

Substance Misuse Services for Young People in Nottinghamshire



**Nottinghamshire
County Council**

Outline of Service Provision

- Young people's substance misuse intervention services (up to age 18) are commissioned by the local authority
- They are provided by Notts Healthcare Trust (CAMHS)
- They are delivered as part of the "Family Service" and also within youth justice services
- Access is via the Early Help Unit
- Professional or self referral



Outline of Service Provision

- All young people have a holistic assessment of need
- Where there are low level alcohol or cannabis issues these are dealt with as part of a wider programme
- Offending, education, mental health and NEET issues often accompany substance use
- Those with complex needs or high risks receive a specialist service



Specialist Substance Misuse Services

- Figures at end of August 2015 (end of quarter 2)
- 116 young people receiving specialist services
- 100% started intervention within the target of 3 weeks
- Half of all referrals came from the criminal justice system and a quarter from within children's services
- The average treatment episode is 28 weeks
- All exits from treatment are planned (compared to a national average of 80%)

Expedited Cases

- Where there is significant risk around substance use an urgent substance misuse specific assessment is made as soon as is possible
 - Intravenous injection
 - Use of alcohol or volatile substances (e.g. solvents) combined with the use of opiate drugs (heroin, methadone)
 - Significant mental health issues including serious self-harm
 - Recent overdose or A&E attendance due to substance misuse

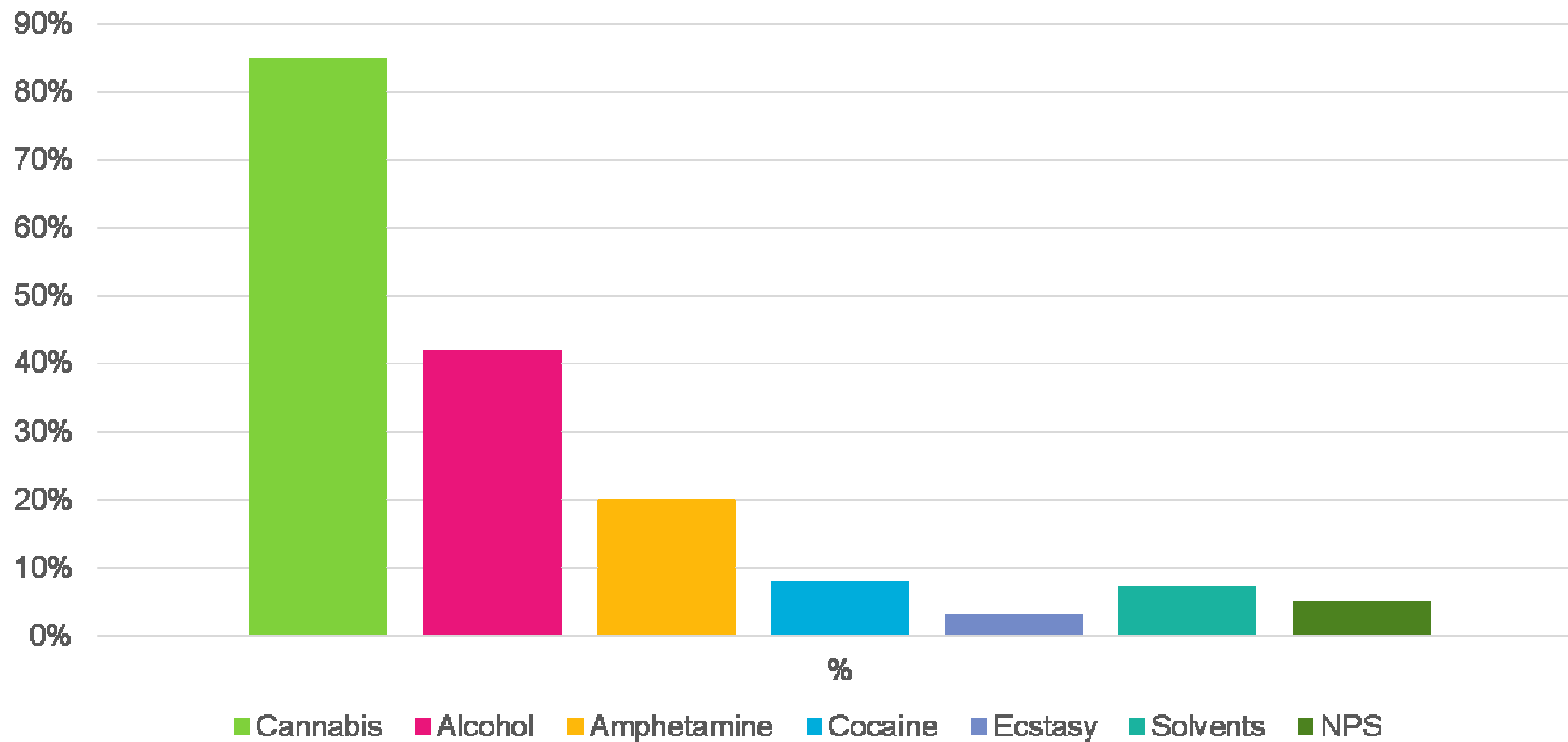


Demographics

- 76% of those requiring a specialist intervention are poly drug users
- The need for specialist help increases with age
- There were no under 13s requiring help
- Injecting use is extremely rare – only one case seen this year
- No new users of opiates (such as heroin) or crack cocaine have been identified this year

Demographics

Types of Substance Used (Specialist)



Current Developments

- Simplifying referrals from Emergency Department and primary care settings
- Promotion of self-referral pathways
- Development of online “self-help” tools for alcohol and cannabis use
- Completion of a revised strategic needs assessment
- Transfer of commissioning from CFCS to Public Health

