Overview of alcohol in those under 18 years of age in Devon

Risk taking behaviour among young people is declining at a population level. Teenagers are less likely to smoke, drink and take drugs. However, alcohol consumption in younger people in the UK continues to be higher than the European average. Underage drinking poses a range of risks and negative consequences. These include injuries, impairs judgement, increases risk of physical and sexual assault, increases risk of alcohol problems later in life, death, interferes with brain development, increased risk of using other substances and antisocial activities. Young people may drink as a way of asserting independence, peer pressure, stress and/or home life environment. Often, they do not fully recognise the impact on health and behaviours.

The purpose of this overview is to provide an overview of the available data on alcohol use and harm among those under 18 years of age in Devon.

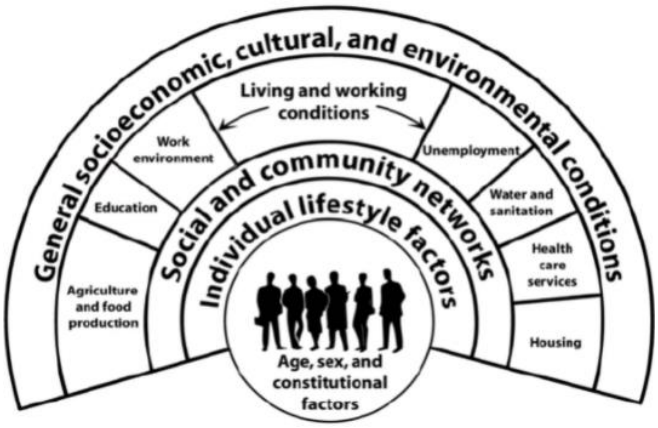
Risk factors

There may be many different reasons which influence underage drinking, and these can include:

- Genetics
- Biological markers
- Childhood behaviour
- Psychiatric disorders
- Psychosocial disorders
    - Family dynamics
    - Positive expectancies
    - Childhood trauma
    - Alcohol advertising and pricing
- Emotional and behavioural problems

Some of the risk factors above may also be influenced by wider determinants of health and therefore they can be described as a symptom of a wider issue rather than the cause of underage drinking. Influencing some of these risk factors may help to prevent some of the risk factors associated with underage drinking.

Figure 1: Dahlgren and Whitehead model of health determinants



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Prevalence

According to the Smoking, Drinking and Drug survey amongst young people in England 2018, around **44%** of children aged 11 to 15 years reported they had ever had an alcohol drink. This proportion has continued to reduce over the past two decades. When expressed by age, there is a clear relationship with age and so as age increases, the likelihood of admission for alcohol specific conditions increase.

Hospital admissions

Alcohol specific admissions are defined as any admission in persons under 18 years of age where the primary or secondary diagnosis are an alcohol-specific (wholly attributable) condition.

On average each year there are around **80** alcohol specific admissions among those aged 18 years and younger in Devon. Higher counts tend to be among those aged 15 to 19 years, followed by 10 to 14 years.

Trends

Trends over the past decade show little change in rates. Recent data shows that Devon has a rate of **52.2 per 100,000**, a rate significantly higher compared to the England average (**29.3 per 100,000**).

Interesting when observing rates nationally, many local authorities in the London region tend to have significantly lower rates compared to the England average. Please note that lower rates in the London region may skew the overall England rate.

Exploratory analyses carried out by Public Health England in 2019 for emergency admission rates identified a similar finding for self-harm admissions. The potential hypothesis for this difference at the time was around how services may be configured in London. Given that just over a third of alcohol specific admission in this data would also be classified as self-harm, a similar hypothesis could explain some of the higher rates of alcohol admissions for under 18 years in the Southwest region.

In addition, it was suggested that higher admissions rates may also be an indicator of better care, stricter adherence to NICE guidance, better health-seeking attitudes and/or engagement with health services, or a combination of two or more of these factors.

Deprivation

There is an association between deprivation and under 18 alcohol specific admissions. As levels of deprivation increase, the likelihood of admission increases. Moreover, higher rates are observed from the most deprived areas of Devon compared to the least deprived areas.

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Variation

Analysis by lower super output area (LSOA) show that there are areas in Devon which have almost a 13-fold difference in terms of rates. Heavitree Fore Street area has a rate of **218.1** per 100,000 compared North-East of Exeter Broadclyst (South), Politmore, Dog Village and surrounding areas with a rate of **17.6** per 100,000. Higher rates in the Heavitree area may also be indicative of the fact that it is an area with higher student accommodation. Please note that at smaller geographical levels, counts are small and can vary significantly each year.

Primary diagnosis

Recent data show that on average over a third of under 18 alcohol admissions present with a primary diagnosis of 4-Aminophenol derivatives (such as paracetamol) or Benzodiazepines with secondary diagnosis of alcohol specific conditions. This combination of conditions is also classified as self-harm which perhaps could indicate a degree of complexity associated with certain individuals admitted rather than just an acute illness due to over consumption of alcohol.

Treatment

About Y-SMART

Y-SMART is currently funded by multiple stakeholders (Public Health, Childrens Services (both Devon County Council), Youth Offending Team, Office of Police and Crime Commissioner.

Y-SMART provides support to children and young people aged up to 18 years (or up to age 24 years if known to the care system) who wish to address their alcohol or other drug use. In addition, Y-SMART also provides support to children and young people affected by parental substance misuse (Y-Project). This aspect of the contract is funded by the Office of Police and Crime Commissioner.

Y-SMART is part of Children Services and helps inform the Personal Social Health and Economic (PSHE) education offer available to mainstream schools and promotes the use of Public Health England's educational toolkits for drugs and alcohol. Y-SMART deliver targeted educational interventions to specialist education settings. There are currently 17.26 whole time equivalents (wte) employed across Devon supporting the service delivery (13.76 wte with a caseload).

Referral routes

There are a range of referring partners with individuals also being able to self-refer to Y-SMART. For 2020/21 this includes:

- Mainstream education (23%)
- Children and family services (14%)
- Youth offending (11%)
- Self-referral (7%)
- Hospital setting (1%)
- Unknown referral route (44%)

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Referral types

Most of the referrals seek support around alcohol or cannabis use. However, many service users (**79%**) often report using more than one substance[1].

Needs and outcomes

In 2020/21, **98%** of service users accessing Tier 3 treatment completed their goals demonstrating the effectiveness of the support provided.

70% of service users engaged in self-harm demonstrating the need to increase resilience in children and young people and improve the access to mental and sexual health support within the Y-SMART offer.

Latest data available for 2020/21 indicate that Devon has higher rates compared to England for children and young people accessing substance misuse treatment with a co-existing mental health need[2].

62% of those identified as having a co-existing mental health need are receiving treatment for their mental health in Devon compared to **67%** in England. This indicates that almost a third of young people in Devon with a mental health need are not being treated. Further work may be required to understand the reasons behind this.

In terms of housing status, across Devon there is a higher proportion of children living in care accessing treatment compared to England (**10% and 7% respectively**). This could suggest that the Y-SMART service is effective and attractive in supporting children living in care into treatment. Whilst also potentially indicating that children in care have an increased risk of substance misuse.

The level of vulnerability in the Devon youth substance misuse treatment population is also a concern with worsening trends in a number of areas including self-harm, sexual exploitation, and children affected by domestic abuse.

Gaps/Opportunities

Scotland and Wales have introduced minimum unit pricing to tackle the harms caused by high strength low-cost alcohol products (white cider in particular). At present there does not appear to be government support to introduce minimum unit pricing in England. The governments Harm to Hope Drug Strategy focuses predominantly on addressing the harms caused by drugs though some of the Supplementary Substance Misuse Treatment Grant (SSMTG) which can be used to address harms caused by alcohol.

The SSMTG provides us with an opportunity to improve the integration of services and to establish and develop pathways between key parts of the system. The newly formed Local Partnership set up to inform how the grant funding is to be

[1] Y-SMART (2020/21) Annual Report

[2] National Drug and Treatment Monitoring System (2022)

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allocated wish to increase investment in children and young people's service and in improving the pathway between hospital and the community service.

There is currently a review of the PSHE offer being undertaken by the Public Health Team and over the next 3 years it is anticipated that the SSMTG provides opportunities to improve the integration of substance misuse and mental health treatment offers.

Nationally the indication is that parents, friends, or family are the main source of providing alcohol consumed by children and young people who end up being admitted to hospital[3].

Summary

- Around 44% of children and young people aged 11 to 17 years have ever had an alcoholic drink. A reducing trend over the last two decades.
- Alcohol specific admissions in those under 18 years continues to be significantly higher compared to the England average and has not vastly changed over the past decade.
- In some areas across Devon there is a 13-fold difference in alcohol admission rates.
- Alcohol admissions increase as deprivation increases.
- Just over a third of admissions present with a primary diagnosis of 4-Aminophenol derivatives (such as paracetamol) or Benzodiazepines indicating that some admissions may be more complex.
- 271 children and young people accessing treatment (Tiers 2 and 3 in 2020/21).
- Many service users have co-existing mental health needs of which around a third are not currently being treated.
- There may be an increased risk of substance misuse among those that are vulnerable such as children in care and those affected by self-harm, sexual exploitation, and domestic abuse.

[3] NHS Digital (2020) Part 5: Drinking behaviours among children

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