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compared to drug treatment. In Middlesbrough 41.6% and 38.3% in Redcar & Cleveland have all children living with client compared to 30.8% in England.

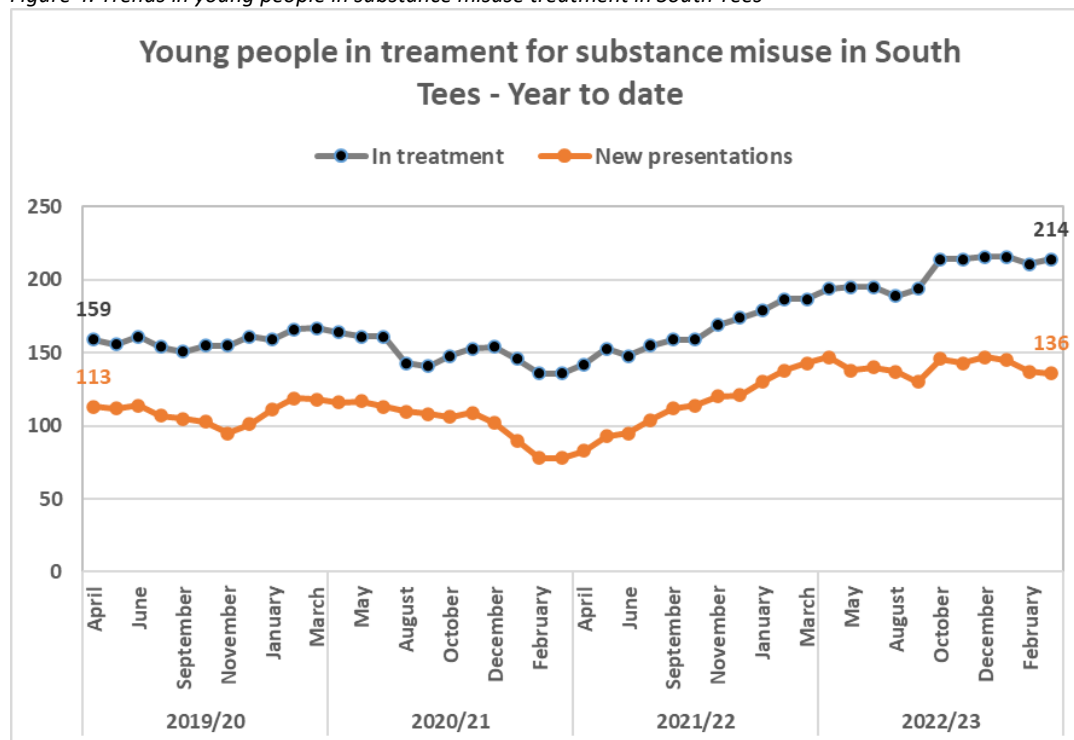
Figure 3: Parental status

Parental status		Middlesbrough			Redcar & Cleveland			England
		No.	Total	%	No.	Total	%	%
Drugs	Parent	743	1,767	42.0%	278	840	33.1%	29.0%
	All of children live with client	344	1,204	28.6%	137	465	29.5%	26.5%
	Some of children live with client	44	1,204	3.7%	19	465	4.1%	4.2%
	None of children live with client	601	1,204	49.9%	218	465	46.9%	45.4%
Alcohol	Parent	159	382	41.6%	125	326	38.3%	30.8%
	All of children live with client	77	186	41.4%	52	131	39.7%	48.6%
	Some of children live with client	13	186	7.0%	19	131	14.5%	6.3%
	None of children live with client	90	186	48.4%	54	131	41.2%	39.0%

Source – NDTMS

Figure 4 shows the number of young people in substance misuse services in South Tees as total in treatment and new presentations. There were 214 young people in treatment for substance misuse at year end of 2022/23 in South Tees. This was made of up 92 young people in Middlesbrough and 122 young people in Redcar & Cleveland. Although numbers fluctuate, the number of clients in treatment has been steadily increasing since the end of 2020/21 to 2022/23.

Figure 4: Trends in young people in substance misuse treatment in South Tees



Source – NDTMS

Figure 5 below shows the substances that young people state are a problem for those in treatment in 2022/23 in South Tees. Note young people can be receiving treatment for more than one substance. A total of 89% have a problem with cannabis, similar to the England rate of 87%. Less have a problem with alcohol with 34% compared to the England average of 44%. Nicotine rates are higher locally alongside Cocaine compared to England.

Figure 5 - Problem substances for young people in treatment in South Tees

Substance	South Tees		England
	No.	%	%
Cannabis	191	89%	87%
Alcohol	73	34%	44%
Nicotine	53	25%	14%
Cocaine	35	16%	9%
Other	16	7%	10%
Solvents	8	4%	5%
Ecstasy	<5	2%	7%
Opiates	<5	1%	2%
NPS	<5	1%	1%
Crack	<5	0%	0%
Amphetamines	<5	0%	1%
Total in treatment	214	100%	100%

Source – NDTMS

Figure 6 below shows the number and proportion of clients starting treatment in 2022/23 for drug or alcohol treatment with a mental health need identified, and, where this is the case, any treatment being received. Both Middlesbrough and Redcar & Cleveland had a smaller proportion of clients identified with a mental health need compared to the England average. Redcar & Cleveland had a higher proportion who were already engaged at 24.1% compared to 17.8% in Middlesbrough and 17.6% in England. In Middlesbrough 52.6% were already engaged through a GP compared to 59.8% in England and much lower in Redcar & Cleveland at 43.8%. The proportion of those where no treatment was being received was higher in Middlesbrough at 38.2% compared to 28.6% in Redcar & Cleveland and 26.6% in England. When taking into consideration the impact of trauma, living with a parent with mental health needs alongside substance misuse issues this may increase risk factors to children within the household.

Figure 6 - Adults in substance misuse treatment with mental health needs

	Middlesbrough			Redcar & Cleveland			England
	No.	Total	%	No.	Total	%	%
Mental health treatment need identified	591	884	66.9%	377	583	64.7%	69.8%
Already engaged	105	591	17.8%	91	377	24.1%	17.6%
Engaged with IAPT	<5	591	0.8%	6	377	1.6%	1.6%
GP	311	591	52.6%	165	377	43.8%	59.8%
NICE recommended psychosocial or pharmacological	<5	591	0.7%	0	377	0.0%	1.2%
Identified space in a health-based place	<5	591	0.5%	0	377	0.0%	0.7%
No treatment being received	226	591	38.2%	108	377	28.6%	26.6%
Client declined to commence treatment for their mental health	14	591	2.4%	19	377	5.0%	1.4%
Any Citation	400	591	67.7%	259	377	68.7%	77.1%

Source – NDTMS

Figure 7 below shows the proportion of the treatment population in contact with the criminal justice system in Middlesbrough and Redcar & Cleveland.

Figure 7 - Adults in substance misuse treatment with mental health needs

Substance	Middlesbrough			Redcar & Cleveland			England
	No.	Total	%	No.	Total	%	%
Opiate	254	1219	20.8%	92	519	17.7%	18.7%
Non-opiate	43	358	12.0%	25	178	14.0%	13.1%
Alcohol	34	382	8.9%	15	326	4.6%	7.2%
Alcohol and non-opiate	21	190	11.1%	11	14	7.7%	12.9%

Source – NDTMS

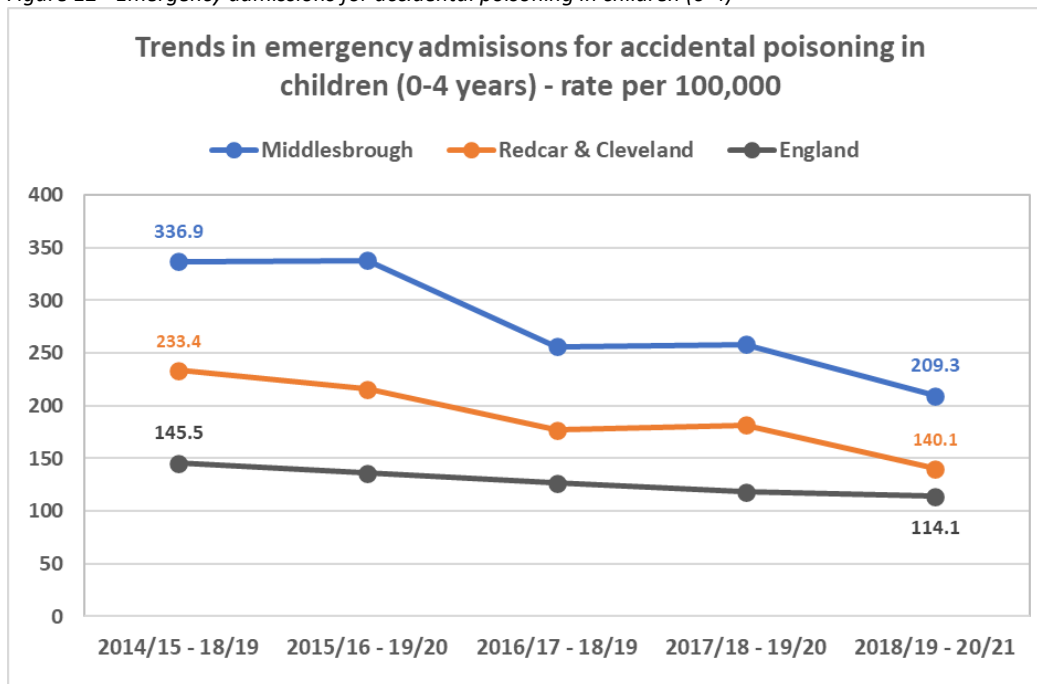
In contact with the criminal justice system is defined as clients taken onto a CJIT caseload within 42 days of the earliest triage or the first referral source of the treatment journey is a criminal justice referral. Middlesbrough has slightly higher rates of opiate clients compared to England and Redcar & Cleveland has slightly lower. Middlesbrough is slightly lower and Redcar & Cleveland slightly higher for non-opiates compared to England. Middlesbrough has higher rates for alcohol, whilst Redcar & Cleveland rates are lower.

Of adults with a substance misuse treatment need in 2022/23, 56% (125/223) in Middlesbrough and 65% (67/103) in Redcar & Cleveland successfully engage in community-based structured treatment following release from prison. This is higher compared to the national average of 41.1%.

The rate of first-time entrants aged 10-17 year olds to the youth justice system is higher locally compared to England. There were 28 young people or a rate of 224 per 100,000 in Redcar & Cleveland and 28 or a rate of 189 per 100,000 in Middlesbrough compared to 149 per 100,000 in England. Recording of substance misuse issues amongst Youth Offending Services (YOS) across the country was only made mandatory as a key performance indicator in April 2023. Local data from South Tees YOS shows that there were a total of 116 young people on caseload in South Tees as of November 2023,

Trends show that both the national and local rates have reduced over recent years. The Middlesbrough rate has reduced significantly from 100 admissions or a rate of 336.9 per 100,000 in 2014/15 – 16/17 to the latest rate of 209.3. The Redcar & Cleveland rate has reduced from 55 admissions or a rate of 233.4 in 2014/15 – 16/17 to the latest rate of 140.1.

Figure 12 - Emergency admissions for accidental poisoning in children (0-4)



Source – Fingertips, OHID

- Reduction in or disruption to school attendance.
- Increase in school misbehaviour, leading to suspensions, exclusions and early departure from school.
- Hinders child development.
- Negative effect on school relationships of children, including both peers and teachers.

While these impacts are frequently stated, there is less agreement on the causes of these impacts and the direct contribution made by having parent(s) experiencing problems with substance use.

Children living in such circumstances often face a multitude of other challenges, making it hard to attribute these impacts directly to substance misuse. In most cases, children living with substance misusers are at a high risk from other disadvantageous factors such as low socio-economic status, parental mental health problems and domestic abuse, all of which negatively impact educational attainment. The presence of one stable (non-substance using) guardian has been found to increase resilience.

8. What do local people say?

8.1 Surveys and Public Opinion

There is limited local data on the views and perceptions of local people on specific elements of this review. It is a highly sensitive and emotive issue, particularly in instances where harm has been inflicted on a child. Public Health South Tees has previously explored with lived experience focus groups, whether it would be appropriate to conduct a consultation exercise on childhood methadone ingestion.

9. What are the recommendations?

9.1 The Voices of Children and their Parents

Recommendation: The voices of the children should be heard and listened to. Work is required to develop means of enabling the children of problem drug users safely to express their thoughts and feelings about their circumstances.

9.2 Access to and Coordination of Services

Recommendation: Drug misuse services, maternity services and children's health and social care services should forge links that will enable them to respond in a co-ordinated way to the needs of the children.

9.3 Maternity Services

Recommendation: James Cook University Hospital maternity unit should ensure that it provides a service that is accessible to and non-judgemental of pregnant problem drug users and able to offer high quality care aimed at minimising the impact of the mother's drug use on the pregnancy and the baby. The unit should have effective links with primary health care, social work children and family teams and addiction services that can enable it to contribute to safeguarding the longer-term interests of the baby.

9.4 Primary Care

Recommendation: Primary care teams providing services for drug users should ensure that the health and well-being of their children are also being met, in partnership with the school health service, children and family teams and other services as appropriate. Arrangements are required for ensuring that the children of drug or alcohol users are able to benefit fully from appropriate services including those for the prevention, diagnosis and treatment of blood-borne virus infections.

9.5 Contraception and Planned Pregnancy

Recommendation: General practitioners should take steps to ensure that drug users have access to appropriate contraceptive and family planning advice and management. Contraceptive services should be provided through specialist drug services including methadone clinics and needle exchanges. Preferably these should be linked to specialist family planning services able to advise on and administer long-acting injectable contraceptives, contraceptive coils and implants.

9.6 Early Years Education and Schools

Recommendation: All early year's education services and schools should have critical incident plans and clear arrangements for liaison with their local social services team when concerns arise about the impact on a child of parental problem drug or alcohol use. Gaining a broad understanding of the impact of parental problem drug or alcohol use on children should be an objective of general teacher training and continuous professional development. All schools should identify at least one trained designated person able to deal with the problems that might arise with the children of drug users.

9.7 Social Work Children and Family Services

Recommendation: Children's Services departments should aim to achieve the following in their work with the children of drug users:

- An integrated approach, based on a common assessment framework, by professionals on the ground including social workers, health visitors and GPs, nursery staff and teachers, child and adolescent mental health services.
- Adequate staffing of children and family services in relation to assessed need.
- Appropriate training of children and family service staff in relation to problem drug and alcohol use.
- A coordinated range of resources capable of providing real support to families with drug problems, directed both at assisting parents and protecting and helping children.
- Sufficient provision of foster care and respite care suitable for children of problem drug users when their remaining at home is unsafe.
- Efficient arrangements for adoption when this is considered the best option.
- Residential care facilities that provide a genuinely caring environment for those children for whom this is the only realistic option.
- All social care workers receive pre-qualification and in-service training that addresses the potential harm to children of parental substance misuse and what practical steps can be taken to reduce it.

9.8 Specialist drug and alcohol services

Recommendation: Drug and alcohol agencies should recognise that they have a responsibility towards the dependent children of their clients and aim to provide accessible and effective support for parents and their children, either directly or through good links with other relevant services. The training of staff in drug and alcohol agencies should include a specific focus on learning how to assess and meet the needs of clients as parents and their children.

9.9 Specialist paediatric and child and adolescent mental health services

Recommendation: The possible role of parental drug or alcohol misuse should be explored in all cases of suspected child neglect, sexual abuse, non-accidental injury or accidental drug overdose. Child and adolescent mental health services should routinely explore the possibility of parental drug or alcohol misuse. Acquiring the ability to explore parental substance misuse should be a routine part of training for professionals working in child and adolescent mental health services.

9.10 Specialist Children's Charities and other Non-Statutory Organisations

Recommendation: All non-statutory organisations dedicated to helping children or drug or alcohol users should carefully consider whether they could help meet the needs of the children of drug or alcohol users. Substance support services should explore the potential of involving non-statutory organisations, in conjunction with health and social services, in joint work aimed at collectively meeting the needs of the children of problem drug or alcohol users in their area.

9.11 Criminal Justice System

Recommendation: Cleveland Police should seek to develop a multi-agency abuse prevention strategy which incorporates measures to safeguard the children of problem drug users.

Recommendation: All women's prisons should ensure they have facilities that enable pregnant female drug users to receive antenatal care and treatment of drug dependence of the same standard that would be expected in the community. All female prisoners should have access to a suitable environment for visits by their children. In addition, where it is considered to be in the infant's best interests to remain with his or her mother, consideration should be given by the prison to allowing the infant to do so in a mother and baby unit or other suitable accommodation. Women's prisons should ensure they have effective aftercare arrangements to enable appropriate support to be provided after release for female problem drug users with children.

9.12 Data to Inform Priorities and Progress

Recommendation: Review gaps in data and identify opportunities to improve data collection, analysis and dissemination.