

CATEGORY IV – DISTINCTIVE GROUPS: YOUNG PEOPLE

1.0 Introduction

This factsheet covers teenagers up to the age of 18 years who present to services with a health or social care problem which may be directly or indirectly affected by use of drugs (licit or illicit) or alcohol. Drug and alcohol use among under-18s is always a cause for concern and poses a major challenge to public health. Most young people do not drink alcohol or use illicit drugs, but for those who do, a minority develop serious problems. However, the key to working with young people is to assess whether they are drinking alcohol or taking drugs which could be harmful and lead to problematic use and to intervene early to provide advice and information.

In 2016/17, there were 776 hospital admissions of under 16's due to poisoning from illicit drugs. Although this is not as high as in 2015/16, alcohol and drug misuse among this age group is decreasing and the numbers accessing specialist services has continued to fall peak in 2008-09. Whilst the figures are encouraging, it is important to note that an alcohol and drug free childhood still remains the best advice for this age group.

Data from the government's survey of young people's reported smoking, drinking and drug use in England continues to show that the number of 11-to-15-year-olds who drink has been declining since 2003. 10% admitted to drinking once a week, and of those current drinkers 91% say that their families are aware. 49% of young people admitted to having been drunk in the last week, with 63% stating that they got deliberately drunk. However, young people's attitudes to drinking or being drunk are changing with data suggesting that they are less tolerant of the same. The majority of young drinkers (79%) say they do this to 'look cool' although other reasons include to be sociable, for the buzz/rush or as a result of peer pressure. Worryingly though, a number of young people admit to using alcohol as a means of feeling better or forgetting their problems.

Drug use continues to fall, with 15% of pupils admitting the ever having taken drugs, with 10% of those doing so in the last year. Of those young people presenting at specialist services, 87% state cannabis as their primary drug with alcohol following on at 48%. Both of these figures continue to fall. Of those who do use drugs, cannabis is the most likely drug of choice, with volatile substances second. NPS do continue to feature, with 51% of young people reporting having heard of them. Use however is low, with only 2.5% reporting their use in the last year.

Data from the 2016/17 crime surveys for England and Wales suggest that young adults (those aged 16 to 24) were more likely to have used drugs in the last year than older adults. However, the proportion of adults aged 16 to 24 taking any drug in the last year was 18%, similar to 2015/16 survey but lower than a decade ago. (Home Office, 2017)

LEARNING OUTCOMES

For medical students to gain knowledge in:

1. Distinguishing between substance use, misuse and dependent use.
2. Gaining an understanding of those factors which place young people at risk and those which are protective.
3. Appreciating the need for a comprehensive assessment.
4. The range of treatment options and the involvement of specialists when a decision to prescribe is taken.
5. The role of a specialist multidisciplinary team.
6. Understanding the importance of confidentiality and consent in young people.

Vignettes

A 13 year old girl was referred from school due to alcohol use affecting her school work and attendance. She was assessed by a substance misuse worker at school, as this was felt to be the most appropriate environment due to her age and so she could be supported by people she knew. It also ensured minimal disruption to her education. The alcohol use was affecting all aspects of her life and was a result of home dynamics as well as an older boyfriend who was causing concerns.

A 16 year old girl was admitted to A&E at 9pm following a reported collapse at a friend's house. They had been drinking and there was a strong smell of alcohol. Her parents had been called and had just arrived and were shocked to find their daughter in hospital saying "but she never drinks alcohol, she is only 16". The staff tried to elicit whether she has taken anything else. She denied taking any drugs and her parents responded, by saying "she doesn't hang around with people like that and she would never take drugs". Her parents began to argue about where she had been that evening. Further discussion with the girl on her own elicited that she had taken half a pill given to her by her friend's brother. She did not know what it was or what effect it would have.

SUBSTANCE MISUSE FACT SHEETS

CATEGORY IV – DISTINCTIVE GROUPS: YOUNG PEOPLE

2.0 Context

Not all young people drink alcohol or take drugs. However, those who do, often have a range of other problems. Many young people stop taking drugs or drinking with support from an adult such as family members, teacher or youth leader. However, some will continue to use, causing difficulties, and may lead to involvement with a range of services depending upon the complexity of issues presented. Among the major challenges in engaging adolescents are psychological problems including low-self-esteem, mood and anxiety disorders, conduct disorder, attention deficit hyperactivity disorder (ADHD), post-traumatic stress syndrome (PTSD) that may lead to suicidal ideation and self-harm. This comorbidity is the rule rather than the exception in young people who have substance use disorders. The intoxicating effects of substance use might lead to impairments in judgement or changes in mood, or to aggression and impulsivity.

3.0 Common presentations

3.1 Special/distinctive features

- Presentation is often at the instigation of parents, teachers, social services, criminal justice agencies, GPs.
- Young people who are at a high risk of developing a substance misuse problem may include those whose parents misuse substances or have a psychiatric illness, those with mental health problems, those with a history of self-harm or abuse, those who are pregnant, those who are looked after or homeless, those who have poor educational attainment or live chaotic life styles.
- Young people want to be part of a group, and taking substances is often seen as the 'norm' and part of 'rites of passage' into adulthood.
- The instigation of this 'adult like' behaviour is beginning at a younger age than previously.
- The risks to health may be the direct result of the acute intoxication but may also be related to associated behaviours e.g. sexual behaviour. Substance use and misuse can cause serious health problems in young people even if they are not 'addicted' or 'dependent' on drugs.
- Providing young people with accurate, credible advice and information about where to seek help is vital.
- Young people may be suspicious of professionals, and likely not be open and honest at first, especially if an adult is present, so trust is important to establish.

3.2 Barriers

- Stigma.
- Lack of effective communication skills between them and adults.
- Young people see drug and alcohol use as part of growing up, and genuinely do not comprehend the risks or concerns.
- They do not necessarily identify their drug or alcohol use as a problem, and rationalise by explaining that no one else they know has a problem either.

- They can be easily influenced by friends and peers, including those who are older, and try to impress or stay in with a crowd.
- Limited availability and access to designated services which has implications in terms of increased risks of problem behaviours later.
- They fear the authorities and adults finding out about substance use and implications.

4.0 Assessment

The style of assessment is crucial to engaging the young person and their family, and it is important to ensure that they have access to accurate and credible information. Non-confrontational and non-judgmental attitudes are essential to building a rapport with the young person, and is key to developing empathy.

Assessment is important to determine the needs of the young person and to formulate interventions to meet those needs. There are many influences to consider including substances, mental and physical health, educational achievements and relationships with parents, siblings and friends. During the assessment, it is helpful to gather information to assist in understanding the inter-relationships between all the influences, bearing in mind that the young person may have different priorities than initially appears significant from the assessment.

It is important that the potential vulnerability of the young person is at the forefront of the assessment process, however being mindful of the fact that they may have developed resilience along the way and that this should be nurtured. The young person's development is multifaceted, and influences in each of the following areas must be considered: psychosocial, cognitive, biological, social and cultural.

Assessment of risk and protective factors is a central component as this may guide and focus treatment. The emphasis should be on strengthening resilience, and reducing vulnerability through reversing risk factors where this is feasible. A wide range of predisposing factors have been linked to the initiation of substance use including; poor parental discipline and/or monitoring, lack of family cohesion, peer drug use, drug availability, hedonistic attitudes, early onset of substance misuse, low self-esteem, mental health problems, poor academic attainment, and low socio-economic status. On the other hand, family support, academic achievement, and involvement in a positive social network can result in less substance misuse.

Depending on the context of the first consultation, it may be appropriate to administer the CRAFFT six item screening tool. For each patient, there should be an assessment for each substance, to determine whether they are experimenting, or using irregularly, harmfully or dependently, or indeed, whether they are not using it at all. It is important to understand that young people may exaggerate, or indeed underplay their use, and it is important to try to understand this too. Screening tools however are not a replacement for a comprehensive assessment, and it is important to consider further assessment depending on the results of screening.

SUBSTANCE MISUSE FACT SHEETS

CATEGORY IV – DISTINCTIVE GROUPS: YOUNG PEOPLE

Early intervention is key as use at a very early age is a recognised predictor of later substance misuse and dependence. There is an increasing appreciation that health disorders that start in childhood may continue into adult life, especially if they are not recognised and treated early. Every consultation is an opportunity to consider the role of substances in the presentation which may change rapidly.

Retention in treatment is associated with better outcomes. Thus, assessment should be viewed as the important first step in engagement and retention in the treatment process.

4.1 Consent and confidentiality

The maturity of the young person must also be assessed, as this affects consent and, more importantly, refusal of treatment. In many cases, the young person may be more likely to discuss their substance use if they feel that the information is going to be confidential. It should however be made clear to them that not all information disclosed can be kept secret, due to potential consequences. Young people are prone to take a combination of substances and may exaggerate or underplay the level of use or the consequences. It is important that all doctors are competent in undertaking an assessment that places the substance use in the context of the young person's life.

4.2 Types of drug use

Experimental: usually refers to first stage of substance use. Use is driven by curiosity and risk taking behaviour and can be with peers or even alone. This type of use is usually relatively safe, however there are instances where on a single occasion has proven to be fatal.

Recreational: often referred to as social stage and is usually associated with the need to have acceptance or fit in. Use remains occasional but is more likely to be with their peer group. The effects of the drugs or alcohol on the emotions are usually noticeable although there is unlikely to be a change in behaviour such as 'drug seeking'.

Early, at risk use: use continues to be driven by the need to be accepted socially, but may also be related to peer pressure. Some pleasure is felt at this stage, and changes to emotions and behavior are apparent. Although 'drug seeking' is not common at this stage, the pattern of drug or alcohol use becomes more regular, and there is an increase in the potential dangers, particularly those associated with acute intoxication.

Late, at risk use: use is associated with coping with negative emotions or with seeking pleasure. Peer group is often altered and use is much more frequent. Drug and alcohol seeking behaviour is more obvious and substances are used to alter mood. Impairment is noted in a number of areas including schooling or family relationships.

Harmful use: this involves a degree of substance use that leads to physical and mental health problems. Use is likely to be regular despite obvious consequences, with a marked effect on emotions or behaviour. Impairment is noted across almost all areas of the young person's life.

Dependent: use is determined by the need to deal with withdrawal or cravings, and is characterised by daily or almost daily use. Significant impacts are noted in emotions and

behaviour, although it is important to realise that dependence is rare in young people.

For further information on the stages of substance (drug and alcohol) use and suggested interventions see a pragmatic classification cited in Royal College of Psychiatrists (2012) Practice Standards for young people with substance misuse problems.

4.3 What to look out for when making an assessment:

Psychological symptoms: may include general irritability, mood fluctuations such as depression, anxiety, elation, psychosis, confusion and deliberate self-harm.

Physical symptoms: Physical symptoms of withdrawal e.g. tremor, sweating, muscle aches and pains; respiratory symptoms caused by smoking e.g. nicotine, cannabis, cocaine, heroin, amphetamine; physical injuries or accidents as a result of intoxication; abscesses, thrombosis, track marks due to injecting.

Social: Poor and declining educational attainment; family disharmony and dysfunction; involvement with criminal activities.

Substance misuse is a substantial public health issue with considerable mortality and morbidity. Depression and anxiety, self-harm and suicide, cirrhosis, and criminality, as well as many other psychological, physical and social harms can result.

However, with regards young people there are some special considerations in questioning. Some examples are given below:

Q: When you drink alcohol or take drugs what effect are you looking for (to cope with stress, sleep, rest, be part of the crowd, boost confidence, give energy):

This helps to understand the reason for using drugs or alcohol.

Q: What effect does it actually have?

This gives a chance to establish whether the person experiences only positive effects or has had some negative effects. This provides an opportunity to provide information and advice on the risks and harms linked to the young person's own experience or the experience they recall of their friends.

Q: What worries you or concerns you about what you take?

This helps to establish any concerns such as family / friends' influences, worries, schooling/college, and provides an opportunity to explore substance use further.

5.0 Treatment

Treatment may encompass the following:

Information and advice: Provision of information and advice for young people and their families. Posters, leaflets and brochures can be scattered around the service with contact details for a variety support services locally.

Psychological treatments: Brief intervention, motivational interviewing, cognitive behaviour therapy (CBT), group and family therapies, self-help, generally demonstrate promising results in substance use and other behaviours over 12 months follow-up.

Pharmacological treatment: Most pharmacological agents are not licensed for adolescents and initiation of pharmacological treatment should generally only be offered by specialist

SUBSTANCE MISUSE FACT SHEETS

CATEGORY IV – DISTINCTIVE GROUPS: YOUNG PEOPLE

addiction psychiatrists or similarly experienced and qualified practitioners in primary care. Young people may also need medication for psychiatric illness and physical problems some of which may interact with each other. Risks of overdose must be explained to the patient, family and carers and contact details of appropriate services provided to them.

Referral to specialist services: specialist services are indicated when there is misuse of multiple substances, severe dependence, frequent relapses of substance misuse, co-morbid severe physical illness, co-morbid severe mental illness, unstable accommodation, including homelessness, family disharmony or dysfunction, chaotic lifestyle, with little structure or support.

Treatment can be successful, especially if there is early detection and a comprehensive management plan set in place if required. Although only a minority of young people develop dependence, it is vital to distinguish between substance use, misuse and dependence because this has a bearing on the appropriate type of treatment modalities. For example, pharmacological agents should only be used when patients are dependent for the purposes of detoxification or substitution. Pharmacological treatment should only be provided after the young person has had a thorough assessment including urinalysis and biological investigations, as well as the assessment of family members and carers as supervision will be required. Pharmacological treatment should always be in the context of psychosocial interventions.

6.0 Referral network/programmes/services

Both formal treatment and self-help can augment each other, and continuing coordination of care which is integrated with other medical and non-medical services is important to sustain young people's recoveries. This includes educational, criminal justice, child welfare, mental health and general medical services. Treatment may take place in a variety of settings: primary and secondary care where community, outpatient or inpatient units may be appropriate.

It is advisable to build up a team around the child which is a collaboration of specialist health and social services and can provide the range of treatments for the young person and their family and carers with the appropriate level of support. The priorities are referral to relevant specialist treatment services so that treatment can be continued so as to avoid discharge and treatment refusal.

Comprehensive services with auxiliary services are needed to address the mental health, family and educational problems, to use strategies to enable young people to understand the usefulness of the treatment package and to ensure that culturally appropriate advice is provided.

Outcomes can be improved if services provide follow up and continuity, are local, families are involved and supported, patients are encouraged to continue educational and vocational education, and staff are trained in addiction and child development.

Issues relating to child protection and safeguarding children and young people are really important issues to consider. Children may be vulnerable for a number of reasons including:

- acting as a carer for a substance using parent or responsible adult.

- a young person who is using substances.
- a young person who is being "used" by an adult to obtain or sell drugs.
- a young person who is being provided with substances by an adult.

All of these scenarios should be considered as safeguarding issues. Any concerns should be raised with the Local Authority Designated Officer (LADO) which is located within Children's services. The Children Act (1989) acknowledges that the welfare of children is paramount (section 1), services to support people in need usually by consent (section 17) and there is a duty to investigate "significant harm" (section 47). Categories of harm include physical, emotional, sexual and neglect (HM Government Working together to safeguard children, 2013).

7.0 References/bibliography/useful resources

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- Public Health England (2013) Substance misuse among young people in England 2012-2013 <http://www.nta.nhs.uk/youngpeople1213.aspx>.
- Public Health England (2016) Young people are less likely to drink; does that mean it isn't a problem? <https://publichealthmatters.blog.gov.uk/2016/08/02/young-people-are-less-likely-to-drink-does-that-mean-it-isnt-a-problem/>
- Royal College of Psychiatrists (2012) Practice Standards for young people with substance misuse problems. <http://www.rcpsych.ac.uk/pdf/Practice%20standards%20for%20young%20people%20with%20substance%20misuse%20problems.pdf>

SUBSTANCE MISUSE FACT SHEETS

CATEGORY IV – DISTINCTIVE GROUPS: YOUNG PEOPLE

Useful websites

FRANK: <http://www.talktofrank.com/drugs-a-z>

Mentor UK: <http://mentoruk.org.uk/>

The Mix: <http://www.themix.org.uk/drink-and-drugs>

Re-solv: <http://www.re-solv.org/>

Drinkwise: <https://www.drinkaware.co.uk/>

NICE: <https://www.nice.org.uk/>

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