

**Report to:** Children's Services Scrutiny Committee

**Date:** 11<sup>th</sup> October 2007

**Report of:** Margaret Asquith  
Director of Children's Services

**Report No:** 12

**Contact Officer:** Lynne Jones Assistant Director,  
Children's Social Care Services

**Tele No:** 337203

**Report Title:** **SUBSTANCE MISUSE**

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**Confidential /  
Non Confidential:**

(**Non-Confidential**) This report does **not** contain information which warrants its consideration in the absence of the press or members of the public

**Purpose:**

To inform the Committee of the national and local picture in relation to young peoples alcohol and substance misuse.

**Recommendations:**

Committee are asked to note the report.

**Decision:**

**Background  
Doc(s):**

**Summary:**

## **Introduction**

This paper outlines current policy and delivery for young people's substance misuse nationally and locally. It summarises the current strategies for addressing young people's substance misuse (Updated Drugs Strategy 2002, Every Child Matters – Young People and Drugs, and Bolton's current Young People's Substance Misuse Strategy), provides information on the prevalence (national and local) of substance misuse, and outlines the key services and interventions that are available in Bolton to address these issues. The paper concludes by identifying some of the key issues for the future of young people's substance misuse strategies and delivery, nationally and locally.

Where the terms “substance use” or “substance misuse” are used, these relate to the use/misuse of illegal drugs (as defined by the Misuse of Drugs Act) and alcohol.

## **1. National picture**

### **1.1 National strategies and accountability**

The *Updated Drug Strategy 2002* (Home Office, 2002) is the Government's integrated drug strategy for the UK. Key strands of the strategy are:

- Preventing young people from becoming problematic drug users
- Reducing the supply of illegal drugs
- Reducing drug-related crime and its impact on communities
- Treatment and support for drug users

*Every Child Matters – Change for Children: Young People and Drugs* (Department for Education and Skills, 2005) outlines a cross-governmental strategic approach to preventing and addressing young people's substance misuse, building on work underway through the “young people” strand of the *Updated Drug Strategy 2002*. It supports delivery of the Every Child Matters “be healthy” aim that children and young people choose not to take illegal drugs. The approach has three main objectives:

- reforming delivery and strengthening accountability
- ensuring provision is built around the needs of vulnerable children and young people
- building service and workforce capacity

To ensure that the aims of Every Child Matters and the Updated National Drugs Strategy are achieved, the Department for Children, Families and Schools (DCFS, formerly Department for Education and Skills), the Home Office (HO), the National Treatment Agency (NTA), Youth Justice Board (YJB) and the Department of Health (DH) have agreed a joint approach to the development of universal, targeted and specialist services to prevent drug related harm and to ensure that all children and young people reach their full potential.

DCFS and HO have shared responsibility for a PSA target for young people's substance misuse which drives delivery of the young people strand of the *Updated*

*Drug Strategy 2002 and Every Child Matters – Change for Children: Young People and Drugs* - to reduce the use of Class A drugs and the frequent use of any illicit drug among all young people under 25, particularly the most vulnerable.

Performance against the young people's substance misuse PSA target is measured through:

- Percentage of schools participating in the National Healthy Schools Programme
- Proportion of young offenders screened for substance misuse/assessed within 5 working days/accessing early intervention and treatment services within 10 working days
- Proportion of drug users in treatment programmes that are young people

The DCFS and the NTA have developed a Memorandum of Understanding (MoU) to set out their commitment to work in partnership to achieve the common goal of ensuring that every young person has access to high quality specialist substance misuse treatment provision when they need it. The MoU covers the period 2007-2011, and will be supported by a range of NTA guidance to improve young people's treatment services across England. The NTA will take on an enhanced role in terms of performance management for young people's substance misuse treatment.

*Safe. Sensible. Social. The next steps in the National Alcohol Strategy* (HM Government, 2007) outlines the next steps in the national alcohol strategy, building on the *Alcohol Harm Reduction Strategy for England* (2004). The strategy identifies young people under 18 as a priority group, and aims to delay the onset of regular drinking (particularly among 11-15 year olds), reduce harm to young people who have started drinking, and create a culture where young people do not feel the need to drink. To support the strategy the Government will develop guidance for young people and parents, develop understanding of the effects of alcohol on young people's health and development, and carry out a campaign aimed at changing young people's attitudes to alcohol.

## **1.2 National prevalence**

In terms of the recent epidemiology of problem drug use (PDU)<sup>1</sup> in England, there have been two "waves". In "first wave" outbreak areas, heroin use bedded in during the 1980s and crack cocaine in the 1990s. This was the case for most metropolitan areas in the North West, with the exception of Bolton and St. Helens. "First wave" areas are characterised by:

- ageing problem drug using population with fewer "new starters";
- stable or reducing prevalence of problem drug use; and
- an established group of younger users choosing combinations of alcohol, cocaine<sup>2</sup>, cannabis, ecstasy, and other drugs.

"Second wave" areas such as Bolton saw a rapid escalation of heroin use during the 1990s, quickly followed by crack. These areas are characterised by:

- younger drug using populations with young people still initiating problem drug use;
- a majority of PDUs aged between 25 and 35 who are still immersed in drugs-crime lifestyles; and

Defined as the use of heroin and/or crack cocaine

In powder form

- large numbers of problem drug users (PDUs) not in contact with treatment services.

Even in these areas, where the PDU epidemic has not yet peaked, a profile of younger poly-substance users is developing as outlined above.

The Information Centre for Health and Social Care carry out an annual national survey of smoking, drinking and drug use among secondary school pupils aged 11 to 15; the 2006 survey indicates the following key findings:

- More than half of pupils aged between 11 and 15 have had at least one alcoholic drink in their lifetimes.
- This increases with age from 21% of 11 year olds to 82% of 15 year olds.
- The proportion of pupils who have never drunk alcohol has risen in recent years, from 39% in 2003 to 45% in 2006.
- 24% of pupils said they had ever used drugs, and 17% had taken any drugs in the last year, compared to 29% and 20% in 2001.
- The most commonly taken drug in the last year was cannabis (10% of pupils surveyed); 4% of pupils said that they had taken a Class A drug in the last year.
- 9% of pupils reported taking drugs in the last month, compared to 11% in 2005.
- 8% of 15 year olds reported that they used drugs at least once a month

Drug use among young people (10 - 24 yrs) is higher than it is for the rest of the population and, within this group, young people who belong to one or more 'vulnerable group' report the highest rates of all. The Offending and Criminal Justice Survey (OCJS), a household survey that looks in detail at drug use and young people, found that whilst young people in vulnerable groups account for less than one third of their sample (28%), they represented nearly two thirds (61%) of reported Class A drug users in the past year<sup>3</sup>. Groups of young people who have been shown in a range of studies<sup>4</sup> to be vulnerable to drug use include:

- Young offenders
- Children looked after by local authorities
- Young homeless people
- Children excluded from school
- Children who truant from school
- Young people who have been sexually exploited or who work in the sex industry
- Children of drug users

Young people (10–16 yrs old) who were in a vulnerable group were five times more likely to report having used any type of drug (35%), than those not in a vulnerable group (7%). Frequent drug use among this group was twelve times higher (12%) than for those not in a vulnerable group (1%). Reported rates of drug use for young people (17–24 yrs) in the older group were also higher, with 69% reporting having ever taken any type of drug compared to 42% of young people in no vulnerable group and 30% of vulnerable young people reporting frequent use compared to only 8% of young people in no vulnerable group.

## 2. Local picture

Becker J and Roe S (2005) *Drug use among vulnerable groups of young people: findings from the 2003 Crime and Justice Survey* Home Office Findings 254

Edmonds K, Sumnall H, McVeigh J & Bellis M (2005) *Drug prevention among vulnerable young people*. National Collaborating Centre for Drug Prevention.

## 2.1 Local prevalence

The Drugs, Analysis and Research Programme of the Home Office commissioned work to provide reliable new estimates of PDUs in all Drug Action Team (DAT)<sup>5</sup> areas for 2004/05. The definition of problem drug use employed within the study is: "use of opiates<sup>6</sup> and/or the use of crack cocaine". For Bolton, the provisional estimate of PDUs is 2650 (95% Confidence Interval 1973 to 3327). Of the PDU population, it is estimated that:

- 96% use opiates;
- 59% are injectors;
- 54.79% use crack;
- 24.3% are female and 75.7% male;
- 26.3% are aged 15-24, 49.2% aged 25-34, and 24.6% are aged 35-64 years.

Bolton's estimated PDU prevalence is higher than the regional average (15.28 per 1,000 population, compared to 11.43 for the North West), and there is a similar picture for the prevalence of opiate use (14.68 per 1,000 population, compared to a NW average of 9.84), crack use (8.37 per 1,000 population, compared to a NW average of 6.65), and injecting drug use (9.03 per 1,000 population, compared to a NW average of 4.94).

The 2004/05 figures also show that Bolton has a young PDU population when compared with other areas in the NW, and regional averages. Bolton has the highest prevalence in the NW in the 15-24 age range (26.3% compared to a NW average of 16.2%), is above the regional average in the 25-34 age range (49.2% compared to 44.1% across the NW), and has the second lowest prevalence of problem drug use among 35-64 year olds (24.6% compared to a regional average of 39.7%).

There is evidence from data collected through the Test on Arrest programme<sup>7</sup> of a change in the profile of substance misuse, in particular in the 18-25 age group. In the period April 2006 to March 2007, 2,714 tests were carried out, of which 1,013 (37.5%) were positive for opiates and/or cocaine. Analysis of the data highlights the following issues:

- Of the tests on 18-25 year olds, 37% (n=102) were positive for cocaine, 30% (n=85) were positive for cocaine/opiates, and 33% (n=93) positive for opiates.
- Compared to this, of the tests on 26-35 year olds, 15% (n=73) were positive for cocaine, 36% (n=183) were positive for cocaine/opiates, and 49% (n=2480) positive for opiates.
- Within the 18-25 age group, there is further evidence of changing patterns of substance misuse: 30% of 18-21 year olds test positive for cocaine compared to 20% of 22-25 year olds; 5% of 18-21 year olds test positive for opiates compared to 15% of 22-25 year olds.

In many areas, Drug Action Teams have merged with Crime and Disorder Reduction Partnerships; in Bolton this merger resulted in the Be Safe Bolton Strategic Partnership which now carries out the functions of the DAT. However, the term "Drug Action Team" is still used to refer to the Council's drug strategy team, based in Adult Services.

Heroin

Individuals who are aged 18 or over can be tested for opiates and crack/cocaine on arrest if they commit a trigger offence (broadly speaking acquisitive and drug crime), or if Inspector's Authority is given (in relation to any crime)

## 2.2 Prevalence – young people

The 2005 *Health Related Behaviour Survey* (Schools Health Education Unit) carried out in primary schools (years 5 and 6) and secondary schools (years 8 and 10) gives local data on young people's drug and alcohol use. Among the primary school pupils surveyed, 17% of boys and 10% of girls said that they had at least one alcoholic drink (more than a sip) in the last week. Of these, 25% said they had drunk pre-mixed spirits or alcopops, 33% said they had drunk beer or lager, and 15% said they had drunk spirits. Among the secondary school pupils surveyed:

- 24% said they had been offered cannabis, and 17% had been offered other drugs.
- 8% said they had taken an illegal drug in the last month
- 2% said they had taken more than one illegal drug at the same time, and 3% reported drinking alcohol and taking an illegal drug at the same time
- The most commonly taken drugs for boys and girls were cannabis and poppers
- 33% said they had at least one alcoholic drink in the week before the survey
- 17% reported they drank over 14 units a week

A recent survey carried out by Trading Standards North West questioned over 1,600 secondary school pupils about their alcohol consumption (years 10 and 11, the majority of respondents were aged 15 and 16). Key issues from the responses were:

- Compared to 2005, the proportion of 14 to 17 year olds in Bolton stating that they never drink alcohol has risen from 14% to 21% (North West average of 17%).
- The proportion claiming to drink once a week or more has fallen from 51% to 46%.
- 26% say they drink alcohol twice a week or more, compared to a North West average of 24%
- 30% of young females in Bolton claimed to drink more than the recommended 14 units per week for women over 18
- 21% of young males in Bolton claimed to drink more than the recommended 21 units per week for men over 18

A review of alcohol-related admissions to the Accident and Emergency department at Royal Bolton Hospital (carried out by Alcohol Concern in 2007) shows a significant increase recently. In 2005/06, 551 under 18s attended RBH for an alcohol-related problem, compared to 441 in 2004/05. In terms of under 16s, in 2006 78% of attendances were for an "alcohol related problem" compared to 22% for "overdose of alcohol". 58% of attendees aged under 16 were female.

The 360° young people's substance misuse service collect and report data to the National Drug Treatment Monitoring System (NDTMS) on young people receiving treatment for substance misuse problems. In 2006/07, NDTMS shows that 1,870 individuals accessed drug treatment in Bolton. Of these, 18.4% were aged under 25, slightly higher than the North West regional average of 16.9%. 145 young people were recorded as being in treatment in the 360° service. Of these, the majority (130) were aged 14 and over; 75 were aged under 18. 38% reported cannabis as their main problem drug, with 27% stating that alcohol was their main problem drug. 22 young people were in treatment for heroin/crack cocaine use. Almost half of young people reported using combinations of more than one illegal drug and/or alcohol.

## **2.3 Local strategy and accountability**

The young people's substance misuse strategy is currently accountable to both the Be Safe Bolton Strategic Partnership, through the Drugs and Alcohol Theme Group (DATG) and to the Children's Trust through the Be Healthy Executive. The key priorities for young people's substance misuse are reflected in the Crime, Disorder and Drugs Misuse Reduction Strategy 2005-8, which has a strategic aim "to prevent young people from developing problematic drug and alcohol misuse", with a number of objectives:

- To ensure that all young people have access to information, education and advice about substance misuse
- To carry out targeted early intervention work with vulnerable young people and their families where there is increased risk of young people developing substance misuse problems
- To provide specialist treatment and support for young people with substance misuse problems, and support for their families
- To build capacity within the young people's workforce to address substance misuse at tiers 1 and 2
- To ensure that the Children and Young People's Partnership are leading on strategies for preventing and reducing drug use by children and young people, with particular focus on vulnerable groups

A Young People's Substance Misuse Joint Commissioning Group commissions services from the Young People's Substance Misuse Partnership group on behalf of the DATG, and ensures that all commissioning functions are "fit for purpose". The group has involvement of key stakeholders (including Children's Services and the PCT) at an appropriate level of seniority to make commissioning decisions in response to the strategic priorities for young people's substance misuse.

Bolton's Alcohol Strategy and Action Plan is monitored through an Alcohol Strategy Implementation Group, which consists of representatives from the Primary Care Trust, Police, Probation, Royal Bolton Hospital, Trading Standards and the Drug Action Team. The strategy has an aim in relation to young people – to improve the quality and consistency of alcohol education provision in school and non-educational Tier 1 settings. Specific actions include:

- Recruitment of Healthy Schools Development Officer (for secondary schools) to focus on, alcohol and tobacco education
- Deliver "Crag Rats" Theatre In Education programme
- Deliver Schools Alcohol Conference
- PSHE consultant to work with schools to promote alcohol education within PSHE/Drug education
- Develop peer led safe alcohol education project in educational settings
- Develop resources to give parents of school age children information about alcohol and young people's drinking

## **2.4 Local services and interventions**

There is a wide range of services in Bolton to respond to young people's substance misuse, delivering interventions in universal, targeted and specialist settings. The following section outlines these:

### Universal education, information and advice

- Healthy Schools programme, lead by the Primary Care Trust, with support from Bolton Council. Drugs and alcohol education is one of four core themes that schools have to work towards in order to be accredited as a Healthy School, this element of the programme is supported by Bolton Council's PHSCE Consultant with additional support from 360°. There is a Healthy Schools Project Officer for alcohol and tobacco, who works closely with schools. The Healthy Schools team, in partnership with other agencies, also deliver one-off pieces of work such as School Health Days.
- In order to achieve Healthy Schools status, schools are required to provide a programme of drugs education (including alcohol), have policies on managing drug-related incidents, and have a named Governor and staff member responsible for drug education.
- A one-day Schools Alcohol Conference was held in July, aimed at Heads and key staff from schools and Pupil Referral Units. The conference combined presentations and workshops, and all participants were given a selection of free resources to use in schools.
- The Common Assessment Framework (CAF) includes a supplementary referral sheet for 360°, where a young person is identified as having additional substance misuse needs.
- All staff working in schools are able to access training provided through the Young People's Substance Misuse Training Strategy (detailed below)
- IMOKTA (I'm OK ta): An interactive website for 14-19 year olds aims to equip young people with tools to deal with situations around alcohol, drugs, sex and violence; supported by resources for young people and teaching resources for schools and Pupil Referral Units. A survey conducted through the Children and Young People's Panel in 2006 (following a marketing campaign in cinemas and on buses) indicated high recognition rates for IMOKTA (approximately 2/3 of young people recognised and recalled the images)
- Bolton Drug Action Team's website ([www.boltondrugsinfo.co.uk](http://www.boltondrugsinfo.co.uk)) gives information to a wide audience including young people, parents and carers and professionals on young people's substance misuse and available services.
- There is a website aimed at parents and carers, giving information about young people's substance misuse and how to talk to young people about drugs ([www.drugconcern.com](http://www.drugconcern.com))
- A wide variety of social inclusion projects is in place, linked to Local Strategic Partnership and Neighbourhood Renewal strategies. Each project delivers to young people within a specific geographical area. Staff in all projects are trained to provide drug and alcohol awareness and information, to assess young people's substance misuse using Bolton's Initial Assessment Tool, and to work with young people around identified issues or make referrals to 360° as appropriate. Projects include:
  - Positive Futures/Moving Up targeting vulnerable young people and providing leisure activities and support
  - Young People's Development Pilot targeting young people most at risk of substance misuse/teenage pregnancy
  - Youth Inclusion Project/Community Merits working with young people at risk of offending



- Youth Inclusion Support Panel and East Bolton Youth Outreach Project working with young people involved in or at risk of being involved in crime, anti-social behaviour, and substance misuse
- Kickz which works in partnership with other local agencies and uses football to engage young people in substance misuse work
- Juvenile Response Team delivering street based interventions aimed at reducing juvenile anti-social behaviour, nuisance, crime and substance misuse

### Targeted work with vulnerable groups

The vision of the young people's substance misuse strategy is to develop capacity to address young people's substance misuse within the children and young people's workforce, with a particular focus on practitioners working with vulnerable groups of children and young people. In order to support this, there is a dedicated Tier 2 Co-ordinator based in 360°, whose remit is to support practitioners working with young people when delivering drug and alcohol education, assessments and interventions. Specific activities include:

- Workforce development and capacity building through relevant training which ensures that practitioners have the knowledge to be able to assess a young person's substance use (using the Substance Misuse Initial Assessment Tool), make appropriate referrals to 360° treatment service or support to deliver Tier 2 interventions themselves.
- Providing consultation and support at any stage of the process; this can range from information about a specific substance, discussing a case to identify the best plan for the young person to aiding a referral to 360°.
- Supporting the development of skills in delivering basic drug and alcohol awareness in a variety of settings, by using of a variety of easy to use resources and support when delivering; practitioners are able to develop knowledge and skills that makes the delivery of basic awareness more sustainable.
- Development and production of resources i.e. an interactive toolkit to help young people assess the risks involved in their substance use and identify ways of reducing harm.
- Through a community development approach, engaging with a number of women's groups from local Muslim and Hindu communities. This has provided a secure environment to raise knowledge and awareness of substance misuse issues with a traditionally hard to reach group. The trust that has developed is giving the women the confidence to begin to access individual support for the first time.
- Raising the profile of 360° in the wider multi-agency network
- Developing and helping to maintain working links with other services i.e. maternity services, Accident and Emergency department, schools, Connexions and the Youth Offending Team
- Collaborating with other services in delivery of targeted prevention i.e. School Health Days, College Fresher's Fair

In 2006/07, the Tier 2 Co-ordinator carried out 165 consultations, including requests for information, resources, advice and support, and training.

All young offenders in contact with the Youth Offending Team (YOT) are screened for substance misuse using ASSET, young people scoring 2 or more for substance

misuse are assessed by YOT staff using Substance Misuse Initial Assessment Tool. All YOT staff trained in substance misuse awareness, assessment, and delivery of Tier 2 interventions. Tier 2 early interventions delivered within the YOT, referral protocols and pathways for 360° are outlined in the Assessment Tool. Young people requiring specialist treatment referred to 360° for treatment at Tier 3. There is an Operational Manager with responsibility for substance misuse in the YOT.

One of the key groups of vulnerable young people is the children of substance misusing parents. A 2003 report by the Advisory Council for the Misuse of Drugs<sup>8</sup> identifies that the children of problem drug users are 7 to 8 times more likely to become drug users themselves, and estimates that there are 250,000 – 350,000 children affected in the UK (one per problem drug user). Alcohol Concern estimates that a million children in England are affected by parental alcohol use. In partnership with a range of agencies (health, children's social care, substance misuse services, service user and carer representatives), the Drug Action Team have developed a Hidden Harm strategy and action plan. The strategy has three key aims, which are based on the priorities identified by a range of agencies through the consultation process for the strategy. These are:

- To develop and embed multi-agency strategic and operational responses to address parental substance misuse and the children and young people affected
- To ensure a "whole family" approach to the delivery of universal, targeted and specialist services for children, young people, families and substance misusers
- To build capacity in universal, targeted and specialist workforces to identify and address parental substance misuse and children affected

### Specialist treatment

Bolton has a well-established young people's substance misuse service, 360°, which has been acknowledged as good practice by the National Treatment Agency. 360° provides treatment and support for young people with substance misuse problems, and support for their families and carers. Providing community based treatment via an integrated multi agency team means that a comprehensive range of holistic provision is provided from one accessible location just off the town centre. Services are provided at Tiers 3 and 4. There are strong links with local CAMHS, paediatric wards and Fostering and Residential services; and the range of services, support and experience offered by 360° ensures that the majority of Tier 4 services can also be provided in the local community.

360° works to a philosophy of harm reduction leading to the eventual goal of abstinence. Parallel support is offered to parents and carers in recognition of the evidence that this produces better outcomes for young people. All young people in treatment receive a full assessment and their treatment is managed via a care plan. 360° has implemented the use of the Common Assessment Framework.

Harm reduction services for Class A drugs include testing and vaccination for Blood Born Viruses (Hep B), safer injecting advice and a client based needle exchange. Nursing staff offer all young people a full health assessment and some

follow up interventions e.g. catch up vaccinations, sexual health screening and assessment. Swift referral to the Community Paediatrician linked to the service can be made when appropriate. One of the two Team Leaders is an experienced RMN and takes the lead on emotional and mental health issues, ensuring that there are strong links with the local CAMHS service through consultation with a dedicated CAMHS Consultant and liaison with the Primary Mental Health Care Team. Substitute prescribing for Class A treatment is provided by a combination of input from an Associate Specialist in substance misuse and 360°'s own clinical lead, who is a Nurse Prescriber, and therefore able to undertake supplementary prescribing and the management of community detox.

All young people have a treatment/prescribing plan as part of their wider Care Plan, in the case of substitute prescribing this is reviewed every 6 weeks with the Associate Specialist and the Community Paediatrician. The approach to substitute prescribing is one of dose reduction leading to abstinence. Treatment (for all substances) is supported by a Support Therapist offering auricular acupuncture, Electro Stimulation Therapy and a range of complimentary therapies aimed at symptom reduction, sleep management, relaxation and stress relief.

The multi agency staff in 360° are able to offer a wide range of support to young people alongside the structured treatment modalities – this can include access to suitable accommodation, education, training or employment, which are considered as important as substitute prescribing or psycho-social interventions in helping young people turn their lives around. Day care activities, including improving access to leisure activities and a variety of group and individual interventions are provided by support workers and a dedicated Family Support Worker ensures the vital involvement of parents and carers. All keyworkers overseeing the treatment of young people are qualified in their respective professions – Nursing, Youth Work, or Social Work.

360° provides Testing on Arrest services and follow up to 18 year olds in partnership with the Adult Substance Misuse Service. There is a written transition protocol between the services. A strong partnership with the YOT is covered by a Service Level Agreement. The RAP (Resettlement & Aftercare Programme) service is well established within the YOT and a group work programme focussing on substance misuse issues has been jointly devised and delivered by the two services. All YOT clients requiring interventions at Tier 3 and above are fast-tracked into 360° where these services are provided, in addition all YOT staff are trained to deliver Tier 2 interventions with young people.

#### Workforce development and capacity building

A young people's substance misuse training strategy is in place to ensure that substance misuse training is available to all staff working with children and young people. Various levels of training are available, courses include:

- basic substance misuse awareness,
- young people's substance misuse assessments and interventions (aimed at mainstream practitioners working with vulnerable groups),

- specific courses on substances most commonly used by young people (alcohol, cannabis, solvents, ecstasy and benzodiazepines),
- courses on developing skills in substance misuse work with young people (communicating with young people, using Tier 2 resources).

Courses are available on a multi-agency and single agency basis. Additional workshops and short sessions are provided on request. Additional support for practitioners is provided by 360°'s Tier 2 service, which provides advice, support and resources to practitioners who are delivering Tier 2 early interventions with young people.

### **3. Equality Impact Assessment**

This report has been subject to initial screening of Equality Impact Assessment. No adverse impacts were identified.

### **4. Future developments**

- Consultation is currently underway on the Government's new national drug strategy – *Drugs: Our community, your say*, which includes an aim around young people, education and families. Locally, a consultation exercise has been carried out with key stakeholders, which will inform the Drug Action Team's response.
- Young people's substance misuse strategy and services are currently funded from the Young People's Substance Misuse Partnership Grant, which pools a number of sources of funding including a contribution from the Adult Pooled Treatment Budget for drug treatment. There have been reductions to this grant in recent years, and there are currently no clear indications of future allocations (for April 2008 onwards).
- The NTA are taking on an increased role in respect of the performance management of young people's treatment, whilst prevention and early intervention are likely to fall within the remit of targeted youth support; this increases the likelihood of responses to young people's substance misuse becoming fragmented.
- There is growing evidence of a change in the profile of substance misuse in Bolton. The PDU population is beginning to age but is still significant in number and impact, whilst younger people are using increasing amounts of cocaine, alcohol and cannabis and other drugs, often in combination. Responses to substance misuse will need to take into account this changing profile.
- A review of the current young people's substance misuse strategy is currently underway through the Young People's Substance Misuse Joint Commissioning Group, the outcomes of which will inform the development of future responses to young people's substance misuse in Bolton.
- Locally, the young people's substance misuse strategy is still accountable to both the Be Safe Strategic Partnership and the Children's Trust and located within Adult Services; however local partnerships have agreed to locate responses to young people's substance misuse formerly with Children's Services
- Responses to the children of problem drug and alcohol users ("Hidden Harm") will be lead by the Local Safeguarding Children Board, in partnership with the

Be Safe Bolton Strategic Partnership; building on the Hidden Harm Strategy and Action Plan developed by the Drug Action Team.