



# **JSNA FOR SUBSTANCE MISUSE (YOUNG PEOPLE) FOR LEWISHAM COUNCIL**

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The Centre for Public Innovation is a Community Interest Company that provides research, training, support and advice in the fields of health, social care, criminal justice and community development.

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## Glossary

CAMHS	Child and Adolescent Mental Health Services
HRBQ	Health Related Behaviour Questionnaire
MASH	Multi Agency Safeguarding Hub
NDTMS	National Drug Treatment Monitoring System
NEET	Not in education, employment or training
PHE	Public Health England
SHEU	Schools Health Education Unit
YOS	Youth Offending Service

# 1 Executive summary

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## *Background*

This Joint Strategic Needs Assessment explores children and young people's substance misuse in Lewisham. A separate JSNA reports on substance misuse in relation to the adult population. For the purpose of this report, young people are designated as those aged up to 24 years of age.

The JSNA seeks to:

- Give a better understanding of the needs of those who misuse substances and those who are at greater risk of misusing substances,
- Inform the development and re-commissioning of Lewisham's substance misuse services,
- Inform the development of a local strategic response to reducing the harm caused by substance misuse for 2022 and beyond.

The JSNA draws on range of qualitative and quantitative data.

## *Key findings*

The most significant finding in this needs assessment is the size of the treatment population compared to estimated levels of demand. Data for 2019-2020 indicates 82 young people under 18 in treatment and a further 25 aged 18 to 24 years giving a total of 107 in community treatment. While trying to build a picture of how many young people would benefit from drug or alcohol treatment is difficult, the prevalence rates set out in this report for alcohol and drug consumption indicates that the numbers of young people who would benefit from treatment are far in excess of the current figure of 107.

This report identifies that cannabis use is a significant issue among young people in Lewisham and this is reflected in the treatment population where 91% of the treatment population use cannabis. Class A drug use is negligible in the treatment population and levels of use are very low among young people in the community as a whole.

Looking at drug and alcohol consumption among young people more generally in Lewisham, data from an ONS survey indicate that over a third (38%) of young people had been offered drugs at some point,

which for Lewisham gives around 6,000 young people having been offered drugs. In relation to alcohol consumption, data from a separate survey indicates that 10% of young people (school years 7 to 11) report having had an alcohol drink in the last seven days. When applied to the population for Lewisham, this gives a total of over 6,000 young people. In the same survey, 6% of young people report drinking alcohol at least once a week, giving a number of just under 1,000 when applied to Lewisham.

While the majority of local young people do not use drugs and alcohol, the data makes clear that they often have a peer who does. Strikingly, by the age of 9, 11% of boys know someone who takes drugs. By the age of 15 exactly a third of young men and women know a person who takes drugs. This makes clear that drug use is a common part of many young people's lives.

The data makes clear that a number of cohorts of young people in Lewisham are particularly vulnerable to substance misuse. These vulnerable groups include young offenders and young people who have a parent/carer in treatment for drug or alcohol misuse.

There is some indication that young people are moving to drugs which are relatively novel in terms of the treatment population. Young people interviewed for the needs assessment referred to the use of "Lean" (meaning prescription cough medicine) and "forget-me-not" (which refers to Rohypnol). It is not possible to quantify the extent to which these drugs are being used and whether they are being used in combination with other drugs (particularly cannabis and alcohol). It however makes clear that drug use is constantly shifting and young people are migrating towards the use of novel substances. While there appears to be an evolution in drug use 91% of those in treatment are being supported for cannabis use (with 20% in treatment using two or more substances).

### *Summary of recommendations:*

1. Given the very low numbers of young people currently receiving treatment, numbers of young people entering treatment should be enhanced to better align with the demand for treatment. Improvements should be made to referral pathways into the treatment service.
2. The data regarding substance misuse education gives some cause for concern insofar as it is not possible to state with any confidence how many young people (if any) have received drug awareness messages. Given this commissioners should ensure that a universal substance misuse education programme is available and offered to young people in the borough through schools and other young people's services.

3. The universal education programme (above) should develop strong links to the Improving Health and Wellbeing in Schools drug and alcohol offer to better support in-depth, specialist and targeted education work to be carried out which complements the universal offer.
4. Commissioners should incorporate family-based treatment into the young people's treatment offer, meaning that works young people are supported in the context of their family. The specialist treatment offer for young people should therefore be accompanied, as far as possible, by group work with the family to build skills and capacity in the wider family.
5. Commissioners should consider shifting how treatment services are currently delivered towards intensive multi-disciplinary work in which substance misuse workers are co-located alongside colleagues in Early Help, and social work teams rather than being based primarily in a drug and alcohol treatment specialist services and buildings.
6. Commissioners should consider investing in brief intervention and other low intensity interventions (such as motivational interviewing) to support young people who use drugs and alcohol but where usage does not warrant engagement with specialist treatment.
7. Commissioners should consider the feasibility of developing a peer-led awareness led by and delivered by young people – ideally including those with some lived experience of substance misuse.

## 2 Introduction

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This Joint Strategic Needs Assessment explores young people's substance misuse in Lewisham. For the purpose of this report, young people are designated as those aged up to 24 years of age (an age which aligns with both the scope of the current young people's service and national reporting standards on drug and alcohol treatment).

The JSNA seeks to:

- Give a better understanding of the needs of those who misuse substances and those who are at greater risk of misusing substances,
- Inform the development and re-commissioning of Lewisham's substance misuse services,
- Inform the development of a local strategic response to reducing the harm caused by substance misuse for 2022 and beyond.

The JSNA uses a range of qualitative and quantitative research approaches (as outlined in Section 3) to develop an in-depth understanding of substance misuse. Particular attention has been paid to the needs of specific groups with protected characteristics to understand substance misuse issues in relation to these communities. Finally the JSNA seeks to map out future trends.

Note that this report addresses children and young people. The needs of the adult population are explored in a separate report, JSNA for Substance Misuse (Adults) for Lewisham Council (2021).

## 3 Service review methodology

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The JSNA adopted a mixture of both qualitative and quantitative research techniques. Details of each are set out below.

### 3.1 Quantitative data analysis

The review analyzed data from a number of sources. For drug treatment statistics, two complementary sources were used: National Drug Treatment Monitoring System (NDTMS) and Public Health England “Commissioning Support Packs”. Some additional data was also obtained from the current service provider and from the London Borough of Lewisham.

In relation to some of the data used in this report, there are differences in how data from NDTMS are presented. For example, data presented online may differ slightly (e.g. variable categorizations) from that used in the data packs. The differences include using ‘all’ people in treatment or alternatively ‘new’ people in treatment. Differences in approach will be detailed in the text.

Other datasets include use of exogenous data (e.g. socio-demographic indices of the local population) were accessed from two sources: London Datastore (<https://data.london.gov.uk/>) and from PHE (<https://fingertips.phe.org.uk/>).

### 3.2 Professional stakeholder consultation

A range of professional stakeholders were consulted to explore their understanding and views in relation to young people and substance misuse in Lewisham.

#### *Professional stakeholders*

The following professionals involved in the delivery of specialist treatment and associated services were interviewed:

- Service Manager - Humankind
- Services Manager – CGL, New Direction service
- GP with special interest
- Head of Looked After Children – Lewisham Council

- Public Health Training and Development Manager – Lewisham Council
- First Response, Referral & Assessment Team, Children’s Social Services – Lewisham Council
- Service Manager, Compass
- Inspector, SE Safer Neighbourhoods - Metropolitan Police Service
- Commissioning Officer (Addictions) Prevention, Inclusion & Public Health Commissioning Team – Lewisham Council
- Public Health Commissioning Manager – Lewisham Council
- Joint Commissioner 0 - 19 Health and Maternity - Lewisham Council

Issues in relation to children and young people were explicitly explored with the stakeholders listed above.

In addition a member of the research team attended Corporate Parenting Management Meeting managers meeting for round table discussion about Substance Misuse services and need.

### *Community representatives and third sector stakeholders*

In-depth telephone interviews were undertaken with representatives from organisations that deliver services to children and young people in Lewisham. Interviews took place between October and December 2020 representing:

- CAMHS
- Fulfilling Lives

### **3.3 Consultation with young people**

Two online focus groups were undertaken with young people in groups that are known to be vulnerable in relation to substance misuse: Looked After Children and those Not in Education, Employment or Training. The focus groups aimed to explore attitudes, understanding and general views regarding drugs and alcohol among young people. The groups were arranged by relevant service providers and the consultation undertaken by a CPI researcher.

- Care leavers – two participants
  - Two males, aged 20 and 25
- NEET group – seven participants
  - Five male, two female. Two aged 17, two aged 18, two aged 19

In addition to the focus groups one telephone interview was undertaken with a male service user aged 22, who is Black British and one young male (aged 17) currently being supported by the YOS.

## 4 Quantitative findings

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### 4.1 Treatment population

This sections sets out data regarding numbers of young people in treatment for drug and alcohol misuse with analysis of a range of key variables.

#### 4.1.1. Accessing treatment

Table 1 below shows the size of the young people's treatment population over recent years and the proportion of young people in treatment:

- Under 18
- Between 18 and 24 years
- Under 18 within the secure estate

Data for Lewisham is set against national figures.

**Table 1 Number and Rate per 100,000 population, treatment engagement levels Lewisham compared to National (England) estimates**

	Indicator	2014-2015		2015-2016		2016-2017		2017-2018		2018-2019		2019-2020	
		No	Rate per 100,000										
Lewisham	Number of young people (aged under 18) in specialist services in the community	199	806.8	105	425.7	92	373.0	58	235.1	60	243.2	82	332.4
	Number of young adults (aged 18-24) in young people's specialist services in the community	71	273.4	107	412.0	123	473.6	39	150.2	15	57.8	25	96.3
	Number of young people (aged under 18) in specialist services within the secure estate	16	64.9	12	48.6	10	40.5	23	93.2	16	64.9	13	52.7
National	Number of young people (aged under 18) in specialist services in the community					16902	345.9	15952	326.5	14831	303.6	14291	292.5
	Number of young adults (aged 18-24) in young people's specialist services in the community					3334	67.8	3308	67.2	3391	68.9	3130	63.6
	Number of young people (aged under 18) in specialist services within the secure estate					1262	25.8	1289	26.4	1221	25.0	1186	24.3

(Estimated Resident Population Mid-Year by single year of age 2015 estimates)

<http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/index.html>

Note the change in total number of young people being treated in Lewisham over the period of time set out in Table 1:

- 2015 – 16: 224 young people
- 2016 – 17: 225 young people

- 2017 – 18: 120 young people
- 2018 – 2019: 91 young people
- 2019 – 2020: 120 young people

The data does not indicate exactly why there was a decrease in numbers as of 2018 however we note that the timeframe aligns with both budget cuts to young people's services as well as the commencement of the delivery of services under the current provider (Compass).

### *Under 18s*

The number (and rate per 100,000 population) for young people aged under 18 in treatment in Lewisham (as shown in Table 1) fell from a high of 199 (or 806.8 per 100,000 population) in 2014-2015. Numbers decreased in Lewisham until 2017-2018 from which the levels have steadily increased again. Note that, while there was also a decrease in numbers nationally, the rate of decline was more pronounced in Lewisham (a drop of 46% in Lewisham since 2015 compared to 15% nationally)

As shown at Table 1 the rate of young people's engagement in treatment per 100,000 of population in 2019-2020 is now slightly higher (332.4 per 100,000) than national levels (292.5). Additional analysis indicates that there is a moderate relationship between changes in the rate per 100,000 population in Lewisham with national rates ( $r=0.30$ ) – that is, that trends that are driving young people's treatment rates across England are also playing a part in the size of the treatment population in the borough.

### *18 – 24 years*

The number of young people aged 18-24 years in treatment (and the rate per 100,000 of population) decreased from a peak of 123 in 2016-17 (rate 473.6 per 100,000) to 25 in 2019-20 (96.3 per 100,000).

While the decline is pronounced, the rate in 2019-2020 is higher (96.3) compared to national figures (63.6) and increased from 2018-2019. As per the figures for the under 18 population, there is also a moderate correlation with national figures comparing changes over time ( $r=0.21$ ).

The rate of young people from Lewisham residing within the secure estate is consistently higher than national estimates over the period 2016-2017 to 2019-2020.

Proportionally, there were fewer young people aged under 18 years accessing community services in Lewisham compared to national comparisons. For instance, in 2019-20 68.3% of the treatment population in Lewisham was under 18 compared to 76.8% nationally.

Proportionally, a higher proportion of younger people aged 18-24 access services in Lewisham (between 32.5-54.7%) compared to national figures for 2017-18 (16.4%). The data therefore suggests that the treatment population in young people is somewhat skewed towards “older” young people – i.e. those aged 18 to 24 years. It is not clear whether this “bias” reflects actual need in the community or how current services are configured – for instance whether the treatment system in the borough is more focused on or better able to engage those aged 18 and over.

The data at Table 1 indicates a marked jump of young people with a substance misuse need identified within the secure estate (that is Young Offender Institutions such as Feltham) provision reaching 19.2% in 2017-18. This compares to a figure of 6.4% nationally.

Statistics from NDTMS suggest that no young people (0%) were picked up from release from a secure estate to access treatment compared to 9% nationally (in 2017-18). This would tend to suggest issues in relation to pathways from secure facilities into specialist services in the community.

#### 4.1.2 Length of time in services

Table 2 sets out the length of time young people spent in treatment.

**Table 2 The length of time in services, interventions received and planned exits, Lewisham compared to England, 2016-2017 to 2019-2020**

	2016-2017		2017-2018		2018-2019		2019-2020	
	Lewisham	National	Lewisham	National	Lewisham	National	Lewisham	National
<b>Length of time in services</b>								
0-12 weeks	33	42	43	43	52	44	45	42
13-26 weeks	27	31	33	32	30	32	38	32
27-52 weeks	25	19	19	18	15	18	11	19
>52 weeks	15	7	5	7	3	7	6	6
<b>Interventions</b>								
Pharmacological Only	0	0	0	0	0	0	0	0
Psychosocial (PSI) Only	100%	98%	100%	98%	100%	99%	100%	98%
Pharmacological + PSI	0	0	0	0	0	0	0	0

Other interventions	0	0	0	0	0	0	0	0
No named interventions	0	1%	0	1%	0	1%	0	0%
<b>Planned Exits</b>								
Leaving in a planned way	56	81	53	80	33	80	73	85
Leaving in a planned way who re-present within 6 months	3	5	4	5	6	5	0	4

For length in service, there have been some changes over the time period set out in Table 2.

Since 2018-2019, young people were more likely to be in treatment for less than 13 weeks compared to national figures: this trend is noticeable from 2017-2018 for young people retained for between 13-26 weeks.

Note that the offer to young people has almost entirely been psychosocial (100% in 2019-2020). This is to be expected given the near absence of heroin users who would require a pharmacological response (albeit that the qualitative data – see Section 5.3 indicates a possible issue regarding the use of cough medicines that contain codeine – a weak opioid).

In 2019-2020 no young person who was discharged from treatment re-presented within six months (compared to 4% in England).

### 4.1.3 Profile of people in substance misuse treatment

#### *Substance misuse need*

Table 3 sets out the treatment population for Lewisham by substance.

**Table 3 The percentage of young people using selected substances, Lewisham compared to England, 2016-2017 to 2019-2020**

25 years and under	2016-2017		2017-2018		2018-2019		2019-2020	
	Lewisham	Nat'l	Lewisham	Nat'l	Lewisham	Nat'l	Lewisham	Nat'l
Heroin and/or crack	8	2	4	3	3	3	0	2
Stimulants (cocaine, ecstasy, amphetamines, not crack)*	20	22	15	24	3	24	6	25
Cannabis	87	86	91	86	92	85	91	86
Alcohol	39	50	36	48	43	46	48	44
Novel psychoactive substances**	<1	4	0	2	0	1	-	-

Tobacco	10	16	9	16	35	16	23	14
'Other' drug	5	7	8	9	5	11	8	14

\*Changes were made in reporting categories for stimulants in 2019-2020; \*\*NPS was no longer reported in 2019-2020;

The majority of young people in Lewisham have been reported to treatment using cannabis and or alcohol as their main substance. Cannabis is reported at higher rates than England over the four-year period.

Data regarding the drugs used by those in treatment may be read in a number of ways: it is possible that cannabis use, almost ubiquitous among young people in treatment in Lewisham, is the main drug of choice among young people; it may however be the case that the current system is more focused on cannabis users or is better able to engage cannabis users than those who consume other drugs. The qualitative data (see Section 5) does indicate very widespread use of cannabis among young people but also suggests that this is not the sole drug being used. Consideration may therefore be required to determine whether the current system is configured in such a way as to have the unintended consequence of largely working with users of cannabis over those who use other drugs.

Note that nearly half of young people report alcohol use (48% in Lewisham compared to 44% in England).

The data at Table 3 indicates that young people in Lewisham report use of stimulants at a level that is more than four times lower than that of their counterparts in England (6% in 2019-2020 compared to 25% in England). This may be a function of actual levels of stimulant use among young people or the fact (discussed above) that the system has potentially been configured in such a way that it is better at engaging cannabis users rather than users of other drugs (including stimulants).

The levels of tobacco use amongst Lewisham young people has been reported as higher from 2018-2019 compared to national figures and currently stands at just under a quarter (23%).

Note the complete absence of young people using heroin and/or crack. This has some implications for future adult substance misuse treatment (explored in a separate report) which indicates a significant proportion of adults in treatment using these drugs. The data for young people would tend to indicate that, up until the age of 24 (i.e. for the age period for which young people's data is collected) there are no heroin or crack users who may go on to need support in the adult treatment system. As noted earlier the point is worth reiterating that this may be more a function of how the current system is configured rather than actual need. As also noted above, there is some evidence that young people are using other

opiates (codeine) which may require the kind of pharmacological response associated with heroin use and therefore that there is a level of unmet need among young people.

Data on the primary drug used by those in treatment was also provided by the current provider and is set out below at Table 4.

**Table 4 Primary drug used, 2020-2021**

Substance	Number	%
Alcohol	0	0.0
Cannabis	48	85.7
Cocaine	0	0.0
Ketamine	0	0.0
MDMA	0	0.0
Other	8	14.2
Prescription	0	0.0
None	0	0.0

Source: Compass

The data on primary drug indicates that nearly all (85.7%) young people used cannabis. NO further breakdown was available on the Other category who make up the remaining 14%.

Table 5 sets out a number of key substance specific vulnerabilities among young people in treatment.

**Table 5 Substance specific vulnerabilities, Lewisham compared to England, 2016-2017 to 2019-2020**

% of YP with each risk/vulnerability item	2016-2017		2017-2018		2018-2019		2019-2020	
	Lewisham	National	Lewisham	National	Lewisham	National	Lewisham	National
<b>Substance-Specific vulnerabilities</b>								
Opiate and/or crack user	2	2	2	2	2	3	1	1
High risk alcohol users	2	3	2	3	5	3	2	1
Using 2+ substances	25	60	24	58	52	57	20	21
Began using main problem substance under 15	61	84	58	77	59	77	29	28
Current or previous injector	0	1	0	1	0	1	0	0

The level of Lewisham young people who use opiates and/or crack and who are high-risk alcohol misusers are broadly similar with national estimates. Wide disparities in the percentage of Lewisham young people using two or more substances until 2018-2019 suggesting the possibility of data recording issues. A similar issue was noted with young people reported as starting their main problem substance under 15 which from 2019-2020 is similar to national totals (29% in Lewisham compared to 28% nationally).

Table 5 indicates that in 2019-20 a fifth (20%) of young people were using two or more substances (predominantly cannabis and another drug). Note also that, while this underpins the finding at Table 3 (above) about the centrality of cannabis use, it also indicates widespread use of other drugs in addition to cannabis (albeit that the data does not indicate what the other drugs used might be).

### Demographic profile

Demographic data regarding the profile of young people is set out below.

#### AGE

The age of young people in specialist treatment is set out below at Table 6.

Table 6 Age of treatment population, 2020-2021

Age	Number	%
10	0	0.0
11	0	0.0

12	0	0.0
13	2	3.5
14	3	5.3
15	3	5.3
16	12	21.4
17	15	26.7
18	17	30.3
19	2	3.5
20	1	1.7
21	1	1.7
22	0	0.0
23	0	0.0
24	0	0.0
25	0	0.0

Source: Compass

Note that over half (57%) of young people in treatment are aged 17 or 18 years and over three quarters (78.4%) between 16 and 18 years. The numbers of young people aged 16 and under (43%) in treatment would tend to suggest the need for early intervention and preventative work to engage with young people upstream (i.e. before the need to engage with specialist services).

## GENDER

Data regarding the gender profile of those in treatment is set out at Table 7.

**Table 7 Gender of treatment population, 2020-2021**

Gender	Number	%
Female	19	33.9
Indeterminate	0	0.0

Male	36	64.2
Not specified	1	1.7
Trans	0	0.0

Source: Compass

Data indicates a predominance of male clients (64.2%) compared to female clients (33.9).

Table 8 below explores key data in relation to the gender of those in treatment.

**Table 8 The percentage of females and males by risk factor, Lewisham compared to England, 2016-2017 to 2019-2020**

	2016-2017		2017-2018		2018-2019		2019-2020	
	Lewisham	Nat'l	Lewisham	Nat'l	Lewisham	Nat'l	Lewisham	Nat'l
<b>Females</b>								
Total in Treatment	26	34	38	34	32	34	44	33
Affected by domestic abuse	23	28	6	25	25	27	22	44
Mental health treatment need	23	24	0	37	0	42	40	44
Affected by sexual exploitation	15	14	0	13	17	11	100	80
Self-Harm	8	31	6	28	17	29	80	61
NEET	15	13	33	13	17	12	50	24
Offending/ASB	8	19	11	20	0	18	38	19
Alcohol as problem	46	64	41	62	74	59	57	43
Cannabis as problem	92	80	86	80	79	80	44	31
Aged <=15	21	55	32	57	32	58	70	36
<b>Males</b>								
Total in Treatment	74	66	62	66	68	66	56	67

Affected by domestic abuse	0	18	7	16	13	17	78	56
Mental health treatment need	0	15	0	22	0	28	60	56
Affected by sexual exploitation	0	2	0	1	0	1	0	20
Self-Harm	7	9	11	8	3	11	20	39
NEET	18	18	41	18	22	17	50	76
Offending/ASB	30	39	44	38	25	37	63	81
Alcohol as problem	19	43	14	40	32	38	43	57
Cannabis as problem	99	92	100	93	98	92	56	69
Aged <=15	34	48	31	50	34	51	30	64

For Lewisham, there has been an overall increase in the percentage of females in treatment from 26% in 2016-2017 to 44% in 2019-2020 (which is not mirrored in national figures which have remained relatively constant at about one-third (33%) of the overall treatment population). It is not clear whether this is related to increasing levels of need among females in Lewisham or whether the local treatment service has targeted or is otherwise better at engaging young women.

The data for female clients indicates that, across a number of domains, young women in Lewisham present with higher risk factors than their peers nationally: for instance all (100%) young women in treatment in Lewisham are flagged as at risk of sexual exploitation compared to 80% nationally, 80% in Lewisham report self-harm compared to 61% nationally, and half (50%) are NEET compared to 24% nationally.

There are notable fluctuations over the four-year period in the percentages reported across most other categories. This may be a function of relatively small numbers in each categories and enhanced data reporting issues. Caution is advised in further gender differences over time for this reason.

**ETHNICITY**

Data regarding the ethnicity of the treatment population is set out below at Table 9 and compared to the population of Lewisham as a whole and the school age population.

**Table 9 Ethnicity of treatment population, 2020-2021**

Ethnicity	Number in treatment	% of treatment population	Lewisham population %	Lewisham –
-----------	---------------------	---------------------------	-----------------------	------------

				Ethnicity of primary and secondary school pupils
Black African	11	19.6	11.6	15.2
Bangladeshi	1	1.7	0.5	0.7
Black Caribbean	8	14.2	9.6	10.7
Other	3	5.3	5.9	4.9
Black Other	0	0.0	4.8	6.7
Mixed Other	1	1.7	2.2	6.3
White Other	2	3.5	12.9	11.4
White and Asian	2	3.5	1.3	2.1
White and Black African	4	7.1	1.6	2.7
White and Black Caribbean	4	7.1	3.3	5.5
White British	20	35.7	37.0	24.8
Pakistani	0	0	0.7	0.8
White Irish	0	0	1.8	0.4
Indian	0	0	1.8	1.1
Other Asian	0	0	4.9	3.7

Source: Compass; Population data from Lewisham Observatory <https://www.observatory.lewisham.gov.uk/population/>

The data at Table 9 indicates that the largest single cohort of clients were White British (making up 35.7% of those in treatment) followed by those of Black African heritage (19.6%).

Note that those of White British, Black African and Black Caribbean origin are over-represented compared to the school population.

Data from the Greater London Authority indicates that, as of 2015, 34.9% of the population were born outside the UK and that, as of 2016, 47.4% of the population were from Black or Minority Ethnic communities indicating that the profile of the population is likely to evolve significantly over time.

<sup>1</sup> <https://data.london.gov.uk/dataset/percentage-pupils-ethnic-group-borough>, Data for 2019, data does not include 3% of young people who are "unclassified".

*Other vulnerabilities*

Table 10 sets out a range of other vulnerability factors for young people in treatment.

**Table 10 The percentage of young people with vulnerabilities, Lewisham compared to England, 2016-2017 to 2019-2020**

% of YP with each risk/vulnerability item	2016-2017		2017-2018		2018-2019		2019-2020	
	Lewisham	National	Lewisham	National	Lewisham	National	Lewisham	National
<b>Wider vulnerabilities</b>								
LAC	4	12	0	11	5	10	1	4
Child in Need	0	7	2	9	2	10	6	4
Affected by domestic abuse	5	21	7	19	16	21	6	8
With a mental health treatment need	5	18	0	27	0	33	3	13
Sexual Exploitation	4	6	0	5	5	4	1	1
Self-Harm	7	16	9	14	7	17	7	6
NEET	18	16	38	16	20	15	7	6
NFA/unsettled housing	2	1	2	1	0	1	0	0
Offending/ASB	25	32	31	32	18	30	16	12
Pregnant/Parent	4	2	0	2	0	2	0	1
Child Protection Plan	0	8	2	8	5	8	2	3
Affected by others' substance misuse	2	23	0	22	11	23	7	8

Over the four-year period set out in Table 10, Lewisham reports lower levels across a number of vulnerability factors compared to national rates for:

- LAC,
- being a child in need (until 2019-2020),
- affected by domestic abuse (at least until 2019-2020 when the rates are broadly comparable [6% in Lewisham compared to 8% in England]),

- with a mental health treatment need,
- self-harm (at least until 2019-2020 when the rates are broadly comparable [7% in Lewisham compared to 6% in England]),
- with a child protection plan, and
- being affected by others' substance misuse (at least until 2019-2020 when the rates are broadly comparable [7% in Lewisham compared to 8% in England]).

By way of contrast, Lewisham residents were more likely to report being NEET and there was some variability in difference for offending/ASB; levels of pregnancy comparing Lewisham to England totals over this period.

Note that the data indicates much closer proximity between the rates in Lewisham and national rates for the most recent reporting period (2019-2020) indicating that the vulnerability of young people in the borough is now much closer to that as seen elsewhere in England.

### Co-morbidities

Data on co-morbidities is set at Table 11.

**Table 11 Co-occurring substance misuse and mental health issues**

% of YP with each risk/vulnerability item	2016-2017		2017-2018		2018-2019		2019-2020	
	Lewisham	National	Lewisham	National	Lewisham	National	Lewisham	National
<b>Co-occurring substance misuse and mental health issues</b>								
Identified as having a mental health treatment need	-	-	0	27	0	33	6	37
Receiving treatment for their mental health need(s)	-	-	0	69	0	70	60	68

Comparing levels of dual diagnosis, where a young person has a reported co-occurring mental health and substance misuse need, there is a notable difference in reporting:

- 6% of Lewisham residents had been identified as having a mental health treatment need in 2019-2020 compared to 37% in England,
- 60% of young people in Lewisham were reported to be in receipt of treatment for their mental health needs compared to 68% nationally.

The sudden large increase in the last metric suggests the possibility of either improved data recording and/or changes in operational practices that may account for this discrepancy.

**Multi-agency Safeguarding Hub**

Data from the Multi Agency Safeguarding Hub (MASH) for 2018-19 show that 195 young people aged under 18 years were in contact with Lewisham multi-agency partnerships with 51% referred (n=99).

**4.1.4 Referrals**

Data regarding referrals into treatment are set out at Table 12.

**Table 12 Continuity of care from secure estate release to community treatment**

	2016-2017	2017-2018	2018-2019	2019-2020
Number of young people referred to treatment on release from secure estates	1	1	137	209
Number of young people picked up by a community service within 3 weeks of release	0	0	12	8
% of young people picked up within 3 weeks of release				
- Lewisham	0%	0%	9%	4%
- National	14%	9%	4%	4%

The number of young people referred to treatment on release from secure estates has risen from one person in 2016-2017 to 209 in 2019-2020. There has been an increase in the number of young people picked up (i.e. who engaged with adult or young people’s treatment services) within three weeks of release such that the proportion in 2019-2020 are comparable (4%) with national figures (4%).

Note that continuity of care (i.e. continuation of treatment from the secure estate into community services) is recognized nationally as an issue of concern – both in terms of how the data is collected and the actual numbers successfully transitioning into the community. The issue is being addressed in London by Public Health England who are developing protocols and pathways for the prisons serving the London population. This is likely to improve both the recording of data and the number of people who continue their treatment in the community post release.

**Table 13 Source of referral into treatment, Lewisham compared to England, 2016-2017 to 2019-2020 (percentages)**

	2016-2017		2017-2018		2018-2019		2019-2020	
	Lewisham	Nat'l	Lewisham	Nat'l	Lewisham	Nat'l	Lewisham	Nat'l
Education	13	14	10	31	11	32	20	33
Youth Justice	56	59	41	22	33	20	28	20
Children and Family Services	9	9	13	16	17	17	12	18
Self, Family and Friends	10	11	7	11	13	12	15	12
Health and mental health services (excl. A&E)	4	4	6	9	13	9	22	8
Other substance misuse services	3	3	19	7	8	8	2	5
Other services	0	0	3	2	5	2	1	2
Accident and Emergency	-	-	0	1	0	1	0	1

From 2017-2018, Lewisham reported lower rates of referrals from Education sources (20% in 2019 compared to 33% nationally in 2020) and from Children and Family services excepting 2018-2019 (12% across Lewisham in 2019-2020 compared to 18% nationally).

By way of contrast, a higher rate of referrals can be noticed from:

- youth justice services (28% in 2019-2020 compared to 20% nationally),
- health and mental health services from 2018-2019 (reaching 22% of all referrals in 2019-2020 compared to 8% nationally); and
- since (2018-2019) increased levels of referrals from self-family and friends (15% in Lewisham in 2019-2020 compared to 12% nationally).

The results therefore indicate that criminal justice routes are the most significant route into treatment.

#### 4.1.5 Hospital admissions

##### *Hospital admissions for alcohol specific conditions in under 18s in Lewisham*

Hospital admission data<sup>2</sup> shows that the rate of people under the age of 18 in Lewisham admitted to hospital for alcohol specific conditions in the 2016/17 – 2018/19 period was 22 per 100,000. The breakdown by gender was:

- Male – 19.1 per 100,000
- Female – 25.1 per 100,000

##### *Hospital admissions due to substance misuse in 15 – 24 year olds in Lewisham*

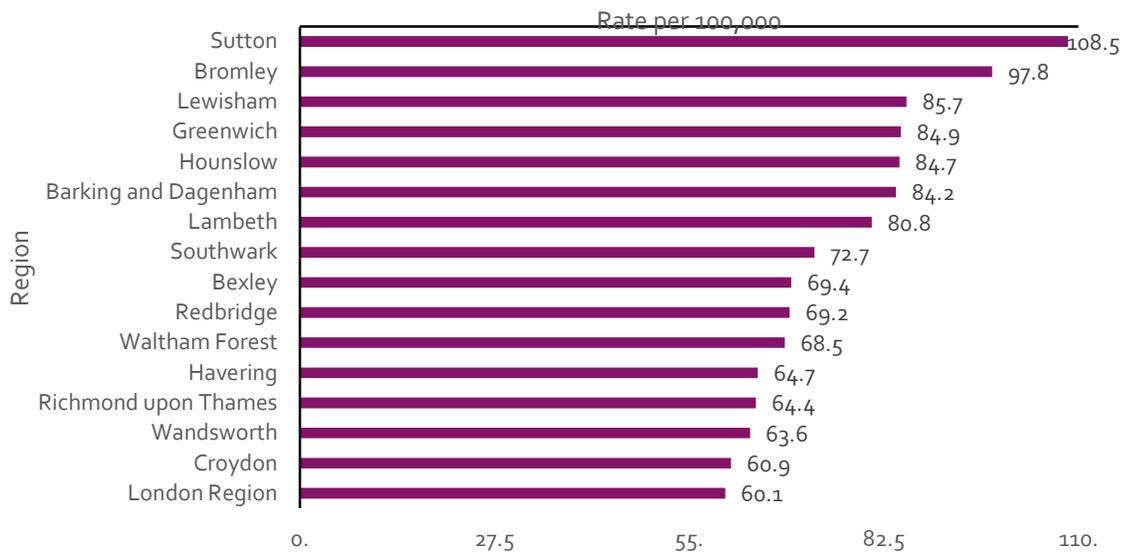
The hospital admission data for substance misuse<sup>3</sup> shows that in the 2016/17 – 2018/19 period there were 85.7 per 100,000 admissions in Lewisham in those aged 15-24. The data for the 15 areas with the highest prevalence rates per 100,000 is shown in Figure 1, with the inclusion of the London region data for comparison.

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<sup>2</sup> <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132982/pat/6/par/E12000007/ati/102/are/E09000023/cid/4/page-options/ovw-do-o> Accessed 25/01/2021

<sup>3</sup> [://fingertips.phe.org.uk/search/substance#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000023/iid/90808/age/156/sex/4/cid/4/page-options/ovw-do-o\\_car-do-o](https://fingertips.phe.org.uk/search/substance#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000023/iid/90808/age/156/sex/4/cid/4/page-options/ovw-do-o_car-do-o) Accessed 25/01/2015

Figure 1 Hospital admissions due to substance misuse (15-24 years) – Top 15 areas (plus London Region)



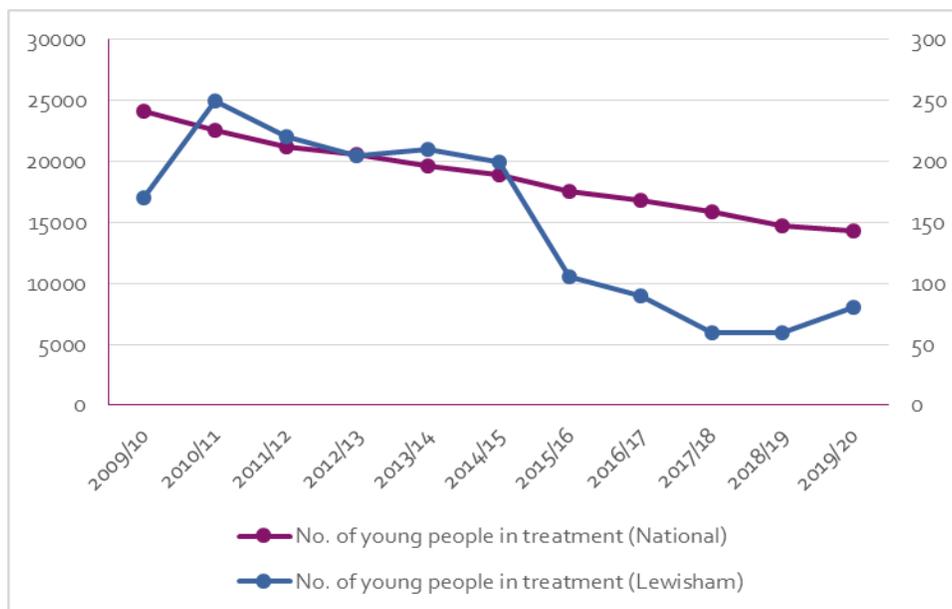
Note therefore that the rate of hospital admissions for young people in Lewisham is towards the top among a cluster of other London authorities with only Sutton and Bromley indicating higher rates. The rate of 85.7 for Lewisham is also significantly higher than the London regional average figure of 60.1 per 100,000. The data potentially indicates that those hospitals serving the Lewisham population (so primarily Lewisham and Queen Elizabeth) are better at flagging up young people who present for treatment. However it is more likely to be indicative of the fact that young people in Lewisham are more likely than their peers elsewhere in London to consume drugs to the extent that this requires a healthcare intervention.

## 4.2 Future trends

The parallel JSNA for adult substance misuse sets out a projection of possible future levels of treatment demand using modelling of current and historic numbers in treatment. A similar exercise is not possible for the young people’s population gives the small numbers which makes any forecasting extremely unreliable. Also the large drop in numbers from 2015/2016 onwards would lead to negative figures estimated in treatment.

Data on historic trends are however set out below at Figure 2.

Figure 2 Young people in substance misuse treatment – national rate compared to rate for Lewisham



Analysis of the data indicates that the drop in young people presenting to drug and alcohol services in Lewisham is correlated to changes at national level ( $r=0.83$ ) although the drop within the borough is more severe. That means that the drop in the treatment population in Lewisham tracks wider trends across England. There is no data (nationally) to suggest that the drop in treatment numbers is due to reduced demand. Rather it would appear that the drop in numbers is related to the particularly steep reduction in young people’s treatment budgets that occurred across the country which had the effect of limiting service capacity. It would appear that local drops are a part of this relationship with a reduction in budgets. We also note that a new young people’s treatment provider commenced delivery within the period set out in Figure 2 which may also have been a contributory element in the drop in numbers. Whilst we cannot say with any certainty, one factor might therefore be the shift from a

standalone young people's substance misuse service to an integrated service that deals with other factors (emotional health and wellbeing and sexual health).

## 4.3 Drivers of need

This section explores a range of variables that may have some bearing on current and future demand for young people's treatment services. Issues are explored thematically below.

### 4.3.1 The Health Related Behaviour Questionnaire, 2016

The Health Related Behaviour Questionnaire (HRBQ) collected data on a range of health-related behaviours from children aged between eight and fifteen, including information on both legal and illegal drugs. This section reports the key findings from a survey that was conducted among 1,473 young people in Lewisham in 2016. Recognizing that this data is some five years old, it does however provide a snapshot of the views of young people in Lewisham (whereas data in 4.3.2 applies national opinion data to the population of Lewisham and is therefore represents more of a generalized view of young people across England).

Data for HRBQ is often set out by Year group (rather than age). As such Table 14 puts together the corresponding Year group with age of pupils in that group.

**Table 14 Year group and corresponding age of child**

HRBQ Year Group	Corresponding Age
Year 4	8-9
Year 6	10-11
Year 8/9	12-13
Year 10/11	14-16

#### *Primary school pupils in Years 4 and 6 (aged 8 – 11)*

In relation to children of primary school age, the 2016 Lewisham survey indicates that:

- 13% of primary aged children were fairly sure or certain that they knew someone who uses drugs.

- 43% of year 6 pupils said that their parents had talked to them about drugs and 47% that their teachers had.
- 27% of year 6 children said that they had talked to visitors in school lessons about drugs.
- 9% of year 6 pupils said that they had had at least one alcoholic drink, 1% said this was in the last seven days.
- Almost all, 99% of year 6 pupils said they had never tried smoking – 1% had tried smoking in the past.
- 28% of the year 4 and 6 pupils said that their parents / carers smoke. This compares to a smoking prevalence rate of 15.5% (which in turn is slightly higher than the London rate of 14.6%).<sup>4</sup>

### *Secondary school pupils in Years 8/9 and 10/11 (ages 12 – 16)*

In relation to secondary school aged children, the 2016 survey indicated that:

- 9% of boys and 16% of girls in year 10/11 said they had used drugs.
- 6% of pupils overall said they had used drugs to get high.
- 6% of pupils in year 8 had been offered cannabis, increasing to 24% of year 10/11 boys and 29% of year 10/11 girls.
- 8% of pupils had had at least one alcoholic drink in the last seven days.
- 69% of pupils said that they never drink alcohol. Of those who do, 61% of pupils said their parents always know about it, 11% said their parents never know about it.
- 7% of pupils said that there was a special drug and alcohol service available for young people. 32% said there wasn't one and 61% didn't know.
- 92% of pupils said that they have never smoked.

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<sup>4</sup> <http://www.lewishamsna.org.uk/sites/default/files/Tobacco%20Control%20JSNA%20Refresh%20-%20Final.pdf>

- 1% of boys and 2% of girls reported that they smoke occasionally or regularly.
- 9% of pupils said that they have used an e-cigarette.

#### 4.3.2 Prevalence of and attitudes towards alcohol, smoking and drugs

The following sections provides synthetic estimates of prevalence and attitudes towards drug use of children and young people based on analysis of the HRBQ 2019, and the Smoking, Drinking and Drug Use among Young People in England 2018 survey using population estimates for young people in Lewisham.

While this uses data from HRBQ (which was explored above) we note that this is a more recent version of the survey (and the most recent for which data are available) and so the results are somewhat more contemporaneous that for the 2016 Lewisham survey.

The HRBQ 2019<sup>5</sup> commissioned by The Schools Health Education Unit (SHEU) collected data from children aged between eight and fifteen on a range of health-related behaviours.

The HRBQ 2019 data covers both legal and illegal drugs and collects data on drug use amongst young people, as well their perceived danger of using drugs.

The population estimates of young people in Lewisham used for the synthetic estimates were obtained from the Office for National Statistics population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2019<sup>6</sup>.

*Please note* - HRBQ data is presented by school year group, i.e. Yr 4, Yr 6 etc. whereas the ONS population estimates are produced by age, i.e. nine years, eleven years etc. To calculate the estimated prevalence figures for Lewisham, we have transposed the year group data from the HRBQ to the corresponding ages as set out in Table 9 (above).

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<sup>5</sup> <http://sheu.org.uk/content/page/young-people-2019> (accessed 18/11/20)

<sup>6</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2019estimates>

*Consumption of any alcohol drink in the last seven days*

Table 15 explores responses in relation to whether young people had consumed any alcohol in the last seven days.

The consumption of any alcoholic drink in the last seven days is highest amongst those aged fifteen years old at 21% amongst males and 23% amongst females – i.e. over a fifth of 15 year olds for both genders.

**Table 15 Consumption of any alcoholic drink in the last seven days**

Age and Gender	Lewisham Population	Percentage as identified in the HRBQ (%)	Expected Prevalence (count)
9 - Male	1,917	6%	115
9 - Female	1,872	3%	56
11 - Male	2,018	7%	141
11 – Female	1,748	3%	52
13 - Male	1,731	7%	121
13 – Female	1,761	6%	106
15 - Male	1,572	21%	330
15 - Female	1,462	23%	336

If we apply these same prevalence rates to the population of Lewisham, it is possible to estimate the amount of alcohol consumption amongst young people in the borough. That is, we would expect around 330 male and 336 female fifteen year olds to have consumed alcohol within the last seven days.

*Smoke regularly and don't want to give up*

The survey explores those who smoke but who do **not** wish to give up.

There are relatively low numbers of nine to fifteen year olds who regularly smoke, **and** who don't wish to give it up.

Below the age of fifteen it is only boys that say they smoke and do not want to give up at 1% of nine year olds and 1% 11 year old boys. There are no girls under fifteen who smoke and do not wish to stop. Rates of smoking with no desire to stop become more prevalent at fifteen years old with 3% of boys and 4% of girls.

Table 16 I smoke regularly and don't want to give it up

Age and Gender	Lewisham Population	Percentage as identified in the HRBQ (%)	Expected Prevalence (count)
9 - Male	1,917	1%	19
9 - Female	1,872	0%	0
11 - Male	2,018	0%	0
11 - Female	1,748	0%	0
13 - Male	1,731	1%	17
13 - Female	1,761	0%	0
15 - Male	1,572	3%	47
15 - Female	1,462	4%	59

If we apply these prevalence rates to the population of Lewisham, we would expect to see around 106 fifteen year olds who regularly smoke and not wish to stop (that is, applying the HRBQ prevalence rate to the number of 15 year olds who live in the borough).

### *Smoke regularly and want to give up*

The survey explores data for young people who smoke and who **do** wish to give up.

The data shows that resources to help those who would like to give up smoking should be targeted at the older age groups; it is only fifteen year olds who smoke regularly and wish to stop – 1% of males, and 2% of females. Applying these same prevalence rates to Lewisham would suggest that there are a small number, circa 45 young, regular smokers who would like to give up and who would benefit from a referral to a stop smoking service. Equally the data suggests the need for ongoing prevention work to ensure that young people do not acquire smoking habits.

Table 17 I Smoke regularly but would like to give up

Age and Gender	Lewisham Population	Percentage as identified in the HRBQ (%)	Expected Prevalence (count)
9 - Male	1,917	0%	0
9 - Female	1,872	0%	0
11 - Male	2,018	0%	0
11 - Female	1,748	0%	0
13 - Male	1,731	0%	0
13 - Female	1,761	0%	0
15 - Male	1,572	1%	16
15 - Female	1,462	2%	29

### Vaping at least weekly

The survey explores usage of e-cigarettes amongst young people.

There are some frequent e-cigarette users amongst those aged thirteen and fifteen, with usage slightly higher amongst boys than girls within each age category.

Table 18 Use Vaping now (at least weekly)

Age and Gender	Lewisham Population	Percentage as identified in the HRBQ (%)	Expected Prevalence (count)
13 - Male	1,731	3%	52
13 - Female	1,761	2%	35
15 - Male	1,572	4%	63
15 - Female	1,462	3%	44

### *Cannabis is always unsafe*

The survey asks young people to respond to the comment that “cannabis is always unsafe”. Responses are set out below.

The perception that cannabis is *always* unsafe is lowest amongst those aged fifteen with only 22% of males and 17% of females perceiving cannabis as unsafe meaning 32% and 26% of thirteen year olds respectively. The results therefore indicate a significant number of young people who do not believe that cannabis has any health or other implications.

**Table 19 Cannabis is ‘always unsafe’**

Age and Gender	Lewisham Population	Percentage as identified in the HRBQ (%)	Expected Prevalence (count)
13 – Male	1,731	32%	554
13 – Female	1,761	26%	458
15 – Male	1,572	22%	346
15 - Female	1,462	17%	249

If these results are applied to the same age groups in Lewisham we can presume similar attitudinal prevalence in that there is more acceptance of cannabis, and less concern over its safety, amongst the older age groups.

### *Heroin is always unsafe*

The survey asks young people to explore the comment that “heroin is always unsafe”.

While higher proportions of children consider heroin to be unsafe compared to cannabis the results are striking insofar as that they indicate a sizeable proportion of young people think that heroin can be safe – often the majority of young people. This would indicate that young people are not well informed

about the hazards associated with heroin use. (Note that, while the survey explicitly references heroin, it follows that young people are likely to be ill-informed about the dangers of opiates more widely).

Applying the figures in Table 20 to young people in Lewisham, and with the exception of thirteen year old girls, we estimate that around half of all thirteen and fifteen year olds in Lewisham would also consider heroin as always unsafe.

**Table 20 Heroin is 'always unsafe'**

Age and Gender	Lewisham Population	Percentage as identified in the HRBQ (%)	Expected Prevalence (count)
13 - Male	1,731	49%	848
13 - Female	1,761	39%	687
15 - Male	1,572	57%	896
15 - Female	1,462	50%	731

***Certain I know someone who takes drugs***

Given the known association between knowing someone who takes drugs and therefore being able to obtain drugs yourself, the HRBQ asks children if they know someone who uses at least one of a number of listed drugs.

Around one in ten nine year olds claim to know someone who uses one of the listed drugs, which increases to one third amongst fifteen year olds. For Lewisham, this means there could be over 250 children within each of the age groups identified in the table below who are certain they know someone using drugs; and over 500 fifteen year old boys.

**Table 21 Certain I know someone who takes these drugs**

Age and Gender	Lewisham Population	Percentage as identified in the HRBQ (%)	Expected Prevalence (count)
9 - Male	1,917	11%	211
9 - Female	1,872	9%	168
11 - Male	2,018	8%	161

11 - Female	1,748	6%	105
13 - Male	1,731	12%	208
13 - Female	1,761	11%	194
15 - Male	1,572	33%	519
15 - Female	1,462	33%	482

The results indicate that, by the age of 15, a third of young people will know a friend or peer who uses drugs, indicating widespread consumption among young people. Note also that around one in ten very young people (aged 9) are aware of someone who uses drugs.

### *Ever taken any drug*

The survey explores whether a young person has taken any drug.

The percentages of those claiming to have taken any of the drugs listed increases with age from two percent of thirteen year olds to over one in ten of those aged fifteen. By applying the same prevalence rates to children in Lewisham, we estimate around 350 children aged fifteen who have tried any of the listed drugs, with usage slightly higher amongst males than females.

**Table 22 Ever taken any drug**

Age and Gender	Lewisham Population	Percentage as identified in the HRBQ (%)	Expected Prevalence (count)
13 – Male	1,731	2%	35
13 – Female	1,761	2%	35
15 – Male	1,572	12%	189
15 – Female	1,462	11%	161

The results indicate that, by the age of 15, around one in ten 15 year olds will have used a drug at some point in their life.

### *Ever taken cannabis*

The survey explores young people's consumption of cannabis.

With 12% of fifteen year old boys and 10% of fifteen year old girls having tried cannabis, this would equate to circa 335 children aged fifteen having tried cannabis in Lewisham and 53 thirteen year olds.

**Table 23 Ever taken any cannabis (any sort)**

Age and Gender	Lewisham Population	Percentage as identified in the HRBQ (%)	Expected Prevalence (count)
13 – Male	1,731	2%	35
13 – Female	1,761	1%	18
15 – Male	1,572	12%	189
15 – Female	1,462	10%	146

### *Ever taken drugs and alcohol on the same occasion*

The HRBQ includes a question on same occasion drug and alcohol use to identify behaviour that moves away from experimentation towards more risky behaviours.

Whilst the percentages of those in the HRBQ claiming to have taken drugs and alcohol on the same occasion are relatively low, if the same prevalence rates are applied to children in Lewisham, we could reasonably expect to see 63 fifteen year old boys, and 58 fifteen year old girls engaging in similar risky drug taking behaviour.

Table 24 Ever taken drugs and alcohol on the same occasion – Yes

Age and Gender	Lewisham Population	Percentage as identified in the HRBQ (%)	Expected Prevalence (count)
13 – Male	1,731	1%	17
13 – Female	1,761	0%	0
15 – Male	1,572	4%	63
15 – Female	1,462	4%	58

### *Taken drugs in the last month*

The survey seeks to differentiate between the proportion of young people who have ever taken drugs, and those who have done so more recently.

Drug usage tends to be higher in the older age group, with three percent of fifteen year olds claiming to have taken drugs in the last month compared to one percent of thirteen year olds. This data indicates that the potential prevalence in Lewisham is around 35 children aged thirteen and 91 aged fifteen that have taken drugs in the last month.

Table 25 Taken drugs in the last month

Age and Gender	Lewisham Population	Percentage as identified in the HRBQ (%)	Expected Prevalence (count)
13 – Male	1,731	1%	17
13 – Female	1,761	1%	18
15 – Male	1,572	3%	47
15 – Female	1,462	3%	44

### 4.3.3 Smoking, Drinking and Drug Use among Young people in England 2018

This section reports and draws synthetic estimates from a survey conducted by the Office for National Statistics.

13,664 year 7 to 11 pupils responded to the 2018 survey, between September 2018 and February 2019<sup>7</sup> therefore giving another relatively up-to-date picture of attitudes and behaviours among young people in England. While a snapshot of views of children and young people from across England (as opposed to just those from Lewisham) it gives a relatively contemporaneous assessment of the views of young people in relation to a number of key areas.

The survey includes core questions covering smoking, alcohol and drug attitudes and behaviours, as well some questions on wellbeing and family affluence. The relevant data have been used to create prevalence estimates of drug and alcohol use and associated behaviours to determine the estimated levels we could expect to see amongst young people in Lewisham.

#### *Consumption of any alcohol drink in the last seven days*

Ten percent of 11-15 year olds said they had consumed alcohol in the last seven days. If we apply these prevalence figures to Lewisham, we would expect to see approximately 6,134 year seven to eleven pupils who have drunk alcohol within the last week.

**Table 26 Consumption of any alcoholic drink in the last seven days**

Year Groups	Lewisham Population	Percentage as identified in the SDDU (%)	Expected Prevalence (count)
Yr 7-11	16,340	10%	6,134

#### *Ever had an alcohol drink*

Almost half (44%) of those in year groups 7 to 11 said that they had ever tried alcohol. We can therefore reasonably extrapolate from this to assume that around 7,190 of similar aged children in Lewisham have tried alcohol. The significant proportion of young people who stated that they have tried alcohol would

<sup>7</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018> accessed 25/01/2021

therefore tend to indicate the need for ongoing education and awareness around alcohol consumption and its dangers.

**Table 27 Ever had an alcoholic drink**

Year Groups	Lewisham Population	Percentage as identified in the SDDU (%)	Expected Prevalence (count)
Yr 7-11	16,340	44%	7,190

### *Drink alcohol at least once a week*

Frequent alcohol use is reasonably low amongst 11-15 year olds, with 6% claiming to drink alcohol at least once a week. This would equate to just under 1,000 frequent alcohol drinkers amongst 11-15 year aged children in Lewisham.

The hospital admissions data (see section 4.1.5) shows that in 2018/19, 45 people under the age of 18 were admitted to hospital for an alcoholic specific condition. There could therefore be a proportion of these 980 children who are drinking more frequently than once a week.

**Table 28 Drink alcohol at least once a week**

Year Groups	Lewisham Population	Percentage as identified in the SDDU (%)	Expected Prevalence (count)
Yr 7-11	16,340	6%	980

### *Ever smoked tobacco*

16% of those answering the survey had tried smoking (tobacco) which would equate to 2,614 similar aged children ever smoked in Lewisham.

**Table 29 Ever smoked tobacco**

Year Groups	Lewisham Population	Percentage as identified in the SDDU (%)	Expected Prevalence (count)
Yr 7-11	16,340	16%	2,614

**Current smokers**

There are a small percentage of children who classify themselves as current smokers - 5%.

Although current smoking prevalence is generally low, this data indicates that there could be just over 800 children in Lewisham aged 11-15 who are smokers.

**Table 30 Current smokers**

Year Groups	Lewisham Population	Percentage as identified in the SDDU (%)	Expected Prevalence (count)
Yr 7-11	16,340	5%	817

**Ever used E-Cigarette**

A quarter of children in year groups 7 to 11 had used an e-cigarette. The data therefore indicates that just over 4,000 young people in Lewisham are likely to have used an e-cigarette.

**Table 31 Ever used E-cigarette**

Year Groups	Lewisham Population	Percentage as identified in the SDDU (%)	Expected Prevalence (count)
Yr 7-11	16,340	25%	4,085

**Ever taken drugs**

The national survey indicates willingness to experiment with substances with just under a quarter, 24%, reporting they have ever taken drugs. Applying this same prevalence rate to Lewisham would result in a little below 4,000 senior school aged children having ever taken drugs.

Table 32 Ever taken drugs

Year Groups	Lewisham Population	Percentage as identified in the SDDU (%)	Expected Prevalence (count)
Yr 7-11	16,340	24%	3,922

Note the results for the SDDU differ markedly from that of the HRBQ with the latter reporting 11% of 15 year olds stating that they had ever taken drugs (see Table 22).

### *Taken drugs in the last year*

Nearly one on five, 17%, of children in year groups 7-11 said they had taken drugs within the last year. If we apply these prevalence rates to the population of Lewisham, we could expect to see approximately 2,778 children aged 11-15 who have taken drugs in the last year.

Table 33 Taken drugs in the last year

Year Groups	Lewisham Population	Percentage as identified in the SDDU (%)	Expected Prevalence (count)
Yr 7-11	16,340	17%	2,778

### *Taken drugs in the last month*

Whilst we don't know the frequency of drug taking from these figures, Table 35 indicates that around one in ten young people have used drugs relatively contemporaneously – that is, within the last month. When applied to the population of Lewisham aged 11 to 15 this gives potentially 1,471 children who have possibly taken drugs in the last month.

Table 34 Taken drugs in the last month

Year Groups	Lewisham Population	Percentage as identified in the SDDU (%)	Expected Prevalence (count)
Yr 7-11	16,340	9%	1,471

The results of the SDDU contrast with that of the HRBQ that indicates that 3% of 15 year olds report having taken drugs in the last month (see Table 25).

*Ever been offered drugs*

The incidence of those who claim to have been offered drugs in the national survey is relatively high at 38%. This data indicates that the potential prevalence in Lewisham is around 6,209 senior school aged children who may have been offered drugs.

Table 35 Ever been offered drugs

Year Groups	Lewisham Population	Percentage as identified in the SDDU (%)	Expected Prevalence (count)
Yr 7-11	16,340	38%	6,209

## 4.4 Vulnerability factors

This section looks at possible drivers for drug and alcohol demand among children and young people, exploring local data in relation to a number of known vulnerability factors that correlate with substance misuse.

### 4.4.1 Vulnerability factors for young people

There is a well-established literature regarding young people and substance misuse that indicates a clear understanding of links between certain factors and issues in the lives of young people and the likelihood of drug and alcohol use. NICE identify key risk factors for young people as being:

- mental health problems
- being sexually exploited
- engaged in commercial sex work

- lesbian, gay, bisexual or transgender
- NEET
- excluded from school or who truant regularly
- families or carers use drugs
- looked after or who are care leavers
- in contact with youth offending services<sup>8</sup>

PHE notes that risk factors also include early sexual activity, antisocial behaviour and (as per NICE) exposure to parental substance misuse.

Furthermore the literature notes that, “The more risk factors young people have, the more likely they are to misuse substances”<sup>9</sup>. NICE note those that are particularly vulnerable include:

- in multiple groups of need (i.e. more than one of the factors set out above)
- whose personal circumstances put them at risk
- who use drugs on an occasional basis
- are already excessively using another substance such as alcohol<sup>10</sup>

The literature also notes that girls face a number of specific issues and are more likely to internalize problems in the form of depression and self-harm. It is therefore considered appropriate for provision to be differentiated by gender to allow the needs of girls to be met more effectively.

### **Lewisham Concern Hub**

Lewisham Council has put in place a multi-agency risk management panel that specifically seeks to identify young people in the borough who are at risk of going missing, being exploited, being trafficked

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<sup>8</sup> Drug misuse prevention: targeted prevention. NICE Guideline NG64 (2014).

<sup>9</sup> Young People – substance misuse JSNA support pack. p.5.

<sup>10</sup> NICE Guideline, p.12.

or who may be the victim of violence. The Concern Hub brings together partners to determine an effective multi-agency response to these most vulnerable young people.

Since its inception in May 2019 the Hub has worked with 293 young people (of whom 85 are “live” cases). When working with the young people one factor explored is suspected drug or alcohol use. Giving a strong indication of the links between various manifestations of vulnerability and drug and alcohol use, of the 293 young people supported via the Hub 177 (60.4%) have a flag for drug and alcohol.<sup>11</sup>

### *Protective factors*

There is also an evidence base for those factors which have a protective effect. PHE note that “physical and mental wellbeing, and good social relationships and support are all protective factors”<sup>12</sup>. PHE goes on to note that key predictors of wellbeing are:

- Positive family relationships
- A sense of belonging – at school and in communities
- Good relationships with adults outside the home
- Positive activities and hobbies<sup>13</sup>

PHE note that potentially the most significant protective factor is the age at which young people start using drugs and alcohol with severity of substance misuse problems strongly correlated to early onset.<sup>14</sup>

#### **4.4.2 Mental Health**

As evidenced at Table 11, while only 6% of those in treatment were flagged as having a mental health need, the national rate is 37% which tends to suggest that the rate in Lewisham is actually much higher (and that an issue of data recording is present).

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<sup>11</sup> Note that the Concern Hub is a consent-based service, i.e. the Hub does not refer directly. Professionals sitting on the Hub make referrals that the young people have to consent to. As such not all flags for concern will lead to a referral onto a relevant service.

<sup>12</sup> Ibid, p.5

<sup>13</sup> Ibid, p.6

<sup>14</sup> Ibid., p.5

Data from the current provider Compass indicates that, out of a total of 157 clients in the year 2020-2021, 55 were receiving a substance misuse intervention and 93 support for emotional health over the course of the whole year indicating an overlap between clients.

Data from Lewisham's Concern Hub also gives an indication of links between mental health: 115 young people engaged by the Hub were flagged as having mental health and/or learning difficulties. Of these 72 (62.6%) also were flagged as having a possible drug or alcohol need.

#### 4.4.3 Being sexually exploited

Data from Lewisham's Concern Hub gives an indication of links between sexual exploitation and drug and alcohol use.

51 young people were known to the Hub due to being the victim of sexual crime and/or abuse. Of the 51 young people 29 (56.8%) were flagged as having a drug or alcohol need. A further 78 young people were known to the Hub due to suspected Child Sexual Exploitation. Of these 41 (52.5%) were flagged as having a drug or alcohol need. (As noted at 4.4.1, given the nature of how the Hub operates it cannot be assumed that all drug and/or alcohol flags will translate into a referral).

#### 4.4.4 LGBTQ+ community

Sexual identity is another known risk factor in terms of young people's substance misuse. While quantitative data is not available to set out patterns of drug and alcohol use among young people in the LGBTQ+ community, qualitative data was collected as part of the separate adult's substance misuse JSNA.

Key findings from the adult needs assessment consultation with members of the LGBTQ+ community indicated that:

- The use of drugs and alcohol is common within the LGBTQ+ community.
- Services are not necessarily seen as welcoming to members of the LGBTQ+ community with both gay men and lesbian women identifying perceived barriers to accessing services. In particular there was a sense that treatment services are not aware of the specific needs of members of this community.

- Chemsex is an issue among some gay men but they are unlikely to seek out support for their drug use.

#### 4.4.5 Not in Employment, Education or Training

Table 37 shows the number of NEET young people aged 16 to 17 in Lewisham in 2019 and the number of these who were identified as having a substance misuse need.

**Table 36 NEET YP and Substance Misuse – Monthly figures**

Month	Number NEET aged 16-17	Recorded as having SMU need	% of NEETS
Apr-19	115	10	8.6
May-19	125	10	8.0
Jun-19	120	11	9.1
Jul-19	123	11	8.9
Aug-19	128	12	9.3
Sep-19	58	9	15.5
Oct-19	80	9	11.2
Nov-19	88	8	9.0
Dec-19	95	11	11.5
Jan-20	108	11	10.1
Feb-20	122	14	11.4
Mar-20	127	15	11.8

Please note that these are monthly figures and should not be added to produce a yearly total.

The data indicates that there is a consistent group of young people within the NEET cohort who have an identified substance misuse issue – ranging from 8% to 15.5%.

#### 4.4.6 Parental substance misuse

Parental substance misuse is known to be a key contributing factor in relation to young people's consumption of drugs and alcohol. As noted at Table 10 7% young people in treatment were recorded as being affected by other's substance misuse.

Data presented in the adult substance misuse JSNA indicates that fewer treatment users reported having children living with them in Lewisham compared to national trends (11% compared to 18% nationally). The data also indicates fewer parents not living with children compared to the national rate (23% compared to 34% nationally). There are no clear explanations as to the variation of parenting status compared to national trends.

The data below indicates however that a number of adults in drug and alcohol treatment however report being a parent or a carer. This indicates that there are young people in the borough whose parents are affected by substance misuse which in turn puts them at heightened risk. The figure of 7% is therefore likely to under-report the full extent of the issue in Lewisham.

The parental status of adult *drug* using clients is set out at Table 37.

**Table 37 Parental Status, Lewisham compared to National Figures, 2019-2020**

Parental status	Lewisham 2019-20 (number)	Proportion of new presentations (Lewisham)	Proportion of new presentations (National)
Living with children (own or other)	44	11%	18%
Parents not living with children	90	23%	34%
Not a parent/no child contact	259	66%	47%
Missing/incomplete	0	0%	<1%

(Source: Adults - drugs commissioning support pack 2021-22: key data. Planning for drug prevention, treatment and recovery in adults).

Whilst lower than national figures the data indicates clearly however that there are 44 parents in drug treatment in the borough.

The parenting status of adult *alcohol* clients is set out at Table 38.

Table 38 Clients who are parents/carers and their children, 2019-2020

Parental Status	Lewisham Number (2019-20)	Proportion of new presentations (Lewisham)	Proportion of new presentations (National)
Living with children (own or other)	38	20%	25%
Parent not living with children	31	17%	25%
Not a parent/no child contact	117	63%	49%
Missing / incomplete	0	0%	<1%

(Source: Adults - alcohol commissioning support pack 2021-22: key data. Planning for drug prevention, treatment and recovery in adults)

Lewisham clients accessing alcohol treatment were shown to be more likely to state that they are not a parent or have no child contact (63% to 49% nationally). Again, while rates are lower than for national figures, the data indicates there are 38 parents receiving alcohol treatment who are living with children. These children are in turn at heightened risk of substance misuse themselves.

It should be noted that the data on parental substance misuse is an under-representation of the true picture given that the data uses the higher threshold of those in specialist treatment. The data does not take into account those parents/carers who misuse drugs and alcohol and are not accessing treatment. The scale of the issue is therefore greater than set out above.

### *Pregnancy status*

Data from the adult treatment service regarding the pregnancy status of adults in treatment is set out at Table 39.

Table 39 Pregnancy status of female clients in drug and alcohol treatment

Pregnancy Status	Lewisham 2019-20 (number)	Proportion of new presentations (Lewisham)	Proportion of new presentations (National)
New female presentations who were pregnant	0	0%	4%

The data indicates a rate of zero. This however does not align with the findings of the adult JSNA (see separate report) in which a number of female clients were interviewed who had been pregnant during their treatment. This would therefore tend to indicate a gap in the data being collected.

### *Foetal alcohol syndrome (FASD)*

A cohort study<sup>15</sup> suggests that the screened prevalence of foetal alcohol spectrum disorder in a UK population-based sample was 6.0% using singly imputed data, 7.2% in complete case analysis, and 17.0% using multiply imputed data. Taking 4,504 live births in Lewisham for 2018 (latest data available) this suggests a range of 270-324 in Lewisham with a diagnosed FASD but using the imputed data this could rise as high as 766.

### 4.4.7 Looked after and care leavers

Children and young people who are looked after or who have otherwise had some contact with children's social care are known to be another group with a higher risk profile in relation to substance misuse.

The latest official figure identifying the number of looked after children in Lewisham is 481.

Table 40 gives a breakdown of young people in treatment who have been looked after or who have come into contact with children's services and compares this data to national trends.

**Table 40 Clients' children receiving early help or in contact with children's social care; and pregnancy status of people in treatment**

Receiving Early Help/Social Care	Lewisham 2019-20 (number)	Proportion of new presentations (Lewisham)	Proportion of new presentations (National)
Clients' children receiving early help or in contact with children's social care			
Early Help	5	4%	3%
Child in Need	5	4%	3%
Child Protection Plan in Place	9	7%	8%

<sup>15</sup> McQuire, C., Mukherjee, R., Hurt, L., Higgins, A., Greene, G., Farewell, D., ... & Paranjothy, S. (2019). Screening prevalence of foetal alcohol spectrum disorders in a region of the United Kingdom: a population-based birth-cohort study. *Preventive medicine*, 118, 344-35

Looked After Child	4	3%	6%
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(Source: Adults - drugs commissioning support pack 2021-22: key data. Planning for drug prevention, treatment and recovery in adults).

For children receiving early help or who were in contact with children’s social care, there is broad concordance with the proportions seen in Lewisham for ‘early help’; ‘children in need’; and ‘children with a Protection Plan in Place’ compared to national averages.

There were lower numbers of looked after children seen in treatment in Lewisham (3%) compared to nationally (6%).

The Concern Hub has engaged 67 LACs since its inception, of whom 44 (65.6%) had a suspected drug or alcohol need. While not all of the LACs with a drug or alcohol need engaged in treatment, it should be not that the Hub adopts a consent based system – that is, young people must consent to an onward referral to another service. As such there is always likely to be a shortfall between those assessed as having a given vulnerability, and the numbers who are subsequently referred on (and note furthermore that this will be an issue for all vulnerabilities where a referral is required, not just substance misuse).

**Missing children**

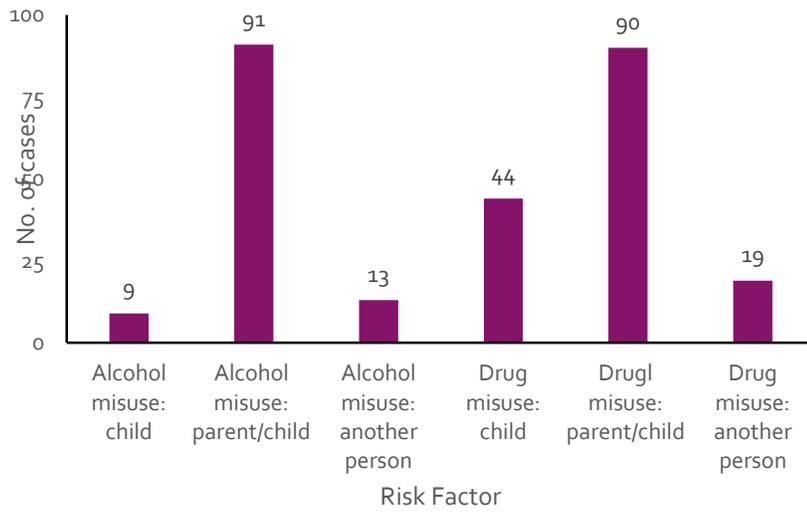
Another cohort of vulnerable children (not necessarily coterminous though with LACs) are those that go missing.

Data from the Concern Hub indicates that 34 children that came to the attention of the Hub had gone missing. Of these 18 (52.9%) had a suspected drug or alcohol need. As noted above, these would not all have automatically generated an onward referral to substance misuse treatment given the consent nature of the Hub.

**Risk Factors**

1,027 Children and Family Assessments were undertaken in Lewisham between June and September 2020. The number of these identified with risk factors is shown in Figure 2 below. Please note that multiple risk factors can be included for each assessment.

Figure 2 Number of identified risk factors during C&amp;F Assessment between June 20 and Sep 20



#### 4.4.8 Youth Offending

Young people known to youth offending services are known to be another cohort who are vulnerable to substance misuse.

##### *Current caseload*

Data for Lewisham YOS for the financial year 2019 -20, indicates the following:

- Young people receiving an intervention: 303
- Young people committing substance misuse related offence: 134
- Young people assessed as having a substance misuse issue: 176
- Young people receiving a substance misuse intervention: 124<sup>16</sup>

So, taking a baseline of 303 clients the data indicates that:

- Young people committing substance misuse related offence: 44.2%
- Young people assessed as having a substance misuse issue: 58%
- Young people receiving an substance misuse intervention: 40.9%

The data therefore very clearly highlights the extent to which substance misuse is an issue among young people engaged by the YOS, with over half of clients having this flagged as an issue.

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<sup>16</sup> Note that the data does not indicate what intervention these young people received.

### Offending data

Further data was available looking at the numbers of young people who committed a primary or main drug-related offence. The data is set at Table 41.

**Table 41 Young people receiving a substantive outcome for a primary/main drug-related offence**

	2016	2017	2018	2019	2020
No. committing offence	58	63	61	89	66
Gender - M	94.8	95.2	91.8	87.6	87.8%
Gender - F	5.1	4.7	8.1	11.2	12.1%
Average age (years)	16	16	15	16	16

In 2020 66 young people were recorded as in receipt of a substantive outcome for a primary or main drug-related offence. The average age was 16 and a very significant majority were male.

Data was available for each young person on the offence. See Table 42

Table 42 Original offence

Offence type	2016	2017	2018	2019	2020
Possession – Cannabis	70.6	71.4	68.8	79.5	89.3
Possession – Cocaine	6.8	1.5	3.2	3.4	1.5
Possession - Crack Cocaine	1.7	0.0	1.6	2.2	1.5
Possession – Heroin	0.0	6.3	4.9	2.2	0.0
Possession – MDMA	0.0	0.0	0.0	1.1	0.0
Possess with intent to supply – Heroin	5.1	4.7	8.1	1.1	1.5
Possess with intent to supply – Cannabis	1.7	3.1	1.6	1.1	0.0
Possess with intent to supply – Cocaine	1.7	0.0	0.0	0.0	0.0
Possess with intent to supply – Crack	1.7	7.9	4.9	0.0	0.0
Supply – Cannabis	0.0	0.0	1.6	1.1	0.0
Supply – Cocaine	0.0	0.0	0.0	0.0	1.5
Supply - Heroin	6.8	0.0	0.0	0.0	0.0
Supply – Crack Cocaine	0.0	0.0	1.6	3.4	1.5
Obstruct an authorized person	0.0	1.5	3.2	1.1	3.0
Other	3.4	3.1	0.0	0.0	0.0

Note that in every year the overwhelming majority of offences was that of possession of cannabis, reaching 89% in 2020. Note also the very low levels of possession for other drugs.

The data therefore very clearly indicates that, where young people are coming into contact with the criminal justice system it is largely to do with possession of cannabis.

Data from the young people's treatment provider indicates that, in relation to YOS clients:

- 120 were receiving brief interventions via targeted group work
- 57 were receiving one-to-one support

Additional data on youth offending was also provided by the Concern Hub. Hub data indicates that:

- Of 58 young people flagged as Possession with Intent to Supply (PWITs) 47 (81%) had a suspected drug or alcohol need,
- Of 63 young people flagged as involved in County Lines, 53 (84.1%) had a suspected drug or alcohol need.
- Of 57 young people who were a suspect of serious violence, 42 (73.6%) had a suspected drug or alcohol need.
- Of 98 young people who were suspect of possessing a weapon 62 (63.2%) had a suspected drug or alcohol need.

It is not possible to say how many of these young people ended up in treatment given, as noted above, the consent based approach of the Hub.

## 4.5 Summary of findings

There are a number of key findings from the quantitative data analysis set out above.

Data for 2019-2020 indicates 82 young people under 18 in treatment and a further 25 aged 18 to 24 years giving a total of 107 in community treatment. The data indicates a significant drop in numbers from 225 in 2016 – 17 to 91 in 2018 - 19 (with numbers increasing again as of 2019 – 2020). While there has also been a national decline in the numbers of young people in substance misuse treatment, the drop in Lewisham is more pronounced. While the data cannot conclusively set out why this drop occurred we note that it coincides with the shift to a new integrated youth provision at this point.

Proportionally, a higher proportion of younger people aged 18-24 access services in Lewisham (between 32.5-54.7%) compared to national figures for 2017-18 (16.4%). Slightly over half of clients were male (56.4%).

The treatment offer for young people is almost entirely psychosocial with very little (in some years no) clients requiring pharmacological support. This would tend to indicate a near absence of young people using opiates (albeit that the qualitative data indicates some use of codeine by young people). Nearly

all young people in treatment are receiving support for cannabis use (91%) followed by alcohol (48%). A fifth (20%) of young people in treatment are using two drugs (most likely cannabis and alcohol in combination). Levels of stimulant use are four times lower than the rate for England as a whole.

The data indicates that the largest single cohort of clients were White British (making up 40% of those in treatment) followed by those of Black African heritage (21.8%) who are both over-represented in the treatment population compared to the wider school population.

In relation to vulnerable groups of young people:

- YOS data indicates that 58% of their clients are assessed as having a substance misuse need and 40.9% were receiving an intervention. This breaks down as: 120 receiving brief interventions via targeted group work and 57 receiving one-to-one support.
- Data indicates that there is a consistent group of young people within the NEET cohort who have an identified substance misuse issue – ranging from 8% to 15.5%. Data does not indicate how many were receiving an intervention (albeit that data from the treatment provider indicates that 7% of its clients were NEETs).
- The Concern Hub has engaged 67 LACs since its inception, of whom 44 (65.6%) had a suspected drug or alcohol need. Data does not indicate how many of these were receiving an intervention (while data from the treatment provider indicates that 1% of its clients were LACs).
- Data from the Hub also indicates that, of the 51 young people flagged as the victim of a sexual crime or abuse, 29 (56.8%) were flagged as having a drug or alcohol need. Data does not indicate how many of these were receiving an intervention (while data from the treatment provider indicates that 1% of its clients were the victim of sexual exploitation).
- Data indicates that there are 44 parents in drug treatment in the borough indicating a population of young people in the borough who are exposed to drug use in the home. Data from the provider indicates that 7% of their clients were affected by other's substance misuse.
- Data from the Concern Hub indicates that 34 children that came to the attention of the Hub had gone missing; of these 18 (52.9%) had a suspected drug or alcohol need. Data does not indicate how many of these were receiving an intervention. The provider does not collect data on the whether its clients have ever been reported missing.

Looking at the wider population of young people (i.e. those outside of treatment) survey data applied to the local population indicates that a quarter of those in school years 7 to 11 report having ever taken drugs and 17% have used drugs in the last year. By the age of 15: 3% of young people reporting using drugs in the last month, a third of young people know a person who takes drugs and 12% of boys and 11% of girls have tried cannabis.

In relation to alcohol 21% of boys aged 15 and 23% of girls of this age report having consumed alcohol in the last seven days and (in a different survey) 44% of those in school years 7 to 11 report ever having tried alcohol.

## 5. Qualitative findings

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### 5.1 Professional views

Professionals used the term young people to cover both under 18s and young adults up to the age of 24/25 (therefore in accordance with the age scope of the commissioned provider). However generally discussions were around young people from the age of about 12 through to the age of 18/19, occasionally up to 22 and very occasionally up to the age of 25. There was some confusion around the age limits for the Compass service. It was unclear in what circumstances they would work with people over the age of 21 and how many young adults accessed and benefitted from the service.

#### *Drug use*

Whilst cannabis and alcohol were both believed to be used across the age range, the number using the drug, (although not the impact) was felt to be much lower amongst the pre-teens.

All the respondents believed that there were large numbers of young people in Lewisham using cannabis. No-one felt able to put a figure or percentage on this but interviewees who would hazard a guess believed it was the majority. There was no sense of how much was being smoked or how often. There was a view that some young people would be using daily but there was no sense of how many young people used at this level. It was generally believed to be the 'older ones' by which people meant those 16 years of age and upwards.

Cannabis was viewed as a drug that had been largely 'normalized' and it was believed that young people were comfortable talking about cannabis use. Some respondents felt that professionals were also most comfortable asking about it. Because of this other drug use may be undetected.

Alcohol use was also felt to be commonplace. Some professionals felt that during the early period 'lockdown' it had been harder for young people to buy cannabis. They felt that this was a combination of supply and also opportunity. So few people were out that there was very little 'cover' for dealers to be on the street and there was also an expectation that young people would be staying at home. It was also felt that it was harder for young people to consume cannabis because they were at home and the smell would alert parents/carers. Because of this it was believed that some young people had turned to alcohol. One respondent pointed out that adult alcohol use is reported to have increased during lockdown and we shouldn't be surprised to see the same coping mechanisms in young people.

Some respondents felt that other drugs were being used by a smaller number of young people. The most widespread was believed to be nitrous oxide. Other drugs were largely seen as an 'unknown'. Interviewees felt that some young people must be using them but either had not seen that happening or had only seen it amongst very few young people. Among young adults (generally those aged 18 years and above) it was generally felt that there was a wider variety of drugs being used including some use of cocaine and other drugs.

Heroin use was believed to be confined to very, very small numbers of young adults.

### *The impact of drugs*

Although cannabis use was considered to be very widespread it was also seen as having the potential to be harmful to young people.

It should be noted that some respondents differentiated between cannabis and 'skunk'. Young people in Lewisham they believed, were smoking skunk and this was felt to be having a markedly different impact than the marijuana that would have been commonly available twenty years ago. Skunk was seen as considerably stronger and had the potential to be more damaging.

The harm that people most often associated with the use of cannabis, in particular skunk, was its impact on young people's mental health. The view was either it could exacerbate existing problems or cause problems to arise. The impacts cited ranged from the relatively minor and temporary, such as young people feeling demotivated, through to paranoia and much more severe impacts such as schizophrenia. Professionals worried that cannabis use may do long term damage.

Interviewees also raised the harm done to young people due to the cost of cannabis. Professionals raised questions about where young people were getting the money from to pay for their cannabis use. There were also worries expressed about who they were then mixing with and whether they were getting into debt or getting involved in crime in order to earn money. Gangs and County Lines were seen as the main threat associated with young people seeking ways to raise money to pay for their drugs.

In most cases respondents did not see the illegality in itself as a problem unless it led to young people associating with criminals, or if it led to the young person being 'criminalized'. This 'criminalization' was seen as limiting young people's opportunities and was something that respondents generally felt needed to be avoided where at all possible. (We understand that a separate report is being prepared

looking at the impact of criminalizing young people for possession of drugs which will address this issue in detail).

The longer term physical health impacts of smoking cannabis were acknowledged but were not seen as something that was worrying the young people themselves. Some interviewees felt that this was because young people did not understand the harms.

### *Who is most at risk?*

Whilst the use of cannabis was widespread it was clear that people felt that the impacts of cannabis use may be marginal for some and severe for others. The combination of emerging mental health issues and the frequent use of large amounts of cannabis was seen as particularly damaging. Much less was known about other drug use and less consideration had been given to who would be particularly impacted and how.

This marked difference that people believed cannabis would have across the population led some to conclude that efforts needed to concentrate on those young people who were already experiencing disadvantage and who were most at risk from the impacts of regularly smoking cannabis or indeed of taking other drugs.

### *What services are available?*

Most respondents felt that services for young people who were using drugs were inadequate. Broadly this was because:

- There was not enough capacity overall to help the number of young people who had a problem with their drug use. The Compass service was believed to be limited in terms of the number of young people it would be able to work with and the Child and Adolescent Mental Health Services (CAMHS) had a long waiting list. The YOS service was part of a criminal justice pathway and therefore had very particular referral routes
- A number of professionals (but not all) interviewed felt that Compass was a service that lots of young people would not go to and which would not itself come out to meet young people. It was the view of some professionals that Compass was relatively reactive in relation to substance misuse and could do more to proactively engage with young people in the borough.

- CAMHS was seen as having very high thresholds which excluded many young people – that is, that they would only engage with young people with relatively high levels of mental health need and that many young people who use drugs or alcohol and who would benefit from an additional mental health intervention did not meet these thresholds and were therefore not able to access this support. Furthermore it was felt that the most disadvantaged young people needed intensive work that treated their substance misuse as one element in what was a very complex picture requiring multi-disciplinary input. Adult services were largely seen as unsuitable for the younger members of the young adult population and would only be accessed if there was an addiction that required a medical intervention
- There was a need for much earlier interventions that worked with young people at risk of using drugs or at risk of escalating their drug use. This could either be delivered across schools in the borough or with pupils where problems had emerged with behaviour or where there were older siblings who were known to be using drugs.
- The stakeholders interviewed were not aware of any young people had been referred to either of the Borough's adult services. It was thought that this may be because every young person who leaves Compass without the need for further interventions in an adult setting. However some thought that this lack of 'transition' may also point to a poorly developed referral pathway.

## 5.2 Community views

Representatives from two charities working with young people were invited to provide their views on the local substance misuse provision. The aim was to identify any areas of unmet demand, and to understand where efforts should be directed to meet the substance misuse needs of the young people they work with.

### *Substance misuse in the community*

Interviewees said that they see cannabis use amongst their younger service users. One representative said that they see children as young as nine who smoke cigarettes, and the service often sees children drinking alcohol and smoking cigarettes by the age of ten. One described how there are people young aged between 18 and 25 who smoke cannabis but also have a diagnosed mental health medication.

### *Making referrals to the specialist treatment provider*

Both make referrals to Compass for drug use. They were unable to quantify how many referrals they had made.

### *Gaps in the current service provision*

#### *Educating young people on cannabis use*

Interviewees said there is a need to educate young people on cannabis as young people tend not to classify their cannabis use as drug use, and there is a lack of awareness about where it can lead.

The focus of any education programme must be on teaching young people about the impact cannabis can have on mental health. One representative said that the organisation sees mental health/anxiety issues and depression amongst its service users and felt that there is confusion amongst young people on cannabis use which needs addressing.

#### *Preventing drug use*

One representative said that there is a need to work on strategies amongst young people to prevent drug use. Indeed, addressing how young people get hold of cannabis should be a focus.

Some joint working could be implemented to develop the preventative strategies. One suggestion was for both the drug services and personal advisers to work together in cases where personal advisers are assigned to young people.

#### *Service integration*

A young person's reluctance to engage is important in determining their treatment outcome, however the current system is not designed to address the ongoing concern of service user engagement.

Within the existing set-up, the organisations and charities do not know what happens following the referral to the young person's treatment service. If a young person subsequently disengages, the referring organisation is not made aware and the young person can disengage and become lost from the system. Moreover there was a perception that the young persons 'service discharges people quite quickly. One representative said that the organisation does not know who the team at Compass is and simply knowing the team and names, would help.

The representative also felt that it would lead to better outcomes if the young people's service was more integrated into CAMHS to enable better monitoring of a young person's motivation to engage. The two

services could work closely together so that the work is less disjointed and more engagement work jointly undertaken. In-house teams would be more useful than separate services who are currently not working together.

It was suggested that where a service user has more complex needs, an integrated worker embedded in the CAMHS service could bridge the gap between CAMHS and the young person's substance misuse service.

### *Align the treatment services*

Recognizing that capacity limitations at the heart of the issue, a gap identified by one representative is the fact that a child is currently not seen in a holistic way. This is especially important in cases of mental health and co-morbidities for example where a child may be seen by CAMHS, but is not treated for the co-morbidity issues at the same time. This, they believe, currently gives a child piecemeal interventions and seeing the child as a whole is therefore crucial. The sequence of the interventions must be tweaked so that drug addiction and mental health are treated concurrently.

This notion was supported by another interviewee who said there is a need to align the young persons' drug services and the mental health services. This approach should provide a young person wellbeing focus, rather than treating the individual aspects of service need.

### *Intervene earlier*

One representative said that if a young person's needs could be addressed earlier on in their lives than they often are now, this would lead to better outcomes and put that young person on a different, more positive trajectory. Earlier interventions could involve bringing parents into the process and explaining the possible outcomes faced by their children unless they are helped onto another trajectory. A monthly, experience sharing parenting group, would help show parents how the services can address their children's needs.

## 5.3 Service user views

Two online focus groups were undertaken with young people:

- Looked after children – two respondents
  - Two males, aged 20 and 25
- NEET group – seven respondents
  - Five male, two female. Two aged 17, two aged 18, two aged 19

One telephone interview was undertaken with one male aged 17 who was being supported by the YOS.

### *Young people and substance misuse*

Three participants said that they see quite a lot of recreational drug use amongst young people, particularly cannabis. They also see young people using lean/purple<sup>17</sup>, bencos (forget me not drug<sup>18</sup>), as well as some medical drugs.

They described how they see drug use at raves and parties and think that harder drug use is becoming the norm amongst young people at university where *"they have the money"*. There were a few respondents who said that drug use usually takes place outside of school, although there is some use inside school and colleges - in lunch breaks.

One said that there are some young people using marijuana who want to stop, and another that some young people use drugs every day, particularly those who use drugs to relieve stress.

One respondent said that all the people he knows who use drugs live with their parents and the parents do not punish their drug use.

Young people do not necessarily view drug use as bad, with one commenting, *"drugs are not bad if you know how to use them properly. They are illegal for financial purposes"*. However, one respondent said

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<sup>17</sup> "Lean", "Purple dank" and a number of other terms are used by young people to describe the misuse of prescription cough medicines that contain codeine (a weak opioid).

<sup>18</sup> "Forget me not" is a slang term for Rohypnol, a benzodiazepine that is prescribed for short term relief of chronic insomnia.

that the impact of drug use can be huge for some young people, with some people unable to achieve anything else in the day as a result of their drug use.

There was some discussion amongst two respondents on the impact drugs have on the young people that use them. One felt that the message often conveyed about weed inducing laziness is a misconception. The conclusion of the discussion was that the extent of the impact depends on how individuals use the drugs, *"if you overuse drugs it will affect you"*.

### *How drug and/or alcohol use is established*

There was a general consensus that many start using drugs from the age of 11 upwards, although this, *"depends on the type of people you are mixing with"*. Others said that drug use is common amongst those aged 14/15; another thought it was a little later around the age of 18 or 20.

There were many reasons put forward as to why young people start using drugs. The most frequently cited reason being, *"someone introduces it to you"*.

Others said that there can be some peer pressure to use drugs amongst the people that you mix with, particularly given the message that using drugs are, *"cool"*. One said that those suffering from anxiety will more easily give in to peer pressure. The, *"you only live once"* attitude can be popular in young people.

Depression was also considered a catalyst to drug use, with some seeking solace from drugs. This comfort seeking behaviour is then repeated, which can lead to problematic use.

Some said that previous bad experiences can instigate drug use; drugs are used to control anger management issues and to relax, and again, drug use becoming normalized. Similarly, one respondent described how alcohol can be used to, *"numb the body"*, and to block out pain which then becomes entangled in a vicious cycle and dependency.

Another said that whilst *"everyone has their own reason"* for starting to take drugs, and that drug use typically begins as a result of problems at home, or because your friends are using drugs. However, the respondent did not think that the social aspect associated with drug use should be overplayed, stating that social reasons are not always why people use drugs - it is the calming effect that drugs have which is the reason people use them.

One respondent described how drug use is normalized within certain cultures, explaining that drug use is normalized within certain sub-cultures. He said that there are two reasons people start using drugs -

no one would start using drugs in the absence of normalized cultural use, and someone introducing drugs to you.

One described a youth culture in London, *"if you do drugs, you do drugs"*, and another said that, in current urban culture, using "lean" is normalized. One respondent spoke about the sub-cultures inherent in drug use saying that, for instance, drug use is a sub-culture of the skateboarding scene.

Where there is acceptability of drug use by parents, young people felt that children will also take drugs and see drug use behaviour as acceptable. The normalization within some family set ups has an impact on drug use for those living in these environment, *"drug use is engrained in how you grow up and what you learn when growing up"*.

One respondent said that drug use can be popularized and described how drug use is not labelled substance misuse; drug use is called, *"a night out with my friends"*.

Some felt that the media heavily influences the acceptability of drug use amongst young people. One person explained that young people replicate what they see in the media where drug use is often glamorized by their favourite stars. The young people are therefore trying to be like these admired media stars.

The subject of boredom and its role in drug use came up frequently throughout the discussion with the looked after children. *"If you don't smoke or drink what do you do to make yourself happy"?*

One respondent felt that young people use drugs because they have nothing else to do. He said that these children have not been taught business, boxing or art for example, or anything else that they could do to usefully fill their time which would keep them away from drugs. He described it as the "Lil Wayne effect" where young people are idle and need something to do and their parents are often too busy with no time to help.

### ***Obtaining drugs and alcohol***

Four interviewees said that drugs are easy to obtain, with some saying that, *"they are everywhere"*. Another said that weed is easy to get hold of, *"someone will know someone,"* and this was supported by one interviewee who said that, *"you can get drugs in any area"*. The interviewee said that all you need to do is just ask two people in the local area and you will have access to drugs.

One young person felt that drugs have become cheaper which makes them more accessible, indeed, the affordability of drugs and alcohol was not considered to be a barrier to drug use amongst young people.

Respondents listed a variety of income sources used to fund drug purchases:

- Benefits
- Pocket money
- "Scams"
- Parents
- Legal and illegal work
- Selling drugs

One said that, *"people will get the money any way they can"*, and another that, *"certain privileges"*, makes drugs easier to get hold, *"posh do pills"*. Another interviewee commented that, *"everyone has their ways"* of obtaining money for drugs.

### *Seeking support or advice on substance misuse*

Respondents listed a number of places they would go to for support or advice on alcohol and/or drugs.

- Friend
- Personal advisor
- Parents and family
- Youthbuild group
- Youth Offending Service (YOS)
- Specialist substance misuse service

Seeking support from a friend was mentioned most frequently by the young people. One respondent said that he would go to a friend and definitely would not look online for support. Others said though

that they would need to consider very carefully whether the person they went to could be trusted with the secret.

One respondent disagreed with seeking support from a friend and said that you cannot receive guidance from a peer and that you need someone with lived experience and knowledge. One said that he would rather receive guidance and support from an ex-addict who has turned their life around rather than, "*a professional*".

One respondent voiced over quite strongly that parents are not the right people to offer support on drugs or alcohol. He described parents as authority figures with little understanding of what is going on. He felt therefore that parents can sometimes be a barrier to young people seeking support. However, it should be noted that for one interviewee, his parents would be the first and only source for seeking advice on substance misuse.

There was little unprompted awareness of the specialist young people's drug and alcohol treatment services, although when prompted, some said they were aware of Compass.

One respondent said that the coping mechanisms Compass teaches are not sufficient to deal with drug and alcohol problems. He explained that these coping mechanisms are too theoretical and are not aligned to how the human body works. The respondent said that Compass should have a psychologist on the team, or the service should at least talk to psychologist.

Another interviewee said that although he is aware of Compass, he has little knowledge about how it operates. Believing that many young people have their drug use under control, there is therefore no need for them to seek support from others or from a specialist support service. Furthermore, there are certain individuals who would be uncomfortable in attending groups to discuss or seek support for substance misuse.

### *The impact of Covid-19*

There was a consensus amongst the NEET (not in employment, education or training) group that Covid-19 had already impacted on substance misuse for some young people: some felt there had been an increase in drug use, '*it's already got much worse*'. The young people said that the combination of being locked in their homes and a lack of social contact, has led some to using drugs to help them deal with both these isolation issues.

### *Special considerations for young people*

One respondent spoke with some passion about there being just one programme to stop young people using drugs without the offer of any alternative therapies. He said that physical activity programmes should be offered alongside traditional treatment therapies. The respondent said that getting young people into boxing for example would help. *"We can best support young people through fitness - boxing classes"*.

One felt that young people would benefit from the services including harm reduction learning rather than just total abstinence. Harm reduction sessions, alongside educating young people on the risks of and harmful impact of substance misuse would be helpful. There may also be a need to teach young people self-awareness and motivational techniques.

One person said that the services need to start building relationships with young people much earlier and that information and awareness workshops should take place before children enter secondary school. Workshops undertaken in schools from the age of five upwards was considered appropriate and would expose children to the dangers of substances and reduce the naivety.

In terms of the format of substance misuse sessions, both group and one-to-one sessions were considered suitable, although the consensus was that the delivery method depends on the specific individual; some voiced preference for one-to-one sessions.

One said there would be merit in teaching young people how to recognize substance misuse amongst their peers and help them to recognize the reasons/circumstance as to why they may be using drugs.

### *Telephone interview*

One telephone interview was undertaken with a male service user aged 22, who is Black British.

The service user is currently engaged with the treatment services, seeking support for cannabis use. The service user was unaware of the treatment options available to him before he accessed CGL, but said this was because he had recently moved and was therefore new to the area.

He was referred into the treatment services by his keyworker at the supported housing service. The referral process was good and the service users did not have to wait very long before his first appointment at the service.

The service user said that the service had met his needs and helped him to address his cannabis use, as things were improving. He described the service he received as very good with an equal quality of provision in both the face-to-face and online sessions he received.

He described one gap in the service provision when his key worker went on leave for a month, followed by a period off work. The service user had not been contacted by a new key worker at the service.

Given his overall positive experience, he could not identify any other gaps in the service provision per se and could not comment on the availability of drugs in the area.

## 5.4 Summary of findings

In consultation with professionals who work with young people locally, all the respondents believed that there were large numbers of young people in Lewisham using cannabis. No-one felt able to put a figure or percentage on this but interviewees who would hazard a guess believed it was the majority. There was a view that some young people would be using daily but there was no sense of how many young people used at this level. Alcohol use was also felt to be commonplace. Some professionals felt that during the early period 'lockdown' it had been harder for young people to buy cannabis and so there had been a shift to greater levels of alcohol use.

While cannabis use was seen as being widespread, it was felt that its impact was more severe on certain groups of young people – particularly those with emerging mental health problems.

Young people who were consulted said that recreational drug use was common among their peers, particularly relating to cannabis use. It was felt that drug use starts from the age of 11 with some feeling that drug use is common by 14/15 (albeit some thought that it was common a little later by the age of 18 to 20).

Corroborating the findings from the professional consultation, young people felt that the Covid-10 lockdowns may have increased levels of drug and alcohol use as a way to manage boredom and isolation.

Young people often referred to being introduced to drugs by their peers and acknowledged a level of peer pressure to use. Others however noted that young people took drugs to "self-medicate" – for instance to deal with mental health issues or to control their anger. It was also noted that drugs are used by parents in some families which has the effect of normalizing their usage.

Young people were generally of the opinion that drugs were easily available in the borough and most young people also did not feel that affordability was a particularly significant barrier with a number of ways cited to obtain money to pay for drugs and alcohol.

When asked where they would seek advice around drugs, the most commonly cited response was friends.

Data from both professionals and young people indicates that some young people are shifting to new drugs such as Lean (prescription cough medicine). It is not possible to quantify the extent of the use of these newer drugs but, given that Lean contains codeine, this has implications for future treatment need (i.e. that a more pharmacological response may be required).

## 6 Discussion and analysis of findings

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### 6.1 What works

This section explores the literature and evidence base for what works in relation to substance misuse and young people.

#### 6.1.1 Young people focused services

The key message in addressing the needs of children and young people is that they are a distinct group of clients in themselves, that their needs are distinct and that they must be supported in ways that differ from the adult treatment population.

The literature stresses the importance of building provision around young people, stressing the importance of understanding young people as a distinct cohort: “Children are not small adults and the adult definitions of substance misuse are inadequate in capturing the developmental aspects of substance misuse in young people”<sup>19</sup>.

Given this PHE note the need for services to adopt an approach that recognize the strengths and assets of young people, which treat them with respect and as agents of change and which help to build:

- Resilience
- Life skills
- Ability to make better choices and to deal with difficulties<sup>20</sup>

PHE therefore indicate that treatment services should be compliant with the Department of Health’s quality criteria for young people’s services, “You’re Welcome”<sup>21</sup>

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<sup>19</sup> Practice Standards for Young People with Substance Misuse Problems, Royal College of Psychiatrists (2012). p.5

<sup>20</sup> Specialist substance misuse services for young people: A rapid mixed methods evidence review of current provision and main principles for commissioning, Public Health England (2017), p.11.

<sup>21</sup> Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216350/dh\\_127632.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf)

## 6.1.2 Education programmes

### *The evidence base*

In terms of prevention work, evidence shows that information and education programmes alone do not reduce drug and alcohol-related harm<sup>22</sup>; nevertheless, they have a role in

- Providing information
- Reframing drug and alcohol-related problems, and
- Increasing attention to alcohol on the political and public agendas.

School-based education can be important, but the literature indicates a number of important caveats to education programmes. A review of the literature by the Scottish Government noted that the evidence is not strong for school-based prevention work and that the effect sizes are small. The paper notes that data demonstrates the most effective interventions are those that combine social competence (that aim to improve personal and interpersonal skills) and social influences (reducing the influence of society by addressing norms for instance). The elements of effective education programmes were identified as:

- Interactive programmes with high levels of participation
- Multi-component programmes that include other elements, and
- Age appropriateness, with the optimal time being at the transition from primary to secondary education.

A number of named programmes that have been standardized and subjected to robust research were identified as being beneficial and cost-effective. These programmes were:

- The Good Behaviour Game
- PreVenture
- Strengthening Families

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<sup>22</sup> WHO (2009). *Evidence of the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm*. WHO Regional Office for Europe: Denmark

- Unplugged, and
- Life Skills Training.

The paper notes a number of educational programmes that have been demonstrated to have been *ineffective*. These include:

- Stand-alone school-based activities designed to increase knowledge of drugs
- Diversionary activities (such as theatre- and drama-based education)
- Fear arousal approaches
- Mentoring programmes, and
- Mass media campaigns.

The authors therefore conclude that the most effective responses are those that are linked to wider strategies that promote general health and wellbeing.

The evidence from the paper makes clear that, whilst education programmes can be valuable, their use must be carefully considered and the type of programme must be carefully selected and designed.

Further evidence indicates that peer-led/young people led awareness raising campaigns can prove to be effective, where young people are involved in developing messages and delivering content to other young people.<sup>23</sup> While the evidence-base shows that this has proved to be effective in relation to smoking reduction, organisations such as Young Addiction have applied the concept to the drug and alcohol sector where results also appear to be promising.

### ***Education programmes in Lewisham***

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<sup>23</sup> See for instance "The effectiveness of prevention and early intervention to promote health outcomes for young people presented by Ann Hagell & Emma Rigby, Association of Young People's Health at Public Health England's Annual Conference, 16-17 September 2014."

Current drug education work in Lewisham is divided between the current young people's treatment provider and the Improving Health and Wellbeing in Schools offer provide by the council's Public Health Training team.

The young people's treatment service offers drop-in and group work sessions that explore three broad areas of risk-taking behaviour: sexual health, mental and emotional wellbeing and substance misuse. The substance misuse-specific training offer is made up of three sessions:

- "Peer pressure" - this includes gateway drugs, normative behaviour and parental drug use
- "Alcohol and the effects" – the effects of alcohol in both the short and long-term
- "Cannabis, Lean, Nitrous Oxide and the effects" – this looks at the effects of these three drugs over the short and long-term.

A combination session three strand package is also offered in which schools can choose which topic is covered and which includes drugs and alcohol as one of the strands.

In the year 2019/2020 52 training sessions were delivered. Note however that it is not possible to breakdown how many of these sessions covered substance misuse. It may therefore be the case that the majority (or all) of the training sessions addressed sexual health and emotional wellbeing.

In addition to the training offer outlined above, Lewisham Council's Health and Wellbeing in Schools offers additional support including drug and alcohol training. The service provides a bespoke drugs and alcohol education package to meet the needs of each school. The offer includes:

- Jointly planning and developing whole school approaches to drug and alcohol use
- Delivery of a school-based training programme
- Workshops for teachers, support staff and governors.

Schools are able to request training for their pupils and the service is offered free of charge.

### 6.1.3 Treatment

Evidence on the effectiveness of treatment interventions for young people is limited. There is both a relative scarcity of high quality published evidence and, where this evidence exists, much does not

relate to the UK context (with a tendency to report on treatment in the US). Given this, the conclusions that are reached must necessarily be somewhat tentative.

Whilst evidence is limited, what evidence does exist suggests that current recognized treatment approaches have some signs of effectiveness.

Standard pharmacological approaches which are normative practice in the treatment of adults were not identified in the literature as of significant relevance to young people. Partly it is noted that by far the majority of young people will not have a need that requires a pharmacological approach and additionally, due to the fact that research into pharmacological treatment of young people is sparse in terms of safety and effectiveness. Ahuja et al note that, "Pharmacotherapy should only be initiated with extreme caution after thorough assessment."<sup>24</sup> (We note that the data in this report that indicates possible use of codeine among young people in the borough may have implications for whether pharmacological inputs may be needed in the future).

The literature suggests that motivational interviewing and cognitive behavioural therapy (CBT) have a positive impact on young people. An Australian study of young people who received CBT alongside motivational interviewing noted significant improvements in depression and reductions in drug use compared to a group receiving standard treatment interventions<sup>25</sup>.

There is a growing body of literature on family-based interventions which highlights the importance of engaging parents and carers in the treatment process and that family therapy (along with CBT) show the most consistent reductions in substance misuse<sup>26</sup>. The review emphasizes the need for holistic assessments that explore wider issues in the life of the young person (i.e. looking beyond their substance misuse) and which then build support around the child dependent on the range of needs identified. Other studies endorse family-based approaches. A meta-review by Baldwin *et al* of family therapies notes that these approaches indicate better outcomes compared to non-family based approaches.<sup>27</sup> The study therefore suggests that family therapies are an important approach to treating young people's substance misuse. An evaluation of Family Intervention Projects found

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<sup>24</sup> Engaging young people who misuse substances in treatment, Ahuja A., Crome I., Williams R., *Current Opinions in Psychiatry* 26, p.339.

<sup>25</sup> Does the addition of integrated cognitive behavioural therapy and motivational interviewing improve the outcomes of standard care for young people with comorbid depression and substance misuse, Hides et al, *Medical Journal of Australia*, (2011), 195

<sup>26</sup> *Ibid.*, 337.

<sup>27</sup> Baldwin S, Christian S, Berkeljon A, Shadish W. The effects of family therapy for adolescent delinquency and substance abuse: A meta-analysis. *Journal of Marital and Family Therapy*. 2012;38(1):281–304

reductions in drug and alcohol problems from 32% at the outset of engagement to 17% at treatment exit.

#### 6.1.4 Integrated approach

Recognizing that substance misuse is often related to multiple vulnerabilities PHE recommend that, ideally, services understand and tackle multiple vulnerabilities as part of their approach.

Given this, PHE guidance indicates that treatment approaches offer “integrated services that deliver targeted interventions to young people at risk of developing problems with substance misuse alongside specialist services, particularly with identified vulnerable groups with specific risk factors”<sup>28</sup>. As such, PHE stress the need for multi-agency responses with robust joint working arrangements. In particular it notes the need to engage with and provide seamless transition to services including:

- Child and Adolescent Mental Health Services (CAMHS)
- Child Sexual Exploitation and abuse support services
- Youth offending teams
- Sexual health services

## 6.2 Analysis of findings

This section analyses the key findings as set out in this report.

### *Treatment population*

The most significant finding in this needs assessment is the size of the treatment population compared to estimated levels of demand. Data for 2019-2020 indicates 82 young people under 18 in treatment and a further 25 aged 18 to 24 years giving a total of 107 in community treatment. While numbers decreased in 2018 compared to previous years these have picked up somewhat in the period 2019-2020. The data does not indicate directly why such limited numbers of young people are in substance misuse

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<sup>28</sup> Specialist substance misuse services for young people: A rapid mixed methods evidence review of current provision and main principles for commissioning, Public Health England (2017), p.18.

(given data indicating much higher levels of demand). It would appear the low numbers in treatment are a combination of significant cuts to the young people's treatment budget and the shift to a new provider who provides an integrated offer covering sexual health and emotional wellbeing as well as substance misuse.

While trying to build a picture of how many young people would benefit from drug or alcohol treatment is difficult, the prevalence rates set out indicates that the numbers are far in excess of 107. To take just a few metrics: over 6,000 young people in Lewisham have drunk alcohol in the last week and 980 drink at least once a week; 1,471 young people have taken drugs in the last month. While by no means all of these young people would benefit from specialist services, the numbers do however indicate a current levels of demand that is far in excess of numbers currently in treatment.

The data regarding drug use for those in treatment is consistent with the picture developed throughout this report. 91% of those in treatment in 2019-20 used cannabis. This compares to use of Class A drugs at extremely low levels (heroin and crack cocaine users making up zero per cent of the treatment population in 2019-2020 and 3% the year before). As is clear, cannabis use is a significant issue among young people in Lewisham and this is reflected in the treatment population.

Note also that 20% of young people in treatment (in 2019-2020) use two or more substances.

The report therefore shows that the current treatment system does not appear to be addressing need in the borough.

### *Drug use in the wider young people's population*

Data from the national HRBQ survey makes clear that drug use is not limited to the very small minority of young people who end up in specialist treatment. By the age of 13 2% of young people had taken a drug. This figure rises steeply so that, by the age of 15, it reaches 12% of young men and 11% of young women. A separate national survey indicates that just under a quarter of those in school years 7 to 11 have ever taken drugs. This gives a figure for Lewisham of nearly 4,000 young people. The same survey indicates that 17% of young people have used drugs in the last year (giving a figure for Lewisham of around 2,700).

Moreover the data from the HRBQ survey makes clear that, by the age of 15, for some young people consumption of drugs is already relatively frequent with 3% in this age cohort reporting use in the last

month. The ONS survey reports 9% of young people having taken drugs in the last month (using a wider age cohort) thereby giving a figure of around 1,400 young people in Lewisham.

Of some concern, young people felt that the effect of lockdown has been to increase drug use among young people who were seeking ways to manage the isolation and boredom. (Note that this was also picked up with specific reference to alcohol use – see below).

### *Age*

It is striking that, for those in treatment, over a quarter (29%) began using the main problem substance under the age of 15. While in line with the national rate of 28% this clearly indicates a need to address and engage young people at as an early stage as possible. It is clear that, by their mid-teens, many young people have already started to experiment with drugs and some will already be on a pathway which will require them needing specialist support.

Professionals working with young people corroborated early onset of substance misuse, talking about young people in primary school using tobacco and alcohol and that cannabis use is already common by early teens.

Young people themselves noted that drug use can start among their peers from the age of 11 upwards and felt that it was relatively common by 14 to 15 years (albeit some felt that common use was slightly older).

### *Vulnerable groups*

The data makes clear that a number of cohorts of young people in Lewisham are particularly vulnerable to substance misuse. These groups are addressed below.

### *Offenders*

The treatment data also indicates that 16% of those in treatment are involved in offending or ASB (the single most common vulnerability) while referral data backs up the point with 28% of referrals made from youth justice services (compared to a national picture of 20%). As such the data emphasizes the importance of pathways from youth offending and other criminal justice provision into treatment.

Data from the YOS indicates an even greater significance for criminal justice pathways: YOS data indicating that 58% of their clients are assessed as having a substance misuse issue and that 41% are receiving a substance misuse intervention (89% in 2020). Once again, the data are stark insofar as the

overwhelming majority of their clients have been charged in relation to possession of cannabis. Once again then there is a theme of the preponderance of usage of cannabis over other drugs.

### *Parental substance misuse*

Data from adult treatment services indicates clearly that there are a cohort of parents/carers in treatment for drug and alcohol misuse who are both a parent and live with their child(ren). Data for 2019-20 indicates that there are 44 parents in drug treatment living with a child and 38 parents in alcohol treatment living with a child. While the proportion of adults in specialist treatment who are parents is lower than national rates, it nonetheless remains the case that there are at least 82 parents who have children who are exposed to the additional vulnerability of substance misuse in the home. As noted in the report, this is of course a significant under-representation of the true scale of the problem as only accounts for parents currently in treatment and therefore does not factor those people with a substance misuse need who are not engaged in any form of support.

While the data clearly shows a cohort of young people at significant vulnerability treatment data (see Table 10) indicates that only 7% of children in treatment were flagged as having been affected by another's substance misuse. This would appear to flag a gap in data collection or the failure of services to look at the wider factors in a young person's life. This point is emphasized by the young people. Where they have parents who take drugs, the consumption of these is normalized and so is likely to be transmitted to young people. Of considerable significance, some young people reported that their parents provided them with the funds to buy drugs.

### *Peer associations*

While the majority of local young people do not use drugs and alcohol, the data makes clear that they often have a peer who does. Strikingly, by the age of 9, 11% of boys know someone who takes drugs. By the age of 15 exactly a third of young men and women know a person who takes drugs. This makes clear that drug use is a common part of many young people's lives.

The ONS survey indicate that over a third (38%) of young people had been offered drugs at some point, which for Lewisham gives around 6,000 young people having been offered drugs.

Young people themselves were aware of the effects of peer association. The most commonly cited reason for drug use was being introduced by a peer.

Again, this emphasizes the need for young people to understand drug use and its implications as many will clearly learn “lessons” about drugs from their peers.

The role of peers is further emphasized as, when asked who they would approach for support, young people commonly cited a friend. Therefore peers can also provide a route by which to offer support and advice.

### *Alcohol use*

21% of boys aged 15 and 23% of women this age had consumed alcohol in the last seven days. In a separate national survey, 10% of young people (school years 7 to 11) report having had an alcohol drink in the last seven days. When applied to the population for Lewisham, this gives a total of over 6,000 young people. Moreover, in the same survey, 44% of young people (in the same school year cohorts) reporting ever having had an alcoholic drink which equates to some 7,000 young people in the borough. Finally, in the same survey, 6% of young people report drinking alcohol at least once a week, giving a number of just under 1,000 when applied to Lewisham.

It is clear therefore that alcohol is very commonly used by local young people and that many are consuming (and regularly consuming) alcohol at an early age. An interesting finding from the consultation with professional stakeholders is the possibility that alcohol use has increased amongst young people during lockdown. Lack of access to marijuana and the fear of being caught at home smoking cannabis has (it is said by some professionals) led to young people seeking out alcohol as an alternative. While there is no data to corroborate this shift there is a possibility that young people’s alcohol use will have increased as a consequence of the lockdowns.

### *Tobacco use*

While not the focus of this report, levels of tobacco usage are worth noting. Data from a national survey indicates that 16% of those in school years 7 to 11 have smoked tobacco. Applied to Lewisham this gives a figure of around 2,600 young people. While level of current smoking are much lower the data indicates that 5% of those in these school year cohorts currently smoke, giving a figure for Lewisham of around 800 young people.

Note also figures for vaping with exactly a quarter of young people indicating that they have used an e-cigarette- giving a figure for Lewisham of just over 4,000 young people.

### *Cannabis*

As noted above, the data for consumption of cannabis are striking with 91% in treatment using cannabis (although it is worth re-emphasizing that the national rate for young people in treatment who use cannabis is 86%). Essentially therefore this points to the fact that the treatment system is largely one that deals with problematic cannabis use.

Looking at the wider community of young people, by the age of 15 some 12% of boys and 10% of girls had used cannabis at some point. The data therefore highlights how widespread cannabis consumption is and how early use of it starts.

The data needs to be looked at in relation to young people's attitudes towards cannabis. In the HRBQ survey (albeit for the whole of England) 22% of young men aged 15 and 17% of young women thought cannabis was always unsafe - that is to say, a clear majority of young people think that cannabis *is* safe. The qualitative data from young people evidences this point. While some were able to describe risks associated with cannabis use, others did not see many (if any) negative effects associated with its use. Young people did however have a somewhat nuanced understanding and were able to point to a sliding scale of harm whereby the risk increased with the level of consumption.

Of some significance, young people note that some young people live with parents who are aware of their drug use but who do not attempt to manage their drug use.

The qualitative data bears out the findings from the survey data whereby professionals note the extensive use of cannabis among young people.

### *The use of other drugs*

The evidence in this report makes it clear that the drugs most frequently used by young people are cannabis (and particularly skunk) and alcohol.

The data indicates no heroin or crack use in the period 2019-2020 and 3% the year before (compared to 2% nationally). (Note also that no young people in treatment in 2019-2020 were recorded as being or having injected drugs).

There is a striking difference in the rate of stimulant use between the Lewisham population (6% of young people in treatment) compared to nationally (25%).

It is important to note that there is some indication that young people are moving to drugs which are relatively novel in terms of the treatment population. The young people interviewed referred to use of "lean" (meaning prescription cough medicine) and "forget-me-not" (which refers to Rohypnol). It is evident therefore that young people are seeking new drugs to use. It is not possible to quantify the extent to which these drugs are being used and whether they are being used in combination with other drugs (particularly cannabis and alcohol). It however makes clear that drug use is constantly shifting and young people are migrating towards the use of novel substances.

## 7 Recommendations

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Based on the evidence as set out in this report a number of recommendations have been made. We recognize that there are clear limits to the resources that are available to young people's substance misuse services. As such the recommendations have been prioritized and are set out in ranked order (i.e. the first recommendation has the highest priority, the last recommendation has the lowest priority).

### *Rationale*

The rationale for the recommendations and the subsequent prioritization is that:

- Numbers of young people in specialist treatment in Lewisham are very low and do not appear to be close to matching actual levels of demand. Therefore the key priority should be to engage greater numbers of young people in structured treatment.
- While the main focus should be improving links to specialist treatment, the universal offer in place for young people to receive messages about drugs and alcohol does not appear to be well utilised. This means that there appears to be an acute lack of preventative work.
- The treatment system could benefit from the evidence base that incorporating families in the treatment process can help to improve outcomes. Moreover this will help respond to the evidence in this report about numbers of young people who live with a drug using parent or carer. Moreover the data from the report (showing high links between substance misuse and a range of vulnerabilities) indicates that young people could be better supported by adopting a multi-disciplinary approach that brings together a range of key professionals.
- Finally the current offer could, if possible, be extended by providing a range of low intensity interventions that can engage and respond to young people's needs before they require specialist interventions. This could be well complemented by peer led initiatives.

### Recommendations

1. Given the very low numbers of young people currently receiving treatment, numbers of young people entering treatment should be enhanced to better align with the demand for treatment. Improvements should be made to referral pathways into the treatment service with particular emphasis on the following priority areas:
  - Youth Offending Service
  - The secure estate and custody
  - The Concern Hub
  - CAMHS
  - Children's Social Care
2. The data regarding substance misuse education gives some cause for concern insofar as it is not possible to state with any confidence how many young people (if any) have received drug awareness messages. Given this Lewisham Council should ensure that a universal substance misuse education programme is available and offered to young people in the borough through schools and other young people's services. The education programme should provide clear data on number of sessions delivered and the number of young people engaged.
3. The universal education programme (above) should develop strong links to the Improving Health and Wellbeing in Schools drug and alcohol offer to better support in-depth, specialist and targeted education work to be carried out which complements the universal offer.
4. Commissioners should incorporate family-based treatment into the young people's treatment offer, meaning that works young people are supported in the context of their family. The specialist treatment offer for young people should therefore be accompanied, as far as possible, by group work with the family to build skills and capacity in the wider family. The family-based approach should explicitly explore and address Hidden Harm (i.e. parental substance misuse) as required.

5. Commissioners should consider shifting how treatment services are currently delivered towards intensive multi-disciplinary work in which substance misuse workers are co-located alongside colleagues in Early Help, and social work teams rather than being based primarily in a drug and alcohol treatment specialist services and buildings. Strong links should be built between this team and other key groups working with vulnerable groups of young people including (but not limited to): LAC, NEETs, YOS and CAMHS.
6. Commissioners should consider investing in brief intervention and other low intensity interventions (such as motivational interviewing) to support young people who use drugs and alcohol but where usage does not warrant engagement with specialist treatment. The service should particularly focus on cannabis and alcohol consumption but should not be limited to users of these substances. The low intensity offer can be delivered through a range of channels including online/digital.
7. Commissioners should consider the feasibility of developing a peer-led awareness led by and delivered by young people – ideally including those with some lived experience of substance misuse. Young people should be supported to develop promotional information and deliver awareness raising activities for young people in the borough.

