able to reach their full potential.

The approach has 3 key objectives:

- *Reforming delivery and strengthening accountability*  
Bringing together the National Drug Strategy and 'Every Child Matters: Change for Children' on a local, regional and national basis. Accountability for the delivery of the substance misuse agenda passes over to Directors of Children's Services
- *Ensuring provision is built around the needs of vulnerable children and young people*  
More focus on prevention and early intervention for those most at risk, with drug misuse considered as part of assessments, care planning and interventions by all agencies providing support for children and young people.
- *Building service and workforce capacity*  
Developing a range of universal, targeted and specialist services to meet local need and ensure the delivery of workforce training to support it.

### **1.3 Government Spending on Young People's Substance Misuse**

The Government provides almost £55 million through the Young Persons Substance Misuse Partnership Grant (YPSMPG) to local areas for delivering a range of comprehensive interventions for young people. This is in addition to mainstream funding and looks to address universal as well as specialist needs. Trafford received £241,460 in 2006/07 from the YPSMPG for the delivery of specialist substance misuse interventions for young people.

### **1.4 FRANK Campaign**

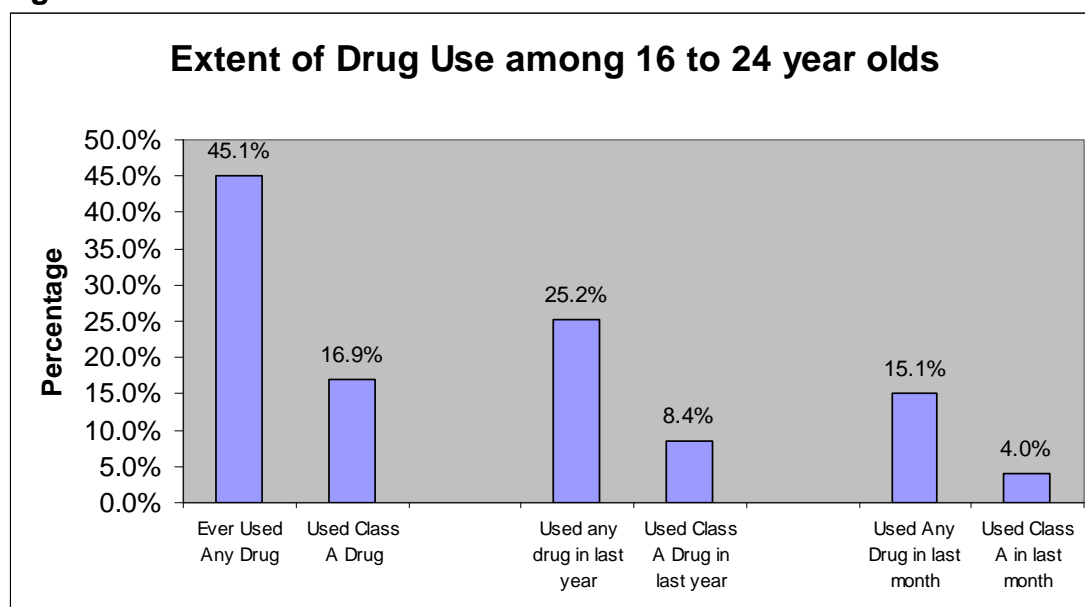
The Government launched 'FRANK', the National Drugs Helpline and website in 2003 which aims to ensure young people understand the risks and dangers of drugs and their use and offers information on where to go for help. It also supports parents in providing them with the knowledge and confidence to talk to their children about drugs and supports professionals who are working with young people, particularly those most vulnerable.

## SECTION TWO- NATIONAL STATISTICS

### 2.1 Drug Misuse Declared: Findings from the 2005/06 British Crime Survey (Home Office Statistical Bulletin)

The British Crime Survey (BCS) is a large nationally representative survey of adults living in private households in England and Wales. In addition to asking respondents about their experiences of crime the BCS also asks about a number of other crime-related topics. Since 1996 the BCS has included comparable self completion module of questions on illicit drug use. The 'Drug misuse declared: Findings from the 2005/06 British Crime Survey' document examines the extent of illicit drug use in 2005/06 among 16 to 24 years olds and any trends in drug use since 1998. The BCS estimates that 45.1% of 16 to 24 year olds have used one or more illicit drugs in their lifetime and estimates that 25.2% have used one or more illicit drugs in the last year and 15.1% have used in the last month. (Fig 2.1)

Figure 2.1

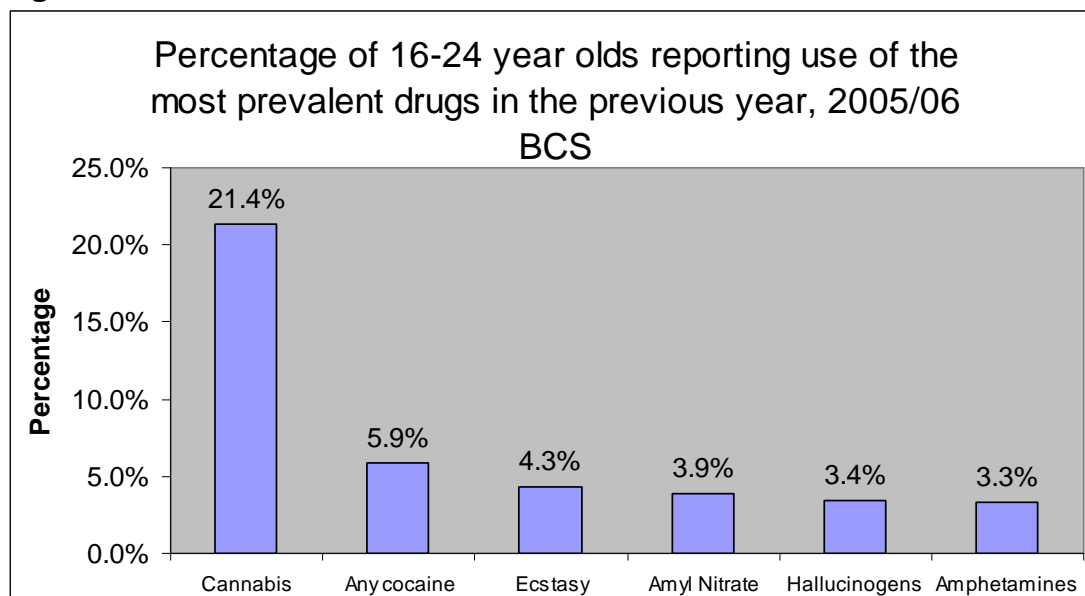


The 2005/06 BCS estimates that 16.9% of those aged 16 to 24 have used a Class A drug at least once in their lifetime and 8.4% have used a Class A drug in the last year. The BCS estimates that 4% of 16 to 24 year olds had used a Class A drug in the last month.

The BCS finds that cannabis remains the drug most likely to be used by 16 to 24 year olds. (Fig 2.2) In 2005/06 the BCS estimates that 21.4% of 16 to 24 year olds used cannabis in the last year. Cocaine is the next most commonly used drug with 5.9% of 16 to 24 year olds claiming to have used any form of it in the last year. This is followed by ecstasy at 4.3%. 3.9% of 16 to 24 year olds have used amyl nitrate in the last year and 3.4 % have used hallucinogens (LSD and magic mushrooms). 3.3% have used amphetamines with other drugs having a much lower prevalence in the last year including

glues<sup>2</sup> at 0.5% and opiates at 0.2%.

**Figure 2.2**



### 2.1.2 Trends in drug use among 16 to 24 year olds

Between 1998 and 2005/06 the use of any illicit drug in the past year has fallen from 31.8% to 25.2%. This was mainly due to the gradual decline in cannabis use over the same period from 28.2% to 21.4%. The use of most other non Class A drugs remained relatively stable between 1998 and 2005/06 apart from the gradual falls in the use of amphetamine (from 9.9% to 3.3%) and glues (from 1.3% to 0.5%).

### 2.1.3 Trends in Class A drug use

From 1998 to 2005/06 Class A drug use among young people remained stable overall. Cocaine powder use increased between 1998 and 2005/06 from 3.1% to 5.9% mainly due to a significant increase between 1998 and 2000. Since 2000 the use of powder cocaine has been stable. Ecstasy use rose slightly from 1998 to 2001/02 since when it has declined steadily although in 2005/06 it is still not significantly lower than in 1998.

The prevalence rate for opiates decreased between 1998 and 2005/06 from 0.8% to 0.2% mainly due to a decrease in the use of methadone from 0.6% in 1998 to 0.1% in 2005/06.

<sup>2</sup> Glues include glues, solvents, gas or aerosols

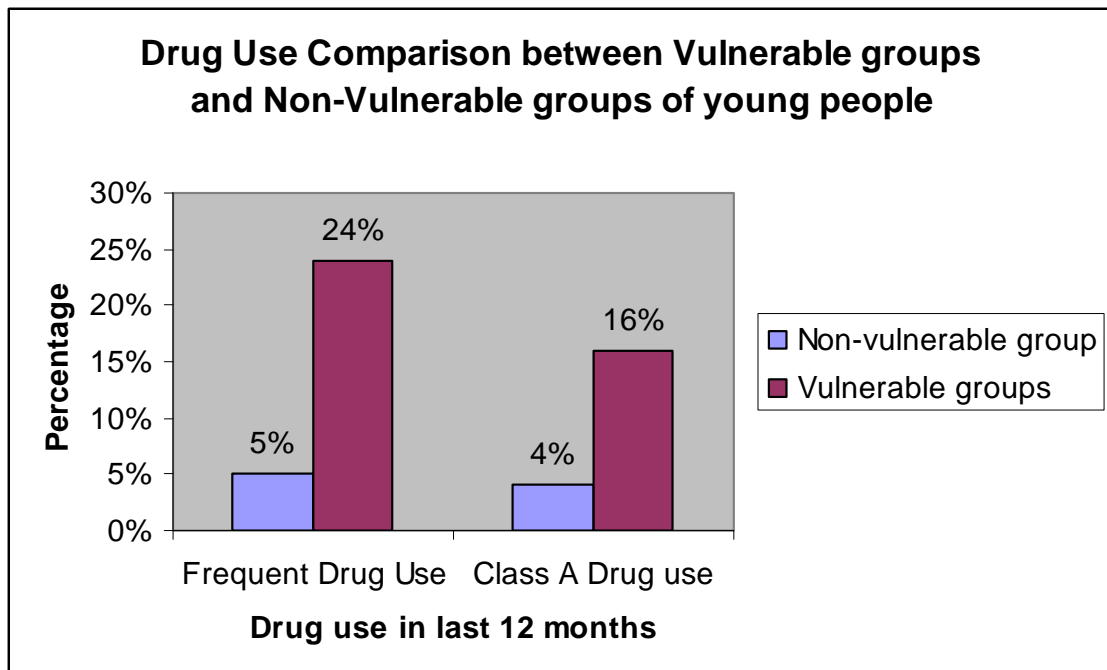
## 2.2 Drug Use among vulnerable groups of young people: findings from the 2003 Crime and Justice Survey

The Crime and Justice Survey examines the patterns of drug use among vulnerable groups of young people. There are five vulnerable groups of young people identified in the Crime and Justice Survey. These are young people who have been in care, those who have ever been homeless, truants, those excluded from school and serious or frequent offenders (Lloyd 1998).

In the survey vulnerable groups of young people represented less than a third (28%) of total young people (aged 10 to 14 years old) in the sample but accounted for more than half (61%) of Class A drug users in the last year. 24% of young people in vulnerable groups were frequent drug users in the last 12 months compared with only 5% of young people who used drugs frequently in the same time period and were not from a vulnerable group.

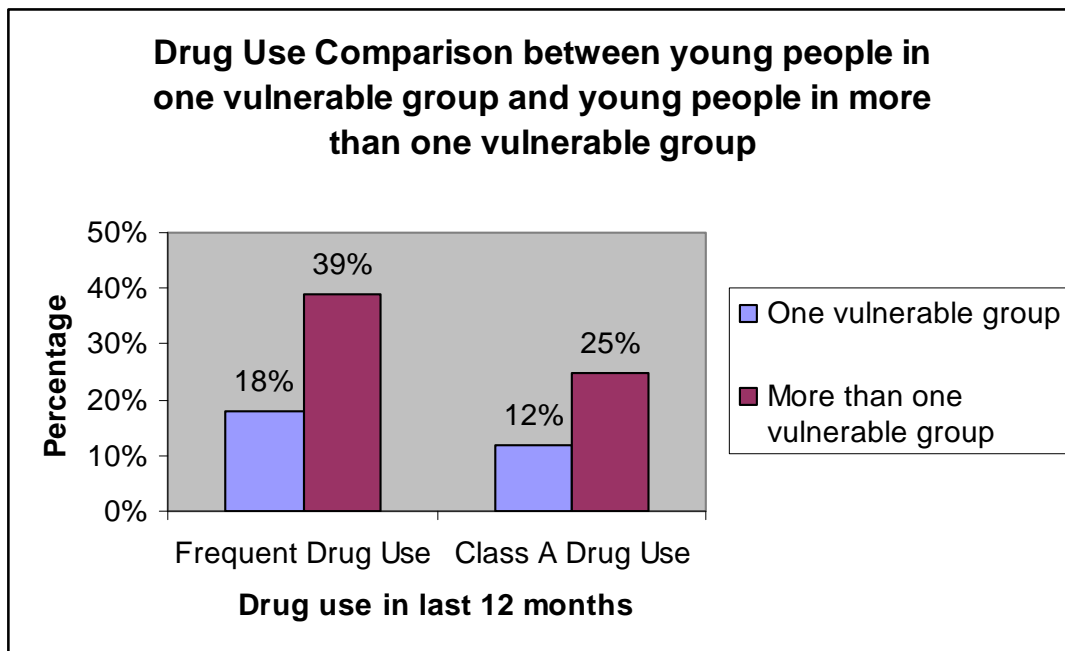
In terms of Class A drug use 4% of young people not in a vulnerable group used Class A drugs in the last year compared with 16% of those in the vulnerable groups used Class A drugs in the last 12 months. (Fig 2.3)

**Figure 2.3**



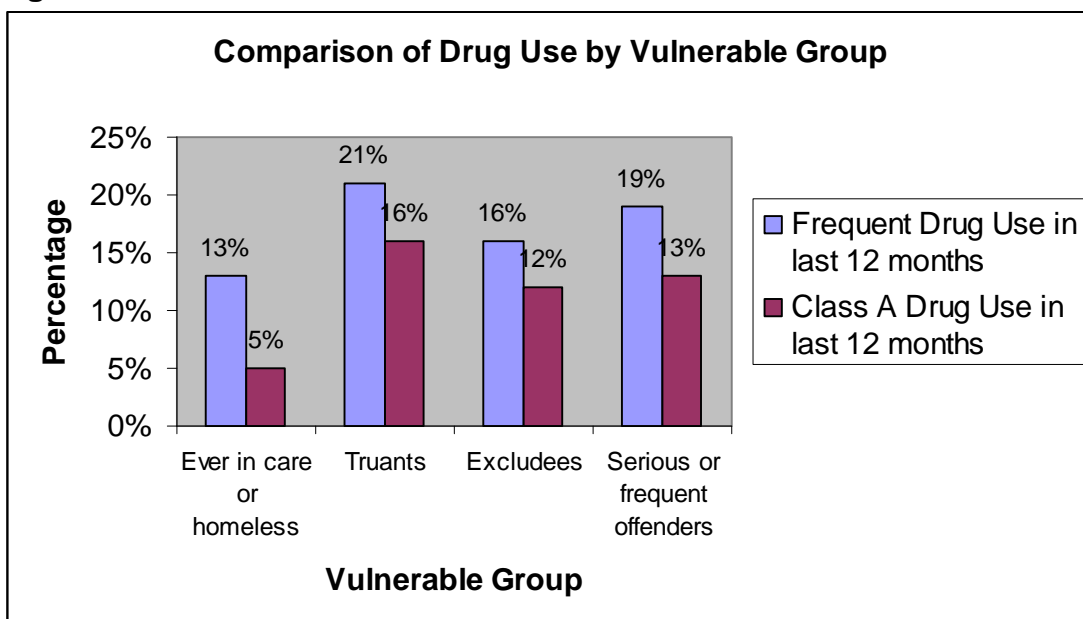
Young people who were members of more than one vulnerable group had significantly higher levels of drug use than members of just one vulnerable group. Frequent drug use in the last year for young people in more than one vulnerable group was 39% compared with 18% for those in just one vulnerable group. (Fig 2.4) Class A drug use in the last year showed a similar pattern with 12% of young people in only one vulnerable group using Class A drugs in the last 12 months compared with 25% of young people in more than one vulnerable group.

**Figure 2.4**



When comparing the levels of drug use and the vulnerable groups those who had been in care or homeless showed the lowest levels of drug use with serious or frequent offenders and truants showing the highest levels of drug use. (Fig 2.5) Class A drug use in the last year was 5% for those that had been in care or homeless, 13% for serious or frequent offenders and 16% for truants. Frequent drug use in the last 12 months was highest amongst Truants at 21% and lowest with young people who had been in care or homeless at 13%.

**Figure 2.5**



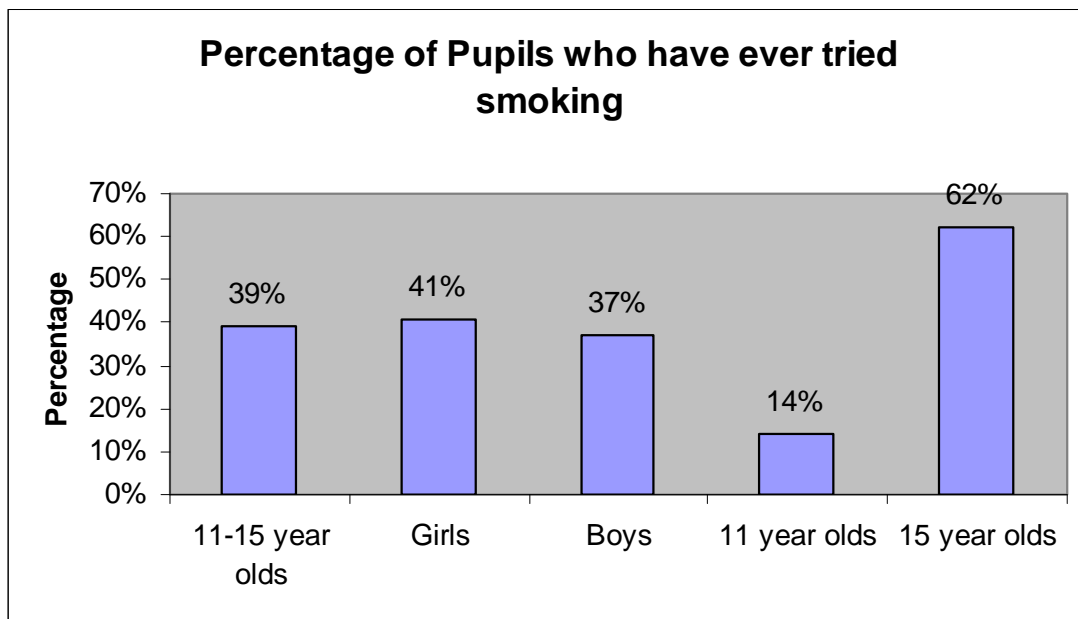
### 2.3 Drug Use, smoking and drinking among young people in England in 2004

In August 2005 the Department of Health published the document, '*Drug use, smoking and drinking among young people in England in 2004*'. This study looked at the prevalence of smoking and drug and alcohol use amongst school children between 11 and 15 years old and provides national estimates of use. 313 schools took part in the survey with approximately 35 pupils per school selected to complete the questionnaire across years 7 to 11. 9,175 questionnaires were completed by children in 2004.

#### 2.3.1 Prevalence of smoking

The study determined that 39% of pupils questioned had ever tried smoking. Girls were more likely to have tried smoking than boys with 41% of girls claiming to have tried smoking compared with 37% of boys. The study found that 11% of 11 to 15 year olds had smoked in the last week.

Figure 2.6



### 2.3.2 Prevalence of Alcohol Consumption

The study sought to determine the prevalence of alcohol consumption amongst school aged children. They found that in 2004 59% of 11 to 15 year olds had tried alcohol. The study found that the likelihood of having tried alcohol was strongly related to age with 25% of 11 year olds having tried alcohol compared with 86% of 15 year olds. (Fig 2.7) The pupils were also asked questions on alcohol consumption in the last week and the survey found that 23% of pupils had drunk alcohol in the last seven days. This equated to 4% of 11 year olds and 45% of 15 year olds. (Fig 2.8)

Figure 2.7

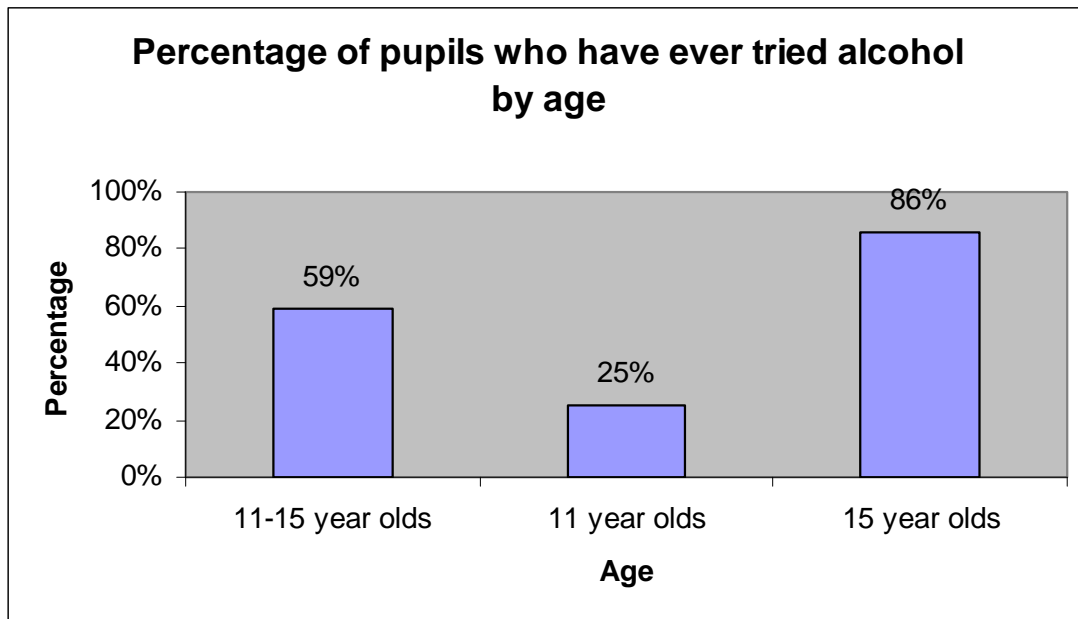
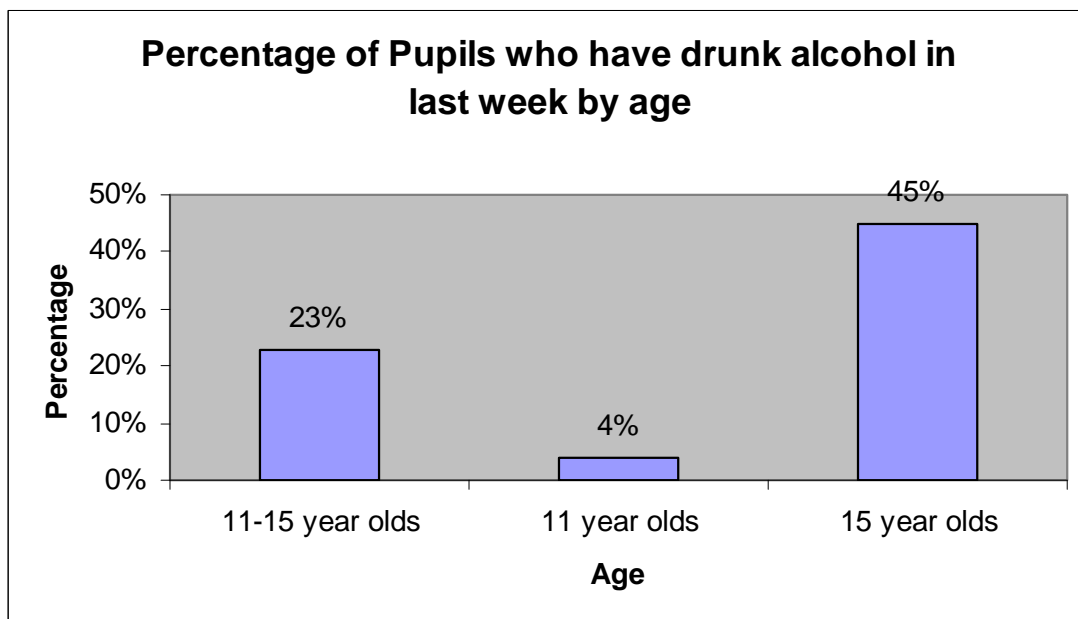
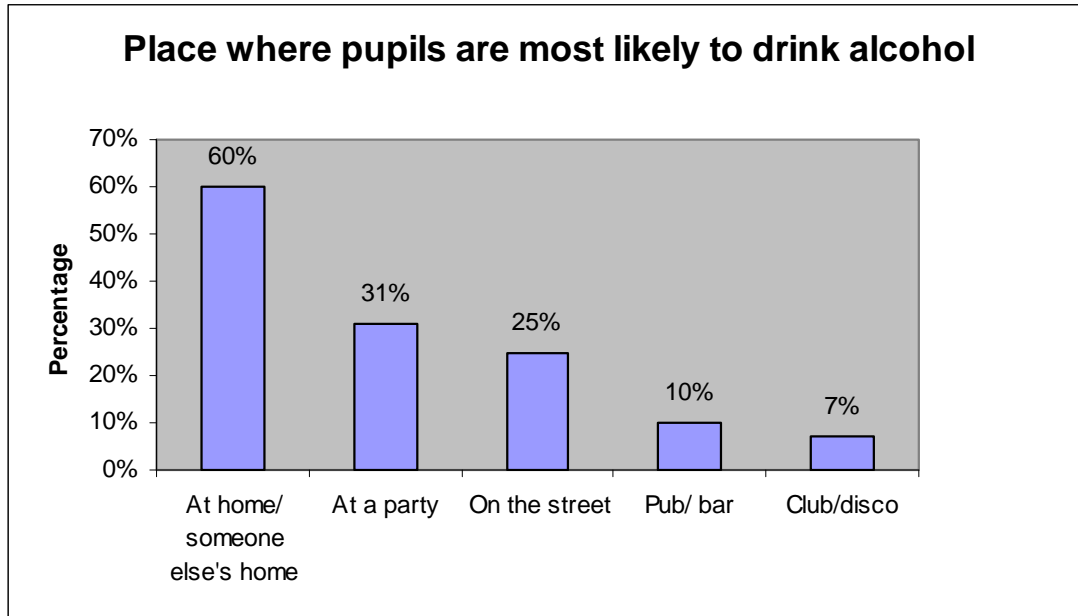


Figure 2.8



Of those questioned who had drunk alcohol the pupils were asked where they were most likely to consume alcohol. 60% of the respondents stated that they drank alcohol at their own home or someone else's home. 31% stated that they drank alcohol at a party with friends with 25 % of those questioned saying that they drank alcohol on the street. 10% claimed to drink alcohol in a pub or bar and 7% stated that they drank alcohol in a club or disco. (Fig 2.9)

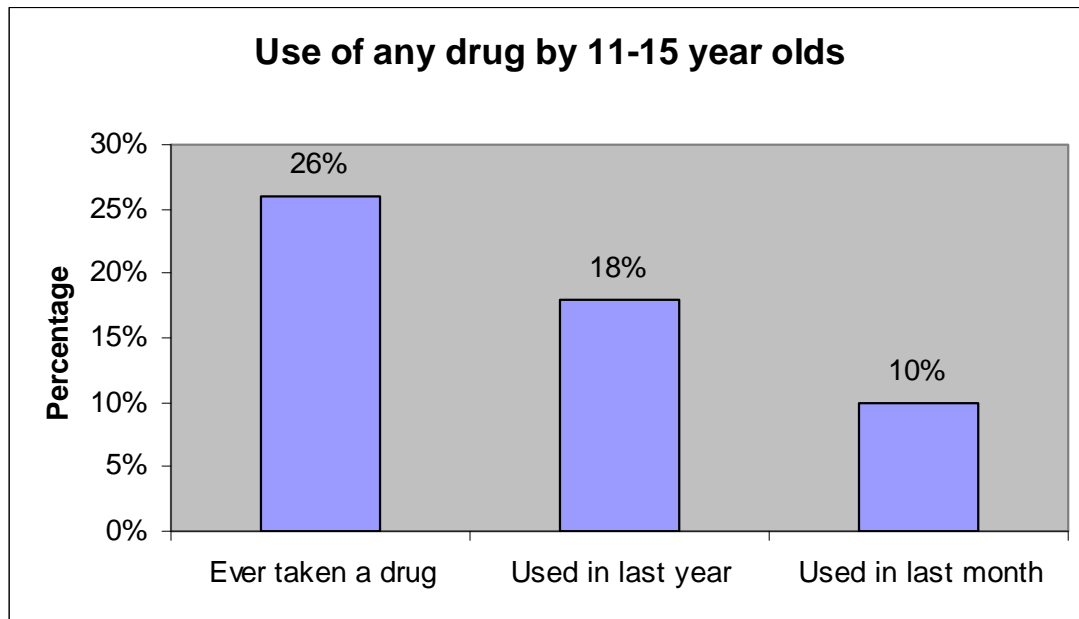
**Figure 2.9**



### 2.3.2 Prevalence of Drug Use

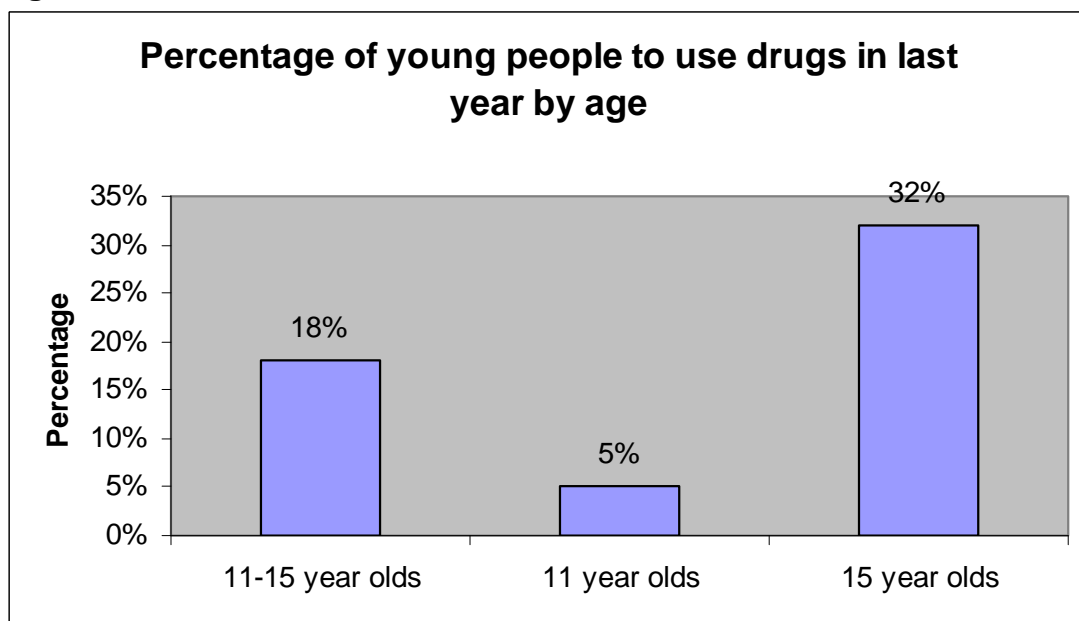
The survey asked pupils questions related to drug use and found that 36% of pupils had been offered one or more drug in their lifetime. The study found that in the 2004 26% of pupils aged 11 to 15 years old had ever taken a drug with 18% of pupils using one or more drug in the last year and 10% using in the last month.

Figure 2.10



The survey found that drug use was also strongly related to age. They found that of all 11- 15 year olds 18% had used one or more drugs in the last year. This equated to 5% of 11 year olds and 32% of 15 year olds. (See Fig 2.11)

Figure 2.11



### 2.3.3 Prevalence of Class A Drug Use

The survey also looked at prevalence of Class A drug use<sup>3</sup>. The survey found that 6% of 11 to 15 year olds had ever tried a Class A drug with 4% using in the last year and 2% in the last month. (Fig 2.12) Once again the survey found that use was very strongly related to age with 0.5% of 11 year olds using Class A drugs in the last year compared with 8% of 15 year olds. (See Fig 2.13)

Figure 2.12

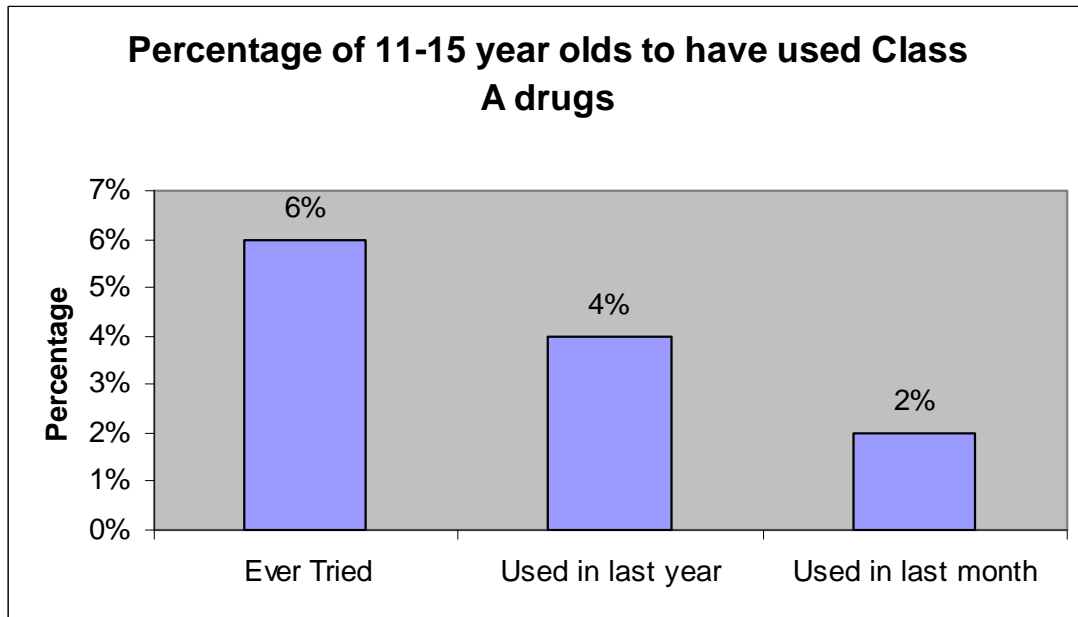
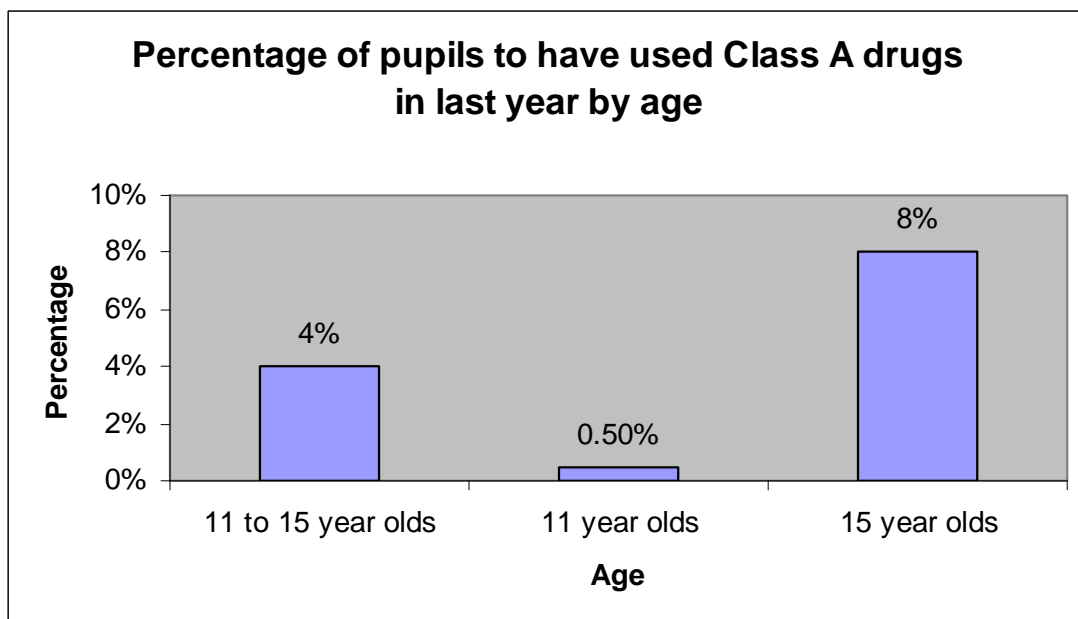


Figure 2.13



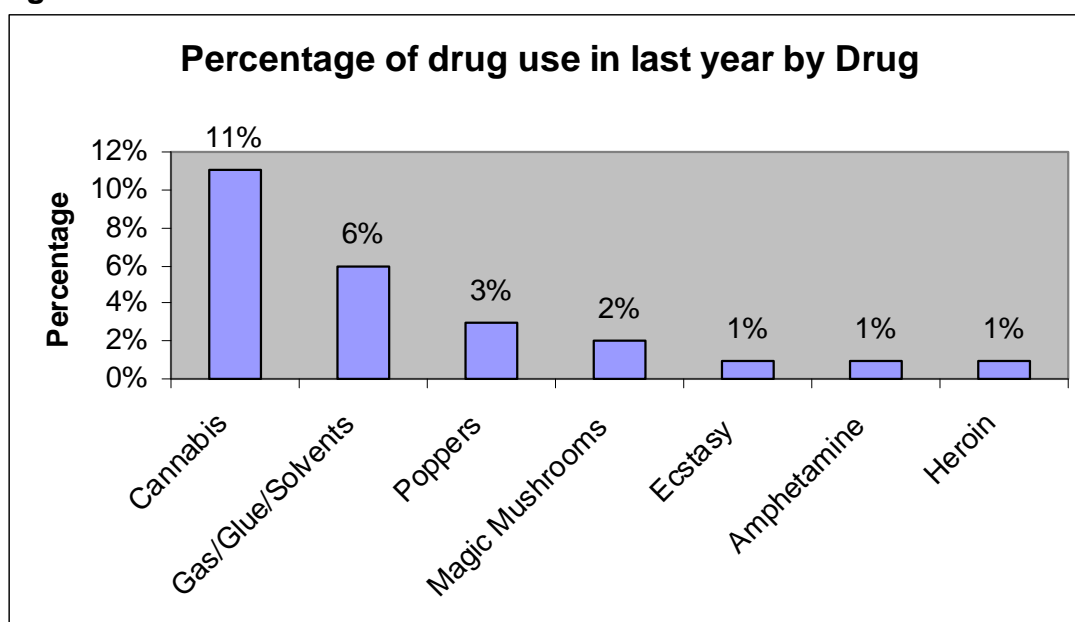
<sup>3</sup> Amphetamine (if injected), ecstasy, cocaine, crack cocaine, heroin, LSD, magic mushrooms, methadone

### 2.3.4 Drug Use in last year by Drug Type

The survey found that cannabis was the most used drug in the last year followed by gas/glue or solvents.(Fig 2.14) The survey found that 11 and 12 year olds were much more likely to use Gas/ glue than cannabis with 4% of 11 year olds using gas/glue in the last year compared with only 1 % of 11 year olds who had used cannabis. Similarly older pupils were less likely to use gas/glue with 7% of 14 year olds using gas/glue compared with 17% of 14 year olds that had used cannabis in the last year.

4% of 11 to 15 year olds had used a Class A drug in the last year and this included heroin and ecstasy both at 1%. It is important to mention that ecstasy and amphetamine use increased to 3% at aged 15 compared with the full age range of 1%. Heroin remained stable at 1% for 13 to 15 year olds.

Figure 2.14



### 2.3.5 Truancy and Exclusion

The study asked pupils about episodes of truancy and exclusion in the last year and found that those who had been excluded or truanted in the last year were more likely than those who had not to have used any drug in the last month. 38% of pupils who had truanted or been excluded had used any drug in the last month compared with 8% of all other pupils. 18% of pupils who had truanted or been excluded had used Class A drugs in the last year compared with 3% of other students.

However the study concludes that it is not possible to claim there is a causal link between truancy, exclusion and drug use and that the findings do not imply that playing truant or being excluded makes pupils more likely to smoke, drink or use drugs or that those who already smoke, drink or use drugs are more likely to play truant or be excluded from school.

## **SECTION THREE- Scoping of services in Trafford that offer support to young people, parents and carers around substance misuse.**

### **3.1 In-Volve Trafford**

In-Volve, a voluntary sector provider, has taken over the management of the specialist drug and alcohol service for young people who present with problematic use within Trafford borough. The service offers structured support that focuses on re-integrating young people back into mainstream services. The service offers prescribing in conjunction with adult drug and alcohol services.

The service focuses on vulnerable groups of young people and has a link post that works with Child and Adolescent Mental Health Services (CAMHS) to address dual diagnosis issues. The Youth Offending Service has a specialist drugs worker position that works with young people in contact with the criminal justice system and In-Volve works closely with the Looked After Children service and the Pupil Referral Units.

The service plays a key role in training other professionals in the identification of substance misuse needs in young people. The training is designed to provide professionals with the skills to assess young people's drug and alcohol use and refer to appropriate services for support. This helps to ensure appropriate referrals are received by In-Volve and that young people are offered a range of holistic interventions designed to support them with all aspects of their life.

### **3.2 Youth Offending Service**

Trafford Youth Offending Service (YOS) have a dedicated post to work with young people with specific drug and alcohol misuse issues. The post works closely with In-Volve Trafford in addressing the Tier 3<sup>4</sup> needs of young people and supports other professionals in their management of drug and alcohol issues that present with young people. The post is also an integral part of the Resettlement and Aftercare Provision.

### **3.3 Resettlement and Aftercare Provision**

Resettlement and Aftercare Provision (RAP) is a voluntary intervention that can provide additional support to young people in contact with the Youth Offending Service. The programme runs alongside statutory YOS involvement and can provide up to 25 hours per week of structured support. The project is aimed at reducing the substance misuse of young people involved in offending behaviour and is funded by the Home Office.

To be able to access RAP young people must either be receiving or be assessed as needing a Tier 3 or 4 substance misuse intervention or must be in need of Tier 2 substance misuse intervention and identified as high risk.

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<sup>4</sup> The HAS Tier system as set out in Appendix 1

The service offers a holistic service which focuses on young people as individuals within a wider context. Primarily RAP offers support in addressing substance misuse needs and health needs. They also offer support in engaging young people in education, training or employment and work to enable young people to make positive use of their leisure time by engaging them in pro-social lifestyles. RAP will support young people in addressing any accommodation needs and offer wider support in helping young people develop life skills, communication skills and social skills. RAP also offer support to parents, including parents who misuse drugs and/or alcohol.

### **3.4 PSHE Development Nurse**

The Personal, Social and Health Education Development Nurse works to support schools in delivering the substance misuse component of PSHE programmes in schools. This is provided through specialist support and advice, training and information sessions for teachers and governors and through working closely with parents through parents' evenings. The post works to highlight guidance from the Department for Education and Skills (DfES)<sup>5</sup> around Drug Incident and Drug Education Policies and the position looks to try and ensure all schools in Trafford have appropriate policies for dealing with drug related incidents.

The role also recruits teachers and school nurses onto the Continuing Personal Development Programme that offers skills in dealing with drug and alcohol related education and advice. The post is a fundamental component of the Healthy Schools Programme<sup>6</sup> in schools and works to the same Performance Management Framework.

### **3.5 School Nurses**

School Nurses are instrumental in ensuring the substance misuse agenda remains a priority within schools. The school nurses facilitate roadshows that deliver targeted information on pertinent issues including alcohol and smoking. In Trafford the process for dealing with substance related incidents or exclusions includes a referral to the school nurse to assess any specific substance misuse needs. This process is in its initial stages and the aim is to make it a key component of Drug Incident recording in schools.

### **3.6 Trafford Substance Misuse Assessment Tool**

The Substance Misuse Assessment Tool is a process designed to support professionals working with vulnerable young people in addressing substance misuse needs. The tool serves to highlight what level of intervention is

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<sup>5</sup> DfES (2004) Drugs: Guidance for Schools

<sup>6</sup> Launched in October 1999, it offers support for local programme coordinators and provides an accreditation process for education and health partnerships. The standard covers eight key themes: healthy eating, personal, social and health education (PSHE), citizenship, drug education (including tobacco and alcohol), emotional health and well-being (including bullying), physical activity, safety, and sex and relationship education.

required for a young person and a programme of support is developed that meets all the holistic needs of the young person. The tool gives professionals the skills to identify when a referral for specialist assessment to In-Volve Trafford is required and when this is not appropriate. The process works on the premise that young people will often thrive more if maintained in mainstream services and the tool offers a range of interventions that will inform and divert young people from substance misuse prior to when a specialist assessment is required.

In Trafford a range of professionals have been trained in the tool including School Nurses, the Youth Service, Education Welfare Officers, Learning Mentors and Pupil Referral Units and Looked After Children professionals. The tool will continue to be disseminated out to key professionals to ensure the wider needs of young people are addressed.

### **3.7 Youth Service**

The Youth Service offer a range of information and advice related to drugs and alcohol to young people in Trafford. This includes outreach work that targets key groups of vulnerable young people and provides targeted education as well as advice and information through the Talkshop and Youth Centres. The Youth Service provides group work sessions that look to raise issues related to drugs and alcohol and the service ensures that substance misuse remains a key priority in the work that they do.

The Youth Service are currently facilitating a programme of work within schools with key vulnerable young people that looks at wider issues affecting the pupils as well as substance misuse issues. The programme looks to establish peer support and education networks that will help to deliver key messages to other pupils.

### **3.8 Partington Children's Society**

The Children's Society in Partington provide a targeted support programme to young people between the ages of 12 and 19 that looks to address all the issues young people may be experiencing. The service offers the 'Futures' programme for 11-14 year olds. This is a twelve week course which covers areas such as confidence and self-esteem, anger management and provides a mentor once the young person has reached the end of the programme. The Children's Society receives referrals from schools, parents and services such as CAMHS. This programme is run twice a year for a group of eight to ten young people with high support needs.

The Children's Society also runs 'M31' a programme for 16-19 year olds which covers safe driving in preparation for driving tests. The service offers a range of outdoor education in conjunction with the Youth Service and work closely with other partners in providing a flexible and appropriate service to young people in Partington.

### **3.9 Trafford Young Carers**

Trafford Young Carers offer support to young people who care for a parent or parents who have a disability, illness or who may have a drug or alcohol problem. The service offers support to the whole family and will look to address issues related to school attendance, access into services and supporting the parents in addressing their use. They offer access to respite care for young people and involve young people in activities with other young people in similar circumstances.

## SECTION FOUR- LOCAL STATISTICS

### 4.1 Youth Service Survey 2006

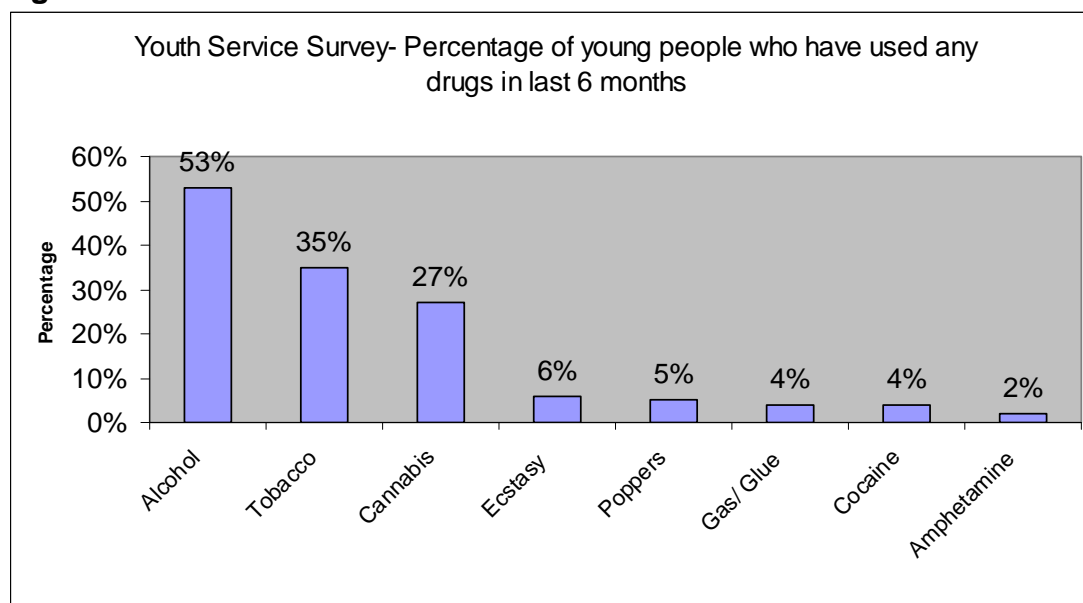
The Youth Service completed a survey with 284 young people in June 2006 to try and gain an understanding of the views young people had about drugs in their local area and to achieve some clarity around the drugs young people were choosing to use. 36% of respondents were female and 64% were male.

Nearly three-quarters (70%) of the young people questioned were aware of drug use in their local area with 10% not aware of drugs and 5% unsure. Of those that stated they were aware of drugs in their local area 24% felt that drug use was 'high', 36% thought it was 'medium' and 19% thought drug use was 'low' in their local area.

The young people surveyed were asked if they had been offered a drug in the last 6 months. 48% claimed to have been offered a drug with 51% responding that they had not been offered a drug. 59% of young people questioned said they would know where to go to get help if they were experiencing problems with drugs. 23% responded that they did not know where to go for help with 18% stating they were not sure. Those that did say they knew where to go for help stated that they would go to 'family' for help with parents or siblings seen as the most popular place to ask for help.

Young people were asked what drugs they had used in the last 6 months. 53% stated that had used alcohol in the last 6 months with 35% stating they had used tobacco in the same time period. 27% of young people claimed to have used cannabis in the last 6 months followed by ecstasy at 6%. 5% of young people had used poppers with 4% using gas/glue and 4% using cocaine in the last 6 months. 2% had used amphetamine in the last 6 months with a very small percentage (<1%) using heroin and methadone.

**Figure 4.1**

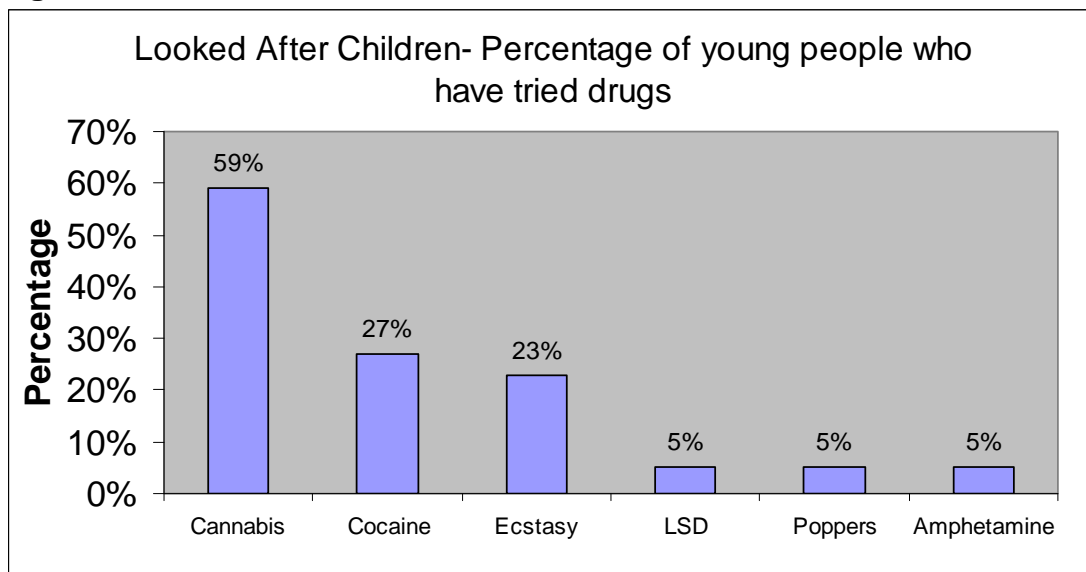


## 4.2 Looked After Children Survey 2006

Looked after Children completed a survey about drug and alcohol use with 22 young people in Local Authority Care. 41% of those questioned stated that they had tried drugs with 14% claiming to have used 'lots of drugs'. 45% of respondents said they had never tried any drugs. When asked about alcohol 59% claimed to drink alcohol with 41% stating they did not drink.

In terms of drug use the young people were asked what drugs they had tried. 59% had tried cannabis with 27% claiming to have tried cocaine. 23% had used ecstasy in the past with 5% of young people having tried amphetamine, poppers and LSD. (Fig 4.2)

**Figure 4.2**



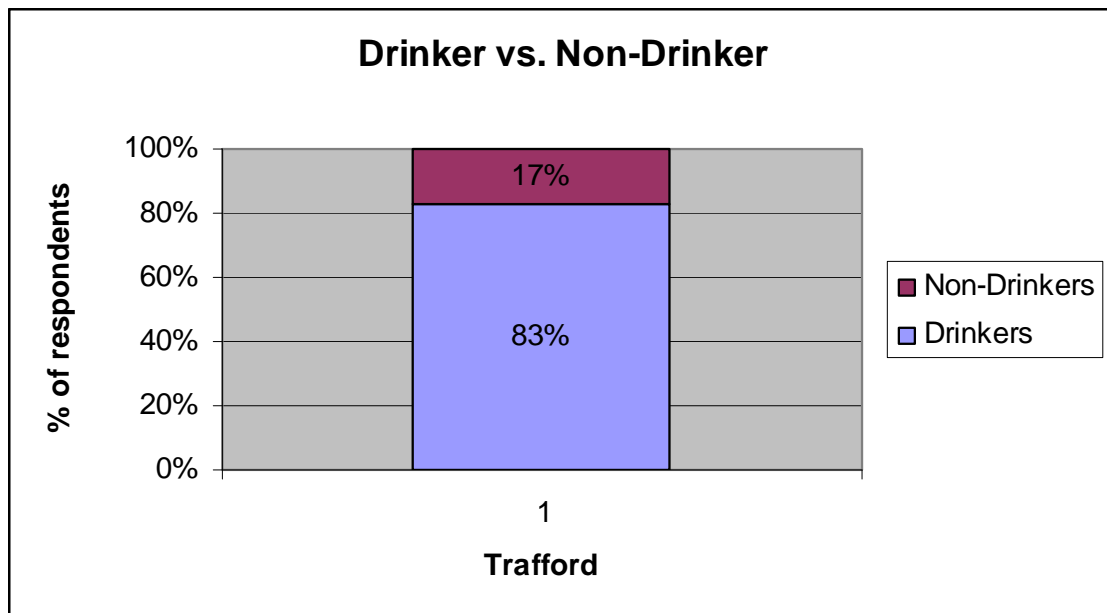
### 4.3 Trading Standards North-West Alcohol Survey with Young People

Trading Standards North-West completed an Alcohol Survey with young people between the ages of 14 and 17 years old in 2005. 889 young people completed the questionnaire in Trafford.

The results of the survey concluded that 83% of the young people questioned termed themselves as drinkers versus 17% who termed themselves as non-drinkers (Fig 4.3). Trafford was amongst the lowest percentage in the North-West for the number of respondents who identified themselves as drinkers with only Rochdale, Manchester and Blackburn showing lower percentages.

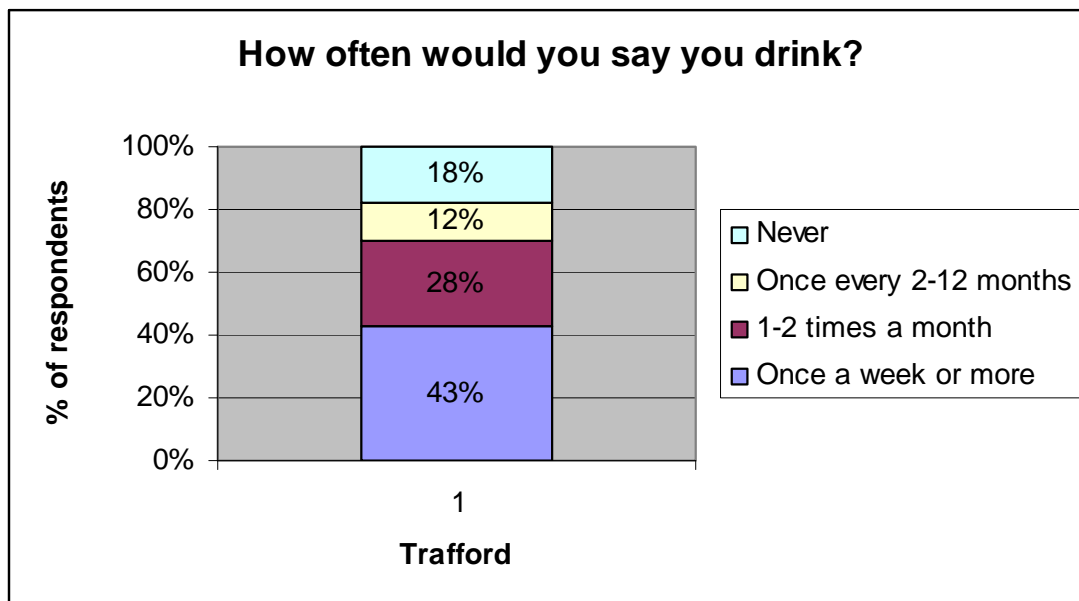
The results for the North-West demonstrated that drinking alcohol was significantly higher amongst 16 year olds than the other age groups.

Figure 4.3



The study found that 43% of respondents drank once a week or more with 28% drinking 1-2 times a month. Over one-tenth (12%) claimed to drink once every 2-12 months and 18% claimed to never drink. (Fig 4.4)

**Figure 4.4**



68% of the teenagers in the North-West when questioned were not concerned about the health problems that drinking may cause. The report concluded that it may be necessary to provide teenagers with more education related to the effects of alcohol consumption. Across the North-West 40% of 14-17 year olds claimed to buy their own alcohol and the conclusion from the report recommended tougher penalties for retailers and placing the responsibility on door supervisors and their employers in ensuring that there is no underage drinking in pubs and clubs.

In the North-West 59% of underage drinkers got the alcohol they drank from their parents and the report concludes that there may be a need to reinforce the law with parents so they are aware of the penalties they could face if caught. The report also questions whether there should be tougher penalties for adults caught buying alcohol for underage drinkers and whether high profile media cases of adults caught buying would be useful in putting across the message.

The report also demonstrated that there was a link between underage drinking and a perceived lack of facilities and activities for young people in their local area. The report recommends the scoping of services available for young people on Friday and Saturday nights when they are more likely to drink.

#### 4.4 Trafford Police Statistics on Drug Offences in 2005/06 and 2006/07

Trafford Police statistics in 2005/06 recorded 206 young people being arrested for drug offences. Of the young men arrested 78% were White British, 10% were Afro Caribbean and 5% were Asian. 2% were reported as being Dark European and 10% were of unknown ethnicity. Of the young women arrested 100% were White British.

Statistics in 2006/07 has seen 166 in total being arrested for drug offences as at January 2007. Of the young men arrested 81% were White British, 10% Afro Caribbean and 4% Asian. 1% was of Dark European ethnicity and 3% were of an unknown ethnicity. Of the females arrested 64% were White British and 36% were Afro Caribbean.

With males arrested the number of arrests in 2005/06 and 2006/07 were strongly related to age as the number steadily increased with each year. This association was not seen as clearly with females arrested for drug offences. 2005/06 saw static numbers of 1 arrest for 14-17 years olds and 2 18 year old females. 2006/07 has seen more 14 year old females arrested than 15 and 16 year olds.

Figure 4.5

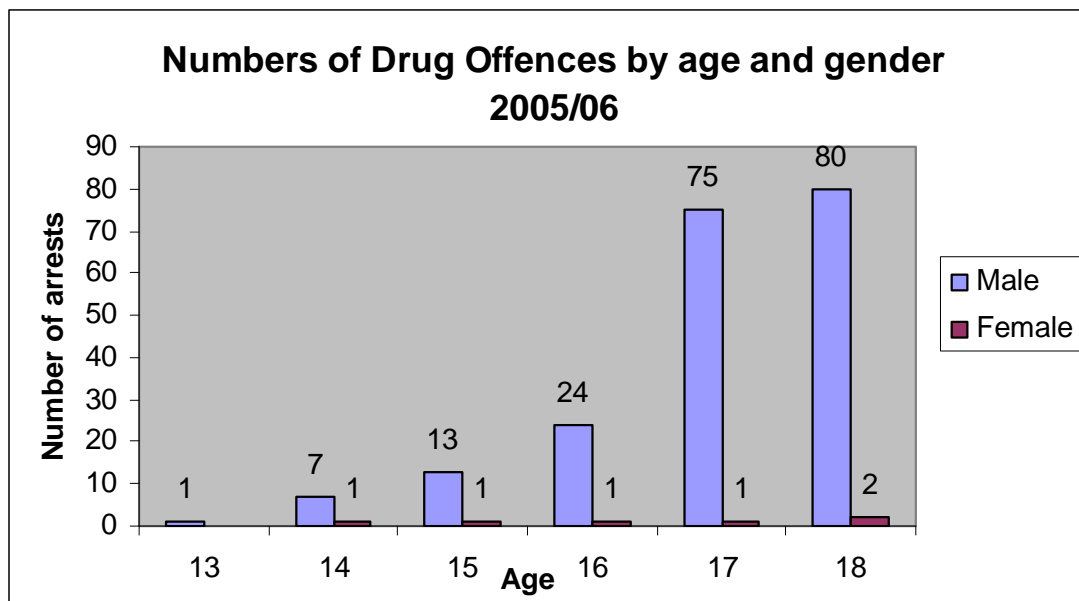
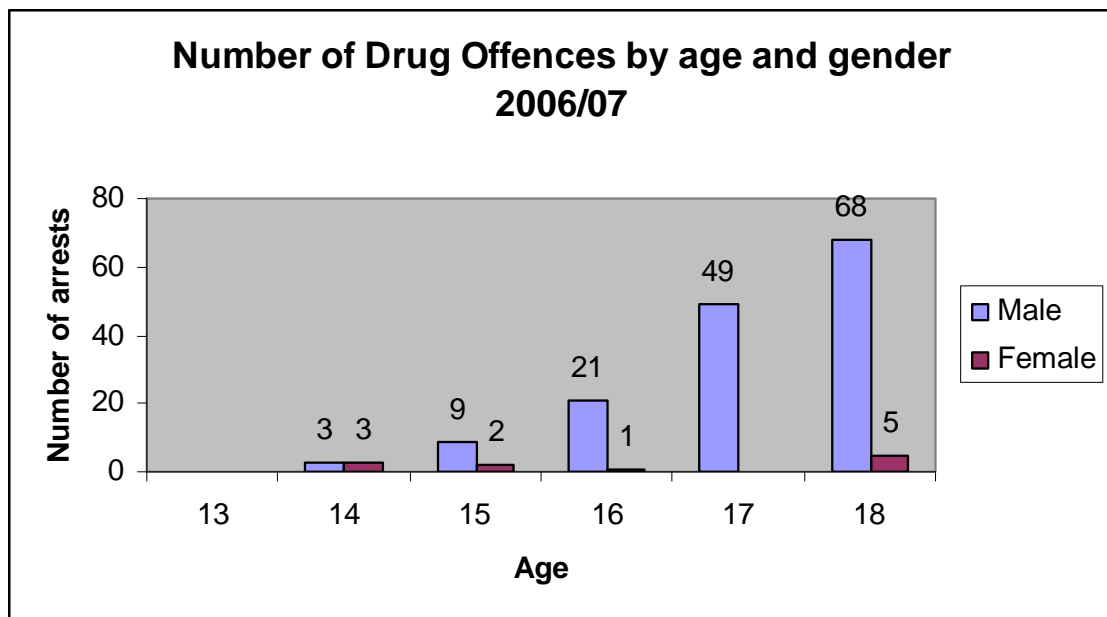


Figure 4.6



The Drug offences are not able to be broken down by offence type but a high proportion may be related to Cannabis possession. A number of these young people may be in contact with the Youth Offending Service but we are unable to compare these figures.

At this point it is difficult to draw conclusions from statistics without final year end figures. It is concerning that 11 young women have been arrested in 2006/07 so far compared with 6 in 2005/06. This may be due to an increased number of young people being caught with Cannabis and being arrested. Without a breakdown of offences then we are unable to draw any conclusions as to why more females are being arrested in 2006/07.

## 4.5 Alcohol Admissions to Hospital 2004/ 2005

### 4.5.1 Admittance to Trafford General Hospital

In Trafford in 2004/05 seventeen young people aged 0-16 years old were admitted to hospital due to 'mental and behavioural disorders due to use of alcohol- acute intoxication.' Six young people aged 17 to 24 were admitted to hospital due to the same diagnosis with one person being admitted due to 'dependence syndrome'.

**Table 4.1**

<b>Primary Diagnosis</b>		
<b>Diagnosis Description</b>	<b>0-16</b>	<b>17-24</b>
Mental and behavioural disorders due to use of alcohol- acute intoxication	17	6
Mental and behavioural disorders due to use of alcohol - dependence syndrome		1
<b>Total</b>	<b>17</b>	<b>7</b>

### 4.5.2 Accident and Emergency Attendances

Statistics for attendance at Accident and Emergency show that ten 0 to 16 year olds attended Trafford General with 'alcohol abuse' and forty- seven 17 to 24 year olds attended with 'alcohol in conjunction with overdose, drugs, accident, depression, assault'. At Manchester Royal Infirmary two 0-16 year olds from Trafford attended Accident and Emergency for 'poison other including alcohol' with five 17-24 year olds attending for the same reason.

**Table 4.2**

<b>Trafford General Hospital</b>		
<b>Reason for A and E attendance</b>	<b>0-16</b>	<b>17-24</b>
Alcohol Abuse	10	0
Alcohol in conjunction with overdose, drugs, accident, depression, assault	0	47
<b>Total</b>	<b>10</b>	<b>47</b>

<b>Manchester Royal Infirmary</b>		
<b>Reason for A and E attendance</b>	<b>0-16</b>	<b>17-24</b>
Poison other including alcohol	2	5
<b>Total</b>	<b>2</b>	<b>5</b>

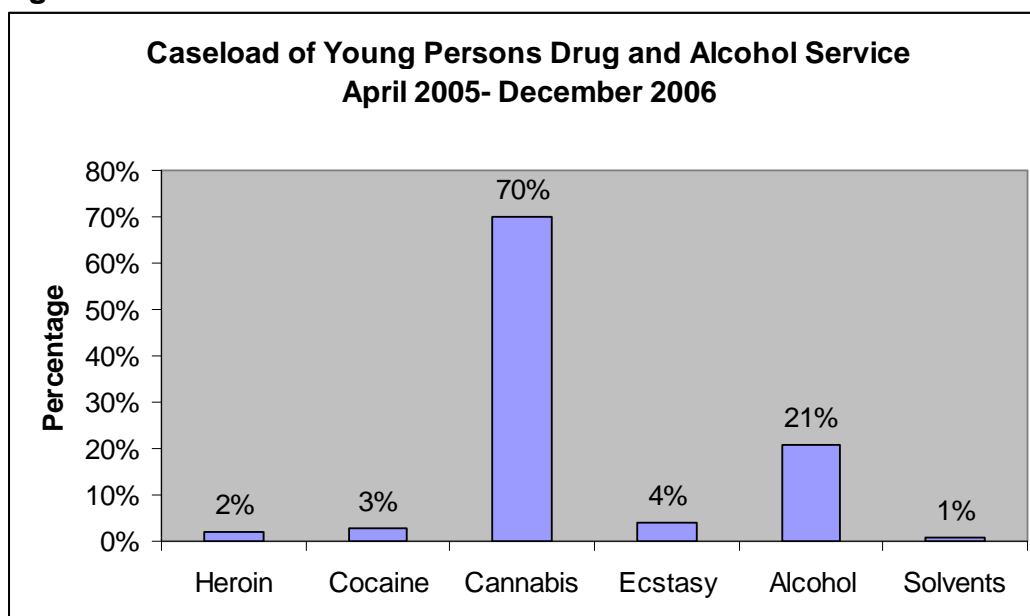
#### 4.6 Young Persons Drug and Alcohol Service Statistics April 2005-December 2006

The Young Persons Drug and Alcohol Service and the Youth Offending Substance Misuse Worker work closely in delivering interventions for young people with substance misuse issues. Table 4.3 shows the numbers of young people who have been in contact with the Young Person's Service and the YOS from April 2005 to December 2006. 113 young people participated in treatment during this period with 61% being male and 39% being female. 47% of the young people in contact with the service were aged 16 or 17 with 36% of the caseload being 14 or 15 at assessment. 5% were aged 12 or 13 with 12% being over 18 years of age. 89% of the caseload for this period of time was of White British ethnicity with 6% being of Black British Caribbean ethnicity and 1% stating Mixed Other. 2% stated their ethnicity was White Other and 2% did not state an ethnicity.

Young people are assessed at the service for their primary drug of choice and as well as poly-drug use, with assessments outlining any other secondary drugs that also may be involved. Cannabis is the main drug of choice in 70% of cases seen since 2005 followed by alcohol at 21%. Class A use was split with 4% stating that ecstasy is their main drug of choice, 3% presenting with issues related to cocaine use and a further 2% of young people in this period have a main drug issue with heroin. 1% also presented with issues related to solvent use.

In terms of 'Other Drugs' combined with their main presenting drug issue 16% state that alcohol is a factor in their need for treatment followed by 12% of clients presenting with secondary drug use of ecstasy. 7% of service users state that cannabis is their secondary issue, 4% stating amphetamine and 1% stating magic mushrooms. Of the Class A substances 9% stated cocaine and a further 1% each stated crack cocaine and heroin as a secondary drug.

Figure 4.7



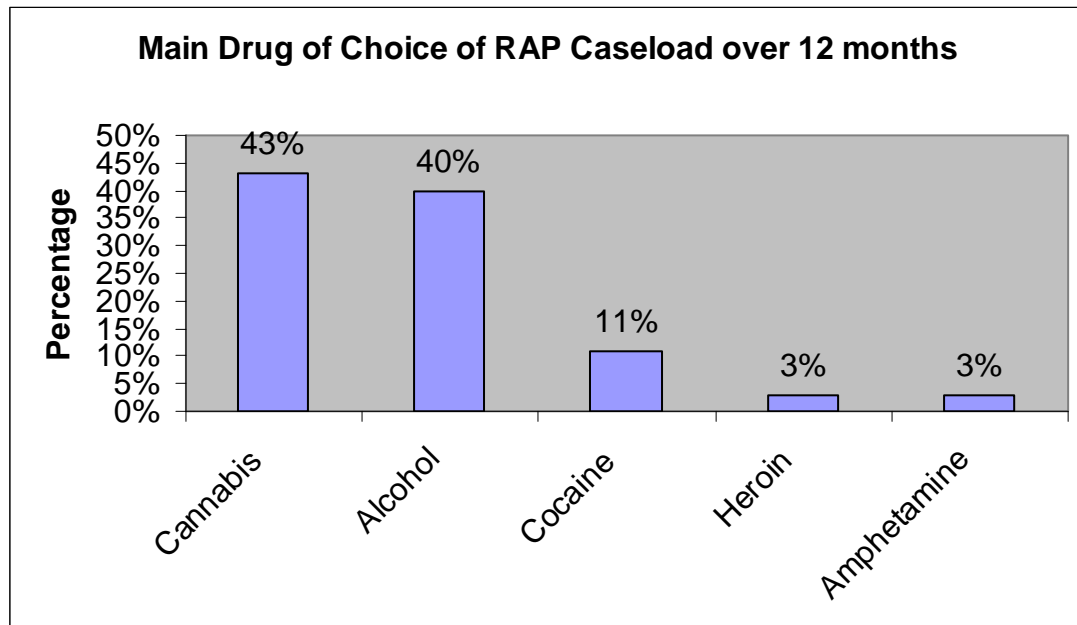
**Table 4.3 Young Persons Drug and Alcohol Service Performance Figures  
April 2005- December 2006**

<b>Gender</b>	<b>Percentage</b>
Male	61%
Female	39%
<b>Age</b>	<b>Percentage</b>
12 to 13	5%
14 to 15	36%
16 to 17	47%
18+	12%
<b>Ethnicity</b>	<b>Percentage</b>
White British	89%
White other	2%
Black British Caribbean	6%
Mixed other	1%
Not stated	2%
<b>Main Drug</b>	<b>Percentage</b>
Heroin	2%
Cocaine	3%
Cannabis	70%
Ecstasy	4%
Alcohol	21%
Solvents	1%
<b>Other Drugs</b>	<b>Percentage</b>
Alcohol	16%
Amphetamine	4%
Cannabis	7%
Cocaine	9%
Crack	1%
Ecstasy	12%
Ketamine	2%
Mushrooms	1%
Heroin	1%

#### 4.7 Resettlement and Aftercare Provision Statistics

The RAP programme has worked with 35 young people since April 2006 that have significant substance misuse issues and other complex needs. Of these young people most have been poly drug users but it is possible to identify the primary drug of choice for individuals on the programme. This tends to be the drug that is causing the young person the most harm. The RAP team found that in 43% of cases cannabis was the main drug of choice followed by alcohol in 40% of cases. Cocaine was identified as the main drug of choice in 11% of cases with heroin and amphetamine both being the drug of choice in 3% of cases.

Figure 4.8

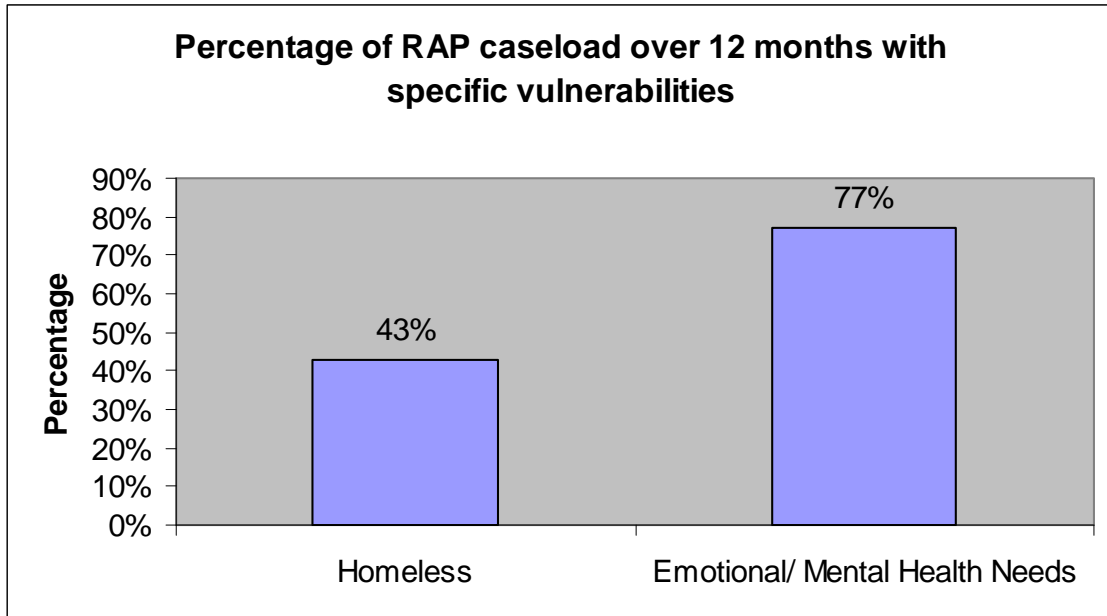


The RAP programme work holistically with young people in addressing the wide range of issues that they may be facing including accommodation problems and health issues. The RAP team has found that they have seen a number of young people with specific vulnerabilities related to their individual circumstances. RAP have found that 43% of young people seen on the RAP programme have spent time either homeless or in temporary accommodation such as a 'Bed and Breakfast' or on a friend's sofa.

Few cases on the RAP programme have been formally diagnosed with mental health or dual diagnosis needs but the RAP's assessment processes have identified that 77% of young people involved in RAP have emotional and/or mental health needs that are not currently being met by mainstream services.

Figure 4.9

**Figure 4.9**



#### 4.8 School Exclusions – Substance Misuse 2006/07

School exclusions are reported to CYPS's Information Unit by schools who categorise the exclusion according to a defined list of reasons set by the Department for Education and Skills. The category that relates to substance misuse is 'Drug and Alcohol Related'. The Information Unit receives the notification of exclusion from the school in the form of a copy of the letter that the school sends to the Young Person's parents. This, in many cases, allows the actual reason for the exclusion to be broken into 'Substance Misuse – Cigarette', 'Substance Misuse – Alcohol', and 'Substance Misuse – Classified Substances'. This classification has been carried out since the start of the 2006/2007 Academic Year

In the autumn and spring terms of the 2006/2007 academic year, there were 993 fixed-period exclusions and 13 permanent exclusions. Of these 40 fixed-period exclusions were 'Drug and Alcohol Related', with no permanent exclusion being Drug and Alcohol related. Of the 40 fixed period exclusions that were Drug and Alcohol related 1 was due to alcohol, 4 were due to classified substances, 33 were due to smoking cigarettes and 2 were not specified.

**Table 4.4**

Term	Fixed-Period Exclusions	Drug and Alcohol		Cigarette	Alcohol	Classified Substance	Not Stated
Autumn 2006	612	21	3.4%	19	0	0	2
Spring 2007	381	19	5%	14	1	4	0
<b>Total</b>	<b>993</b>	<b>40</b>		<b>33</b>	<b>1</b>	<b>4</b>	<b>2</b>

## **SECTION FIVE- HIDDEN HARM**

### **5.1 Hidden Harm Introduction**

The Advisory Council on the Misuse of Drugs completed an inquiry in 2003 into the numbers of children with one or more parents having serious drug problems. The inquiry sought to estimate the numbers of children with problematic drug using parents and determine the extent that use impacted on children.

The inquiry estimates that there are between 200,000 and 300,000 children in England and Wales where one or both parents have serious drug problems. This represents about 2-3% of all children under the age of 16. 37% of fathers in the study were still living with children compared with 64% of mothers. The report also concludes that parental substance misuse has the potential to cause serious harm for a child at every age from conception through to adulthood. The report concludes that if parents can be offered effective treatment for their drug problems that this can have a positive effect on the outcomes of their children.

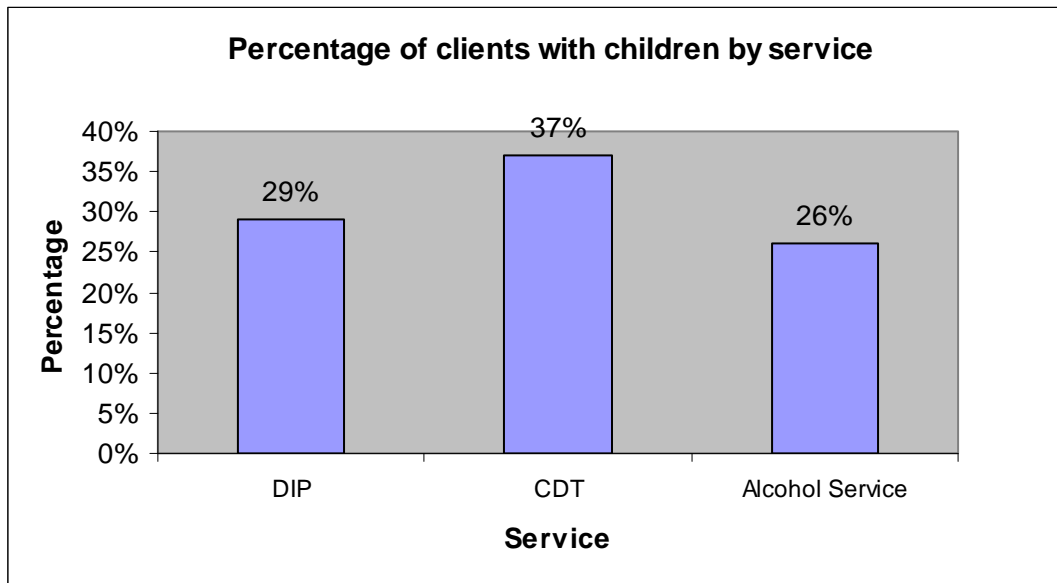
The National Association of Children of Alcoholics ([www.nacoa.org.uk](http://www.nacoa.org.uk)) estimate that there are at least 920,000 children currently living in a home today where one or more parents have problems with alcohol. They have found that familial alcohol misuse can adversely affect all aspects of a child's life from school life through to behavioural problems and compulsive disorders.

This needs assessment has sought to determine the numbers of children of drug users to try and estimate the scale of the problem in Trafford. The study also seeks to establish the numbers of children of alcohol misusing parents to give a clearer picture of the overall problem. Historically in Trafford drug and alcohol services have not systematically monitored the numbers of children service users have. Collection of information has begun over the last year and this is the first occasion that this information has been collected from services.

## 5.2 Methodology

For this study we have asked services to provide information related to the current caseload in treatment which determines the numbers of children of users, where those children live and whether they have ongoing contact with CYPS Social Services. Figure 5.1 shows the percentage of the current caseload of clients by service who have children. 29% of the clients in contact with the Drug Intervention Programme (DIP) have children. 37% of those in contact with the Community Drug Team (CDT) have children and 26% of the current caseload of the Alcohol Service have children.

**Figure 5.1**



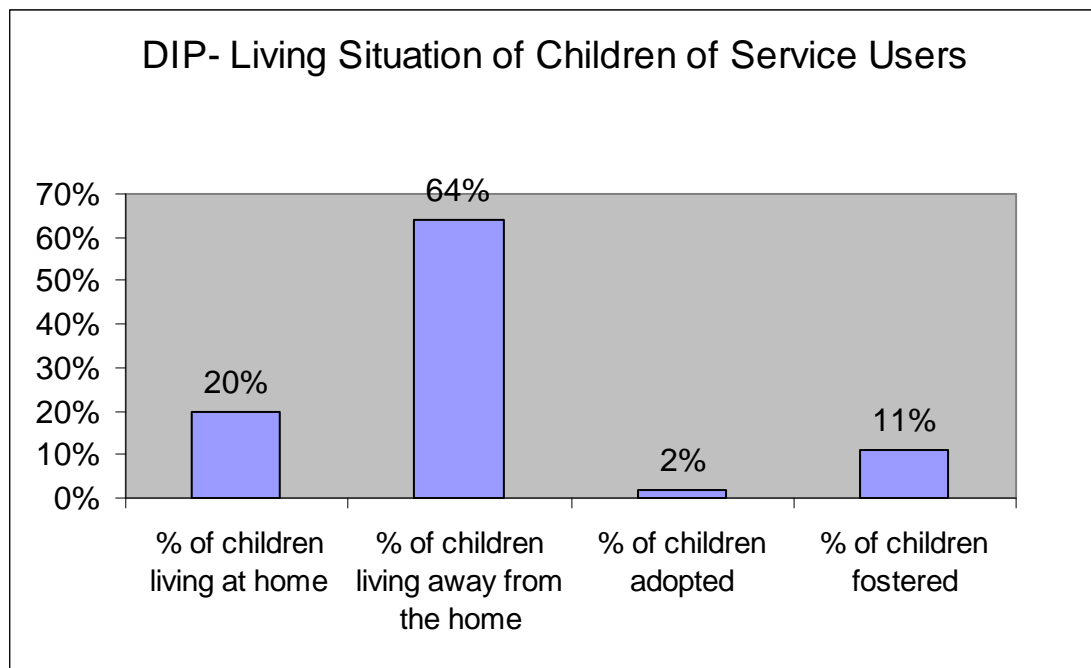
### 5.3 Drug Intervention Programme

The Drug Intervention Programme delivers structured support and fast-track access to prescribing for drug users in contact with the criminal justice system. They provide a structured programme in a bid to support service users out of the criminal justice system and into treatment.

DIP provided a snapshot of clients in contact with services in December 2006 and provided information on the number of children clients have, their age and where the children reside. Of the current caseload of 84, 29% of the clients had children. 20% of the children still lived with their parents with 64% living away from home. This may be with another relative or grandparents. 2% of the total numbers of children have been adopted with 11% being in foster care (see Figure 5.2).

These figures perhaps represent the more chaotic nature of the clients that are being seen by DIP. They will be in contact with the criminal justice system and are likely to be committing offences related to their drug use. Of the client caseload we do not have a split of male to female clients so it may be that a number of the children living away are living with mothers and the fathers are service users. The chaotic nature of the service user would indicate more involvement with social services which is seen through the percentage of children fostered. However we do not have accurate numbers on children who have ongoing involvement from Social Services.

**Figure 5.2**



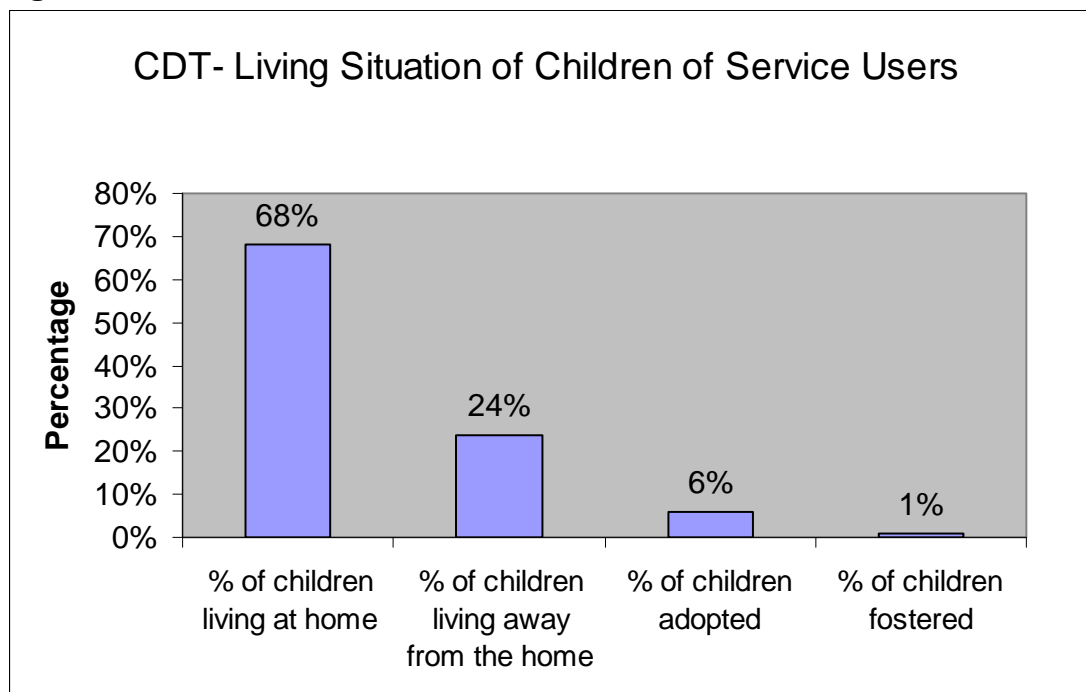
## 5.4 Community Drug Team

The Community Drugs Team is a specialist community based drug treatment service working with clients on a structured programme of care including clinical interventions. The service tends to have a more stable base of service users who may have been in treatment for a period of time and are able to function more consistently with clinical support.

The service provided a snapshot of their current caseload to give an indication of the numbers of children of drug users. Of the current caseload of 301 37% of service users had children. Of these children 68% were still living with their parent. 20% were living with the other parent or another relative. 6% of children were adopted with 1% being in foster care.

The CDT do tend to have more stable clients and this can be seen in the percentage of children who are still living at home with the parent. Fewer children are currently in foster care placements compared with the DIP service. There is a greater percentage of children who have been adopted in the CDT but as there is a higher proportion of children in foster care in DIP then this makes this less significant.

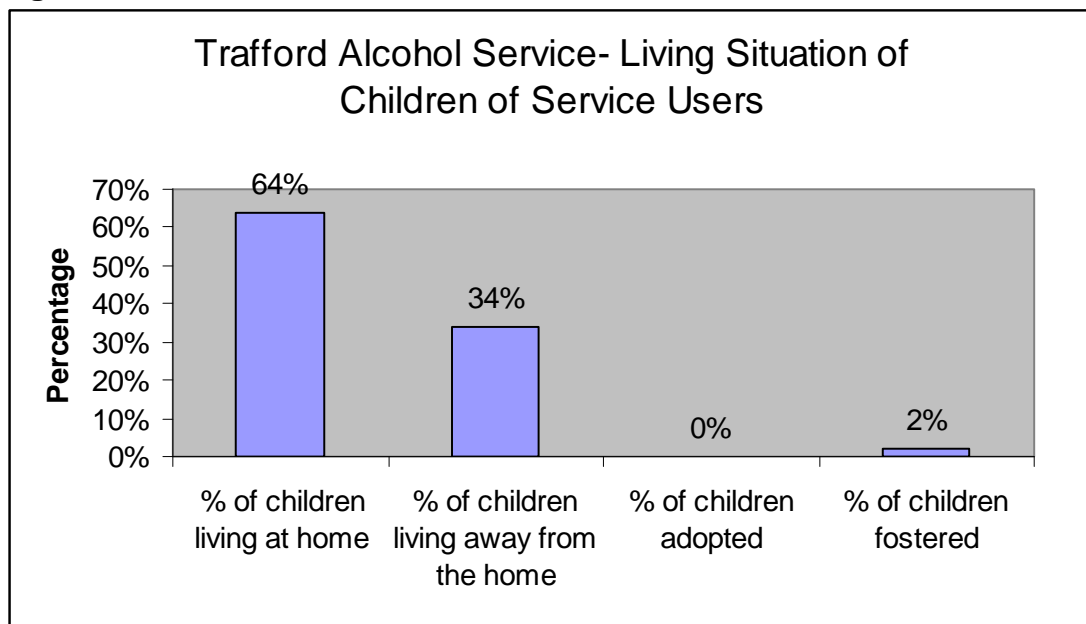
**Figure 5.3**



## 5.5 Trafford Alcohol Service

Trafford Alcohol Service provides specialist support including access to detoxification to adults with alcohol misuse issues. The service has started to collect information related to children of users over the last year and provided a breakdown of their current caseload. 26% of the current caseload of 223 have children. Of the total number of children 64% are currently living at home with the parent. 34% of the total numbers of children are currently living away from the home with either the other parent or a relative. None of the children of the current caseload have been adopted with 2% being in foster care.

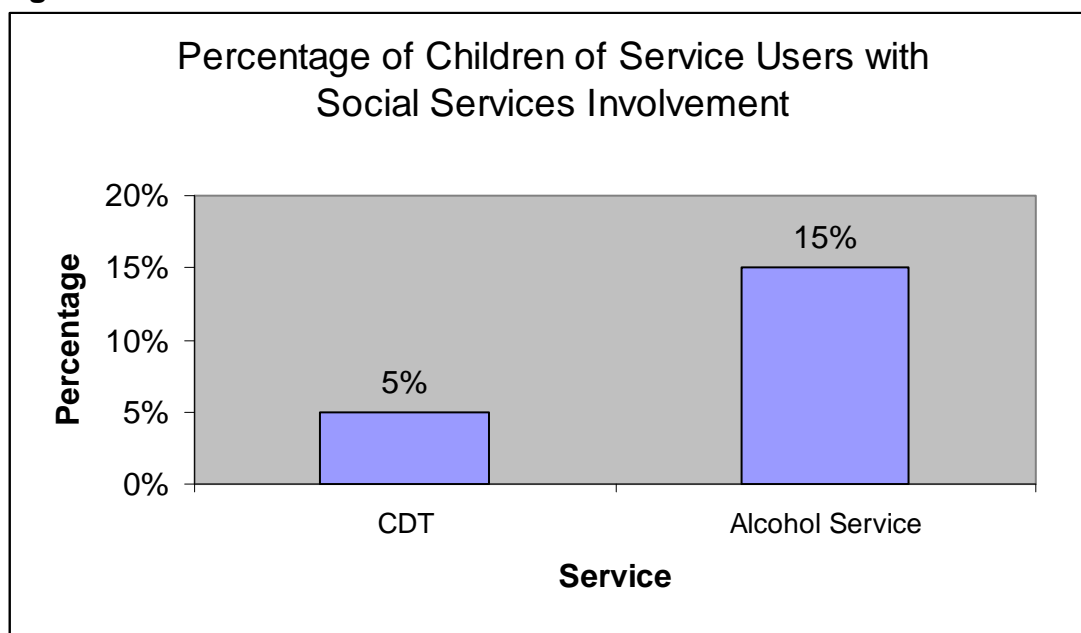
**Figure 5.4**



## 5.6 Social Services Involvement

When comparing the percentage of children who have social services involvement we are unable to include the DIP service as they could not provide the statistical information. Figure 5.5 sets out the picture for CDT and Trafford Alcohol Service. The CDT stated that 5% of the children of their service users had some ongoing involvement from Social Services compared with 15% of the children of the Alcohol Service's caseload. This equates to nine children at CDT and 18 children at the Alcohol service

**Figure 5.5**



## 5.7 Child Protection Statistics

Currently in Trafford there are 154 individual children on the Child Protection Register. The Safeguarding Service was asked to provide statistics on the number of children and young people on the register who had a parent or parents who have significant drug or alcohol misuse issues. The service identified that there were 26 open cases on the register where alcohol misuse was an issue in the parent's life. They identified 16 cases where parental drug use was a factor in the young person's life and a further 3 cases where there was significant drug and alcohol misuse by the parent/s. These are all cases and do not equate to numbers of children so if we were to look individually then this could mean more young people on the register.

We cannot directly compare the percentage of cases with parental drug and alcohol use as we do not have the total number of cases but just the total number of individuals. However when we look individually at the numbers of children that the Drug and Alcohol services are aware have social services involvement it can be seen that this appears to be at a lower level than is actually on the register. When looking at the drug statistics they identify 9 cases where they believe there is social services involvement. Safeguarding

have identified 16 cases where there is parental drug misuse. This could mean that information is not being shared as effectively with drug services to allow partnership working. Similarly with alcohol misuse there are further cases on the register that are not represented in the alcohol statistics.

## **5.8 Trafford Young Carers**

Trafford Young Carers work with young people who are caring for a parent or parents who may have a disability, illness, mental health issue or drug or alcohol problem. Young people tend to be referred to Trafford Young Carers when there is something wrong such as the child or young person has not been attending school.

Since 2001 the service has worked with 3 cases where parental alcohol use is the main presenting issue. The service currently has 2 open cases where the child is caring for a parent who has alcohol misuse issues. The service tends to receive referrals from CYPS but has never received any referrals from adult drug or alcohol services dealing with drug and alcohol using parents.

Trafford Young Carers believe they are working with more cases where alcohol use is a key factor but not the presenting issue for referral. These cases include parents who have mental health issues as their primary issue and are found to have alcohol problems as a secondary factor. The service has never received a referral where parental drug use is a factor. This may be because adult drug services are not aware of the service or they do not readily engage with the children of service users as part of their treatment.

## **5.9 Practice guidance for undertaking assessments with parents/carers who are drug and/or alcohol misusers and their children and families**

The practice guidance has been developed in Trafford to support practitioners working with drug and alcohol users who have children. The joint protocol acknowledges the need to contribute to a healthier society by reducing the harm or misuse of alcohol and all other drugs. However, it does not set out that a parent or carer of children should abstain from the use of drug and/or alcohol in order to parent children. It encourages them to seek help, support, and treatment to address their drug and/or alcohol misuse problem to reduce the harm it causes to the individual, family, and society.

The protocol applies whenever there are concerns about the well-being or safety of children whose parents or carers have drug and/or alcohol misuse problems, specifically where these difficulties are impacting, or are likely to impact, on their ability to meet the needs of their children. The protocol also applies to pregnant women who have drug and/or alcohol misuse problems, where their partners are known to have drug and/or alcohol misuse problems or where someone with drug and/or alcohol misuse problems is living in a household where children are present.

The guidance is designed to try and facilitate the sharing of information in relation to parents and their families and ensure that the welfare of the child is paramount when dealing with the wider family needs. Assessment of parental need should also look to assess the impact the use is having on the child's life and development. The purpose of the guidance is to ensure that all professionals working with a family recognise the role they play in ensuring the safety of children and this includes the referral of adults into drug and alcohol services as well as the joint assessment and visits between Health Visitors and Drug and Alcohol Services. The guidance provides a care pathway that governs the joint work that Health Visitors and adult service staff should follow which involves joint home visits to assess the needs of the family in a more holistic manner.

The guidance is in the process of being implemented with comprehensive training planned for all services involved and it is hoped that it will have a major impact on the work that is done with drug and alcohol users who are parents and ensure the safety of children.

## **5.10 Practitioner Interviews**

### **5.10.1 Family Support Worker at Trafford Young Carers**

#### **1) What is your experience of working with children of drug and alcohol users?**

The practitioner explained that they had worked with some children who cared for parents with alcohol issues. She stated that they had little experience of working with children whose parents were drug users but had recently started working with a family where the mother had drug issues.

The practitioner felt that the statistics for the service failed to represent the overall picture related to children of users; in particular alcohol use. The service feel it is a growing problem and are coming across more families who are presenting to the service with other issues, for example mental health problems and through intensive work with the family they determine that alcohol misuse is a major factor in their life.

#### **2) What are the obstacles to working with children of substance misusers?**

The worker felt that a major obstacle to working effectively with the family is around the treatment of the parent's problem. A package of support is required to try and meet the wide ranging social issues that affect the family. The service is providing a great deal of support for parents in accessing services as it is felt that the parent's problem has to be supported in order to help the child. They expressed the concern that without working with the parent's wider needs then there would be little point supporting the child when they have to return to the same environment.

The practitioner felt that a major obstacle to working with children of drug and alcohol users came from the fact that the adult drug and alcohol services had never referred any families to them for support. Young carers tend to be referred through social services when there has been a crisis but there is not a systematic recognition of the needs of children of service users that access drug and alcohol services. They feel that with renewed communication and awareness raising they could offer support to drug and alcohol services.

The practitioners at Trafford Young Carers tend to take on the role of alcohol worker when working with families who have issues with alcohol misuse. This is partly due to the vast amount of support that some service users require in accessing services including detoxification. It was felt that this level of involvement was not appropriate but the practitioner felt that the service would not be provided elsewhere. There was a recognition that unless the parent was supported in this way then the situation was unlikely to change.

The practitioner raised the issue that children of alcohol users tend to be very protective of their parents and can often be very guarded when it comes to discussing their situation. They are usually desperate to keep the family

together so fear involvement from other agencies. However, of those referred to the service a number are referred due to poor school attendance as the alcohol use of their parent has begun to impact on their ability to attend school.

### **3) What support do you offer to children of drug and alcohol users?**

The service offers intensive family support that addresses all the social issues that may be affecting the function of the family. This includes debt management, access to adult services, homemaking skills and general health and wellbeing. They hold awareness raising in schools to highlight issues related to attendance and the connection between poor attendance and parental use.

The service offer specific support to children around their schooling and will support with school uniforms and equipment. They offer respite groups that focus on peer support as well as a range of therapeutic support that addresses all the factors that may affect children who care for an adult. They look to enable the socialising of young people who are often quite isolated and fail to have any contact with other young people.

### **4) What do you think could be done to help improve the support for children of drug and alcohol users?**

The practitioner felt strongly that there needed to be a greater buy-in from adult drug and alcohol services to address the wider family issues when working with service users. The practitioner felt that they could offer a range of support for children but that would not help without adequate support for adults. They had experienced issues with information sharing and felt that there would need to be recognition from adult services drug and alcohol services of the importance of recognising the needs of the child when working with service users.

Trafford Young Carers felt that it was important for them to continue awareness-raising sessions with drug and alcohol services to try and ensure they recognise the work that can be done to improve the outcomes for the child and family. They hoped that by doing this they would start to generate referrals. They also felt that it would be useful if drug and alcohol services took a more active part in ensuring that clients attend appointments and worked in partnership to address the wider needs of the family.

### **5) What support do you think your services should have to help you work with children of drug and alcohol users?**

The team currently work to try and raise their own awareness around the needs of children of substance misusers but would like the opportunity of consultation with adult drug and alcohol services around working in a holistic way with families. They feel there is a need for a wider awareness raising activity with adult drug and alcohol services around young carers.

The service is able to offer support and advice to other services around how to work effectively with children who are carers. This includes giving young people emergency numbers to use if their parent is in trouble and helping them to understand what to do if there is a medical emergency. They would like drug and alcohol services to take some responsibility for addressing the needs of young carers by facilitating home visits and by selling the Young Carers service to adult users.

### **Case Study**

Trafford Young Carers received a referral from the Education Welfare Service about a child's poor attendance. At this stage the boy who was 10 years old had only a 46% attendance rate at school. When the service began to work with the family they found out that the mother who was in her 50s had over 20 years of alcohol misuse and had a number of related social issues that were affecting her ability to look after her child. The family lived on an estate and the mother had become fearful of leaving her home as she felt intimidated by youths. As a result she was keeping her child at home because she was frightened about being on her own.

The boy was due to move to secondary school and was not prepared for this transition. He had no uniform or school equipment and had not yet visited the school he was due to attend. His home was sparse and unclean with very little food and his mother had ongoing debt issues.

When the service started working with the family they looked to try and address the mother's alcohol problems and found that Trafford Alcohol Service was very supportive; providing one-to-one support. Young Carers supported the mother with accessing a detoxification unit and referred her for alternative therapies to aid her in her recovery. They also supported the mother with her wider issues including debt management and budgetary support, homemaking skills and decoration of the house.

The son was bought uniform and school equipment for his new school and was supported in visiting the school prior to when he was due to start. The support that was provided and the improvement in the home situation with the mother recovering from alcohol dependence has resulted in the young boy increasing his attendance at school to 96%.

## **5.10.2 Community Drug Team Keyworker**

### **1) What is your experience of working with drug users that have dependent children?**

Historically drug services have not monitored service users' children and the CDT only started collecting this information 18 months ago. They believed that this would pose a problem with service users but have found relatively little opposition to this as they have made it clear that their service is more child-focussed. The service have found that when working with a service user who perceives there are no issues the client will openly disclose information but they face more obstacles when working with a service user who understands there may be issues related to their drug use. The practitioner felt that they were becoming much more aware of the child as a result of the monitoring and that this had not had a detrimental effect on the relationship with the client in most respects. The service has much closer links with Children's Services and will now provide Social Services with all the information they require that is relevant to a case.

### **2) What are the obstacles to working with drug users who have children?**

The practitioner explained that when a case did need to be referred to Social Services that this did tend to damage the relationship they had with the client and usually meant a change in keyworker was required. She felt that they could make great progress with a client if they could get consent to refer them to low-level support prior to needing Social Services input. However she felt that clients were often resistant to being referred for support as there was a lack of understanding of what this support constituted.

### **3) What sort of support do you provide specifically for adults who access your services and what interventions do you feel work and what would you like to change?**

The CDT have recently set up a clinic at a family centre for mothers with children under 8 where they provide crèche workers. They would like to see many more women in this type of environment as opposed to seeing them at the CDT premises. This would support mothers with identifying the range of support that is available in Trafford for their children and themselves.

The service feels they would really benefit from parenting classes and are looking to work with the Parenting Coordinators in Trafford in gaining access to this. There is a lack of information sharing between CYPS and Adult Drug Services as the CDT were not aware of a number of parenting classes available through different services.

The CDT feel they have a good opportunity to offer information to parents through their reception area and would like to build links with Children's

Services to provide a board that details the range of early intervention services available in the borough.

**4) How effective do you feel the new joint practice guidance will be?**

The practitioner felt that the protocol would be a useful document as long as it is implemented with the correct training and delivery and is not just a 'paper exercise'. Essentially the protocol is practice guidance for practitioners and services and the outcome from its implementation should be the improvement of inter-agency working.

**5) What support do you think your service should have to help you work more effectively with service users who have children?**

The CDT feel that there is a need to improve links with other services and to be involved in face-to-face training with these services. They are currently attending multi-agency training through the Local Safeguarding Children Board and feel that more training is essential in building links and understanding the work of others.

The CDT have never received a referral from Children's Services and feels that referrals need to work both ways. They have had instances where they have not been notified when a service user is in contact with Children's Services and feel that this is a barrier to the work that they do. At the same time if Children's Social Services do start to work with a drug user then they should look to refer that user if they are not currently in treatment if the adult consents to this.

The CDT feel it would be useful to be able to access Social Services data to be able to check a client's status. There have been cases when they CDT have not received core group minutes related to clients who have children. On occasions they have discovered that service users on their caseload have children that they were not aware of. This situation serves to highlight the need for sharing of information in both directions from Children's Services to Drug Services.

## SECTION SIX- FINDINGS FROM QUESTIONNAIRE SURVEY

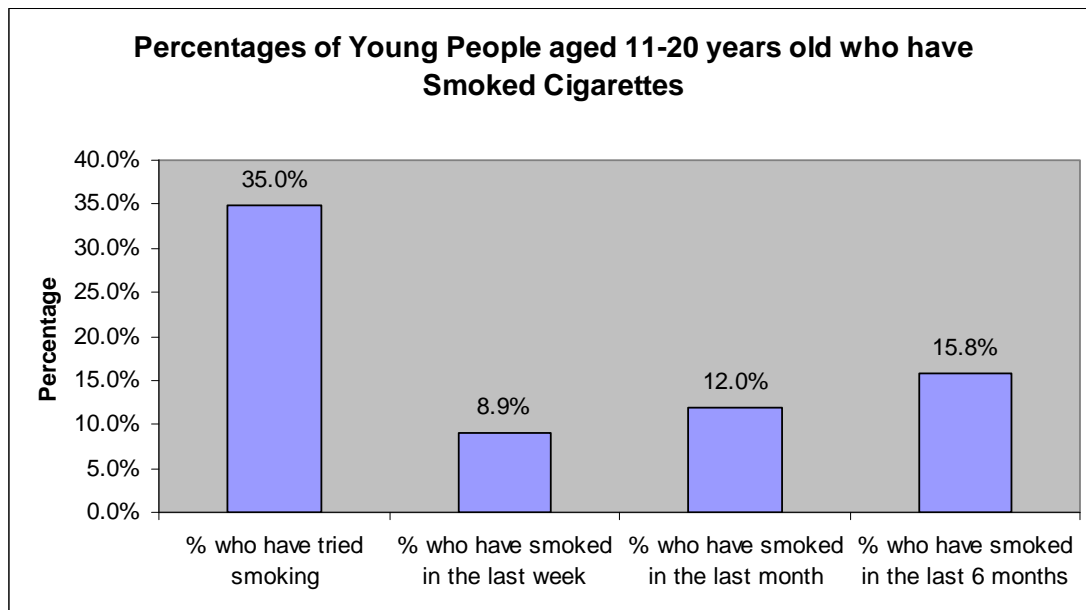
### 6.1 Young Persons Drug Survey Results

The survey was completed with the cooperation of a selection of secondary schools in Trafford and with a number of services including the Youth Offending Service and the Children's Society in Partington. The survey sought to determine the number of young people who have smoked, drank alcohol and used drugs to provide some estimates for the young people in Trafford. The survey was completed by 2214 young people between the ages of 11 and 20.

#### 6.1.1 Prevalence of Smoking Cigarettes

Figure 6.1 shows the percentages of young people aged 11 to 20 years old who have tried smoking and those that have smoked in the last week, month or 6 months. 35% of young people questioned had tried smoking with 8.9% smoking in the last week. 12% of young people involved in the survey had smoked in the last month with 15.8% smoking in the last 6 months. The 6 months percentages include the numbers who have smoked in the last week and month.

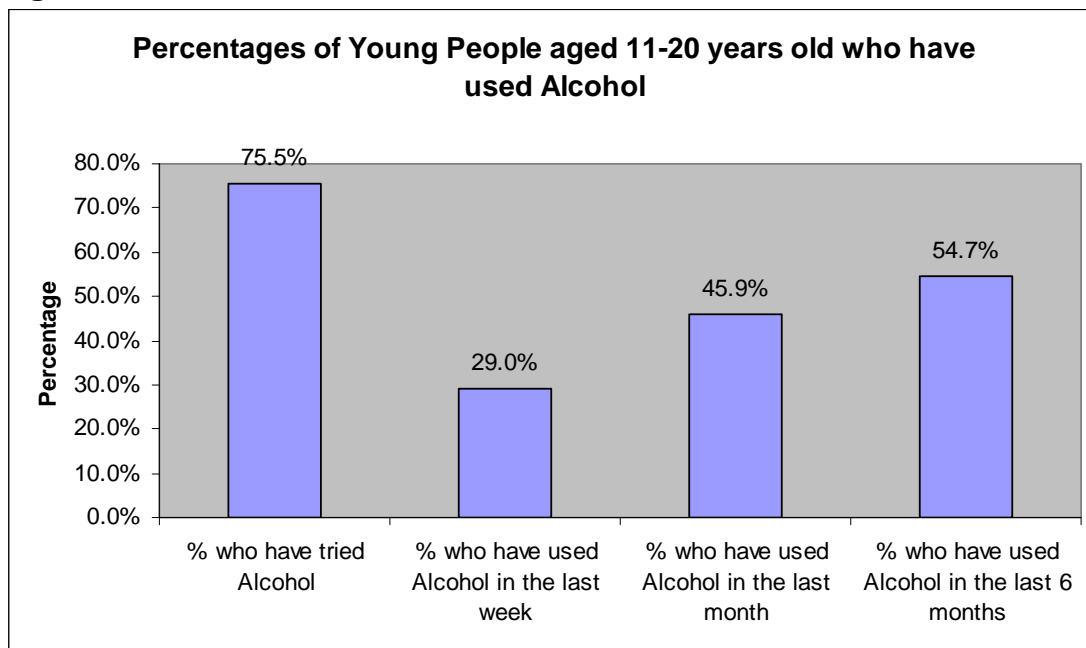
**Figure 6.1**



## 6.1.2 Prevalence of Alcohol Consumption

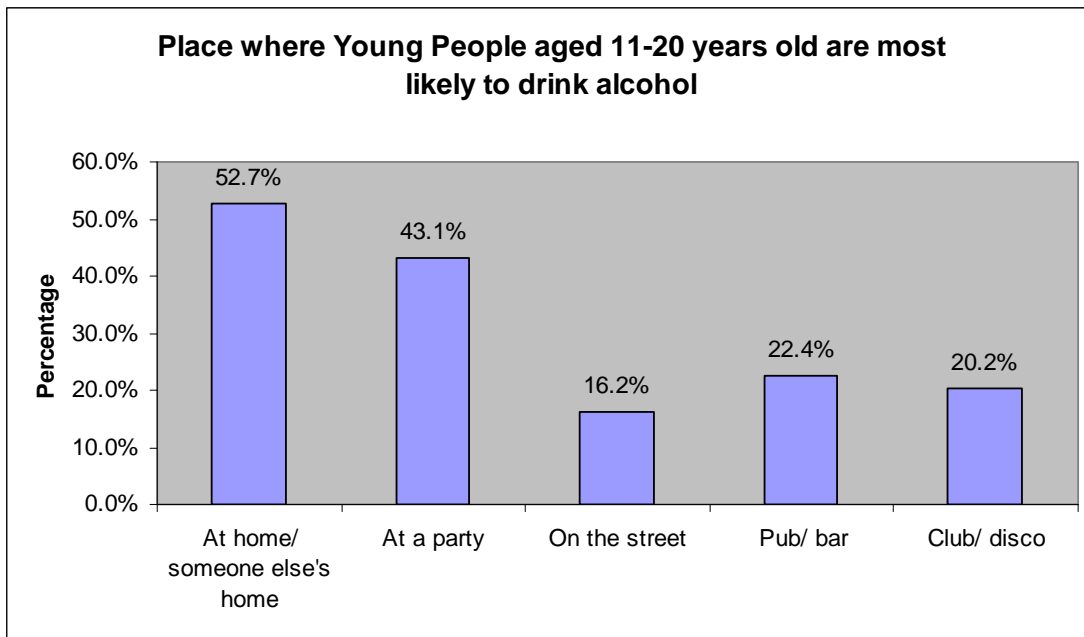
The young people were asked similar questions on alcohol consumption including those who had tried alcohol and those that had used in the last week, month and 6 months. Three-quarters (75.5%) of the young people involved in the study had tried alcohol. A proportion of these stated they had tried alcohol at a 'special family occasion'. 54.7% of the study had used alcohol in the last 6 months and this could include those that have just tried alcohol on one occasion. Just under half of the sample (45.9%) had used alcohol in the last month with 29% of 11-20 year olds using alcohol in the last week. Figure 6.2 represents these percentages of young people.

**Figure 6.2**



Young people were asked where they were most likely to use alcohol and given a range of options to choose from. Of the young people who stated they had drunk alcohol over half (52.7%) stated that they drank 'at home/ someone else's home' with 43.1% stating that they drank 'at a party'. 16.2% stated that they drank 'on the street' with 22.4% stating they drank in 'a pub/bar'. 20.2% stated that they tended to drink at 'a club/ disco'. A proportion of the young people who answered the questionnaire ticked more than one option and this can be seen in the percentages in Figure 6.3. It is important to mention that the figures include some young people who are aged 18 and over and so can attend pubs and bars legally but that a proportion will be of younger people who attend bars and pubs as well.

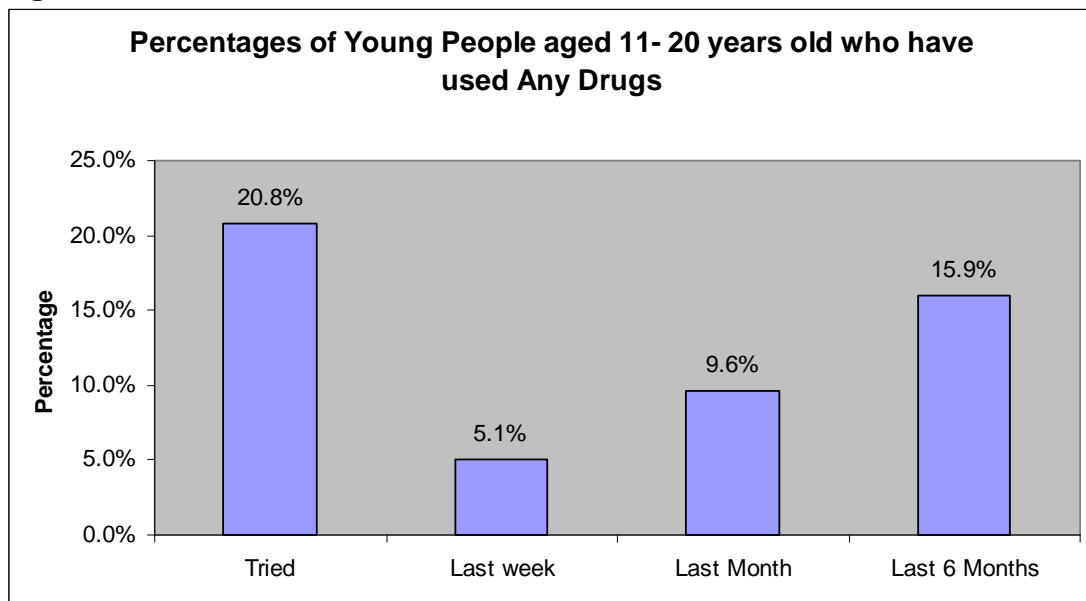
**Figure 6.3**



### 6.1.3 Prevalence of Drug Use

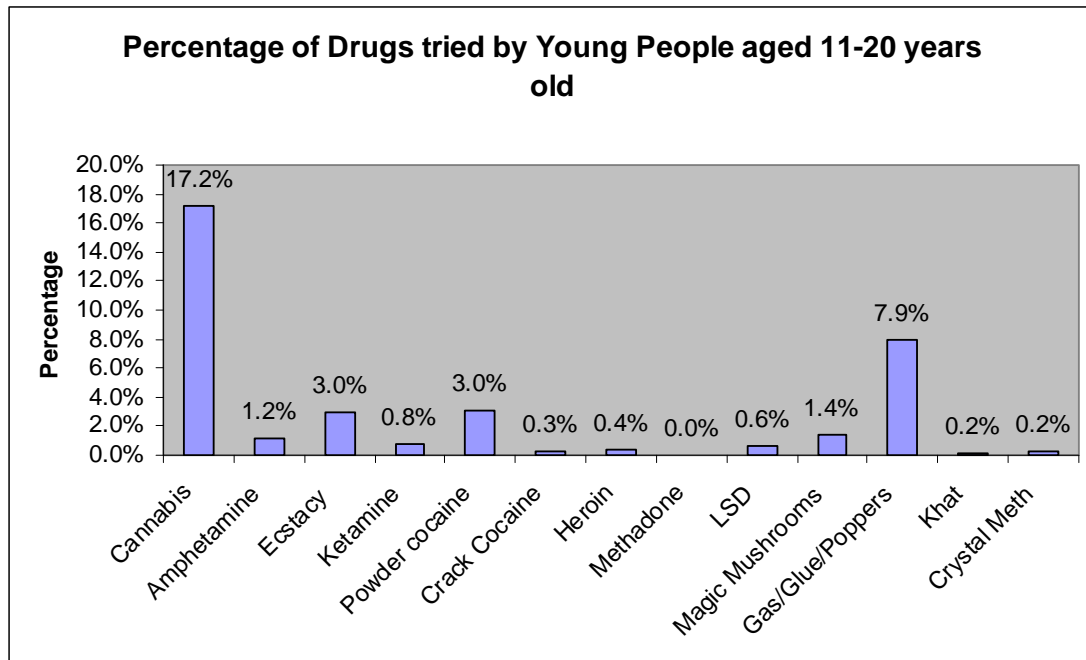
The young people were asked questions around their use of illicit drugs. This information was requested in the same way as alcohol and smoking and the young people were asked to confirm whether they had tried any drug and if they had used the drug in the last week, month or 6 months. One-fifth (20.8%) of the young people had tried one or more illicit drug with 5.1% using any of the drugs in the last week and 9.6% using in the last month. 15.9% of young people claimed to have used an illicit substance in the last 6 months. This percentage included the numbers who had used in the last month and week.

**Figure 6.4**



When looking at the breakdown of drugs cannabis is the drug most commonly used by young people 17.2% of the young people questioned had tried cannabis followed by 7.9% of young people who had tried gas/ glue/ poppers. (Fig 6.5) A proportion of young people made it clear in their responses that they had only used poppers. 3% of young people stated that they had tried powder cocaine with 3% of young people questioned claiming to have tried ecstasy. 1.4% of the young people who completed the questionnaire had used magic mushrooms with very small proportions of young people using all other drugs as shown in the graph.

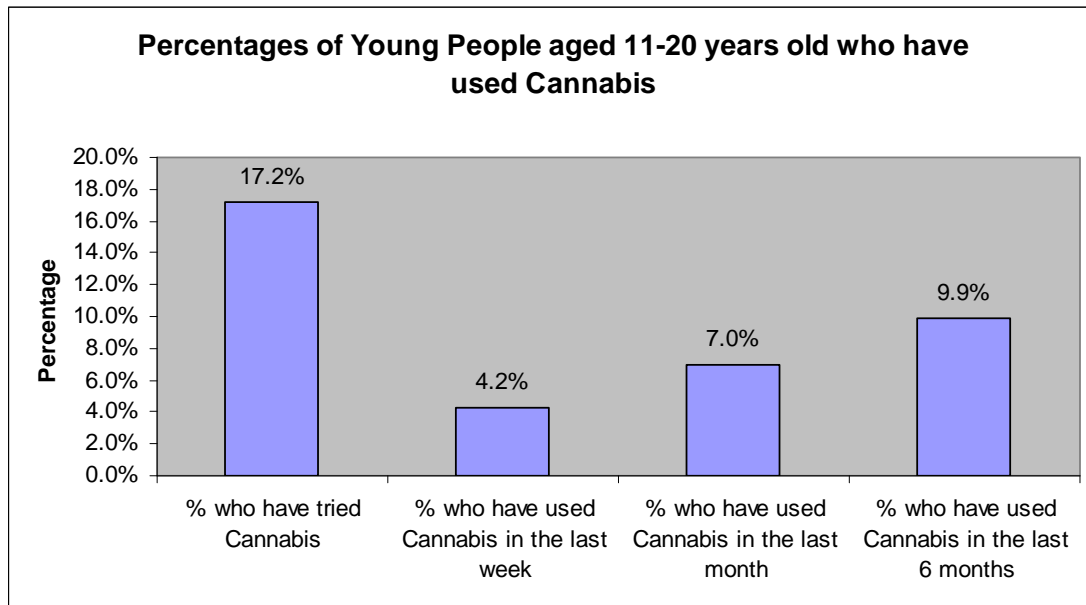
Figure 6.5



### 6.1.4 Prevalence of Cannabis Use

Cannabis is the drug that is used most by young people in the survey. 380 young people (17.2%) claimed to have tried cannabis with 93 (4.2%) young people questioned using cannabis in the last week. 7% of young people had used cannabis in the month with 9.9% having used cannabis in the last 6 months.

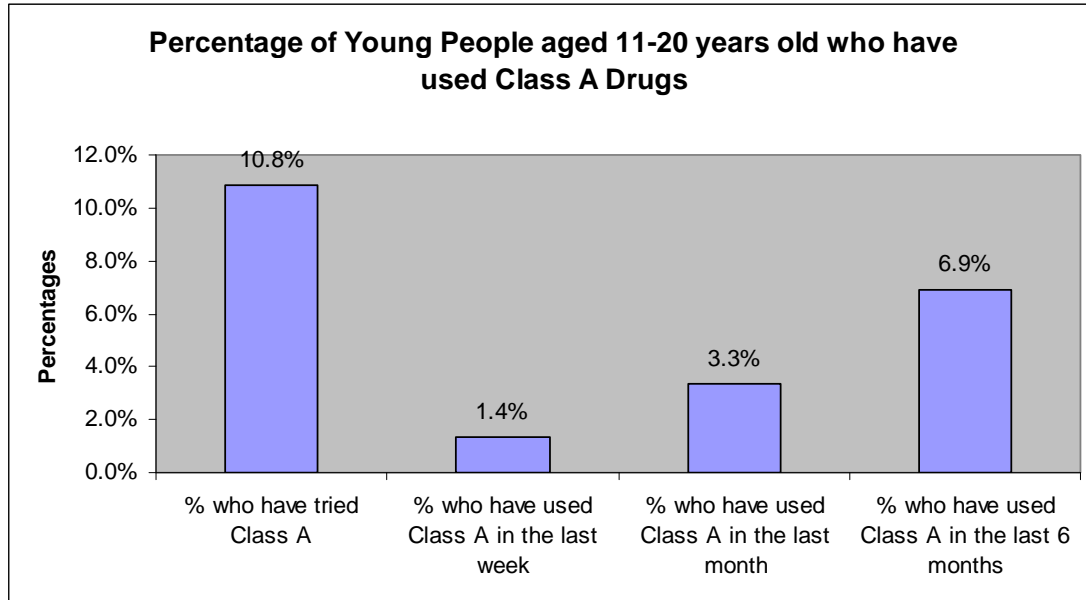
**Figure 6.6**



### 6.1.5 Prevalence of Class A Drug Use

Over one-tenth (10.8%) of 11-20 year olds questioned have tried Class A<sup>7</sup> drugs. 31 young people (1.4%) claimed to have used Class A drugs in the last week with 3.3% using drugs in the last month. 6.9% of the young people questioned had used Class A drugs in the last 6 months.

**Figure 6.7**

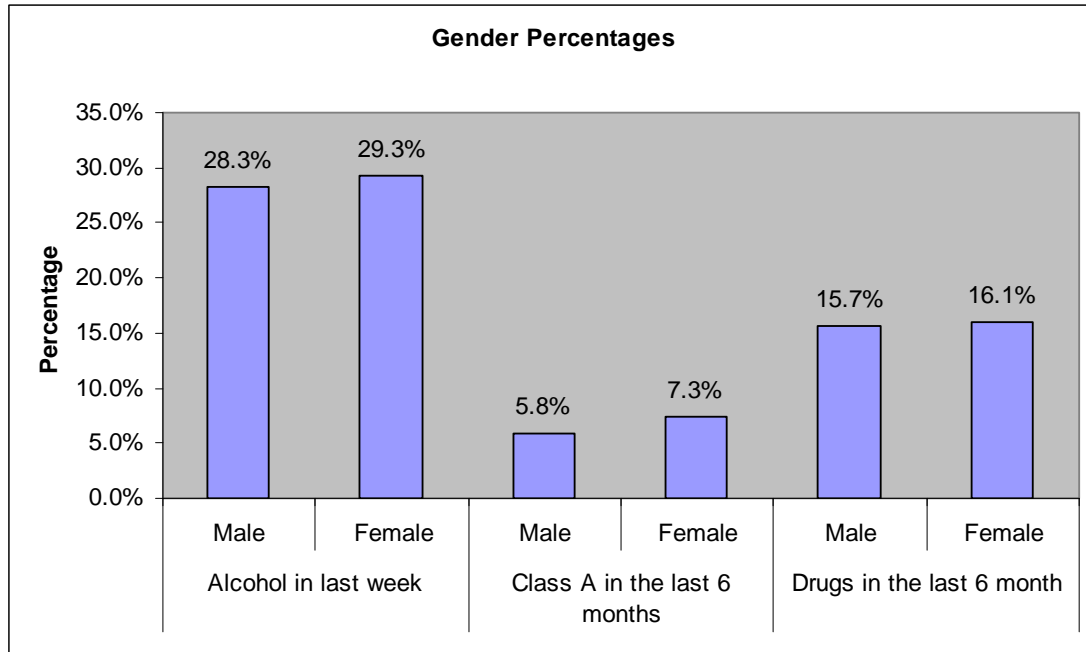


<sup>7</sup> Amphetamine (if injected), ecstasy, cocaine, crack cocaine, heroin, LSD, magic mushrooms, methadone

### 6.1.6 Gender Split

There is a higher proportion of females who completed the survey in relation to males (72%:28%) but when looking in detail at the results it can be seen that the gender split is fairly similar. When asked if they had drunk alcohol in the last week 28.3% of males said they had compared with 29.3% of females. 5.8% of males had used Class A substances in the last 6 months compared with 7.3% of females. 15.7% of males had used any drug in the last 6 months compared with 16.1% of females.

**Figure 6.8**

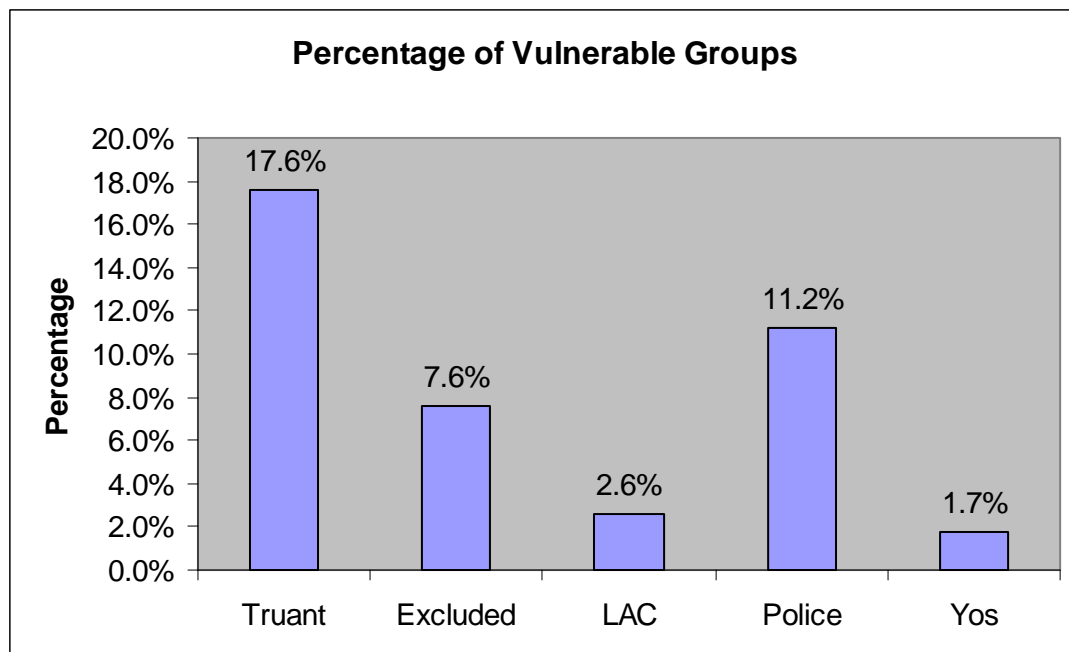


## 6.2 Understanding Vulnerable Groups

The Government recognises the added vulnerabilities that some groups of young people have in relation to substance misuse and the study has sought to determine any relationship between a young person's membership of a vulnerable group and the use of drugs or alcohol. The vulnerable groups identified by the Government are: young people who truant from school, young people who are excluded from school, frequent or serious offenders and young people who are looked after by the local authority (Lloyd,1998). The study also included a question on whether the young person had ever 'been in trouble with the police' and we are able to provide statistical information in relation to this.

Figure 6.9 shows the percentages of young people in vulnerable groups that took part in the study. We are not able to show if the young people are members of more than one vulnerable group but there will be some young people that have identified themselves as being from more than one group. The highest proportion of young people that stated they were part of a vulnerable group was those that claimed to have truant from school at 17.6% of the total sample. 7.6% of the young people that answered claimed to have been excluded from school in the past with 2.6% being looked after by the Local Authority. 11.2% of the young people involved in the survey claimed to have been in trouble with the Police before. 1.7% of the total survey were in contact with a Youth Offending Worker.

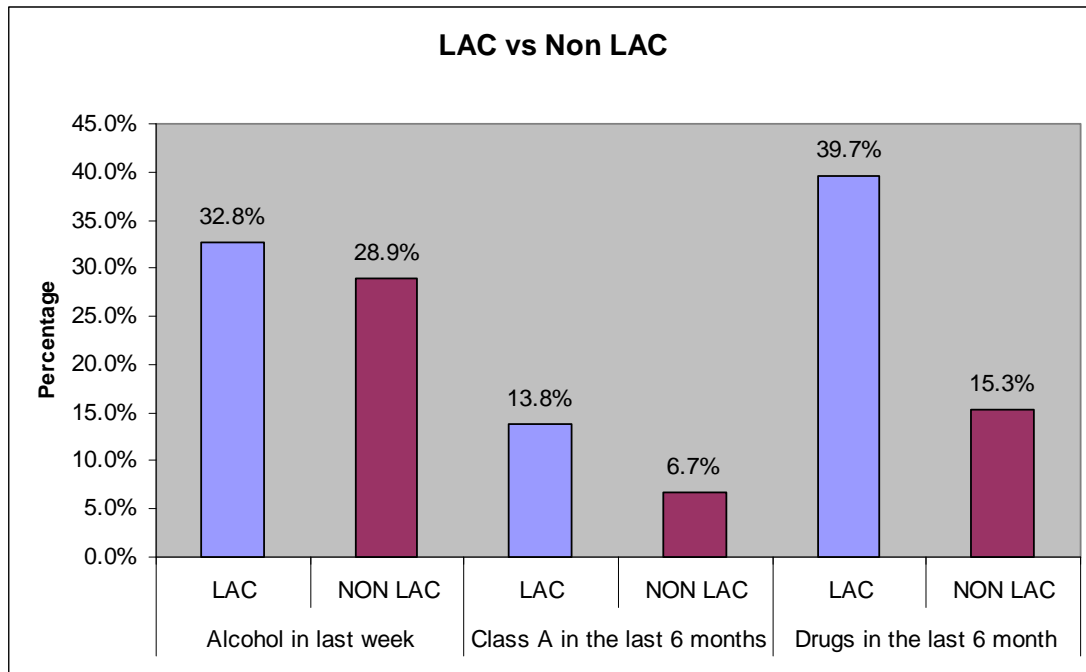
**Figure 6.9**



### 6.2.1 Looked After Children

When looking in closer detail to the particular vulnerable group we are able to compare some points with the rest of the general sample. In terms of young people who stated they were looked after 32.8% had used alcohol in the last week which is similar to the 28.9% of the rest of the sample who had also used alcohol in the last week. 13.8% of looked after children in the survey had used Class A drugs in the last 6 months compared with 6.7% of the rest of the general study. It must be recognised that the sample size of the looked after children is a great proportion smaller than that of the general sample. However, when looking at the percentage that had used any drugs in the last 6 months compared with the general sample it can be seen that a high proportion of the looked after children sample (39.7%) were using drugs in comparison with 15.3% of the non-looked after sample.

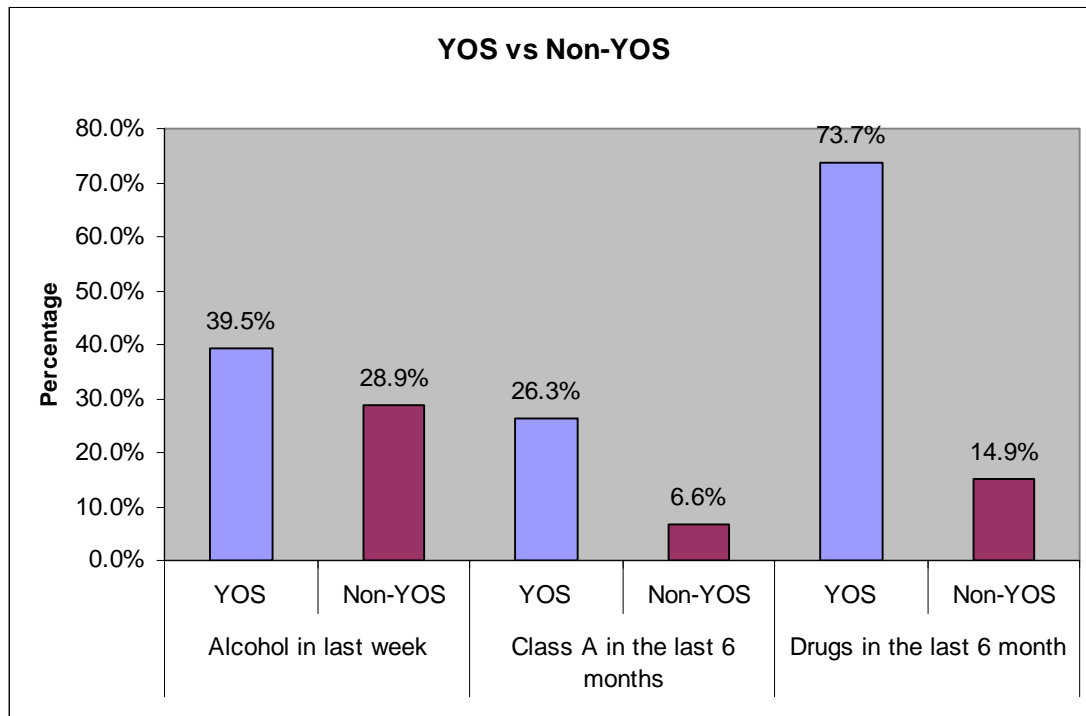
**Figure 6.10**



## 6.2.2 Youth Offending Service

The Youth Offending Service provided some completed forms for the survey combined with those young people who completed the survey in schools and identified themselves as being in contact with the YOS. When comparing the results of the YOS young people compared with the Non-YOS sample it can be seen that a similar pattern emerges as before. 39.5% of the YOS sample had drunk alcohol in the last week compared with the Non-YOS sample at 28.9%. A high proportion of the YOS young people had used Class A drugs in the last 6 months at 26.3% in comparison with the rest of the sample at 6.6%. When looking at any drug use in the last 6 months 73.7% of the YOS sample had used any drug compared with 14.9% of the remaining study. However as the numbers of respondents who stated they had a YOS Case Manager were very low these proportions are less significant.

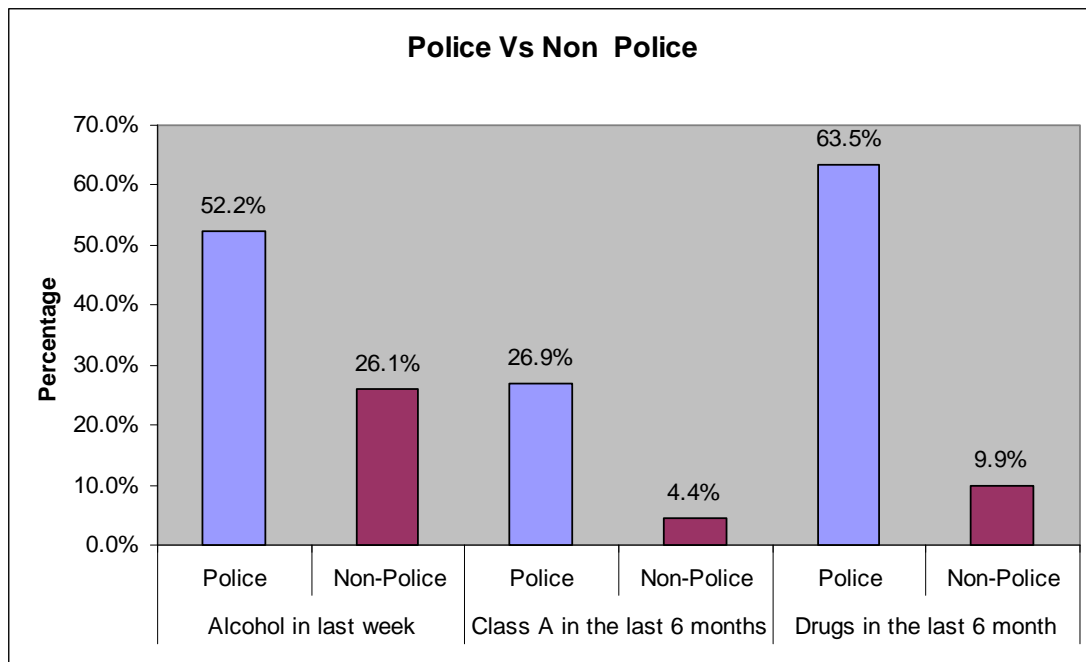
**Figure 6.11**



### 6.2.3 In Trouble with the Police

11.2% of the young people in the survey claimed to have been in trouble with the Police. Over half (52.2%) of the young people who had been in trouble with the Police had used alcohol in the last week compared with 26.1% of the remaining sample. 26.9% of the young people questioned had used Class A substances in the last 6 months compared with 4.4% of the general sample. Use of any drugs in the last 6 months was stated by 63.5% of the young people who claimed to have been in trouble with the police compared with 9.9% of the remaining sample.

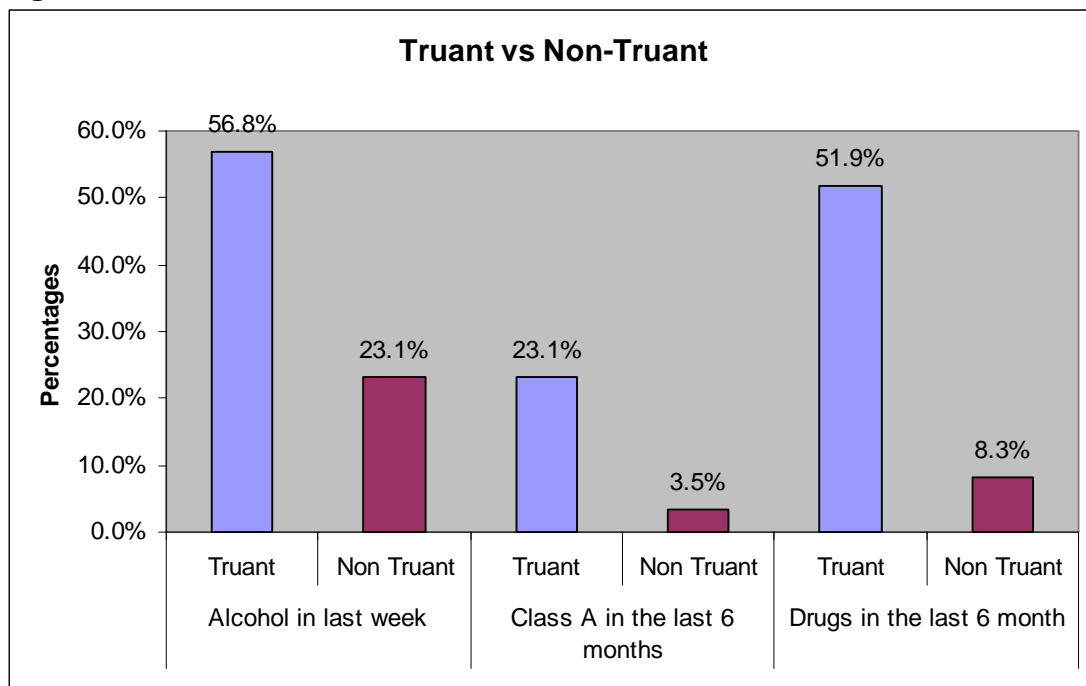
**Figure 6.12**



## 6.2.4 Truancy and Exclusion

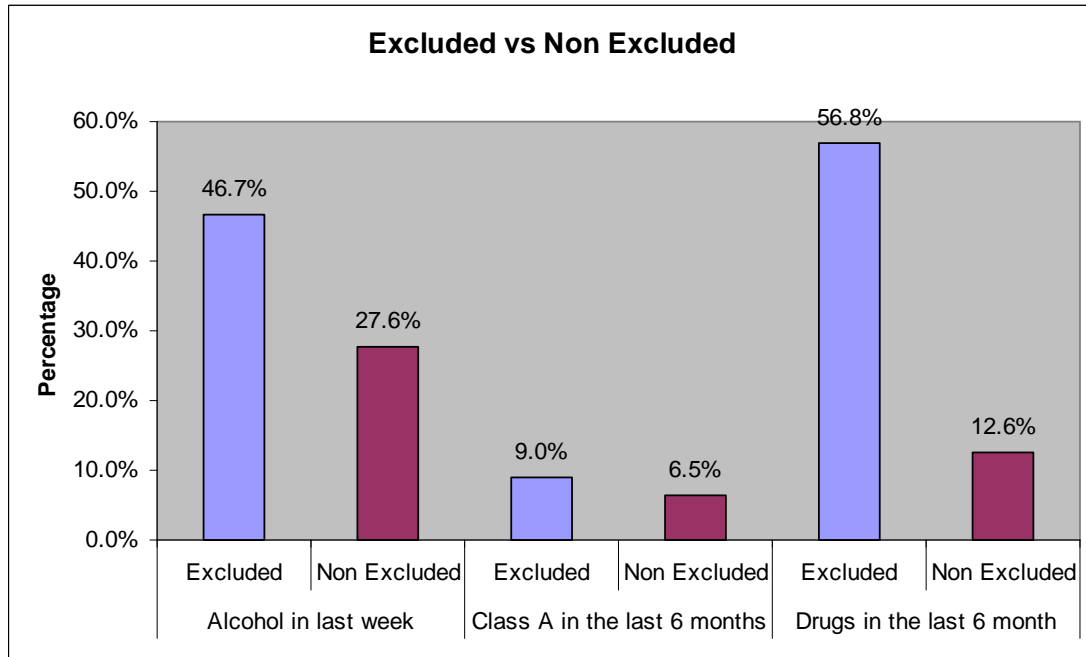
Truancy saw the highest proportion of young people identifying themselves as part of a vulnerable group at 17.6% of the total sample. Of these young people 56.8% claimed to have drunk alcohol in the last week compared with 23.1% of the sample who had never truanted. 23.1% of truants had used Class A drugs in the last 6 months compared with 3.5% of the non-truant population. This equates to 90 truants compared with 64 non-truants. Over half (51.9%) of the young people who stated they had truanted claimed to have used any drug in the last 6 months compared with 8.3% of the non-truant sample. This equates to 202 truants compared with 151 non-truants.

**Figure 6.13**



Similarly with the young people who claimed to have been excluded from school 46.7% said they had drunk alcohol in the last week in comparison with 27.6% of the remaining sample. 9% had used Class A drugs in the last 6 months compared with 6.5% of the non-excluded sample. 56.8% of young people who had been excluded from school had used any drug in the last 6 months compared with 12.6% of the remaining young people.

**Figure 6.14**

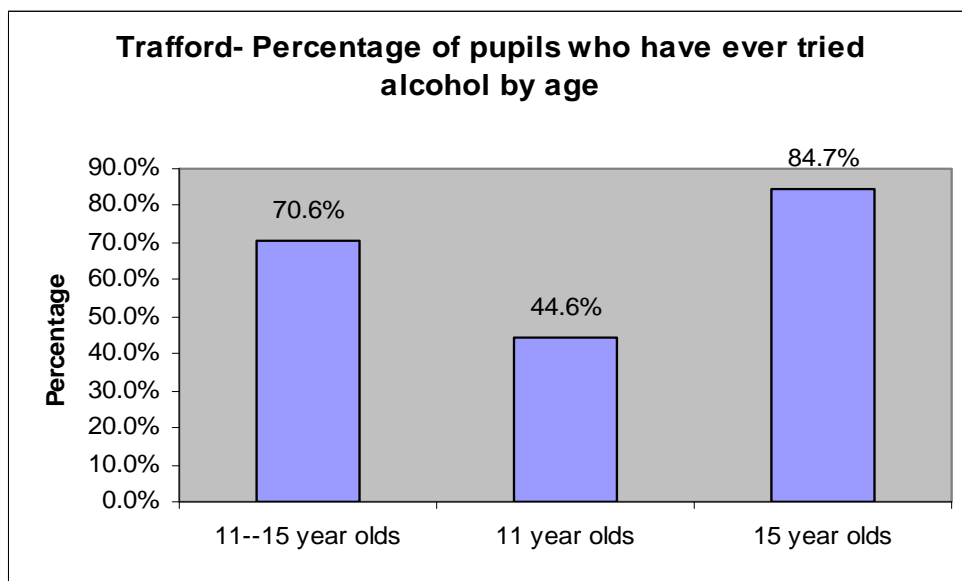


### 6.3 Comparison of Young People aged 11 to 15 years old in Trafford and the Department of Health's study 'Drug use, smoking and drinking among young people in England in 2004'.

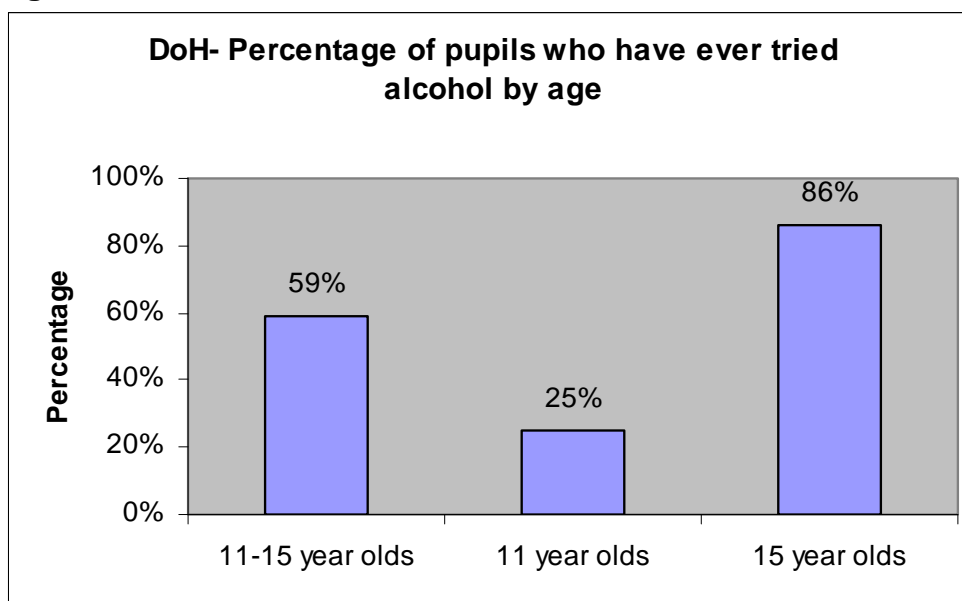
#### 6.3.1 Prevalence of Alcohol

In Trafford nearly three-quarters (70.6%) of the young people questioned between 11 and 15 years of age had tried alcohol. The findings demonstrate some relation to age with 44.6% of 11 year olds having tried alcohol compared with 84.7% of 15 year olds. In comparison to the national estimates there is a higher proportion of young people between 11 and 15 having tried alcohol in Trafford and a much higher proportion of young people aged 11 years.

**Figure 6.15**

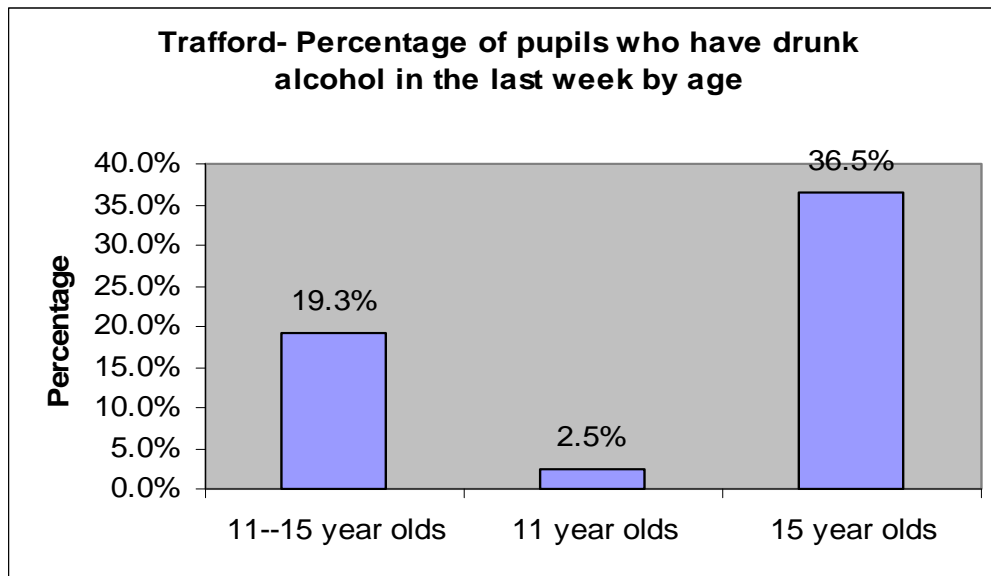


**Figure 6.16**

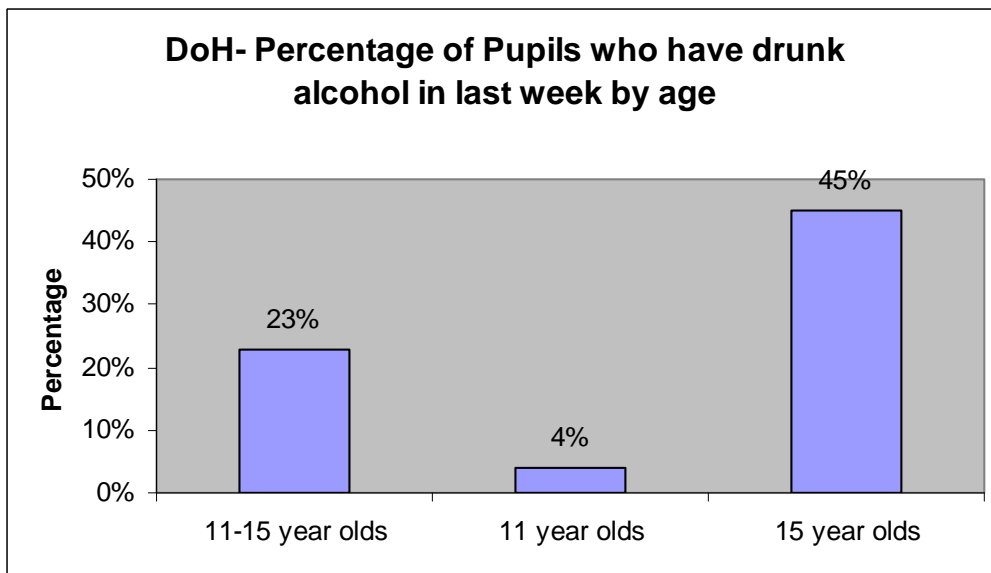


When comparing Trafford and the DoH findings related to the use of alcohol in the last week the findings show Trafford having a lower proportion of young people drinking in the last 7 days. In Trafford 19.3% of 11-15 year olds had drunk alcohol in the last week compared with 23% in the DoH study. 2.5% of 11 year olds had drunk alcohol in the last week compared with 4% in the national study. 36.5% of 15 year olds had drunk alcohol in the last week compared with 45% of the DoH study.

**Figure 6.17**



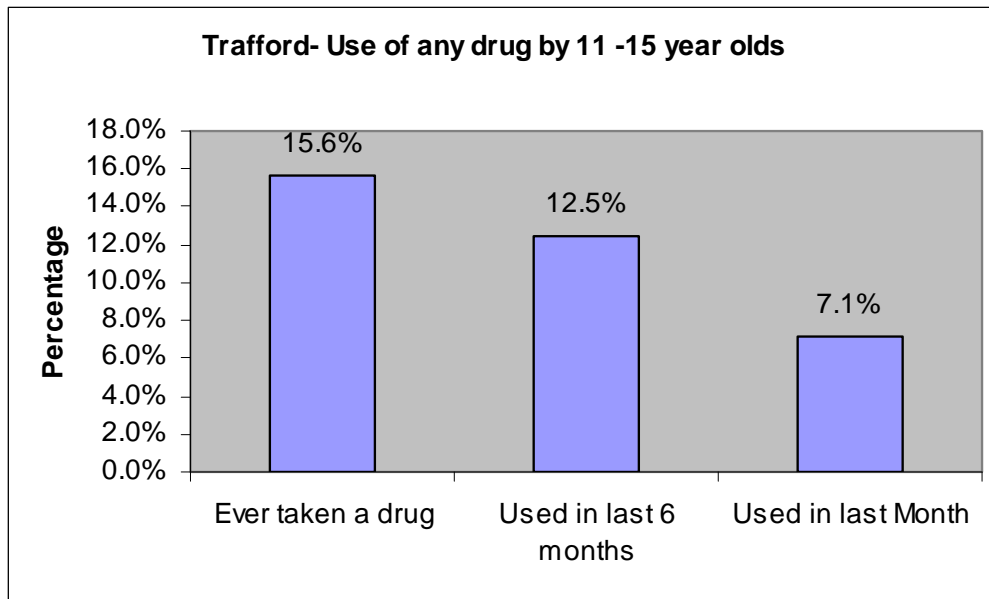
**Figure 6.18**



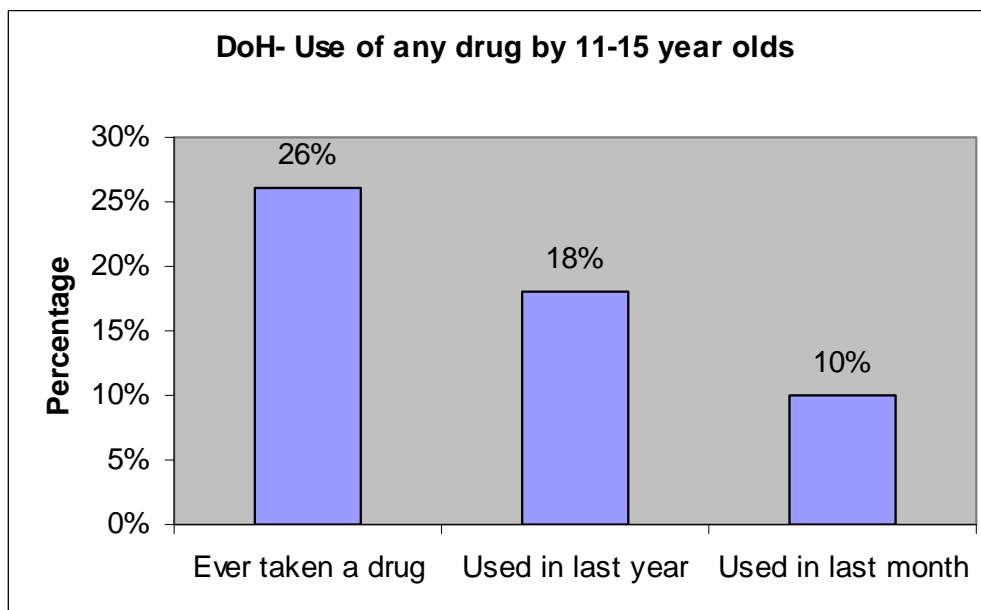
### 6.3.2 Prevalence of Drug Use in 11-15 year olds

In Trafford 15.6% of young people aged 11 to 15 years old had ever taken any drug. 7.1% had used any drug in the last month. The DoH study found that 26% of 11 to 15 year olds had tried any drug with 10% using in the last month. We are unable to accurately compare the figures for use in the last year as we only collected information related to the last 6 months. 12.5% of young people had used any drug in the last 6 months in Trafford and 18% of the national study had used in the last year.

**Figure 6.19**



**Figure 6.20**



### 6.3.3 Comparisons of Drug Use with Age

If we do take the figures for Trafford based on 6 months and in the National study for 12 months then we can demonstrate drug use's relationship with age but cannot directly compare. 12.5% of 11-15 year olds in Trafford have used any drug in the last 6 month. This equates to 0% of 11 year olds and 29.4% of 15 year olds. In the national study 5% of 11 year olds had used drugs in the last year compared with 32% of 15 year olds. Therefore it is possible to assume that it is more likely that an older young person will have used drugs than someone of a younger age.

Figure 6.21

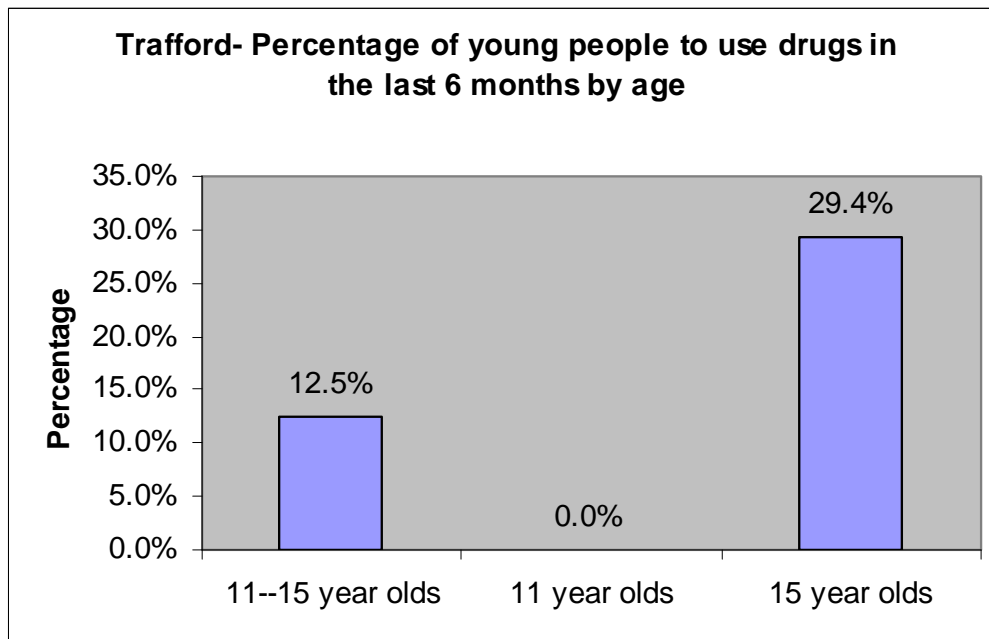
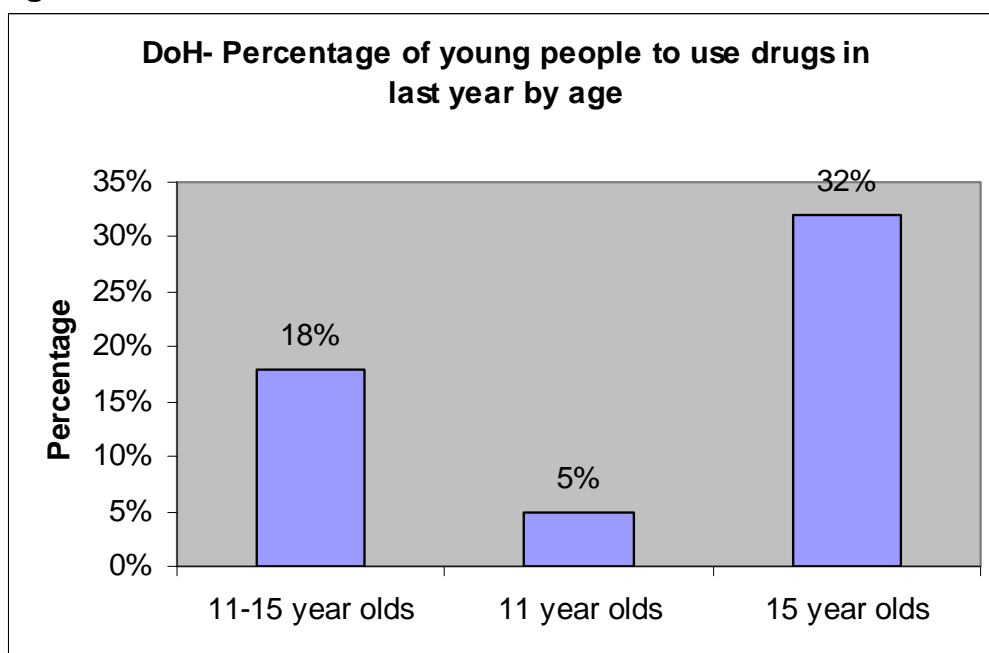


Figure 6.22



### 6.3.4 Prevalence of Class A Drug use in 11- 15 year olds.

When looking at the proportion of young people who have used any Class A drug 8.2% of the Trafford sample of 11 to 15 year olds have taken a Class A substance. 5.5% of the sample have used a Class A drug in the last 6 months with 2.7% using in the last month. When comparing with the national survey it can be seen that 6% of the national study of 11-15 year olds has tried a Class A drug with 2% using in the last month. 4% of the national sample has used any Class A drug in the last year.

Figure 6.23

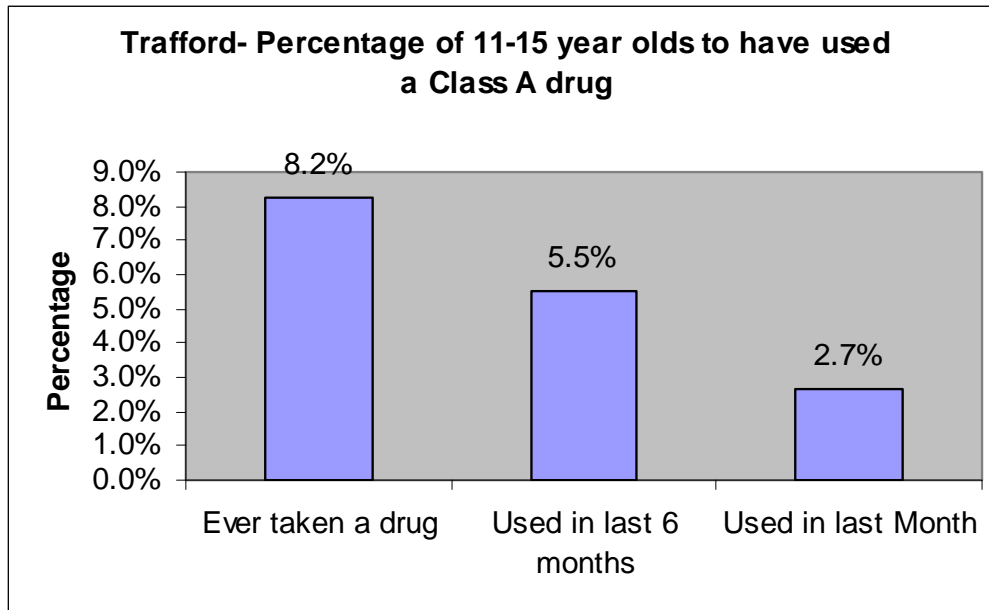
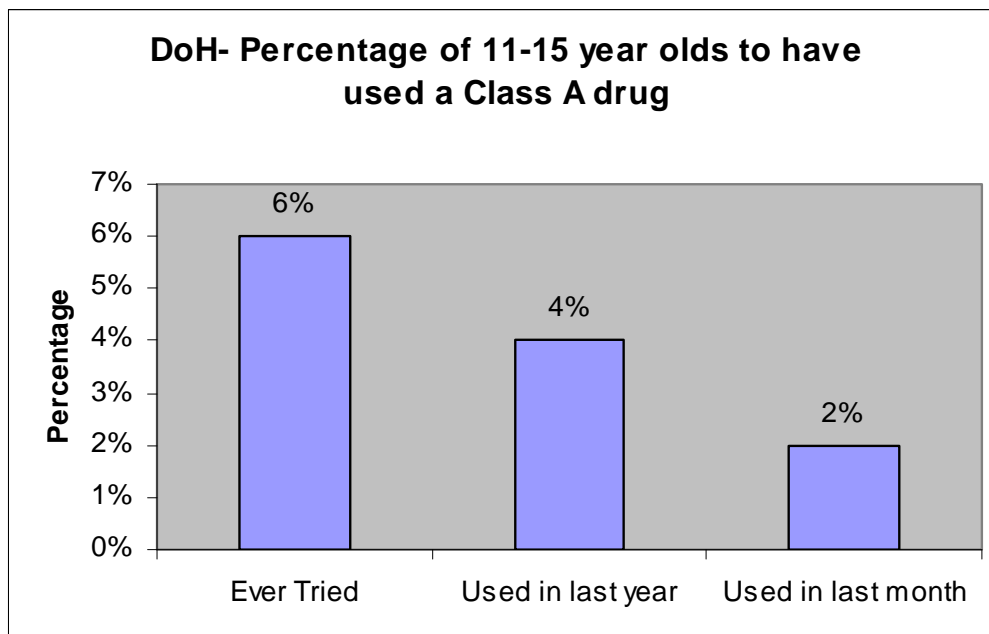


Figure 6.24



## **7.1 Focus Interviews with Young People**

Young people in Trafford were asked a range of questions related to perceptions of drug and alcohol use in Trafford and experiences of drug and alcohol use. The young people were asked about their understanding of the Class System<sup>8</sup> related to illicit drugs and what that meant for young people. They were also asked about what they felt was the best way to get any messages across about drugs and alcohol and what interventions were most helpful in dealing with drug and alcohol use such as diversionary activities, leaflets and structured interventions.

### **7.1. Focus Questions- Case Study 1**

#### **Female Age 13**

The young person felt that her own attitude to cannabis was that it was safer than other drugs and that everyone was smoking it and people were generally pretty laid back about it. She also felt that young people she knew and were friends with all felt the same way about it. She also thought that if young people were going to do a drug then cannabis was the drug least likely to cause them to offend or become aggressive. She has had no major issues with cannabis except for feeling tired the next day.

The young person thought that there was a problem with drugs in her local area in Trafford. Drugs are easily available and cheap. At 13 years old she was offered heroin already prepared in a needle. She felt that one of the main problems in the area was that there was nothing to do except 'get mashed'. In her area there is no Youth Centre and the closest is two bus rides away. There is territorial conflict between the two areas so it would not be a safe environment to attend anyway. It would take a long time to get to the Trafford Centre as well and it is not safe to travel that far when the evenings are dark so the young person felt it was better to stay local and stay on the street with friends and drink.

With regards to the young person's understanding of the classification of drugs she feels that they are classified in terms of how dangerous and addictive they are. In relation to the reclassification of cannabis to a Class C drug she didn't care that it had been changed as nothing changed for her personally from the reclassification and she felt that Class B was too high for it anyway. She didn't understand what the reclassification meant for under 18 year olds but when it was explained to her (increased penalties for possession) she didn't care as both she and her friends had been let off numerous times by the police for cannabis possession. The police either take it off them or tell them not to do it again.

This young person tends to drink or use drugs on the streets and uses mainly on weekends. She does feel that due to the lack of facilities for young people that a youth club or under 18 year olds nightclub would be beneficial. She

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<sup>8</sup> See Appendix 2

does feel that young people would just try and sneak drink and drugs in anyway. She doesn't think it would then solve the problem but just take it off the streets. However she started drinking because there was nothing else to do so if new facilities were put in place those young people who have never taken any drugs might benefit from something already in place.

The young person uses alcohol on a more regular basis than other drugs and first used it at 12 years old. She has been to hospital once before due to intoxication but this was an isolated incident. She said that even at 12 alcohol was very easy to get hold of from friends or older siblings. With regards to drugs she said that everyone knows someone who can get hold of weed [cannabis] and if you know them then they will know someone who can get hold of other stuff. She has never been in trouble with the police for drugs or alcohol but does know many people that have.

When asked about what she thought was the best way of getting the message across about drugs she said she did not know. She doesn't want people 'getting on her case' or telling her she is wrong. She and her friends enjoy drinking as long as she does not get into trouble so she did say that safety information would be better rather than telling people to stop doing it.

### **7.1.2 Focus Questions Case Study 2**

#### **Female Age 15**

This young person believes that most young people's attitudes towards cannabis use is that 'it is no big deal, everyone does it and as long as you don't let it affect your daily routine it's fine to do'. She also feels that drug use in Trafford is a bit of a problem as it is easily available, pretty cheap and there is no problem getting it on 'tick' so even if you don't have the money then and there you can still get it. With Class A drugs she feels that young people do use them but not often. She thinks that ecstasy is used mainly at weekends and cocaine only occasionally. She does not know anyone who uses LSD or heroin and does not feel that these are popular drugs with young people in general.

With regards to drug classification she feels that this is for how strong and dangerous the drug area and has no thoughts on the reclassification of cannabis to a Class C as it is not a deterrent therefore she is not affected by this.

In relation to her own use she would normally drink in the house but smoke cannabis outside. This is mainly on the weekends but also a few days in the week. Most of her family do not think that young people should use drink or drugs but one family member would rather she drinks in the house so she knows she is safe and can monitor what she is doing.

The young person was asked about diversionary activities and she felt that there wasn't much point to them as she was able to drink in the house and

have friends round so she is more comfortable at home. If there was an available youth centre she said she might check it out but not use it often.

The young person's cannabis use is infrequent so she had not experienced any health issues related to use and has not been to hospital due to any alcohol related incidents.

She feels it is very easy to get hold of drink and drugs as most young people she knows uses them, has access to it or knows someone who can get hold of it. She has not been in trouble with the police due to drink or drugs.

She believes that the best way to get the message across about drugs is to teach it early at schools but not to lecture about it. She believes that if it is 'preached' about then more young people will go and do it anyway.

### **7.1.3 Focus Questions- Case Study 3 Male Age 17**

The young person felt that young people see cannabis as 'just a part of everyday life' and there is a split between those that see it as 'drugs' and those who think it's just like having a drink or a cigarette. Mostly though he thinks that people see it as a normal part of life whether they are doing it or not.

He doesn't think that Trafford has a drug problem. He thinks that lots of young people take drugs but 'most of them don't have a problem' and 'it's no different to anywhere else'. He thinks that lots of people have 'battered their heads' through drugs but thinks this is just 'the way it is nowadays'.

He thinks that lots of people use ecstasy and cocaine but doesn't know of anyone taking crack or heroin in his peer group. He would 'sack them off' if they did as it's 'dirty'. He believes that it doesn't matter what classification cannabis is as he feels the reclassification didn't change anything anyway and knows several people who've had it confiscated but nothing more severe than that.

The young person mostly uses drugs round his mates' houses or at parties and sometimes he goes to clubs but not often. He smokes weed most days but only drinks or takes pills at the weekend. He will use cocaine if it's 'on offer'. He keeps his drug use secret from his mum and she'd 'flip' because she's from a 'different generation'. His mum doesn't mind him drinking.

When it comes to getting across any messages about drugs he thinks the most important thing is people you can trust to talk to who don't 'bullshit' you. He wants information from people he respects and relates to and thinks that hearing 'real life stories' is useful. He thinks having more things to do particularly involving music (DJ workshops) would be good but doesn't think it would stop people taking drugs. He thinks under 18 nightclubs might be a good idea but wouldn't go to one himself. However he thinks that 'everyone

can get into clubs in town if they want anyway, so what's the point?' He does feel that younger teenagers may benefit.

He has experienced paranoia from smoking cannabis and when it got worse he sought help in cutting down. He thinks experiencing negative effects is the most important factor in getting people to cut down or quit.

He started drinking when he was 15 years old but doesn't drink a great deal. He mostly drinks because his mates do and 'it's there'. He has never experienced any problems with drink beyond 'making a twat of myself'.

He feels that it is easy to get hold of drugs and that it is easy wherever you live. It is also easy to get hold of alcohol as you can always get someone to get it for you if you can't get served. He has never been in trouble with the police.

#### **7.1.4 Focus Questions- Case Study 4 Female Age 18 years old**

She feels that young people generally see cannabis as 'normal' and very much part of everyday life. Some of her friends choose not to use it but this is a lifestyle choice. She did not think the legal status was a concern and felt that she and her friends did not take this into consideration at all when deciding whether or not to use it. She thought that a lot of people take drugs and some people have problems because of it but did not think in terms of a 'drug problem' as she did not see drugs as inherently problematic. She thought crack and heroin might cause a problem but had only ever known of one young person who used heroin so did not feel there was a problem there. Drugs are widespread and easy to get but that is very much just 'the way things are'.

She thought that lots of young people take ecstasy and quite a lot take cocaine but tended to think of Class A drugs more in terms of heroin and crack which she felt were not widespread. She thought that ecstasy being a Class A drug was 'stupid' as she saw it as not particularly dangerous. She knew the class system was about ranking drugs in terms of how dangerous they are but didn't pay attention to it as she thought it didn't reflect reality. She had ambiguous feelings about the reclassification. On one hand she thought cannabis should be legal and on the other she worried about her younger brother 'getting into drugs' and wondered if this made it more likely. After thinking about it she felt that it would make a difference either way. She felt that police mostly ignored cannabis use anyway and disagreed that under 18 year olds ever get arrested for possession.

The young person uses drugs at clubs and parties. This is usually at weekends as she has cut down from weekday use. She drinks, smokes cannabis, does ecstasy fairly regularly, cocaine fairly irregularly and ketamine occasionally. It has caused a lot of trouble with her family in the past but this is less of an issue than it was as her behaviour has vastly improved and she comes home 'in a state' fairly infrequently.

Her dad smokes cannabis but doesn't like her doing it and both parents are against other drugs.

She thinks it is useful to have someone to talk to her about all her problems not just drugs and thinks planned activities are a good idea as boredom often makes her more prone to go out and get 'wasted'. She doesn't like the idea of an under 18 nightclub and she thinks it would be 'shit' and 'full of kids'.

She thinks there should be more for older 'ravers' who 'get in a mess'. [Support services] If you're older you 'have to go where the smackheads go' which is 'stupid' as she and her friends 'aren't like them'. She feels that everything is for 'kids and smackheads' with nothing for people age 19 plus who don't use 'hard drugs'

She has experienced paranoia when smoking cannabis though this went away after not using it for several months and she thinks this was mainly because her life was a mess at the time. She has periods of depression which she feels her drug use has exacerbated (though she experienced short-term 'escape' which encouraged her to use) though she feels it was negative life experiences that precipitated and fed the depression.

She started drinking at 12 years old and drinks at weekends often heavily. She has been taken to hospital once due to drink when she was 14. Otherwise she has experienced no problems other than 'doing stupid things' like 'getting off' with other people's boyfriends and getting into fights. She sometimes worries about the long-term effects.

She feels it is easy to get hold of drugs. She can get whatever she wants from several sources. She thinks it is the same everywhere in Trafford except maybe South Trafford (Altrincham and Hale) though on reflection she feels this only because she doesn't know people there and doesn't hang around there.

She thinks that the best way to get the message across about drugs is from credible people. She thinks that drugs education at school is 'shit'. This is because she thinks teachers don't know what they are talking about and she hated school and didn't listen to them anyway. She feels that she knew more about drugs than most adults who tried to educate her. She likes reading leaflets and learning about drugs.

She has never been directly in trouble with the police through being caught with drugs but has been arrested for actions of assault and vandalism perpetrated while under the influence of alcohol and drugs. She was also arrested for shoplifting a bottle of vodka.

## **7.2 Focus Interview with PSHE Development Nurse**

### **1) What is your experience of schools in Trafford and the way they address the PSHE curriculum?**

The practitioner stated that the delivery of PSHE varies greatly from school to school. Some schools have the PSHE curriculum timetabled in whilst others do not at all. She also stated that there is no correlation between a school having problems and their level of curriculum. For example a school may experience a number of problems related to substance use but will not necessarily have a PSHE programme to support this. Some schools have dedicated staff to deliver the agenda whilst others do not.

The practitioner stated that the wide variety of approaches to the PSHE curriculum serves to highlight the need for the subject to become a statutory part of the curriculum in schools.

### **2) What do you feel the trend in drug use is in young people you encounter? Do you feel there are any threats/ exaggerations related to young people and drug and alcohol use?**

The practitioner raised the issue that alcohol use is a real problem for young people and that parents often do not see it as an issue. There is a real 'drink to get drunk' culture that young people follow that can put them in risky situations.

The practitioner feels that young people now think that cannabis is legal with the change in its classification and they have disclosed to her that the Police don't do anything if they are found with it. The young people are more worried about the school finding out about their drug use than the Police. The practitioner feels there is a very mixed message about cannabis use. The reclassification has made young people believe it is okay to take when potentially it can cause many problems for young people. Very few young people disclose Class A drug use to the practitioner.

### **3) What sort of interventions do you think work when working with young people? What do you think doesn't work?**

Interventions need to be interactive and meaningful for young people so therefore based on what their needs are. The interventions need to relate to the individual's circumstances and based on relevant information. There is a real benefit from not just focusing on drug knowledge but by combining life skills and decision making as part of the work. The interventions need to be planned, evaluated and valued by teachers.

In terms of what doesn't work the practitioner felt that young people do not respond well to being lectured or when threatened. They need to be given the information to be able to make informed choices. PSHE is better in smaller groups and there needs to be a commitment from schools in ensuring this. Peer education also plays a key role in the delivery of the agenda.

## **SECTION EIGHT- CONCLUSIONS IN TRAFFORD**

### **Prevalence of Drug and Alcohol Use in Trafford**

This needs assessment has sought to gain an understanding of the scale of drug and alcohol use among young people within Trafford by looking at a variety of sources and using a range of methods of collection. With this information CYPS aim to ensure the appropriate delivery of interventions to address substance use and misuse and highlight areas of concern.

#### **8.1 Alcohol Use in Trafford**

The Department of Health is responsible for addressing the problems of alcohol misuse insofar as it affects people's health. It works with partner organisations and voluntary providers in encouraging sensible drinking and is involved in trying to reduce alcohol misuse and treat its symptoms. A number of interactive interventions are commissioned by the government to address young people's alcohol use including [www.wiredforhealth.gov.uk](http://www.wiredforhealth.gov.uk) and [www.wrecked.co.uk](http://www.wrecked.co.uk).

In Trafford there is no dedicated funding for dealing with alcohol misuse and young people. 21% of the young people seen by the Young Persons Drug and Alcohol service had a primary presenting issue of alcohol in 2005-2006. This percentage is second only to cannabis at 70% and represents an increasing issue experienced by young people in Trafford. The Resettlement and Aftercare Programme at the YOS have faced similar problems with alcohol use with 40% of their caseload in 2006-07 presenting with alcohol issues.

Trading Standards North-West found that 83% of 14-17 year olds interviewed in Trafford saw themselves as drinkers with 43% claiming to have drunk alcohol once or more in the last week. In the North-West 68% of the young people questioned were not concerned with the health problems associated with alcohol use.

Trafford saw in 2004/05 17 0-16 year olds admitted to hospital for alcohol intoxication and Accident and Emergency had a total of 12 young people aged 0-16 attending for 'alcohol abuse'. These figures may undercount the number of young people who are admitted to hospital as some may be admitted for other reasons where alcohol is an influencing factor such as accidents or injuries.

The questionnaire that was undertaken with young people in Trafford asked specific questions around alcohol use. 2214 young people completed the questionnaire. Three-quarters (75.5%) of the young people questioned had tried alcohol with 54.7% using alcohol in the last 6 months. 45.9% had used alcohol in the last month with 29% of young people using alcohol in the last week. Consumption of alcohol was strongly related to age with 2.5% of 11 year olds using alcohol in the last week compared with 36.5% of 15 year olds. It is important to note that when looking at alcohol consumption Trafford

showed some lower percentages when compared with national estimates. For example 19.3% of young people aged 11-15 years old had drunk alcohol in the last week compared with 23% in the Department of Health Study of school-aged children. However more Trafford young people aged 11-15 years old had tried alcohol (70.6% compared with 59% in the national study). This appears to be mainly due to the high proportion of younger people in Trafford who had tried alcohol. 44.6% of 11 year olds had tried alcohol in Trafford compared with 25% in the national study.

This could be due to differing data collection techniques as the Trafford study asked if the young person had ever tried alcohol which could include just a sip but the national study was more specific and asked whether they had had a full drink and not just a sip. A number of young people in the Trafford study did provide further information about alcohol use with some explaining that they had used alcohol at a 'special occasion' in their parents' presence.

When asked about where they consume alcohol 52.7% stated that they used alcohol 'at home/ someone else's home' with 43.1% stating they drank at parties. Young people tended to tick more than one option on this question so it is difficult to draw conclusions from the data.

Young people are choosing to drink alcohol and there is a need to ensure they have accurate and appropriate information to help to reduce the harm caused by alcohol. This can be achieved by using information from organisations including the Portman Group. There is an understanding of the risks young people face when drinking alcohol including injuries, sexually transmitted infections, unwanted pregnancies and health problems and a targeted programme should be implemented to highlight issues and offer support. In Trafford an Alcohol Strategy is in the process of being developed and young people will be a core element of the strategy. There is also a need to align this strategy with the Teenage Pregnancy Strategy and Sexual Health Strategy in Trafford.

Attitudes to alcohol use should be explored more thoroughly including parental attitude as there appears to be a proportion of young people whose parents are aware they drink underage. These parents need to be supported in ensuring they are good role models for their children by providing them with relevant and appropriate information on the risks of alcohol use and guidance on safe and sensible drinking.

## **8.2 Drug Use in Trafford**

The Updated Drugs Strategy 2002 sets out the need to reduce the harm caused by drugs and to prevent young people becoming problematic drug users. Preventative work with vulnerable young people is seen as a core element of delivery. This needs assessment has sought to gain an understanding of the level of drug use in Trafford by providing estimates of drugs used by young people and bringing together different sources of information already present in Trafford.

Greater Manchester Police have collected information on the number of arrests of young people in Trafford for drug offences. 206 young people were arrested for drug offences in 2005/06 with a further 166 being arrested in 2006/07 (as at January 2007). Age played a factor in the number of arrests with a higher proportion of 17 and 18 year olds being arrested. However as we do not have the breakdown of offences we cannot determine why these young people were arrested. A much lower number of females have been arrested in comparison to males but it is not possible to determine why more males are being arrested than females.

Trafford Drug and Alcohol Service work with young people who are experiencing substantial issues related to their drug use. They may be absconding from school, committing crime to fund their drug use, experiencing associated mental health issues or suffering from dependent use. The young people the service works with tend to be at the high end of risk and need. The service has worked predominantly with cannabis and alcohol users in the period of April 2005- December 2006. 70% of their clients have been primary cannabis users with 4% of clients presenting with ecstasy use. The numbers of young people presenting with primary Class A use is low. Only 2% presented with heroin use and 3% presented with cocaine use.

When looking at the secondary drug use ecstasy featured more heavily at 12% followed by cocaine at 9%. The figures from the service appear to show that young people are using cannabis from which they are experiencing problems and are using other drugs but on a less regular basis. The numbers of young people using heroin and crack cocaine are very small. However powder cocaine appears to be a more popular choice with young people when using secondary drugs on top of their primary issue.

This pattern is also seen through the Resettlement and Aftercare Provision statistics with 43% of clients presenting with cannabis issues. 11% of the young people seen presented with cocaine use but it is important to note that a number of the young people were presenting with poly-drug use issues. The numbers seen by RAP are of a lower proportion so we can surmise that the number taking cocaine will still be relatively low in comparison to the number using cannabis.

The questionnaire that was completed with young people asked specific questions around illicit drug use. The results found that 20.8% of young people had tried any drug<sup>9</sup> with 15.9% using any drug in the last 6 months. 5.1% of the young people questioned had used any drugs in the last week. When this is broken down further it can be seen that the majority of young people who have tried any drug have tried cannabis at 17.2%. This is followed by gas/glue/poppers at 7.9%. Cannabis accounts for most of the recent drug use with 4.2% of young people using in the last week.

Class A drug use is at a lower level once again with 10.8% of the young people questioned having tried a Class A drug. Ecstasy and powder cocaine

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<sup>9</sup> Cannabis, amphetamine, ecstasy, ketamine, powder cocaine, crack cocaine, heroin, methadone, LSD, magic mushrooms, gas/glue/poppers, khat, crystal meth

remain the most popular Class A use with 3% of young people having tried either drug. Only 1.4% had used a Class A drug in the last week with 3.3% using in the last month. This appears to indicate that Class A use is not a regular choice for young people and is used on a more infrequent basis. Some of the Class A use can be attributed to young people attending specialist services and may not represent the rest of the young people population.

### **8.3 Vulnerable Groups**

The study looked to identify young people who were particularly vulnerable to substance use and understand if there was any correlation between membership of a vulnerable group and use of substances. The young people who were members of a vulnerable group were measured against those who were not to try and draw conclusions. It is important to note that the numbers of young people who did claim to be a member of a vulnerable were low in comparison to the overall study.

All vulnerable groups included in the study showed a higher percentage of young people drinking alcohol in the last week, using Class A drugs in the last 6 months and using any drug in the last 6 months than the rest of the sample. In particular 26.9% of the young people who stated they had been in trouble with the police had used Class A drugs in the last 6 months compared with 4.4% of the rest of the sample. 63.5% of these young people had also used any drug in the last 6 months compared with 9.9% of the remaining sample. This is also interesting as the sample size of young people who admitted to having been in trouble with the police was substantially higher than other groups at 11.2% of the entire study. This was second only to young people who claimed to have truanted from school at 17.6% of the sample.

The study appears to demonstrate an increased prevalence of substance use when a young person is a member of a vulnerable group. However it is not possible to demonstrate a causal link between the two. It is not feasible to connect that if a young person is a member of a vulnerable group then they are more likely to use drugs or that if a young person already uses drugs that they are more likely to truant from school or get into trouble with the Police.

The study does support the work that is already being done with identified vulnerable groups in Trafford including the substance misuse work that occurs in the Youth Offending Service and the planned secondment of a substance misuse worker into the Looked after Children Service. The study has served to highlight an area where more targeted work may be beneficial. The survey found that a high proportion of young people who claimed to have been in trouble with the Police also used drugs and alcohol more readily. Work could be commenced that could support the Police in working with these young people. This could include training for Police staff and providing relevant information on local services for young people.

When examining the numbers of young people who claim to have truanted from school and their use of drugs and alcohol there is a need to target these

young people. Truants represented the most concerning sample of vulnerable groups with more young truants using Class A drugs or any drug in the last 6 months than the whole of the remaining sample. Education Welfare Officers have been trained in assessing young people's substance misuse needs and it is hoped that this will support the work that they do with persistent truants. A more consistent approach will need to be developed in targeting truants. This could include street sweeps for truants that will look to address substance misuse as part of the process.

Of the young people who have been excluded from school the Pupil Referral Units have also been supported with training and an understanding around assessing needs. Further information and support could be provided ensuring accurate information and advice is disseminated to young people.

#### **8.4 Comparisons with National Estimates**

When comparing the Trafford figures with national estimates of drug use similar patterns emerge. Drug use appears to be extremely related to age and both the Department of Health study and Trafford's research has demonstrated this. In Trafford 0% of 11 year olds have used any drug in the last 6 months compared with 29.4% of 15 year olds. This pattern is seen in the national study with 5% of 11 year olds using any drug in the last 12 months compared with 32% of 15 year olds.

Class A drug use was similar in Trafford when compared with the national estimates. There was a slightly higher percentage of 11-15 year olds to have tried a Class A drug at 8.2% in Trafford compared with 6% in the national study. There was also a slightly higher proportion of young people using Class A drugs in the last month at 2.7% compared with the DOH's study at 2%. Whilst these numbers may be small it is important to recognise the numbers of young people who are choosing to experiment with Class A drugs. It may be necessary to direct some targeted work around Class A drug use to try and change the likelihood of young people choosing to use Class A drugs. Age remains a factor in Class A drug use and as with other drugs it may be more beneficial to target younger children to explain the effects of substances. Predominantly young people are choosing to try drugs at a similar age so ensuring they have accurate information at an earlier stage is paramount.

#### **8.5 Focus Interviews and Attitudes to Drug Use**

It is clear from the survey that young people are choosing to use illicit drugs and that some young people may see drug use as a normal part of society. The young people that took part in the focus interviews saw cannabis as being a part of everyday life. This normalising of use was further enhanced by the reclassification of cannabis. Young people appear to see the classification system for drugs as an indicator of harm so the reclassification of cannabis to a Class C drug serves to reinforce their own views on the safety of the drug. This also means that other young people may identify that cannabis is a 'safer' drug. The focus interviews also raised the role of the Police and their attitude and approach to cannabis use. Some young people felt that the

Police were not interested in cannabis possession and would not pursue any charges against young people for possession.

The class system does not appear to be any kind of a deterrent to young people. If this is the case and this means that young people will continue to experiment with drugs then there is a need to ensure that accurate and relevant information is provided to young people that will help them to make informed and appropriate decisions about their own drug use. This also means using a non-judgemental approach to working with young people that does not use scare tactics and does not lecture them about drug use.

## **8.6 Hidden Harm**

Children of drug and alcohol users face substantial risks to their development and often face serious harm. In Trafford the process has begun to start monitoring the numbers of children of drug and alcohol users and work effectively with partner agencies in tackling the wider family issues. Research shows that by supporting the parents in addressing their substance use there can be very beneficial effects on the child's life.

It can be seen through the results collated from the drug and alcohol services that a small proportion of children of substance misusers are in contact with Child Protection. This equates to around 27 children which does not match the number of cases on the Child Protection register identified by CYPS as having parental substance misuse at 45. These parents may be unknown to drug and alcohol services but it serves to highlight the need for the sharing of information and the role Child Protection can play in referring adults into treatment. Whilst these statistics could be attributed to data collection techniques it is essential that drug and alcohol services are made aware of adults that coming into contact with Child Protection in case they are already working with these clients and could support with the delivery of interventions with the family. A formal process for sharing this information could be established that could ensure this. In the future it is important that adult drug and alcohol services are involved in the development of Contact Point<sup>10</sup> to ensure they can check the status of the clients they see and guarantee that their practice takes into account the needs of the child.

The new Working Practice Guidance offers a positive development in the way in which children of substance misusers are managed and if practitioners follow the guidance then it could safeguard children under the age of 5 from harm. The next step would be to ensure the needs of children and young people over the age of five are still being met as they still face significant harm from parental use. The role of the voluntary sector is important in ensuring this and drug and alcohol services need to look at referring their clients' children to organisations such as Trafford Young Carers. The voluntary sector could look to re-advertise the work that they do to ensure services are aware of them.

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<sup>10</sup> Contact Point is a secure national directory of all children and young people that will hold basic information about the child and family and will allow appropriate professionals to identify other services that may be working with the child.

## APPENDIX 1

### HEALTH ADVISORY SERVICE (1996) *Substance of Young Needs*

#### The 'Tiered Approach' to young people's substance misuse services

Required provision at each Tier are summarised as follows:

##### ***Tier One –Universal services for all young people***

- Substance misuse education to all young people of school age within framework of PSHE and supported by the Healthy Schools Programme
- Age appropriate information and advice to all young people about substance misuse, both in and out of school
- Well publicised availability of information and advice to parents and carers about substance misuse through a range of community settings

##### ***Tier Two- Targeted services for vulnerable young people***

- Substance misuse education across all key stages in relevant locations that are not school based
- Age appropriate information and advice to all young people, including a variety of methods and approaches about substance misuse
- Use of screening (non-medical) assessments, assessment tools and procedures by staff working with vulnerable young people including young offenders, young homeless, those excluded from schools/truants, young people looked after, young people leaving care and children of substance misusing parents

##### ***Tier Three- Specialist non-medical services for young people with problem drug use***

- Counselling services for young people with substance misuse problems
- Age appropriate information about substance misuse and reducing harm and risk
- Care management systems to support other agencies dealing with young problematic substance misusers
- Family support work with families and carers of young substance misusers and involving them in care management
- Care management support for young people with substance misuse problems returning to the community
- Appropriate referral procedures to Tier 4 services

##### ***Tier Four- Specialist services for young people with problem drug use and complex needs***

- Intensive intervention to a very small number of young people, which could include:
  - Short-term substitute prescribing
  - Detoxification
  - Places away from home e.g. supported hostels, residential units
- Comprehensive support for young person and their family to take account of full range of on-going needs e.g. planned rehabilitation

## APPENDIX 2

### CLASS SYSTEM FOR ILLICIT SUBSTANCES

<b>Drug</b>	<b>Mode of use</b>	<b>Classification</b>
Speed and other amphetamines	Inject	A
Ecstasy	Oral	A
Cocaine	sniff or inject	A
Crack	inject or smoke	A
Heroin	smoke, sniff or inject	A
LSD	Oral	A
Magic Mushrooms	Oral	A
Methadone	Oral	A
Speed and other amphetamines	sniff or oral	B
Tranquillisers	Oral or inject	B/C (depends on drug)
Anabolic steroids	Oral or inject	C
Cannabis	smoke or oral	C
Poppers	sniff	It is an offence to supply these substances if it is likely that the product is intended for abuse
Glue	sniff	
Gas	sniff	

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