



Public Health
England



Specialist substance misuse services for young people

A rapid mixed methods evidence review
of current provision and main principles
for commissioning

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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Executive summary

In April 2013, commissioning drug and alcohol misuse treatment services became the responsibility of local authorities. At that point local authorities were given greater autonomy to develop their own approaches to meet local need and the previously ring-fenced budget for young people's specialist substance misuse services became part of the wider local authority public health grant.

Public Health England (PHE) commissioned The Children's Society to undertake scoping research in early 2016¹, to understand some of the opportunities and challenges currently facing those now responsible for commissioning and delivering young people's specialist substance misuse services and to outline some critical good practice principles.

The findings reflect a snapshot of commissioning and provision in England, and do not constitute an exhaustive or systematic national review. Those interviewed were asked about: local commissioning practices and common service models; the evidence used in commissioning decisions around best practice; emerging local trends in substance misuse; and current opportunities and challenges for commissioning.

Young service users were invited to share their views on what they believe should constitute core components of a young person-centered service that responds to their needs, makes them likely to engage effectively and results in positive outcomes for them.

Four core commissioning principles have been developed, based on the findings, research and evidence based guidelines, for the commissioning and provision of specialist substance misuse provision for young people. The document is designed to provide prompts around some core principles for consideration when local authorities are commissioning specialist substance misuse provision, but is not intended to be a comprehensive commissioning guide.

¹ The Children's Society interviewed commissioners, service providers and young people (as service users of substance misuse services) from across England.

Summary of main findings

Concern was expressed about resourcing of wider children and young people's services since 2010, including for youth provision and targeted services for vulnerable young people. There was concern that this has been compounded in some local authority areas, with reductions in the public health grant since 2013 having presented a challenge.

The current data on children's services costs, including young people's alcohol and drug provision, is taken from Section 251 data submitted by local authorities to the DCLG. It is very difficult to track the funding from Section 251 grant returns. The evidence from CIPFA, leads strongly to the conclusion that 'noise' in Section 251 returns and analyses is significant to the extent that the analyses are not fit for the purpose either of making valid assessments of total spending on specific areas or of making useful comparisons between local authorities².

The evidence is that expenditure on drug and alcohol services is being reduced in some areas^{3,4}, including those for young people.

Increased local autonomy appears to have resulted in significant differences in models of provision for young people.

Some areas had undertaken systematic reviews of young people's substance misuse provision to ensure that it is fully integrated and aligned with other local young people's services. In some other areas services had evolved in a more piecemeal way largely initiating changes when contracts ended.

There was significant variation in the portfolios that were held by the commissioners who were interviewed. Portfolios included ranged from the whole of the 0-19 local authority public health agenda (including substance misuse), to commissioning services specifically for young people involved in risky health behaviours, including substance misuse, smoking and sexual health.

²Research on Children's Services, Spending and Budgeting – Section 251, Returns Final Report, Research on Children's Services, Spending and Budgeting, Section 251 Returns and Analysis, The Chartered Institute of Public Finance and Accountancy (CIPFA) (2014)

<http://www.local.gov.uk/documents/10180/11431/Cipfa+Section+251+reports+on+Children%27s+Services+costs+-+Final+report/bb70f9d6-bb85-426f-8b56-57c25805b311>

³ Impact of funding reductions on Public Health, ADPH survey results http://www.adph.org.uk/wp-content/uploads/2016/02/ADPH_Impact-of-cuts-survey-results1.pdf

⁴ *State of the Sector* (2015) Recovery Partnership http://www.recovery-partnership.org/state-of-the-sector.html?utm_source=Adfam+Policy+Briefing&utm_campaign=81235fcc44-State_of_the_sector_email&utm_medium=email&utm_term=0_1cfd9be142-81235fcc44-43621345

There were also various models of service provision. Some areas commissioned integrated substance misuse services that provided interventions to both young people and to adults. A number of young people's services were working with young people up to age 24, and some were working young adults who were identified as particularly vulnerable, such as those with learning disabilities or care leavers.

The picture that emerged from the review was one of a mixed landscape of provision across England, both in terms of service delivery models and commissioning approaches.

Four core commissioning principles

Whilst it was clear from the interviews that flexibility in how services are designed and delivered locally allows innovation and creativity, it remains important that when commissioning and providing specialist substance misuse services for young people, fundamental principles are adhered to.

These principles, which are outlined and explored in the report, are that:

- young people and their needs are at the centre of services
- quality governance is in place
- multiple vulnerabilities and complex needs are properly addressed
- young people becoming young adults are supported as they move into adult services through appropriate transitional arrangements

Introduction

Young people's substance misuse in England is changing, both in terms of reported prevalence and complexity of the problems faced by the young people who use services. The way that specialist substance misuse services are commissioned and their operating environment are also changing.

In recent years there has been a decline in the number of young people recorded as entering specialist substance misuse services, and this is likely to reflect the overall decline in the number of young people reported to be using drugs and alcohol over the last decade⁵. However, substance misuse continues to rank as one of the five major challenges that young people face today⁶.

Cannabis and alcohol remain the most commonly reported substances for under 18's with problematic use⁷.

Problematic use remains symptomatic of difficulties in young people's other life domains. Some young people are particularly vulnerable to misusing drugs and alcohol including young offenders, those with poor mental and emotional health and those experiencing child sexual exploitation and abuse⁸.

Specialist substance misuse services play a vital role in supporting young people who have developed substance misuse problems alongside a range of other problems, and these specialist services should constitute a core part of a multi-agency approach to ensure that all presenting needs are identified and responded to.

⁵ Smoking, Drinking and Drug Use Among Young People in England (HSCIC, 2014) <http://digital.nhs.uk/catalogue/PUB17879>

⁶ World of Good Report Central YMCA (2016) <http://www.ymca.co.uk/wp-content/uploads/2016/02/World-of-Good-report-Central-YMCA.pdf>

⁷ 'Young people's statistics from the National Drug Treatment Monitoring System (NDTMS)' Public Health England (2015) <http://www.nta.nhs.uk/statistics.aspx>

⁸ Practice Standards for young peoples with substance misuse problems (CCQI 2012) <http://www.rcpsych.ac.uk/pdf/Practice%20standards%20for%20young%20people%20with%20substance%20misuse%20problems.pdf>

Putting principles into practice: the rapid review

This rapid mixed methods evidence review draws together the findings of a consultation exercise, and key messages from national guidance, to recommend four core principles that are central to commissioning young people's specialist substance misuse services.

Methodology

Evidence was drawn primarily from consultations with a variety of expert informants, and a scoping review of key texts and datasets to inform the focus areas. Due to time and practical constraints, the resulting report is not an exhaustive review of young people's specialist substance misuse services and commissioning practices across England, nor is it a systematic examination of all associated literature and datasets.

The consultation consisted of in-depth semi-structured interviews (in person and via telephone), a focus group and questionnaires with 30 professionals and 14 young people, comprising the following:

- 15 commissioners, covering every PHE region (9 in individual interviews, 6 in a focus group)
- 8 service managers (7 current service managers and 1 ex-service manager, now a consultant advisor)
- 7 PHE centre based alcohol and drug leads
- 14 young people receiving a specialist substance misuse intervention (via questionnaires, and engaged through The Children's Society services)

The interviews and focus group centred on thematic areas identified by the literature, data scoping and discussions with the project advisory group⁹. Individual interviews were informed by National Drug Treatment Monitoring System (NDTMS) data to highlight and explore local trends. Questionnaires for young people invited them to share what they believed should be core principles in relation to promoting access and engagement with services.

The analysis was conducted to explore emergent themes across the consultation data, and an interim report was produced detailing these. This final report is a synthesis of these findings, outlining the core principles advocated by a majority of participants.

⁹ Jez Stannard, Kirsty Blenkins and Solina Li (PHE National Team), Ian Keasey and David Gardiner (PHE Centre Leads), Joanna Manning, Caitlin O'Neill Gutierrez, Kerry Horner, Phil Raws and Julie Ouellet (The Children's Society), Kate Wood (Lifeline Project), David Cupit and Carola Sander-Hess (Inclusion).

The research was in accordance with and approved by PHE Research Governance and The Children's Society's internal Research, Ethics and Engagement Framework (REEF), and robust ethical procedures relating to participant engagement and data storage were used.

Principles into practice

Commissioning principle 1: Young people and their needs are at the centre of services

Background

Putting young people at the centre of commissioning and delivery of specialist substance misuse provision is paramount, in order to accurately assess and meet need and to ensure that young people are protected¹⁰.

The development of services for young people needs to reflect the fact that there are intrinsic differences between adults and children, and between children of different ages.

Treating young people with respect, as agents of positive change and with the right to be fully involved in thinking through alternative options and in decision-making, underpins good outcomes¹¹. This means involving young people in commissioning and service design, and in their own care.

Services should be rooted in strengths, or an asset-based approach that, in addition to delivering interventions focused on the substance misuse itself, also develop young people's resilience, such as their life skills and their ability to make better choices and deal with difficulties. This approach will also ensure the long term effectiveness of interventions¹².

In 2011, The Department of Health issued 'Quality criteria for young people friendly health services'. 'You're Welcome' sets out principles to help commissioners and service providers to improve the suitability of services for young people. An updated version of 'You're Welcome' is being published in the spring of 2017.

Principle findings from stakeholder interviews

Professionals emphasised the need to regularly consult with young people throughout the commissioning process, especially with those who may not readily engage, in order to achieve a fully-informed and authentic understanding of the range of issues and need in a local area.

¹⁰ Global Standards for quality health care services for adolescents, (WHO 2015) http://apps.who.int/iris/bitstream/10665/183935/1/9789241549332_vol1_eng.pdf?ua=1

¹¹ NEF, 'Five benefits of co-production in young people's services' (2012) Article. <http://www.neweconomics.org/blog/entry/five-benefits-of-co-production-in-young-peoples-services>

¹² A public health approach to promoting young people's resilience (2015) <http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/03/resilience-resource-15-march-version.pdf>

Participants highlighted that provision needs to reflect young people's experiences of their local context, particularly in relation to the constraints on young people living in areas where population and services are widely dispersed across suburban or rural areas. Therefore there is a need to ensure that appropriate resources (for time and travel) and targets are in place to support engagement with service users.

Interviewees indicated that non-judgemental, positive relationships with specialist substance misuse practitioners are key to supporting behaviour change in young people and services need to be empowered to work flexibly to meet a variety of young peoples' needs.

Finally, seeing every young person as part of the solution to their own problems was seen as vital.

Viewpoints from the consultation on a young person centred approach

'It has been easy for me to see [my worker] as he has come to my college every week.'
Young person

'Young people helped design our service specification three years ago, and have just reviewed it.'
Commissioner

'I don't stipulate in our contracting that services must be provided in particular locations, but service providers must offer access. I expect them to work peripatetically, doing things such as domiciliary visits and detached outreach work.'
Commissioner

Commissioning specialist substance misuse services that put young people at the centre requires:

- services that reflect the specific needs of the people who use them
- genuine co-production in commissioning services by involving a wide range of young people early in the commissioning cycle and throughout the process to inform design, delivery and ongoing improvement¹³
- a strength based approach with a focus upon enhancing young people's resilience
- embedding 'You're Welcome' quality standards

¹³ Co-production in social care: what is it and how to do it
<http://www.scie.org.uk/publications/guides/guide51/recommendations.asp>

Commissioning principle 2: Quality governance is in place for all services

Background

Local authorities are required to have effective quality governance arrangements in place for services that are commissioned using the public health grant¹⁴. Safeguarding responsibilities in relation to children¹⁵ and adults¹⁶ need to be recognised within these arrangements. Protocols and strategies should be in place and agreed with the local safeguarding boards.

Local authority commissioners are responsible for meeting the drug and alcohol treatment and care needs of the populations they serve by commissioning high quality services and by ensuring that services operate in accordance with national clinical guidelines¹⁷, NICE guidance^{18, 19} and quality practice standards²⁰.

Commissioners and providers of young people's specialist substance misuse services are accountable for the quality of care delivered in their services. They are responsible for ensuring that care is safe, that it is delivered in line with evidence based guidance by competent and supported staff and that young people, parents and carers are fully involved in decisions about their care and service delivery. 'Quality governance guidance for local authority commissioners of alcohol and drug services' (PHE, 2015)²¹, sets out the requirements in more detail.

Collecting data and evidencing outcomes are key to quality governance as they demonstrate impact and value for money. Specialist substance misuse services should all report to the National Drug Treatment Monitoring System (NDTMS) and report young

¹⁴ Quality governance guidance for local authority commissioners of alcohol and drug services – PHE 2015
<http://www.nta.nhs.uk/uploads/quality-governance-guidance-for-local-authority-commissioners-of-alcohol-and-drug-services.pdf>

¹⁵ Working Together to Safeguard Children (2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

¹⁶ Safeguarding Vulnerable Adults <https://www.gov.uk/government/publications/adult-safeguarding-statement-of-government-policy-10-may-2013>

¹⁷ UK Clinical Guidelines http://www.nta.nhs.uk/uploads/clinical_guidelines_2007.pdf

¹⁸ NICE CG115 Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence
<http://www.nice.org.uk/guidance/cg115>

¹⁹ Guidance for the pharmacological management of substance misuse among young people
http://www.emcdda.europa.eu/attachements.cfm/att_231372_EN_UK14_UK20_same%20thing.pdf

²⁰ Practice standards for young people with substance misuse problems' (CCQI 2012)
<http://www.rcpsych.ac.uk/pdf/Practice%20standards%20for%20young%20people%20with%20substance%20misuse%20problems.pdf>

²¹ Quality governance guidance for local authority commissioners of alcohol and drug services – PHE 2015
<http://www.nta.nhs.uk/uploads/quality-governance-guidance-for-local-authority-commissioners-of-alcohol-and-drug-services.pdf>

people's progress using the Young People's Specialist Substance Misuse Outcomes Record (YPOR).

The Care Quality Commission is the independent regulator of health and social care in England and has a remit to monitor, inspect and regulate alcohol and drug services including young people's services that meet the required criteria²².

Principal findings from stakeholder interviews

Interviewees identified the need for clear quality governance structures within which young people's specialist substance misuse services are expected to operate, as an important area.

Commissioners and providers reported having quality governance arrangements in place, with some providers describing a clear organisational framework with a quality governance lead.

However, some providers said that perceived trend towards less prescribing and fewer pharmacological interventions for young people, meant that some professionals erroneously believed there was less need for adherence to clinical guidelines, which they felt undermined clarity around quality governance.

The service providers interviewed told us that they provided evidence based, care planned, structured and specialist substance misuse interventions: from psychosocial interventions including family support, specialist harm reduction interventions including needle exchange²³, through to some pharmacological interventions. It was agreed that it was crucial that commissioners of these services are clear about quality governance, and the need to adhere to clinical guidelines, even when providers are delivering non-medical interventions.

Commissioners and providers recognised the importance of adhering to broader national and local safeguarding governance arrangements and recognised their duty of care towards young people. Most interviewees described the importance of operating within local safeguarding frameworks for assessing children and young people's needs. Working with the Local Safeguarding Children's Boards, and having staff representation on sub-groups such as those overseeing child sexual exploitation and abuse, and having specific lead roles around safeguarding, was also seen as important.

²² Quality governance guidance for local authority commissioners of alcohol and drug services, PHE, 2015 <http://www.nta.nhs.uk/uploads/quality-governance-guidance-for-local-authority-commissioners-of-alcohol-and-drug-services.pdf>

²³ Young people's specific needle exchange guidance is included in NICE PH52 <https://www.nice.org.uk/guidance/ph52>

Commissioners and providers agreed that young people's specialist substance misuse services needed to input consistently into the National Drug Treatment Monitoring System, and maximize the use of NDTMS reports, including the Young People's Outcome Record (YPOR), for better quality governance. They also highlighted the importance of collecting broader outcomes data than is possible using the YPOR, including softer outcomes around resilience and emotional health and wellbeing.

A competent specialist workforce was seen as key to quality governance. Staff will need to be trained, qualified and suitably supervised to respond to the needs of vulnerable young people.

Viewpoints from the consultation on quality governance

'Clinical Governance is generally in place and robust.' PHE Centre Lead

'We work to our organisational framework and Clinical Governance Lead.'
Service Manager

Commissioning specialist substance misuse services with clear quality governance arrangements requires:

- interventions delivered in compliance with national guidelines, clinical guidance and national standards
- quality governance arrangements in place for all specialist services, including those providing only psychosocial interventions
- a clear understanding of the clinical management of New Psychoactive Substances²⁴
- a clinical care pathway in place for the small number of young people requiring a pharmacological interventions or specialist harm reduction interventions
- that safeguarding responsibilities and expectations around joint working are clearly outlined in service specifications and comply with local safeguarding policies, procedures and national guidance
- staff are trained, competent and supported to assess and manage risk, and escalate safeguarding issues when necessary
- staff are competent to deliver interventions, are appropriately supported and supervised and undertake ongoing professional development²⁵

²⁴ NEPTUNE Guidance March 2015 <http://neptune-clinical-guidance.co.uk/wp-content/uploads/2015/03/NEPTUNE-Guidance-March-2015.pdf>

²⁵ Skills for Health national children and young people's occupational standards for the CAMHS and young people's substance misuse workforce 2015
<http://extranet.skillsforhealth.org.uk/uploads/Tracking%20document%20January%202015.pdf>

- evidence that the quality and safety of the services are of a high standard and continually improving, including via the CQC inspection process for those services that are regulated by CQC
- services to develop and maintain quality monitoring and improvement activities, and have policies in place that manage procedures to identify and remedy poor performance
- services to be delivered within a reporting system which is compliant with the local and national requirements, including the National Drug and Treatment Monitoring System (NDTMS) and the Young People's Outcome Record (YPOR)

Commissioning principle 3: Addressing multiple vulnerabilities and complex needs

Background

Substance misuse in young people rarely occurs in isolation and is often symptomatic of wider problems, so commissioning and delivering services that recognise, understand and tackle multiple vulnerabilities and complex needs is crucial.

Substance misuse is closely linked to a number of risky behaviours, including risky sexual activity²⁶, and multiple risk behaviours cluster in adolescence²⁷.

An important guiding principle for young people who are likely to have a range of needs (with substance misuse just one) is that they should be addressed holistically and in a child-centred way, rather than using treatment approaches used with adults where the focus is on addiction²⁸.

Very few young people require pharmacological interventions for substance misuse, however age-appropriate prescribing arrangements should be in place for those young people who require them.

Specialist substance misuse inpatient detoxification or residential rehabilitation services for young people in England are limited. Where young people are assessed as having sufficiently complex needs that they require inpatient detoxification or residential provision, commissioners should consider placements involving paediatric inpatient services or generic residential services (such as children's homes or temporary foster

²⁶ Independent Advisory Group on Sexual Health and HIV (2007) 'Sex, Drugs, Alcohol and Young People: A review of the impact drugs and alcohol have on young people's sexual behaviour'. Seminar Findings.
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_075591.pdf

²⁷ Journal of Public Health. Multiple risk behavior in adolescence
http://jpubhealth.oxfordjournals.org/content/34/suppl_1/i1.full

²⁸ Guidance for the pharmacological management of substance misuse among young people
http://www.emcdda.europa.eu/attachements.cfm/att_231372_EN_UK14_UK20_same%20thing.pdf

care provision) with significant levels of in-put provided by the local specialist substance misuse services.

There is also an intricate and complex relationship between adolescent mental health and adolescent substance use²⁹ and the Department of Health 'Future in mind' report highlights that the delivery of care to vulnerable young people who are experiencing mental health issues has been criticized as fragmented³⁰.

In 2015 PHE reported that five percent of young people presenting to treatment services in 2014-15 reported having been a victim of child sexual exploitation. This proportion was higher among females (12%) than males (just over 1%)³¹. This could be because of issues with identification and disclosure of CSE amongst boys.

Principal findings from stakeholder interviews

It was clear from the discussions with young people that commissioners and services need to be sensitive to the possibility of multiple and complex vulnerabilities that may be hidden when young people first present to services with problematic substance misuse, including in relation to child sexual exploitation and abuse.

Young people commonly said that for them to want to engage meaningfully with a service and achieve the best possible outcomes, they need time to work in a collaborative way, to build trust with their worker and have one worker who supports them around a range of needs.

The majority of professionals consulted reported that they are seeing more young people with multiple vulnerabilities and complex needs in specialist substance misuse services, including mental health, child sexual exploitation and abuse, domestic abuse, and poor sexual health.

Concerns were expressed as to whether the mental and emotional health needs of young people with substance misuse problems were being met. Interviewees spoke of an increase in young people presenting with anxiety, stress and common mental health issues. Substance misuse professionals reported difficulties in supporting young people to access Child and Adolescent Mental Health Services (CAMHS), primarily because either young people did not meet the access thresholds or not because they were not stable enough to engage in CAMHS treatment.

²⁹ http://www.nta.nhs.uk/uploads/yp_camhs280508.pdf

³⁰ Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing (DoH 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

³¹ 'Young people's statistics from the National Drug Treatment Monitoring System (NDTMS): 1 April 2014 to 31 March 2015' Public Health England (2015) <http://www.nta.nhs.uk/statistics.aspx>

Others had developed solutions, such as establishing joint working agreements with CAMHS to ensure that there is a robust referral pathway between the two services. Another used data from the NDTMS to demonstrate the high levels of self-harm among young people in specialist substance misuse services, and to make the case for investment in a substance misuse worker to be co-located with the CAMHS team.

Participants also highlighted the need to commission integrated services that deliver targeted interventions to young people at risk of developing problems with substances alongside specialist services, particularly with identified vulnerable groups with specific risk factors, such as CSE and the use of new psychoactive substances.

Whilst the number of young people presenting to specialist substance misuse services for problems with new psychoactive substance use remains low, participants stated that commissioners should be alert to the possibility of these drugs disproportionately affecting vulnerable young people.

All the professionals who were consulted emphasised that young people with substance misuse issues and other vulnerabilities or complex needs require a multi-agency response, with clear and robust referral pathways and joint working arrangements in place.

This includes establishing, maintaining and developing partnerships to ensure a seamless transition between services for young people, so wider needs can be addressed. Useful partnerships can include those between CAMHS, child sexual exploitation and abuse support services, youth offending teams and sexual health services. Areas offering an integrated service for adolescents or risky behaviours understood that their focus should be to improve resilience, including supporting positive decision making and enhancing young people's understanding of actions and consequences.

Viewpoints from the consultation on multiple vulnerabilities and complex needs

'[I would like to] sort the problems out one at a time with one person for all my problems. It takes me a while to trust people and get to know them.'

Young person

'Do I feel we have the resources to be effective? Before disinvestment, we had it just about right. I'm worried that now we don't - we're severely challenged now. I have to go cap in hand. It's very difficult. It's a real term cut that I'm having to find savings against. Meanwhile the complexity of young people's needs is increasing, despite their overall numbers in treatment decreasing.'

Commissioner

'The challenge we face is commissioning for young people's growing complexity of need. I have to bring people round the table. If young people are having problems with education or offending, then I bring those partners in and make sure everyone does their part.'

Commissioner

Commissioning specialist substance misuse services to address multiple vulnerability and complex needs requires:

- recognition that young people's needs change and that the links between substance misuse and issues such as domestic violence, self-harm, mental health issues, offending and child sexual exploitation require appropriate professional curiosity and response
- a collaborative and multi-agency approach with clear roles and responsibilities and clear lines of communication and accountability
- young people's substance misuse services to respond appropriately to CSE and offer structured identification and assessment of risk of CSE^{32,33}
- commissioners to be aware of the particular considerations in prescribing for under 18's³⁴ and to have clear prescribing pathways in place for young people
- commissioners to ensure that complex care arrangements are in place for young people including residential placements with specialist substance misuse input

Commissioning principle 4: appropriate transitional arrangements for young people becoming young adults

Background

Clear transitional arrangements for young people aged 16-24 moving from children's to adult services are an essential element of young people's drug and alcohol treatment services. Services should be based on need rather than age.³⁵ When the needs of a young adult may be better met by a young people's service, then this should be considered as an option, bearing in mind the needs of the vulnerable young people who also attend the service.

In the event of young adults (18-24) being seen in adult services, every effort should be made to assess the risk of them interacting with older service users who may not yet be stable in their recovery. Adult services may have different thresholds for eligibility therefore commissioners for both services need to work to avoid potential for young people falling through those gaps. Consideration should also be given to involving

³² Health Working Group Report on CSE

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279189/Child_Sexual_Exploitation_accessible_version.pdf

³³ The Children's Society and Department of Health (July 2016), 'Seen and Heard: Improving awareness amongst health and care professionals of the needs of children and young people who may be the victims of sexual abuse and exploitation'. Training and practice toolkit <http://seenandheard.org.uk/>

³⁴ Ref Guidance for the pharmacological management of substance misuse among young people http://www.emcdda.europa.eu/attachements.cfm/att_231372_EN_UK14_UK20_same%20thing.pdf

³⁵ Young People's Substance Misuse Treatment Services – Essential Elements http://www.nta.nhs.uk/uploads/nta_essential_elements_youngpeople.pdf

parents and carers in the young person's care, and working appropriately with the developmental needs of this age group.

National guidance sets out appropriate actions and pathways to ensure young people are appropriately supported through transitions³⁶ and CQC use NICE guidelines to inform their inspection process.

Adult services need to consider the needs of young adults using non-opiate drugs and be able to respond appropriately. NDTMS data shows that young adults accessing young people's treatment services aged 18-24 primarily have problems with alcohol, cannabis, ecstasy, amphetamines, and cocaine. It is important that when this age group is seen in adults' services their needs are recognised and responded to so they are engaged with the service.

Principal findings from stakeholder interviews

Young people's specialist substance misuse services have traditionally been for under 18's and the term 'young people' generally refers to this age group (as does relevant legislation and guidance). However, there is evidence from the review of a shift towards services working with young adults up to age 24.

Interviewees also indicated that although the majority of interventions for young people are short and often time-limited, for some the treatment journey will be longer and take them through into adult services. It was recognised that having clear transitional arrangements in place for these young people was particularly important.

In the main, services working with young people up to 18 years of age said they were flexible on age, based on the individual's vulnerability and developmental needs. Many were providing ongoing support up until age of 21, often with a dedicated transitions worker.

The consensus from participants was that 18-24 year olds are a cohort with specific needs that require a specific response and should not be treated in adult services.

Data also shows that this age group can disengage from adult services. It is possible that this is because the change between how young people's services operate and how adult services operate can be difficult. Transitions workers were seen by some interviewees as central to managing continuity of care and a more flexible approach.

Such arrangements meant some young adults benefited from remaining within the under 18's service or from specially commissioned services for 18-24 year olds. It was

³⁶ NICE Guidance on Transitions (February 2016) <https://www.nice.org.uk/guidance/ng43>

evident from the review that a number of services are already commissioned for under 24's, with others in the pipeline.

Finally, it was clear from discussions with interviewees that work with 18-24 year olds is evolving and further research and guidance is required.

Viewpoints from the consultation on transitional arrangements

'A very small group of young people need to transition safely into adult services so they don't fall through the gap. Also, some people moving beyond 18 still need to access young people's services, and some 17 year olds need help more traditionally offered by adult services.'

Commissioner

Commissioning specialist substance misuse services to address transitional arrangements for young people becoming young adults requires:

- commissioners and providers to listen to young adults about their care and treatment
- services working with young adults aged 18-24 to deliver needs led and age appropriate interventions
- service specifications to take into account NICE guidelines on transition from children's to adults' services³⁷
- adult services to consider the needs of young adults who are non-opiate users, including those using cannabis, amphetamines, ecstasy, new psychoactive substances and cocaine
- young adults accessing adult services are appropriately separated from older more entrenched users

³⁷ Transition from children's to adults' services for young people using health or social care services
NICE guidelines [NG43](February 2016) <https://www.nice.org.uk/guidance/ng43>

Additional resources and information

Young people's statistics from the National Drug Treatment Monitoring System (NDTMS) 2015-16

<http://www.nta.nhs.uk/uploads/young-peoples-statistics-from-the-ndtms-1-april-2015-to-31-march-2016.pdf>

Young people: substance misuse JSNA support pack 2017-18

<http://www.nta.nhs.uk/uploads/jsna-support-pack-prompts-young-people-2017-final.pdf>

Young people's hospital alcohol pathways: Support pack for A&E departments

<http://www.nta.nhs.uk/uploads/young-peoples-hospital-alcohol-pathways-support-pack-for-ae-departments.pdf>

Royal College of Psychiatrists: Practice standards for young people with substance abuse problems

<http://www.rcpsych.ac.uk/pdf/Practice%20standards%20for%20young%20people%20with%20substance%20misuse%20problems.pdf>

NICE: Domestic violence and abuse: multi-agency working

<https://www.nice.org.uk/guidance/ph50>

Brook: CSE learning tool

<https://www.brook.org.uk/our-work/cse-e-learning-tool>

University of Bedfordshire: Publications and other resources

<https://www.beds.ac.uk/intcent/publications>