

## Hospital admissions for substance misuse

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## **1. What do we know about 15-24 year olds admissions to hospitals and who is at risk?**

The indicator for 15-24 year olds admissions to hospital is used as proxy for determining where there may be substance misuse issues in the community. We are assuming that the greater numbers of young people being admitted to hospital, the greater the number of young people misusing substances in the community.

Drug and alcohol use increases with age, those over the age of 18 will consume more alcohol and may represent a larger proportion of those that are admitted into hospital. Those young people who present and are admitted to hospital will be a small proportion of children and young people who start using and misuse substances.

Overall, for those 18 and under drug and alcohol use is declining. However, some young people are still using drugs and alcohol in a way that will cause them harm. Young people who are truanting from school, who are excluded or who are already behaving in a way that causes concerns are of increased risk. Young people who initiate drug and alcohol use and then misuse drugs in a way that causes them harm and interferes with daily functioning are likely to be of concern for a wide range of other risk factors. Their use of substances should not be seen in isolation of other issues. Children and young people who start using alcohol under the age of 14 should be considered of particular concern.

Families have a key role in preventing drug and alcohol misuse by their young people. Parents and carers are the most likely source of alcohol to their children. Parents and carers own use of drugs and alcohol will influence their children's. Parents and carers lack of monitoring of their children's whereabouts and social networks is a known risk factor for drug and alcohol misuse.

## 2. What works to prevent substance misuse admissions to hospital for under 18's?

Use and misuse of drugs and alcohol by young people is a complex issue which requires universal, targeted and specialist interventions across many agencies

- Universal approaches include educating<sup>1</sup> children and young people about substances through a comprehensive PSHE programme
- Parents and carers as well as children and young people need knowledge of the Chief Medical Officers recommendation that an alcohol free childhood is the safest. If young people do drink they should not do so before the age of 15. They need to be able to access information and advice through schools, PSHE, youth clubs or by accessing web based information like the Alcohol Education Trust.
- Reduce the supply of underage alcohol to young people. Trading standards can undertake test purchasing schemes which
- Targeted approaches include multi component prevention programmes and resilience based approaches delivered in school settings like RisKit, delivered by Addaction.
- Specialist approaches include access to specialist community treatment which is currently provided by Addaction who also provide DUST training, which builds children and young people's workers knowledge of substance misuse and enables them to assess problematic substance misuse.
- Evidence based parenting courses also assist parents to support young people involved in risk taking behaviour and to build links with other parents.
- For those young people who attend or are admitted to hospital a care pathway needs to be in place which includes assessment, brief intervention and supported referral in line with recommended pathways (<http://www.nta.nhs.uk/uploads/young-peoples-hospital-alcohol-pathways-support-pack-for-ae-departments>).

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<sup>1</sup> Education programmes need to meet quality standards like PSHE Association and Mentor Adeptis Standards Prevention Programmes need to meet EDQPS standards

### 3. Questions you might need to ask

- Are schools and youth hubs delivering high quality PSHE and multi component prevention programmes?
- What are Trading Standards and community safety partnerships doing to reduce the supply of alcohol and drugs to young people?
- Which children and young people are at risk? What schools and communities do they come from?
- Who in their community or school has the best relationship with them and their families?
- Do parents and carers have to up to date information and advice about drugs and alcohol misuse?
- Does the children and families workforce have the skills knowledge and confidence to build relationships, reduce risks and build protective factors and resilience?
- Are the workforce coming into contact with these young people DUST trained? Can they refer them to specialist substance misuse services?
- Is there an effective care pathway in place in A and E departments?
- What evidence based parenting programmes are operating in the district? How can you overcome barriers to these parents and carers engagement in them?
- Are hospital care pathways in place for young people presenting to A&E with alcohol-related problems including those jointly presenting with a mental health problem?

### 4. Who to involve?

- Children and Young People
- Substance Misuse Specialist Treatment Workers
- Hospital Liaison Alcohol Workers
- Early Help and Prevention Workers
- Trading Standards Officers/ Licensing Officers
- Youth workers
- Schools
- The Police
- Community and voluntary sector
- Community Safety Partnerships

## **| Resources/further information**

<http://www.talktofrank.com>

<http://www.alcoholeducationtrust.org>

<http://www.chimat.org.uk/substanceuse/chimattools>

<http://www.addaction.org.uk>

<https://www.alcohollearningcentre.org.uk/eLearning/>

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