Analysis of Need

Profile of the young people of Oxfordshire population and an assessment of their substance misuse needs

2011-2012

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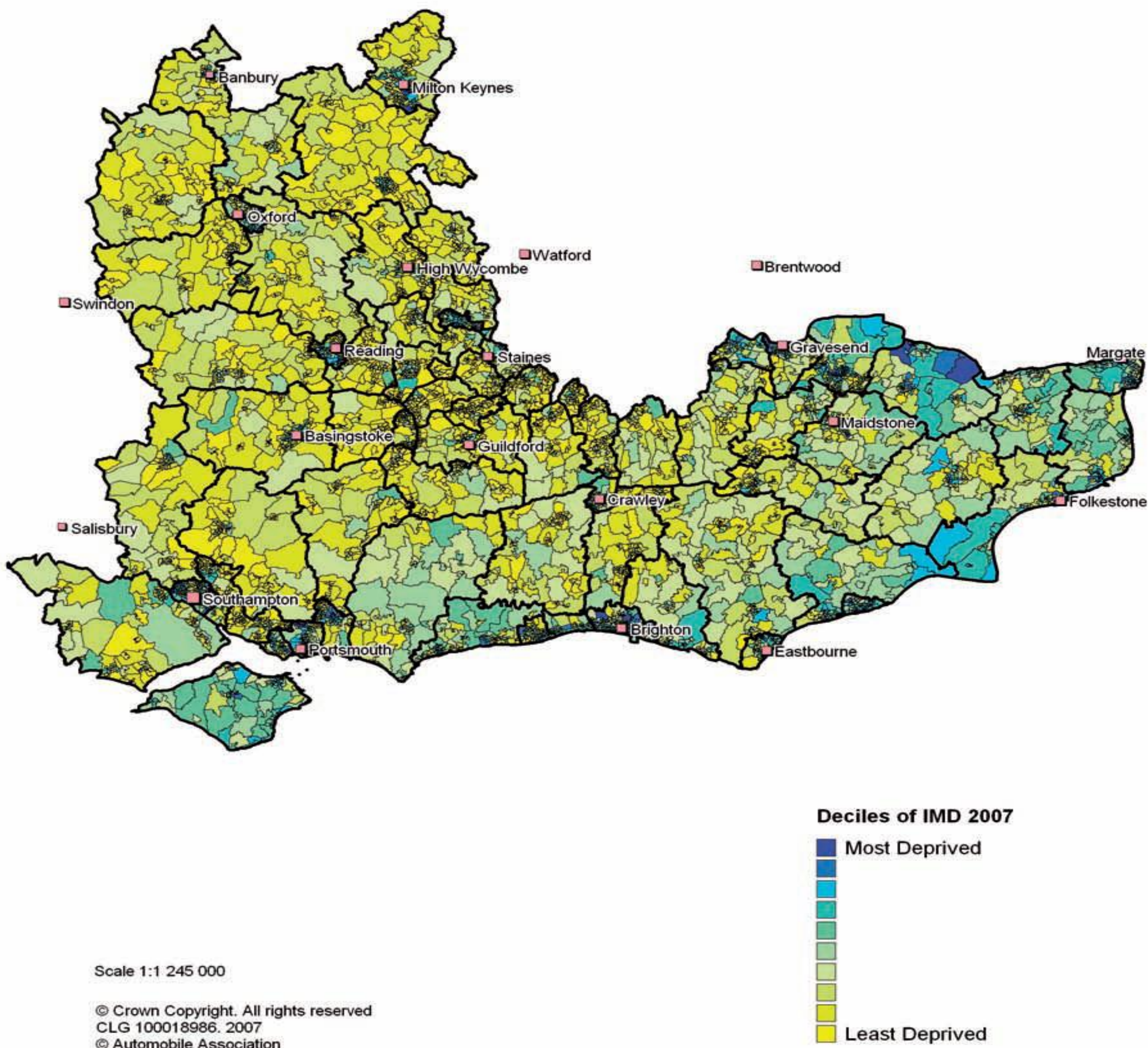
Section 1

Strategic Synopsis

1.1 South East Regional Profile by Index of Multiple Deprivation

The South East has 95 of the 10% most deprived Lower layer Super Output Areas (LSOAs) in England. The South East has 5,319 LSOAs in total so under 2% of all its LSOAs are within the 10% most deprived. Over a fifth (1,252) of the South East LSOAs are in the 10% least deprived group. The most deprived LSOAs are concentrated in some of the coastal resorts of the South East, such as Brighton and Hove, Thanet and Hastings. Elsewhere there are isolated LSOAs within the 10% most deprived LSOAs in England (see figure 1).

Figure 1 Lower Layer Super Output areas in the South East shaded by deprivation decile as measured by the Index of Multiple Deprivation, 2007



The South East has the largest number of LSOAs (2,037) falling in the least deprived 20% of LSOAs in England. It also has the highest percentage of its LSOAs falling in this category (38.3%). The percentage for this Region is far greater than for the other regions, and also the number of LSOAs is just over double the number of LSOAs in the East Region (the Region closest to the South East in this category).

1.2 Oxfordshire's Profile

Oxfordshire is the most rural county in the South East region, with over 50% of the population living in settlements of less than 10,000 people. Oxfordshire covers 1006 square miles, and as of the 2009 projection (see below) has an estimated population of 630,000. Which is made up of a city based population of 144,438 people and a variety of market towns and rural villages.

There are 354 districts in England, each district can be ranked in terms of areas of multiple deprivation 1 being the most deprived (Liverpool) and 354 being the least deprived (Hart in County Durham). Oxfordshire's five districts are ranked in figure 2 below.

Figure 2 Ranking of Areas of Multiple Deprivation

District	Ranking – Areas of Multiple Deprivation
Oxford City	155
Cherwell	276
South Oxfordshire	333
Vale of the White Horse	341
West Oxfordshire	349

Source: Oxfordshire Data Observatory

Detailed below is a breakdown of the population of some of the larger market towns:

Figure 3 Oxfordshire Population breakdown

	Estimated 2009 population	Projected 2016 population
Cherwell	**134,027**	**141,535**
Banbury	44,874	45,675
Bicester	29,937	31,916
Kidlington	13,405	13,352
Oxford City	**144,438**	**153,408**
South Oxfordshire	**127,277**	**137,602**
Didcot	23,143	30,583
Henley	10,624	10,909
Thame	11,073	11,244
Vale of White Horse	**119,762**	**127,492**
Abingdon	33,088	33,183 or 33,775
Wantage	11,437	12,601 or 12,043
West Oxfordshire	**104,496**	**107,693**
Carterton	15,441	16,189
Witney	27,042	28,716

Source: Oxfordshire Data Observatory – Ward Profiles November 2009

Tackling inequalities and breaking the cycle of deprivation

In the county rankings, Oxfordshire has relatively low levels of deprivation, coming 137th out of 149 counties (149 being the lowest). The number of areas in Oxfordshire in the most deprived 20% nationally has gone down from thirteen (in 2004) to twelve (in 2007). Ten of these relatively deprived areas are still in Oxford City but the number in Banbury has decreased from three (in 2004) to two (in 2007).

The figure below shows Oxfordshire areas in 20% most deprived nationally (SOPs):

Figure 4 Areas in 20% most Deprived Nationally (2007)

Northfield Brook 68 (Oxford)	Rose Hill and Iffley 76 (Oxford)
Barton and Sandhills 13 (Oxford)	Rose Hill and Iffley 77 (Oxford)
Barton and Sandhills 14 (Oxford)	Blackbird leys 17 (Oxford)
Blackbird Leys 20 (Oxford)	Banbury Ruscote 50 (Banbury)
Northfield Brook 69 (Oxford)	Banbury Ruscote 54 (Banbury)
Blackbird Leys 18 (Oxford)	
Littlemore 52 (Oxford)	

1.3 Oxfordshire's Health Overview

The health of people in Oxfordshire is generally better than the England average. However, rates of violent crime, road injuries and deaths, and new cases of malignant melanoma skin cancer, are worse compared to the England average.

There are inequalities in health within Oxfordshire. Life expectancy in the most deprived areas is about 5 years lower for men, and nearly 3 years lower for women, compared to the least deprived areas. Over the last 10 years the rate of death from all causes, and the rates of early death from cancer and from heart disease and stroke, has fallen. They are all better than the England averages.

The proportion of children living in poverty is lower than the England average. However, there are more than 14,500 children living in low income households. The percentage of school aged children spending at least 3 hours each week on physical activity at school is lower than the England average.
Source: APHO Health Profile for Oxfordshire, 2010

1.4 Oxfordshire DAAT Overview

Oxfordshire DAAT (Drug and Alcohol Action Team) is a partnership body hosted by NHS Oxfordshire. The DAAT's strategic aim is to reduce drug and alcohol related offending, anti-social behaviour and the impact of substance misuse on children, the family and the wider community.

Our challenge is to:-

- Reduce the harms caused by all drugs through prevention, early intervention and treatment integrating criminal justice and health;
- To drive forward the drug and alcohol strategy within Oxfordshire in an increasingly demanding and difficult partnership environment;
- Ensure the provision of quality treatment and support for those who misuse drug and alcohol, in order to improve their health and well-being and enable social re-integration;
- To improve delivery within the context of significant budgetary constraints as a result of considerable reductions in public spending.

These challenges will continue to be met through effective commissioning, robust financial and performance management, providing strategic leadership across education, criminal justice and health and social care agendas and management on behalf of all partners of the addictions agenda.

Oxfordshire DAAT has always performed highly, exceeding performance targets by factors of 3 – 5, which equates to 300%-500%. However, in order to maintain and build upon this level of performance we need to continually review services to ensure that service users achieve the maximum gains from their treatment experience.

National Treatment Agency (NTA) data suggests that 173 young people aged 17 or under were in contact with Oxfordshire drug and alcohol treatment services in 2009/10. Of these, 45 were receiving treatment for use of Class A drugs (heroin, crack, cocaine, ecstasy, or amphetamines), with the remainder being treated for alcohol and/or cannabis use. Some 121 young people entered treatment at Oxfordshire treatment services during the year, of whom 29 were Class A drug users. The number entering treatment was matched by the 122 young people who left Oxfordshire drug and alcohol treatment services during 2009/10, 24 of these left drug free.

A new young people substance misuse service was launched in October 2010 which will deliver three main strands of service:

- Structured psychosocial interventions for young people who are experiencing significant problems with drugs or alcohol.
- Structured support for young people who are affected by a parents or relatives drug or alcohol use.
- A rapid reaction alcohol team, who will work with local partnerships to deliver outreach based interventions with identified groups of young people anywhere in Oxfordshire.

1.5 Young people's substance misuse commissioning arrangements

Commissioning arrangements have grown and developed over time to lead changes in national and local structures. The funding for young people substance misuse is no longer ring fenced or pooled and has faced significant risks and pressures. The future of cross agency spend on this agenda is not known.

The Children and Young Peoples Commissioning Sub Group (CYPCSG) of the Children's Trust, of which the DAAT is a member, is responsible for the commissioning of children and young people's services which includes substance misuse. The DAAT Board agree any contribution from the pooled treatment budget for commissioning of the specialist treatment by the CYPCSG. On behalf of the CYPCSG Oxfordshire DAAT is the lead commissioner of treatment services. The DAAT also leads on the recreational drugs and 'legal highs' agenda and is the main commissioner of education programmes and awareness campaigns targeted at the 11 – 25 age range. Oxfordshire DAAT is a national leader in the innovative use of new media to target specific harm reduction messages.

1.6 Components of the needs assessment

This needs assessment considers the full range of needs of young people who use drug and alcohol, and involved the following processes:

- Description of the current client profile;
- Review of existing sources of information about the local system;
- Mapping of existing service provision against geographical need;
- Prevalence and profile of substance misuse;
- Needs analysis by local expert groups;
- Commissioning prioritisation exercise;
- Externally commissioned reviews into diversity issues;
- Treatment planning and allocation of resources based on these priorities.

Section 2

Profile of Oxfordshire's Young People

2.1 Population

The overall mid-year estimated population aged 14 to 17 years in Oxfordshire in 2009 was 32,383 with a fairly consistent spread across the local authority areas. Figure 5 below shows the population estimates aged 10 to 15 years across the Thames Valley.

Figure 5 - Mid-year 2009 resident population of young people aged 10-15 in Thames Valley by Local Authority

	Age	
	Population aged 10-15	**Percentage of total population**
Buckinghamshire	39,009	7.9%
Milton Keynes	17,906	7.6%
Oxfordshire	45,559	7.1%
Reading	8,704	5.7%
Slough	8,830	6.9%

Source: Population Estimates Unit, ONS: Crown Copyright.

These sources would therefore provide us with an estimated population of young people aged 10 to 17 years of 61,750.

2.1 Oxfordshire Children and Young People's Survey - 2009

'Your Voice 2009' was a survey, commissioned by the Oxfordshire Children and Young People's Trust, and conducted by the market research company Childwise, of 4,947 children and young people (C&YP). It was carried out in over 50 primary, secondary and special schools and colleges of further education across Oxfordshire.

The survey was undertaken to gain a better understanding of the views and needs of Oxfordshire's C&YP and establish baselines to monitor the progress of the Oxfordshire Children and Young People's Plan. The age range in the 2009 survey was 4 to 19 years old. The survey was based upon the five key elements of Every Child Matters: Be Healthy; Stay Safe; Enjoy and Achieve; Make a Positive Contribution and Achieve Economic Wellbeing.

Significant changes since OCYPS 2007, in areas that are relevant to substance indicators in terms of resilience are summarised below under the five key elements. Comparisons are with those aged between 4 and 16 years, the age range covered in 2007:-

BEING HEALTHY

- ▲ 91% are very / quite healthy, compared with 86% very / fairly healthy in 2007
- ▼ The number of 11-16 year olds who have ever smoked cigarettes has increased to 20% (16% in 2007)

STAYING SAFE

- ▲ More children feel safe in their local area in the daytime (61% always feel safe, compared with 55% in 2007), and also at night (42% always do so, 40% sometimes, compared with 34% always, 34% sometimes, in 2007)
- ▲ More children feel safe at school all the time – in lessons (75% compared with 67% in 2007), between lessons (70% v 51%), and going to and from school (67% v 64%)
- ▼ The number of 7-16 year olds who have been bullied at all has increased (36% compared with 26% in 2007), with numbers increasing for those bullied in school (28% v 23%) and out of school (13% v 11%)

ENJOYMENT AND ACHIEVEMENT

- ▲ More children always enjoy school (33% compared with 30% in 2007)
- ▲ Fewer 7-16s skipped school quite often (3% v 5% in 2007), but more did so a few times (13% v 11%)
- ▲ The number of 7-16 year olds who feel that their local park or playground is safe has increased (54% compared with 43% in 2007), but fewer feel that there's enough to do (54% v 59%)
- ▼ The number doing very well at school has dropped (33% compared with 37% in 2007), but more think they are doing quite well (52% v 48%)

MAKING A POSITIVE CONTRIBUTION

- Fewer children aged 11-16 have a paid job this year (25% compared with 28% in 2007), but hours worked are similar
- ▼ The number of 7-16 year olds who think that their school listens at all to their views has dropped (51% do so compared with 54% in 2007)
- ▼ More children aged 11-16 think that they don't know what their local council does (62% do so compared with 53% in 2007), and that their council fails to keep them well informed (69% v 60%). However, numbers agreeing have not changed, but fewer are uncertain.

ACHIEVING ECONOMIC WELLBEING

- ▲ The number of 11-16 year olds who are undecided about what they want to do after they leave school has dropped (23% compared with 34% in 2007), as has the number wanting to leave as soon as possible (8% v 10%)
- ▲ More think that they are getting enough information and advice about the future (47% compared with 40% in 2007)

ALCOHOL

The survey demonstrates the perceptions of children and young people in relation to alcohol. The survey concluded that the majority of children and young people aged 11+ felt that alcohol was part of day to day life:-

- **68%** agree that *drinking alcohol is a big problem amongst children and young people*
- **62%** agree *alcohol is easy for young people to get hold of in this area*
- **59%** agree that *drinking alcohol is a big problem among adults*
- **45%** agree *there's a lot of pressure from friends to drink alcohol*

The survey highlighted the following alcohol usage by children and young people:-

- **72%** have ever drunk *alcohol*, with **19%** still doing so regularly
- **51%** have ever been *drunk*, and **9%** regularly do so
- **19%** have ever felt *under pressure from friends to drink, smoke or take drugs*, with **2%** still feeling under pressure at least once a week

Although the overall proportion of boys and girls ever drinking alcohol is similar, boys are more likely to do so regularly (21% v 16% for girls). However, girls are more likely to admit to having ever been drunk (55% v 49% of boys), but boys are still more likely to get drunk regularly (11% v 8%). Pressure to drink, smoke or take drugs, is the same for both sexes (19%). Boys are more likely to disagree about there being pressure from friends to drink alcohol (41% disagree compared to 38% of girls) and girls were more likely to agree that alcohol was easy for them to get hold of (65% agreed v 60% of boys).

Disabled young people are less likely to have ever drunk alcohol (64%), or got drunk (43%), but they are more likely to feel under pressure to do so (26%). Disabled young people were much more likely to agree that there was lots of pressure from friends to drink alcohol (61% agreed).

Vulnerable young people aged 14 to 19 were interviewed at specific organisations as well as those young people aged 17 to 19 interviewed on street in Oxfordshire who are not in education, employment or training (NEETs) to ensure that their experiences and views were captured. These young people are termed in the survey as ‘fringe’. They were more likely to agree that alcohol was easy to get hold of (75% agreed).

Teen parents are no more likely than 14-19s overall to have got drunk (65%), and are less likely to have drunk alcohol (78%).

Those with special needs for behaviour are more likely to have ever got drunk (63%) and drink alcohol regularly (27%).

Young people from Asian backgrounds were more likely than the majority of white British population to agree that alcohol was a big problem amongst children and young people (88% agreed), and among adults (73% agreed). However, they were also much less likely than the majority white British population to have ever drunk alcohol – 62% have never done this, particularly Bangladeshi (79%), Pakistani (78%) and Chinese (67%) children. They are far more likely to have never been drunk (72% overall - 82% of Pakistani young people).

Those from Black backgrounds are also less likely to have ever drunk alcohol – 43% have never done this, and only 38% have ever been drunk.

DRUGS

The survey also made the following conclusions about drug use by children and young people:-

- **17%** have ever taken *illegal drugs*, and **5%** continue to do so regularly
- **19%** have ever felt *under pressure from friends to drink, smoke or take drugs*, with **2%** still feeling under pressure at least once a week

Overall, there is little difference by gender for those ever taking illegal drugs (18% boys, 16% girls), but boys are twice as likely to still be doing it regularly (6% v 3% of girls).

Pressure to drink, smoke or take drugs, is the same for both sexes (19%).

Taking illegal drugs increases quite sharply with age, especially between age 11-13 and 14-16, but peer pressure to do so increases more gradually. The following groups are more likely to have taken illegal drugs:-

- Teen parents (30%) and felt under pressure to do so (33%);

- Looked after young people are marginally more likely to have ever taken illegal drugs (33%);
- Young people from the fringe group are much more likely than other 17-19s to have taken illegal drugs (42%);
- Young people in temporary accommodation (43%);
- Those with special needs for behaviour (32%).

2.2 Community Safety Partnership - Joint Strategic Intelligence Assessment

Oxfordshire DAAT is a strategic partner on all levels of the local community safety agenda. This incorporates all five District Council Crime and Disorder Reduction Partnerships (CDRP's) and strategic and operational levels of the Oxfordshire Safer Communities Partnership. For the past 3 years Oxfordshire Safer Communities Partnership has produced a Joint Strategic Intelligence Assessment (SIA). The SIA reports on crime trends and key areas of concern.

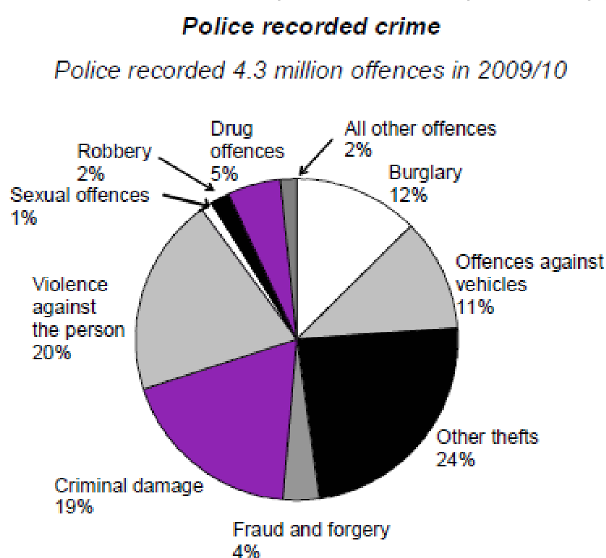
Crime Trends

There are two main sources of statistics on crime in England and Wales, the British Crime Survey and police recorded crime. The British Crime Survey (BCS) is a nationally representative sample survey (now based on more than 45,000 respondents) of the population resident in households in England and Wales. As a household based survey, the BCS does not cover all offences, or all population groups. However, the BCS does cover those crimes not reported to the police and in particular asks questions about illegal drug use via a self-report questionnaire.

Both the 2009/10 BCS and police recorded crime data are consistent in showing falls in overall crime compared with 2008/09. Overall BCS crime decreased by 9% (from 10.5 million crimes to 9.6 million crimes), and police recorded crime by 8% (from 4.7 million to 4.3 million crimes).

Nationally, police recorded drugs offences accounted for 5% of all police recorded crime in 2009/10 see figure 6. Compared to 2008/09, this represents a fall of 4% and is the first year-on-year fall since the police were given greater powers to issue warnings for cannabis possession in 2004/05. Over two-thirds (69%) of drug offences were accounted for possession of cannabis offences. It should be noted that the recording of drugs offences is particularly dependent on police activities and priorities.

Figure 6 Police recorded crime by crime and by crime type, 2009/10



Source: Home Office

In terms of perceptions of crime, according to the 2009/10 BCS, victims believed the offender(s) to be under the influence of alcohol in half (50%) of all violent incidents, similar to the level in the 2008/09 survey. Based on the 2009/10 BCS, there were 986,000 violent incidents where the victim believed the offender(s) to be under the influence of alcohol. There were also an estimated 396,000 violent incidents where the victim perceived the offender(s) to be under the influence of drugs which equates to 1 in 5 (20%) violent incidents. The difference was not statistically significant when compared with 2008/09.

Within the context of an overall fall in the number of violent crimes, longer-term trends show there have also been significant decreases since 1996 in the number of violent incidents in which victims believed offender(s) were under the influence of either alcohol or drugs. However, the proportion of both alcohol-related and drug-related violent incidents has increased over this period.

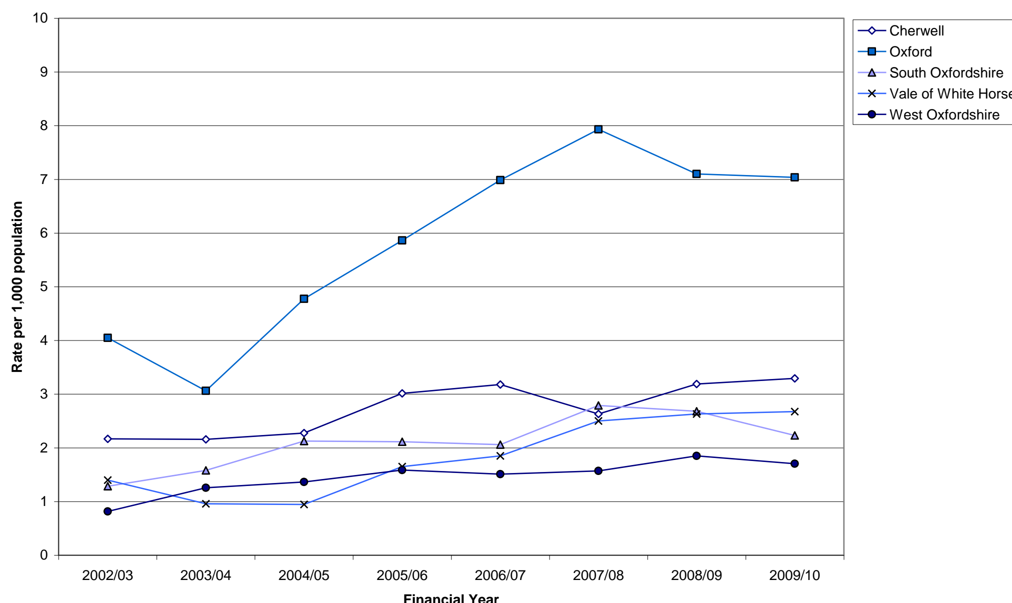
In terms of drug and alcohol use, findings from the BCS 2009/10 show that 8.6% of those aged 16 to 59 years reported use of any illicit drug the "last year". This is the lowest recorded level since measurement began in 1996 when use was reported at 11.1%. Levels have declined since 2003/04 and this is mainly a reflection of the fall in the use of cannabis since 2003/04 and longer term falls in the use of amphetamines since 1996. Despite reductions in the level of use, cannabis remains the most commonly used type of illicit drug followed by powder cocaine and ecstasy.

The level of use of Class A drugs was around 3.1% in 2009/10 and long term trends show relatively constant levels of Class A drug use overall. Levels of powder cocaine and tranquilliser use were lower in 2009/10 (2.4% and 0.4% respectively) than in 2008/09 (3.0% and 0.7% respectively).

There were falls between the 2008/09 and 2009/10 for cannabis use (from 7.9% to 6.6%); amphetamines (from 1.2% to 1.0%) and amyl nitrite (from 1.4% to 1.1%). For other types of drugs last year usage remained at similar levels.

Figure 7 below shows the trend in reported drugs offences for each local authority within Oxfordshire from 2002/03 to 2009/10.

Figure 7 - Trend in rate of reported drugs offences per 1,000 resident population by local authority areas in Oxfordshire, 2002/03 – 2009/10.



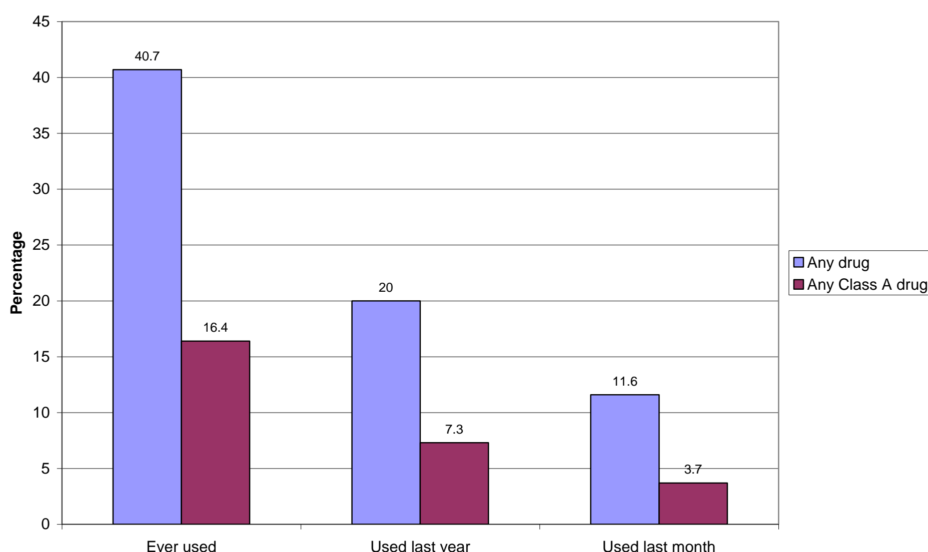
Source: Home Office Crime Statistics, July 2010

This graph suggests that there was a large rise in the rate per 1,000 reported drugs offences within Oxford between 2003/04 and 2007/08 but this has levelled off during 2008/09 and 2009/10.

The 2009/10 BCS defines around 3.3% of adults as frequent drug users (using a drug more than once a month on average). The most common age at which respondents first took cannabis was 16 years old with the most common age at which powder cocaine and ecstasy were taken being 18 years. An estimated 8.1% adults reported using more than one illicit drug (polydrug use) in the last year.

The BCS also shows that there has been a slow decline in the proportion of young people aged 16 to 24 who had used one or more illicit drugs in the last year with 29.7% recorded in 1996 and 20% in 2009/10. The use of Class A drugs in this age group was less common, 16.4% of young people had ever used a Class A drug and only 7.3% in the last year and 3.7% in the last month. However, the use of Class A drugs has remained at a similar level since 1996 and there was no significant difference found between 2008/09 and 2009/10.

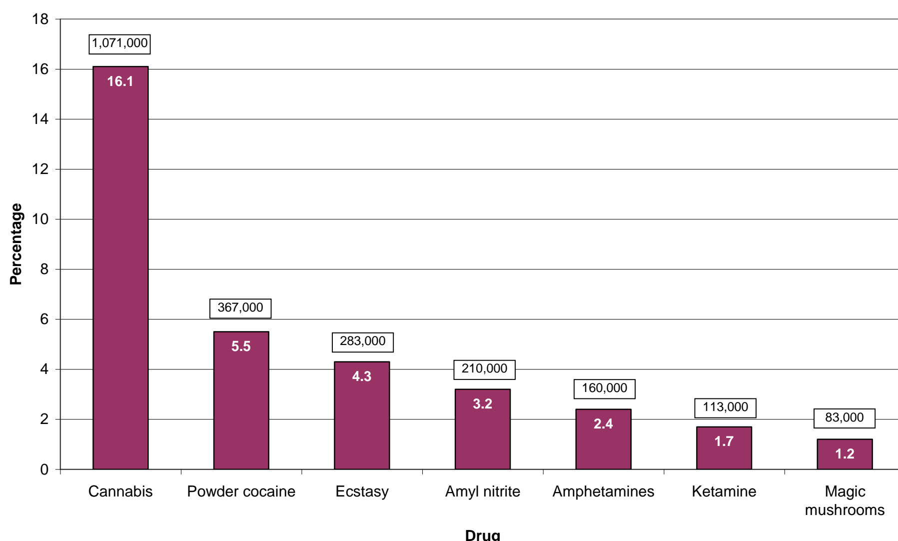
Figure 8 - Proportion and number of 16 and 24 year olds reporting use of any drug or Class A drug ever, in the last year and in the last month, 2009/10



Source: British Crime Survey, 2009/10

Cannabis is the drug most likely to be used by young people (16.1%) as shown in figure 9 below.

Figure 9 - Proportion and number of 16 to 24 year olds reporting use of the most prevalent drugs in the last year, 2009/10



Source: British Crime Survey, 2009/10

There has been a notable fall in cannabis use (taken in the last year) since 1996 from 26.0% to 16.1%. In addition, last year use of ecstasy (6.6% to 4.3%), hallucinogens (5.3% to 1.5%), amphetamines (11.8% to 2.4%) and amyl nitrite (4.6% to 3.2%) have fallen since 1996. Conversely, there has been an increase in powder cocaine (1.3% to 5.5%).

More recently, between 2008/09 and 2009/10, illicit drug use among young adults fell due to continuing falls in cannabis (18.7% to 16.1%) and amyl nitrite (4.4% to 3.2%) use. There were small but significant increases among the least prevalent drugs, that is crack cocaine (from 0.2% to 0.5%) and methadone (from less than 0.05% to 0.2%). Figure 10 summarises trends in drug use in the last year among young people between 1996 and 2009/10 and 2008/09 compared to 2009/10.

Figure 10 Summary of trends in last year drug use among 16 to 24 year olds

Between 1996 and 2009/10

Increase	Decrease	No statistically significant change
• **Any cocaine** • Powder cocaine	• **Any drug** • **Any stimulant drug** • **Hallucinogens** • Ecstasy • LSD • Magic mushrooms • Amphetamines • Cannabis • Amyl nitrite	• **Any Class A drug** • **Opiates** • Crack cocaine • Heroin • Methadone • Tranquillisers • Anabolic steroids • Glues

Between 2008/09 and 2009/10

Increase	Decrease	No statistically significant change
• **Opiates** • Crack cocaine • Methadone	• **Any drug** • Cannabis • Amyl nitrite	• **Any Class A drug** • **Any stimulant drug** • **Any cocaine** • **Hallucinogens** • **Any amphetamines** • Powder cocaine • Ecstasy

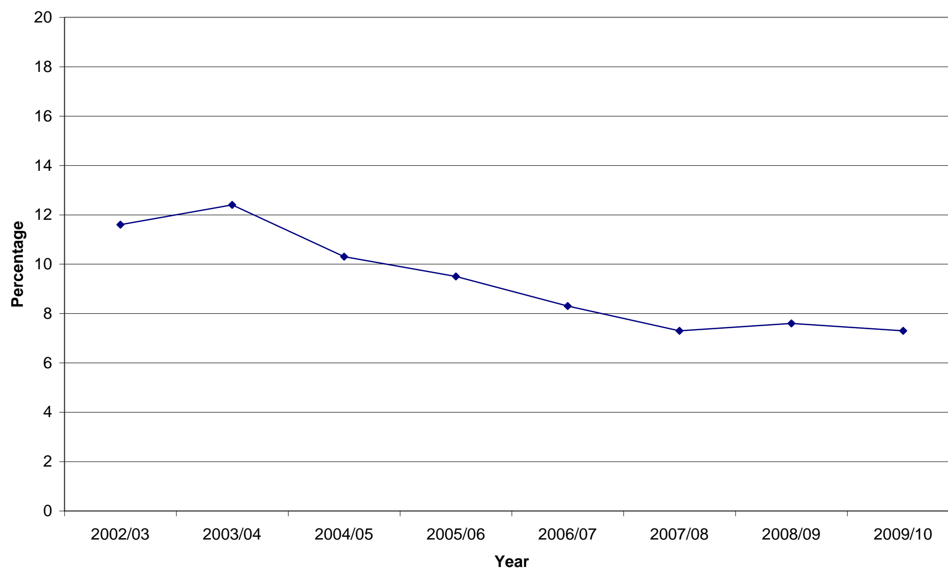
		• LSD • Magic mushrooms • Heroin • Amphetamines • Methamphetamine • Tranquillisers • Anabolic steroids • Ketamine • Glues

Note: Where drugs are aggregated into composite groups these are listed in bold typeface.
Source: British Crime Survey, 2009/10

The BCS 2009/10 reports that frequent drug use (more than once a month on average during the last year) of any illicit drug among 16 to 24 year olds is 7.3%. This is more than twice as high as for 16-59 year olds (3.3%) with cannabis the drug most frequently taken by young people.

There has, however, been a downward trend in reported frequent drug use since measurement began as shown in figure 11.

Figure 11 Proportion of 16-24 year olds reporting use of drugs in the last year, 2002/03 to 2009/10 BCS



Source: British Crime Survey, 2002/03 – 2009/10

Young People and Crime - National Context

Nationally over 35% of young people aged 10 to 15 had experienced at least one personal crime in the previous 12 months. This was a similar level to those aged 16 to 25 (32%) and well above those aged 26 to 65 (14%). Those young people that had committed an offence themselves were more likely to be victims. (The victimisation of young people: findings from the Crime and Justice Survey 2003 published 2005.) A 2002 Crimestoppers survey found 18% of under-15s had been victims of crime - but more than half of them failed to report it to police. Children are amongst the most victimised of all age groups when it comes to crimes like violence, and yet we more often hear about children as criminals.

Children and young people across England and Wales were surveyed by Ipsos MORI in 2007 about their attitudes towards crime committed by and against other young people as part of research commissioned by the Youth Justice Board. The top three reasons why children believe that young people commit crimes are boredom (43%), because friends do it (41%) and because of drug taking (39%). In addition, 37% believe that being drunk is a contributory factor.

Key High Level Activities to Prevent Crime and Anti-Social Behaviour in Oxfordshire

YOS Pre-Court and Prevention Work

Within Oxfordshire there is an increasing emphasis on very targeted work with the police to provide alternative preventative services and to intervene earlier. This includes rigorous assessments for use of informal warnings and diversionary activities. Young people are then offered interventions, support and opportunities for positive activities as an alternative to prosecutions and enforcement action.

Tackling Anti-Social Behaviour

The City and District Councils and YOS Pre-Court and Prevention Services have implemented a protocol to ensure all young people who are likely to be subject to an ABC or ASBO are referred for additional intervention to the YOS. Systems are now in place and joint work is undertaken in all relevant cases. Work is underway currently to identify resources across YOS and City and District Councils to establish if there are gaps or duplications in resourcing and whether it is targeted where there are highest levels of need.

Integrated Youth Support Service & Targeted Youth Support

Services are being managed in a more integrated way and YOS, Connexions and Youth Services have been brought together to form the Integrated Youth Support Service. This means improved access to a range of services for young people in their localities. Children's Services are also being brought together to ensure common referral and assessment processes and ensure earlier intervention and support. Three pilot localities have been identified to progress the Targeted Youth Support approach based on need, including ASB and first-time entrants. They are in Witney, Cutteslowe and Wantage/Grove.

Reducing Re-Offending

A new approach to risk management is being implemented to ensure services are targeted to those most at risk under the Scaled Approach. Close working arrangements are also in place with police, Anti-Social Behaviour Officers and partners in education and social care to identify and support the most prolific offenders. In Cherwell, a groundbreaking Integrated Criminal Justice and PPO Strategy has been developed across a range of partners to prevent further offending by the Deter Strand (DYO) and prevent them from becoming PPOs. Communication, co-ordination and cross-agency working between Local Neighbourhood Policing Teams, YOS and ASB Officers are crucial to the success of the partnership.

There is also a current proposal for the Intensive Surveillance and Supervision Programme to be integrated into area teams, rather than being managed as a specialist countywide service, to improve outcomes for this high risk group.

Impact of Key High Level Activities on Crime and ASB

YOS Pre-Court and Prevention
LAA1 three year target has been met by 58% with a year on year improvement and a 38% reduction from 2007-2008 to 2008-2009. The reduction over 2008-2009 increased quarter by quarter as the new approaches to assessment and informal warnings were embedded (157 in Q1 to 86 in Q4).

The total number of offences for 2008-2009 was 1,892, a reduction of 14.1% on 2007-2008.

Locality data is increasingly available and is used to target how resources are used, e.g. in Bicester a targeted approach was used over 2008-2009 and there was a 47% reduction in first time entrants (FTE) compared with 2007-2008. Conversely, there has been an increase in FTE in Wantage from 2007-2008 to 2008-2009 and resources will be targeted as a consequence and this will be one of the Targeted Youth Support pilot areas. A mapping analysis of preventative services against FTE is key to this targeted approach.

Tackling Anti-Social Behaviour
Analysis of ASBOs and ABCs for young people indicates an overall reduction in ASBOs from 9 to 6 comparing 2007-2008 with 2008-2009 and for ABCs from 131 to 119. Named data indicated that all relevant young people had been referred to YOS Prevention by City and District Councils.

Reducing Re-offending
The re-offending rate for 2008-2009 is 31.17% which is an improvement on 34% for 2007-2008. The three-year LAA1 target was met by 26%.

The National Indicator for custodial sentencing has been met at 4.31% for 2008-2009 against a 5% target and is a reduction on 6% recorded for 2007-2008. More worryingly, custodial remands have only marginally decreased from 14.6% to 14.3% against a 9% target and work is underway to rectify this.

2.3 Prevalence of young peoples' drug use in Oxfordshire

The European Monitoring Centre for Drugs and Drug Addiction[1] (EMCDDA) defines 'problem drug use' as intravenous or long-duration/regular use of opiates, cocaine and/or amphetamines'. This standardised definition provides a UK prevalence rate, calculated for the 15 to 64 age group of 6.7 problematic drug users per 1,000[2].

The ECMDDA methodology equates to a Problematic Drug User (PDU) population in England of 214,755, roughly in accordance with NTA targets to engage 200,000 adult drug users in treatment by 2008 and Home Office estimates of a PDU population of 280,000.

Such population-based figures as cited earlier can be applied to population figures and estimates to map projected need across the county. All these factors have been considered in producing a nominal map of projected population prevalence for the county based on the 14 to 17 years age range, with existing interventions represented. The overall mid-year estimated population of this age group in Oxfordshire in 2009 was 32,383, with a fairly consistent spread across the local authority areas.

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1 European Monitoring Centre for Drugs and Drug Addiction (2000) Annual report on the state of the drugs problem in the European Union, available at http://www.emcdda.eu.int/

2 Data taken from Frischer et al 2001 (Frischer M, Hickman M, Kraus L, Mariani M, Wiessing L. A comparison of different methods for estimating the prevalence of problematic drug misuse in Great Britain. Addiction 2001; 96: 1465-1476

National prevalence estimates from the EDMDDA and BCS can be applied to the population estimates for young people aged 14 to 17 to predict likely numbers of frequent drug users, those who have used Class A drugs in the last year or the last month and young problematic drug users in Oxfordshire. These predictions are shown in figure 12.

Figure 12 Drug use broken down by district:

Local Authority	Population of young people aged 14-17 years, 2009[3]	'Estimated no. aged 14-17 who are frequent' drug users (7.3%)[4]	Estimated no. aged 14-17 using Class A drug in the last year (7.3%)[4]	Estimated no. aged 14-17 using Class A drugs in the last month (3.7%)[4]	'Problematic Drug Use' (6.7 per 1,000)[5]
Cherwell	7,176	524	524	266	48
Oxford City	6,274	458	458	232	42
South Oxfordshire	6,772	494	494	251	45
Vale of White Horse	6,856	500	500	254	46
West Oxfordshire	5,305	387	387	196	36
Oxfordshire Totals	**32,383**	**2,364**	**2,364**	**1,198**	**217**

Whilst attributing national prevalence rates to local populations in this way involves an element of conjecture as to the numbers of young people who may need specialist services, the relative need of populations across the county will still apply and the resulting map is useful for comparing with the accessibility of current service configurations.

2.5 Ethnicity

Independent research was commissioned in 2007 on diversity entitled 'Equal Access, Equal Outcomes'[6], in consultation with users, service providers and key stakeholders. An update of this was commissioning in October 2009 entitled 'No Respecter of People'. An expert group was initiated to include service user representatives and all key stakeholders to explore the findings of the research.

Figure 13 - Estimated percentage resident populations by ethnic group, mid-2007 in Oxfordshire

Ethnic Group	Oxfordshire	Cherwell	Oxford	South Oxfordshire	Vale of White Horse	West Oxfordshire
White: British	85.5	88.8	71.7	89.2	89.1	92.4
White: Irish	1.1	1.0	1.6	1.0	1.0	0.9
Other White Background	5.2	3.9	9.5	4.4	4.4	2.6
Asian or Asian British: Indian	0.5	0.4	0.8	0.3	0.3	0.3
Asian or Asian British: Pakistani	0.2	0.2	0.4	0.2	0.2	0.2
Asian or Asian British: Bangladeshi	0.5	0.4	0.9	0.4	0.4	0.4
Other Asian or Asian British background	0.4	0.4	0.7	0.3	0.3	0.3
Black or Black British: Black Caribbean	1.3	0.9	2.7	1.1	0.9	0.6
Black or Black British: Black African	1.0	1.2	2.1	0.5	0.4	0.3
Other Black or Black British background	0.3	0.1	0.7	0.2	0.2	0.1
Mixed: White and Black Caribbean	0.4	0.4	0.7	0.3	0.3	0.2
Mixed: White and Black African	0.6	0.5	1.3	0.4	0.3	0.3
Mixed: White and Asian	0.8	0.6	1.6	0.6	0.5	0.5

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3 Population figures from Mid Year Population Estimates, 2009

4 Anticipated incidence of 'frequent' drug use by British Crime Survey 2009/10 findings

5 Anticipated incidence of 'problematic drug use' by EMCDDA findings

6 George, R (September 2007) *Equal Access, Equal Outcomes?* Thames Valley Partnership

Other Mixed Background	0.1	0.1	0.3	0.1	0.1	0.1
Chinese	1.1	0.5	3.0	0.5	0.9	0.4
Other ethnic group	0.9	0.6	2.1	0.5	0.6	0.6
All “non-white”	8.2	6.4	17.2	5.4	5.5	4.2

Source: ONS Sub-National Statistics Unit (Feb 2010).
Note: these data are published by ONS as “experimental statistics”.

Estimates for mid-2007 suggest that only Oxford city has a substantial black and minority ethnic population (‘BME’). Whereas 17.2% of the City’s population were non-white, Cherwell’s was 6.4%. West Oxfordshire had the smallest estimated proportion at 4.2%. In broad terms, those with a black or mixed black ethnicity comprised 2.2% of the county’s population and those with an Asian or mixed Asian ethnicity 3.5%. 1.1% of Oxfordshire’s population and 3.0% of Oxford City’s were Chinese.

Migrant Workers:
Data drawn from the Worker Registration Scheme show that 7,645 people from the Accession 8 countries registered for work in Oxfordshire between May 2004 and March 2007 (see figure 14). This makes up 10% of the total for the South East region and more than 1% of the 562,000 people who registered across the country as a whole in the same period.

Figure 14 - Number of migrant workers under Worker Registration Scheme, by district May 2004 to March 2007

	January - March 2010								
Local Authority	**Czech Rep**	**Estonia**	**Hungary**	**Latvia**	**Lithuania**	**Poland**	**Slovakia**	**Slovenia**	**Total**
Cherwell	70	15	25	45	20	1,130	115	0	1,420
Oxford	170	10	65	35	130	1,420	260	5	2,095
South Oxfordshire	170	0	65	25	50	570	1,360	0	2,240
Vale of White Horse	35	0	15	5	25	375	85	0	540
West Oxfordshire	35	0	55	15	20	1,010	190	0	1,345
Oxfordshire Total	**500**	**25**	**225**	**130**	**245**	**4,505**	**2,010**	**5**	**7,645**
South East Total	**4,200**	**835**	**2,280**	**4,100**	**6,750**	**48,960**	**9,380**	**75**	**76,580**
Ox as % of SE Total	**11.9%**	**3%**	**9.9%**	**3.2%**	**3.6%**	**9.2%**	**21.4%**	**6.7%**	**10%**

Source: Worker Registration Scheme, The Home Office (LGAR extract)

Polish nationals accounted for nearly 59% of all Worker Registration Scheme applications in Oxfordshire between May 2004 and March 2007 and are mainly distributed across Cherwell, Oxford City and West Oxfordshire. Registrations from Slovak nationals accounted for 26% of the total in Oxfordshire and are heavily concentrated in South Oxfordshire, which equates to 21% of the total South East migrant Slovakian population. Oxfordshire has 10% of the total of all migrant workers in the South East of England.

The following table shows the spread of nationalities across the five districts for the latest quarter available; a similar pattern can be seen as for the longer trend data.

Figure 15 Number of migrant workers under Worker Registration Scheme, by district January 2010 to March 2010

Local Authority	January - March 2010								Total
	Czech Rep	Estonia	Hungary	Latvia	Lithuania	Poland	Slovakia	Slovenia	
Cherwell	†	0	5	5	5	25	5	0	**40**
Oxford	5	†	15	10	15	55	5	0	**110**
South Oxfordshire	5	†	5	5	†	15	5	0	**35**
Vale of White Horse	†	0	5	5	†	10	†	0	**20**
West Oxfordshire	5	0	†	5	†	10	†	0	**20**
South East Total	**135**	**60**	**280**	**625**	**475**	**1,530**	**265**	**†**	**3,370**

Note: Figures are rounded to nearest 5, † Indicates 1 or 2
Source: Worker Registration Scheme, Home Office (LGAR extract)

Gypsy and Travellers needs in relation to substance misuse in Oxfordshire

In mid 2009 we conducted a review of the needs of Gypsy and Travellers in Oxfordshire using information gathered from the following sources:

- Oxfordshire and Buckinghamshire Gypsy and Traveller services;
- Health Advocate;
- The Gypsy and Traveller accommodation needs assessment for the Thames Valley Region September 2006;

Definitions:
Traveller: Traveller is the term for an Irish traveller (Travellers of Irish heritage).
Gypsy: Romany/English (Gypsy Roma Travellers).
Gypsy and Irish travellers are recognised ethnicities in the Race Relations Act 1976 and Race Relations (amendment) Act 2000.
Occupational Travellers and New Travellers are not recognised ethnicities in the Race Relations Act 1976 and Race Relations (amendment) Act 2000.

Profile of the Traveller and Gypsy population in Oxfordshire

As of April 2010, statistics from Oxfordshire & Bucks Gypsy and traveller services show there are 6 sites in Oxfordshire (6 in Buckinghamshire) managed by the service consisting of 80 plots in Oxfordshire (and 80 in Buckinghamshire). There are also 6 privately run sites in Oxfordshire and 16 in Buckinghamshire.

In Oxfordshire there is no recorded drug or alcohol misuse, and it is considered a taboo amongst the traveller and gypsy communities. According to the Thames Valley needs assessment children are even withdrawn from school on the basis that they would be exposed to information about drugs. However, there is some anecdotal evidence of substance use particularly with regards to alcohol use in the Irish Traveller communities and drug use amongst the younger age groups on both the traveller and gypsy sites.

Outreach into these sites is not a mechanism that can be used by drug and alcohol agencies. Therefore, other mechanisms need to be developed in order to raise awareness. There is the perception that gypsies and travellers will feel 'labelled' if you just drop leaflets into their accommodation thinking that they are being 'singled out' and may find it 'offensive'. The review suggested use of welcome packs and GP Practices, as well as other projects already working at the sites, taking into consideration literacy levels.

Faith Communities:
The figure below shows that people of the Muslim faith are the most numerous of the minority religions, with a particularly significant presence in Oxford and Cherwell. In Oxford almost 4% of the 2001 population were Muslim.

Figure 16 Oxfordshire's population by religion, 2001

	Buddhist	Hindu	Muslim	Sikh	Other
Oxfordshire	2,006	1,845	7,971	811	1,878

Source: 2001 Census

The needs of Muslims in relation to substance misuse in Oxfordshire
As a result of the prevalence information we engaged with officials from the three Mosques in Oxford, community leaders, voluntary workers, people from the statutory sector, service providers and a recovering drug user, with within the Muslim Community in Oxford to gain an understanding of any specific needs that they may have. Muslim Leaders believe that there are approximately 11,000 Muslims living in Oxford City. Our consultations focused on the following areas:

- Family support;
- Drug use and access to treatment;
- Provision of information.

It appears that the Mosques still have a central part to play in the lives of the large majority of Muslims including younger males - those of the age more likely to be involved in drug and alcohol misuse. The Mosque elders are confident that by having knowledge themselves it will bring greater confidence and awareness of drugs (and alcohol) to other Muslims and will encourage more people to seek help. Amongst the older Muslim population there is a lack of knowledge about drugs but an awareness of alcohol and some of the issues surrounding its' usage. By and large they know that some young people take drugs and are aware that much of it is hidden within the family unit because of the stigma. Alcohol is forbidden within the Islamic faith and therefore many young people turn to drugs as they are easier to disguise. It would appear that the majority of problematic drug users in the community are male. Some Muslim families still send their young people back to Pakistan hoping that they will return drug free.

Asian people in general are considerably underrepresented in the workforce in all our treatment providers and more needs to be done to encourage them to apply for jobs when they become available.

Our consultation found that Asian people in general are unlikely to attend formal talks or discussions around drugs but are more likely to access information from professionals at less formal events attached to lunch clubs and cultural events. Our previous work with Muslim community leaders highlighted the need for literature to be available in Urdu. The Oxfordshire Drug and Alcohol Handbook has now been translated into Urdu. The handbook gives details of how to access drug and alcohol services in Oxfordshire and information on the different types of drugs used. It will also be available on our website.

Section 3

Young Peoples Substance Misuse Treatment

3. Background

The governments updated drug strategy of 2004 saw the political push to develop of dedicated young people's substance misuse services. Over the preceding years Government Offices and the National Treatment Agency (NTA) developed a range of performance measures against the development of dedicated young people's treatment services to include medical provision. There was little national or local data on the level on need for Opiate Substitution Therapy (OST) or medically assisted alcohol detoxification/withdrawal in young people.

3.1 Pharmacological and Psychosocial Interventions

The prevalence data shown above suggests that 194 young people under the age of 18 use drugs problematically. However evidence gathered in Oxfordshire during a three year period showed that the need for medical assisted withdrawal from opiate and/or alcohol addiction for the under eighteens in Oxfordshire minimal (see figure 17). Young people's OST or detoxification/withdrawal is managed by dedicated half time lead role with CAMHS working closely with the specialist young people's psychosocial service.

Figure 17 Numbers of young people treated with OST

Year	2006-07	2007-08	2008-09	2009-10
YP aged 16-18 on OST	1	1	2	5

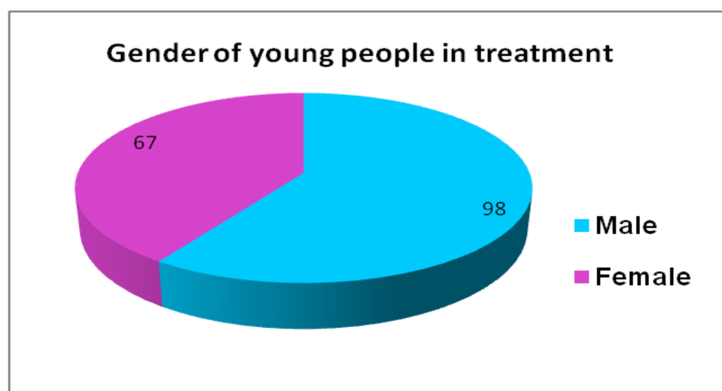
In 2009 a comprehensive external review of the young people's substance misuse service was commissioned from an independent consultant. As a result of which the service was remodelled and re-commissioned. The new service started in October 2010.

The following are a series of graphs and charts analysing information held locally on OTIS about young people in treatment for both pharmacological and psychosocial interventions in Oxfordshire.

3.2.1 Pharmacological and Psychosocial Interventions by Gender

During the period April 2009 to March 2010 Oxfordshire had 165 young people accessing the psychosocial service. Oxfordshire has marginally more males than females with 59% of those being male.

Figure 18 Young People - Numbers in Treatment by Gender April 2009 to March 2010



Source: OTIS

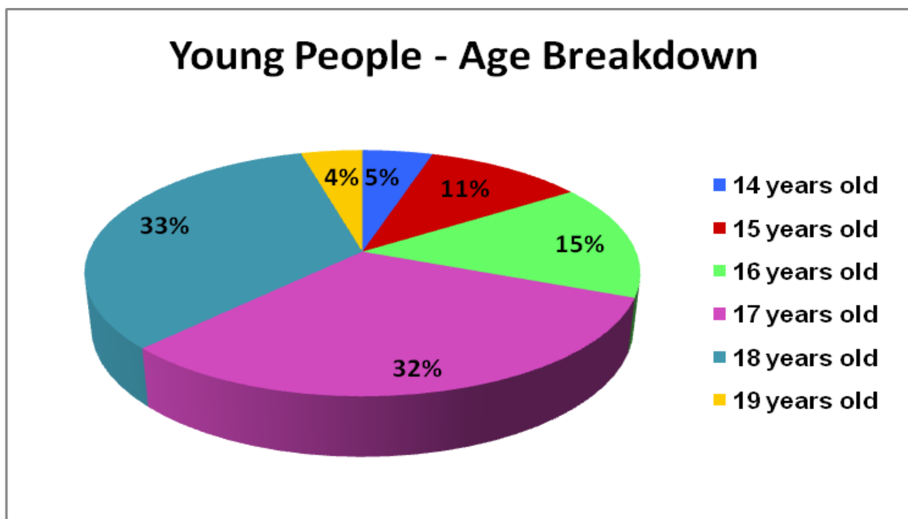
3.2.2 Pharmacological and Psychosocial Interventions by Age

The age profile in Oxfordshire's four rural districts largely reflects the position across Britain as a whole, with a burgeoning elderly population and a reducing proportion of young children. The picture in Oxford City is very different due to the size of the 18-30 age groups, reflecting in part the number of students living in the city for much of the year. At the time of the 2001 census, 24% of Oxford City's population were students. Since then student numbers have increased – in 2005-2006, 42,570 students were registered with Oxford's two universities. There is a broadly consistent picture across Cherwell, South Oxfordshire and the Vale of the White Horse, but a sharp contrast in Oxford where the proportion of 18-29 year olds is roughly double the proportions in the rural districts, and the percentage of 0-17 year olds and over 34 year olds is substantially lower.

We can see from figure 19 below, 69% of young people accessing treatment are aged over 17 years old. We would deem it as appropriate for an 18 or 19 year old young person to still be with young people's services if it was assessed that they could not maintain their success in adult services. However, we would not expect new individuals to start at age 19.

All adult services work closely with young people's services to ensure smooth transition. All young people are encouraged to transfer to a young people service if they access adult services. However, if the young person wishes to be seen by adult services, all adult services are contracted to have the ability to do so, although there is an expectation for them to seek advice from young people's specialists.

Figure 19 Young People in Treatment- Age Breakdown

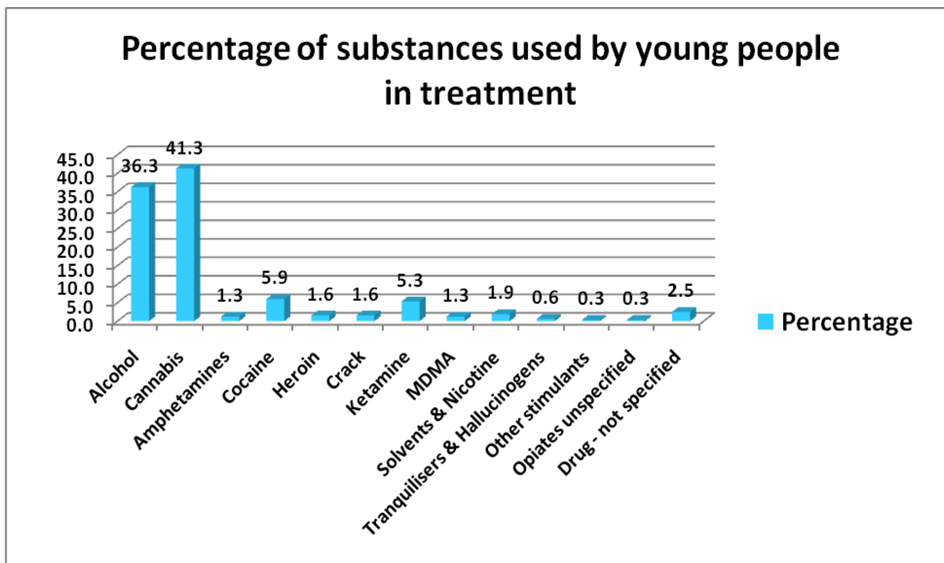


Source: OTIS

3.3 Drug Usage

For adults we would demonstrate drug use as primary and secondary drug of choice, but for young people we have shown the percentage of drugs used as primary, secondary and tertiary due to the smaller numbers of young people in treatment. Although young people are referred for problematic cannabis and alcohol use, many young people use whatever drugs they can get hold of.

Figure 20 Percentages of Substances Misused by Young People in Treatment – April 2009 to March 2010



Source: NDTMS

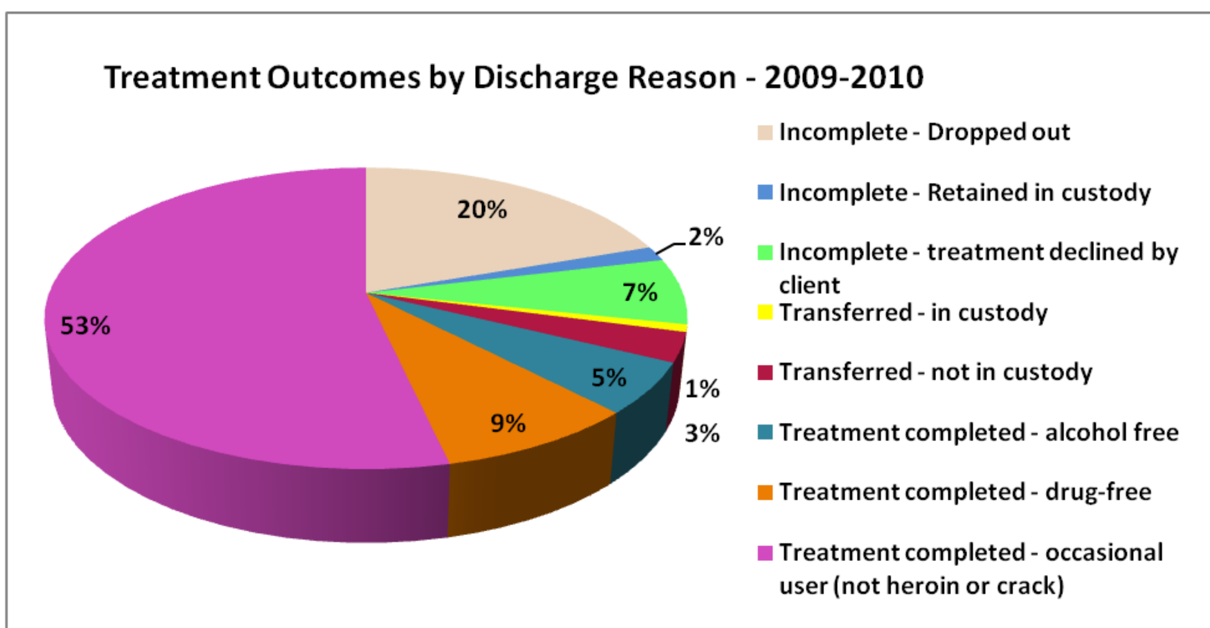
As in previous years, the main substances used are cannabis and alcohol which together make up over 77% of substances used by young people.

Ketamine is a significant problem throughout the county particularly in rural areas. Previously we were unable to accurately differentiate Ketamine from other substances; therefore the actual level is likely to be higher than the 5% shown above.

3.4 Treatment Outcomes

Figure 21 provides a breakdown of outcomes for those young people who have left treatment services. 67% of those who left treatment did so with their substance use either stopped or reduced to occasional use.

Figure 21 Treatment Outcomes by Discharge Reason



3.5 Harm Minimisation

Needle Exchange

There is a good geographic spread of pharmacies participating in the needle exchange scheme (SWOP). At the end of October 2010 there were thirty-six pharmacies that were part of the scheme through a locally enhanced service for drug users over the age of 18. Protocols are in place to enable young people to access this service if required.

Figure 22 Age range of those accessing SWOP January 2010 – October 2010

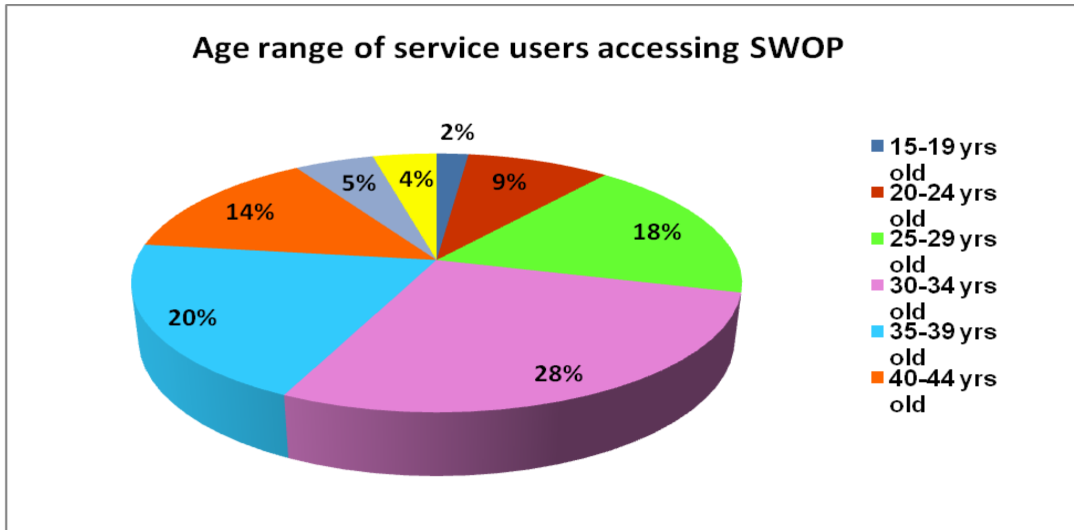
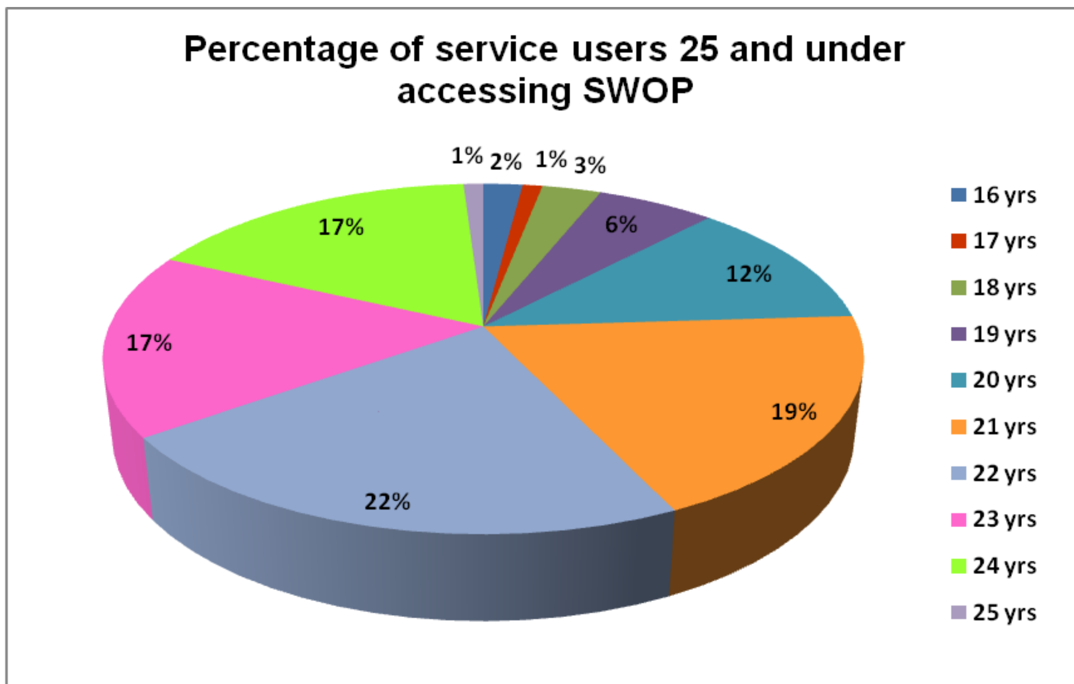


Figure 23 Breakdown of ages under 25 accessing SWOP January 2010 – October 2010



According to our data we have had 6 young people aged 18 and under accessing pharmacy needle exchanges since January 2010.

3.6 Family Services (also see Adult Treatment Plan)

The impact of drug misuse not only affects those who are misusing drugs but also their families, their children and the wider community. Parental problem drug use can often compromise the individual's ability to maintain relationships and to care for their dependants. This can have a significant impact on the development, health and achievement of their children. Another risk factor for substance misuse is deprivation, and as the table below demonstrates significantly more children live in poverty in Oxford City than the other districts.

Figure 24 Deprivation affecting children and young people

	Number of children living in poverty (IMD, Income Affecting Children Index 2007)	Children living in poverty as a proportion of all children	Infant mortality rate per 1,000 live births (death under 1 yr) 2006-2008
Cherwell	3,252	11.64	3.59
Oxford	5,371	24.05	5.74
South Oxfordshire	2,259	8.79	2.06
Vale of White Horse	2,079	8.75	3.96
West Oxfordshire	1,575	7.98	2.17
All Oxfordshire	**14,537**	**12.17**	**4.02**
England	**2,179,619**	**22.44**	**4.84**

Source for mortality data: Compendium of clinical and health outcomes indicators, The NHS Information Centre for health and social care. © Crown Copyright.
Source for children in poverty (children living in families in receipt of means tested benefits): Indices of Deprivation 2007, DCLG

Infant mortality in Oxfordshire is lower than the national average (approximately 4.20 per 1,000 live births compared to 4.84) although a higher rate can be seen in Oxford. Overall this is good news and is to be expected in a county that is relatively prosperous. Over 119,000 children and young people aged under 16 live in Oxfordshire of whom over 14,500 or 12% were living in poverty (defined as living in a family in receipt of means tested state benefits such as Income Support). Substantially lower rates, below 11%, are found in the South Oxon, West and Vale districts. All the wards in Oxford City (apart from North Oxford, Summertown and St Margaret's) have more children and young people living in poverty than the county average. In the other four districts, 26 out of 112 wards (almost a quarter) have higher than average numbers of children and young people living in poverty and high rates of forecast growth. These are the town-centre wards in Abingdon, Banbury, Bicester, Witney and Didcot.
Source: Oxfordshire's Joint Strategic Needs Assessment 2008

Families, Children, Young People and Drug Use

The adult community drug and alcohol service includes a dedicated family support service. The aim of the service is to reduce the impact on family and carers of an individual's substance misuse and increase the positive outcomes for substance misusers by enabling families to effectively support them.

Work is ongoing to ensure that all providers are effectively liaising with domestic abuse services to ensure early safe intervention and coordinated support where families experience domestic abuse and the potential implications for child protection.

In 2003 the Advisory Council on the Misuse of Drugs estimated that there were between 250,000 and 350,000 children of problem drug users in the United Kingdom[7]. Children of drug and alcohol misusing parents are less likely to achieve and more likely to become drug and alcohol misusers and end up in the criminal justice system. The specialist young people's service provides support for young people, aged over 11 years, who are affected by a parent, carer or siblings drug or alcohol use. 2011 will provide us with more robust data to allow a more in-depth analysis of this service.

3.7 Residential Treatment for Young People

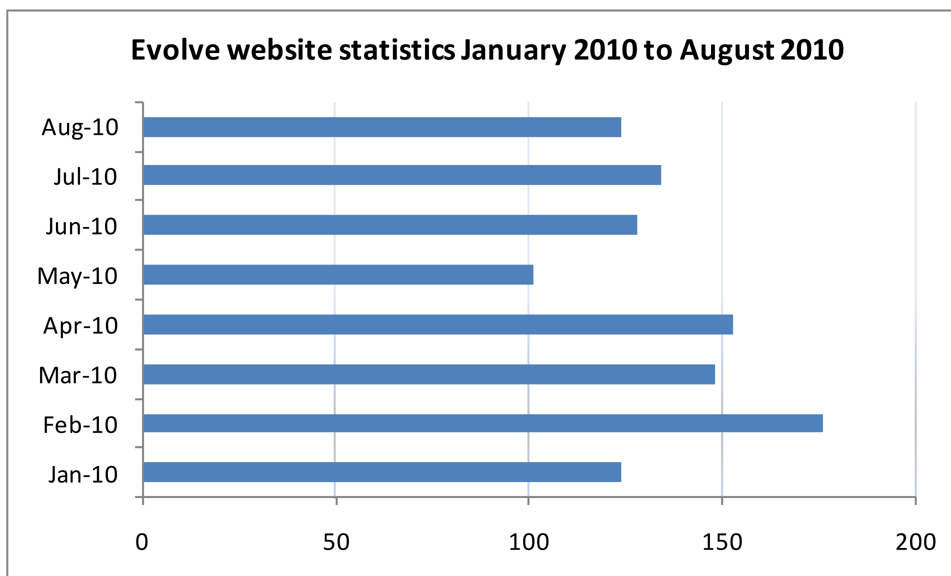
Young People that have required residential treatment have always been dealt with on a case by case basis. The placements for the over 16's who are not in the care system have been funded through the adult residential rehabilitation placement budget, although there has not been a request for a placement in the last three years. In the 2009-2010 needs analysis we identified the need to formalise the care pathway for young people when cases emerge. Therefore tier 4 protocols have been developed which enable the Residential Placement Team, Young Addaction and Young People's Social Care Service to jointly plan on a case by case basis, residential rehabilitation for young people who are problematic substance misusers.

3.8 Information, Communication and Education

We have written and developed a dedicated young people's substance misuse website, currently on www.oxfordshiredaat.org, which is being redeveloped in light of developments in the new service.

This interactive website receives 30,000 plus hits per month, the graph below details unique individual visits. Young people can contact a specialist drugs worker directly for information, advice or self-referral. The site also has dedicated parents and carers section and downloadable educational resources for teachers and other professionals.

Figure 25 – Website Statistics



During 2010 Oxfordshire DAAT updated our Parents and Carers Guide which was disseminated to every year 7 – 10 pupil in Oxfordshire.

[7] Hidden Harm - responding to the needs of children of problem users. Advisory Council on the Misuse of Drugs (2003) Home Office.

Drugs Education

We commission a full range of drug and alcohol education programmes within every secondary school in Oxfordshire.

These include commissioning the drugs education production entitled 'Gemma's Wardrobe' produced by the Solomon Theatre Company. The performance and workshops is a key stage 3 programme that aims to empower students to overcome peer pressure and make informed choices. In a practical way they develop self confidence, awareness and decision making skills that give young people the opportunity to make their own positive life style choices.

'Last Orders', also produced by Solomon Theatre Company, is also a key stage 3 alcohol and sexual health education programme. The performance looks at the consequences of binge drinking by two young girls. The hard hitting style immediately captures the attention of its target audience. Specifically designed workshops explore the themes of anti-social behavior, illegal purchase, attitude to risk and sexual health.

We also commission 'Actions, Choices and Consequences' provided by Oxfordshire User Team. This initiative seeks to assist young people, at key stage 3, to gain a full and frank picture of how drug use can lead to full addiction through ex drugs account of their personal journey to combat addiction. The aim is to promote discussion and debate on the choices young people make, and the consequences of those choices. The education sessions have included, at the schools request, teacher training and parents drug education.

Drug and alcohol education is crucial to the prevention and early intervention of any drug and alcohol strategy, and although we have funded drama based productions over the last two years this has been achieved through our financial slippage rather than being embedded into financial planning and core priorities throughout the wider partnership. A crucial element of the success in getting schools to respond proactively to the education programmes has been having a drugs consultant role within the healthy schools team. However, with increasing financial pressures across the partnership, education programmes such as these as well as specialist roles within the healthy schools team are at risk.

A crucial element of the success in getting schools to respond proactively to the education programmes has been the healthy schools team which has excellent relationships with schools and is able to engage schools with the programme. However, with increasing financial pressures across the partnership, education programmes such as these are at risk.

Section 4

Recreational Drug Use

Changing Drug Trends

Over the last few years we have seen a changing drug using environment in Oxfordshire. Through service users surveys, police data, surveys of stakeholders and professionals and other data we can see an emerging picture of changes in drug taking behaviour. The annual service user survey has involved interviews with over 1000 Oxfordshire drug users in recent years, and has developed evidence of the increased use of ketamine, with it being increasingly the drug of choice among young adults and young people. According to the annual DrugScope Street Drug Trends Survey the average price has fallen from £30 to £20 per gram since 2006.[8] An investigation by Drug Scope has revealed trends in the use of Ketamine, including people taking higher doses of the drug, increased injecting and some areas reporting an increase in the number of young people starting to take the drug.

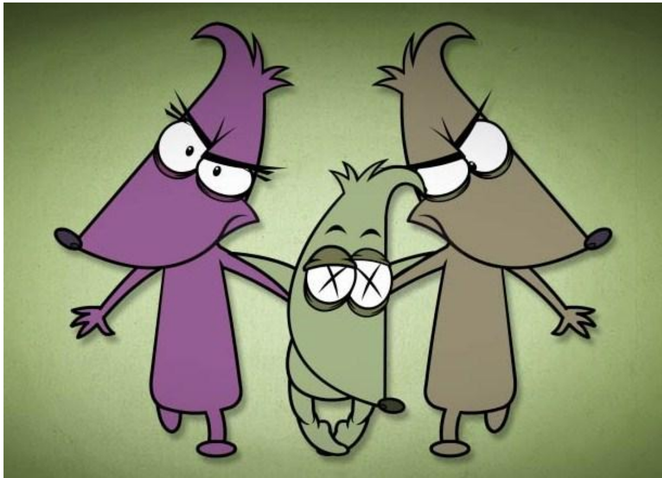
In the last year there have been several drug related deaths connected to the use of ketamine and additional deaths recorded as accidental that have occurred whilst the young person was under the influence of ketamine; one such death included a young male drowning. We also receive an increasing amount of phone calls from concerned parents. The most recent one being from a mother of a 24 year old male who was experiencing incontinence, which was felt to be as a result of his ketamine use, he was then using an increasing amount of the drug to cope with his condition and becoming increasingly desolate. Side effects of longer term ketamine use can include irreversible damage to the urinary tract, bladder and kidneys.

Our survey also reports wide availability of mephedrone and legal highs. There is also evidence of newly developing markets with different chemical compositions being explored and sold over the internet. Websites such as 'the rave gardener' sell a variety of legal substances over the internet and there are reports of internet drug purchase for a variety of legal highs and illicit substances.

Social marketing campaigns

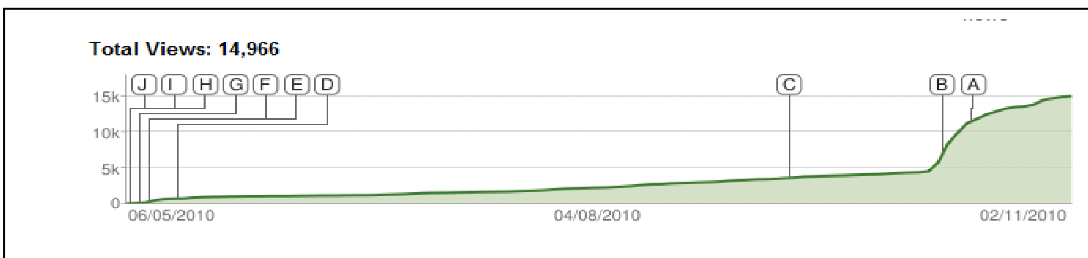
We launched a comprehensive social marketing campaign in May 2010 starting with mephedrone and ketamine. Creating animations and characters specifically aimed at young people and young adults and utilising YouTube as the platform for one minute animations that highlight the risks and affects of the drugs.

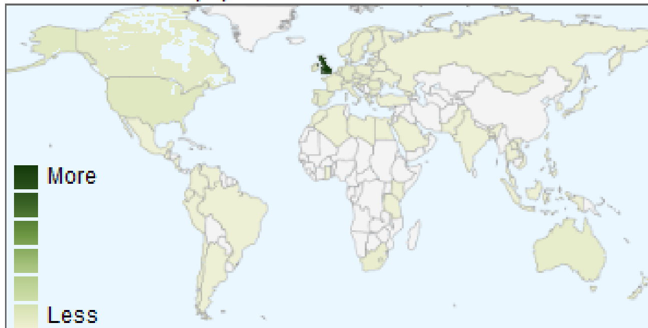
In July the cocaethylene animation was launched highlighting the risks of taking cocaine and alcohol together. September saw the launch of the final two in the series, cannabis and mixing drugs and alcohol. Up to the end of October 2010 over 30,000 people had viewed the clips via YouTube.



The animations were supported by the roll-out of marketing materials using the characters to highlight effects and risks from September 2010. These were targeted at every school in the county as well as colleges and universities.

Following 'freshers fair' events held throughout October, we saw a steep rise in views of the animations. The graph below tracks hits of the ketamine clip.





This map illustrates the global views of the ketamine clip by country.

Feedback on the campaign from young people, schools, colleges, universities and the police has been extremely positive to date. The campaigns have also attracted positive local media attention, with the animations being shown on BBC news. This initiative will continue until the end of March 2011.

Social marketing campaigns need to remain a key priority within the young people's drug and alcohol strategy for Oxfordshire as an essential element to the prevention and early intervention agenda.

Section 5

Objectives 2011-2012

Strategic Requirements

- Ensure effective and coherent partnership working to develop children and young people's commissioning;
- Continued robust performance management of providers;
- Support practitioners working with vulnerable young people to attend the Drug and Alcohol National Occupational Standards (DANOS) course.

Families

- Ensure the continued countywide model for family support services;
- Develop and ensure the implementation of a countywide action plan for safeguarding within adult drug and alcohol treatment services;
- Ensure that all services liaise with domestic abuse service providers to promote safety and wellbeing of young people;
- Develop a more coordinated approach to parents and carers and children of drug using parents.

Information and Communication

- Develop an up to date communication strategy;
- Ensure fluid movement between services;
- Work with partners to ensure that drug advice, information and education continues to be maintained, disseminated;
- Use a variety of media, including DVDs, to develop and disseminate advice and information on drug use and drug treatment to drug users and their families.

Prevention

- Work with partners to develop a set of minimum standards of drug and alcohol education programmes;
- Ensure social marketing campaigns are a priority within the young people's drug and alcohol strategy as an essential element to the prevention and early intervention agenda.

Early Intervention

- Ensure care pathways between early intervention and treatment services are seamless.

Recreational Drug Use

- Work with partners to develop information, advice and harm reduction campaigns to target the recreational drugs market;
- Work with TVP licensing team to disseminate drug and alcohol mixing advice to licensees and licensed premises;
- Work with Operation Falcon to ensure a coordinated approach to the enforcement agenda.

Specialist Treatment

- Ensure the continued development of peripatetic delivery of services;
- Continue to develop links across all young people's services;
- Continue to improve the quantity and quality of interventions within the young people's specialist service.