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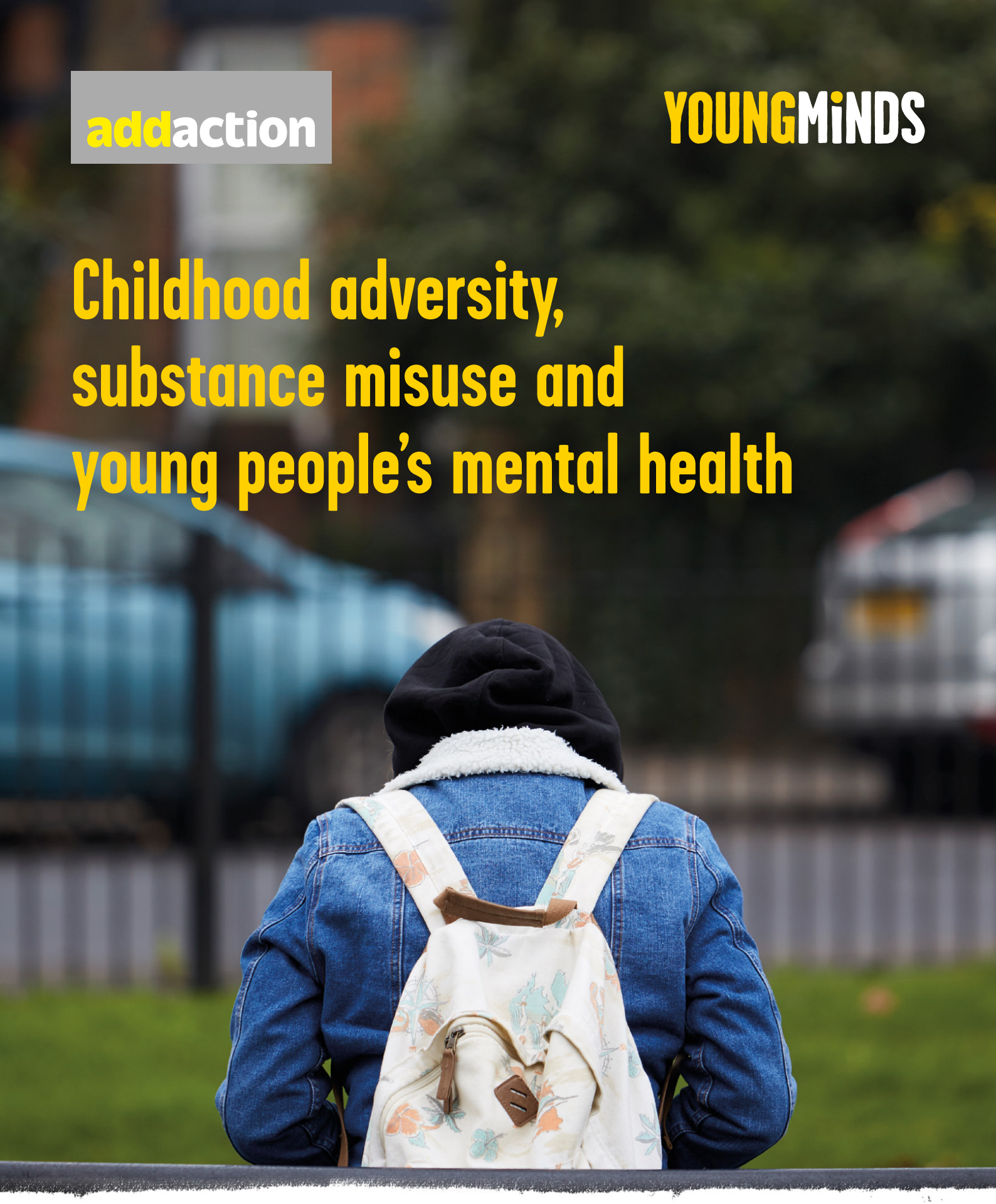
YOUNGMiNDS

Childhood adversity, substance misuse and young people's mental health



Expert Briefing

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The briefing at a glance

Substance use amongst young people has been broadly in decline since 2001

Substance misuse is just one form of risk-taking behaviour, and can be a sign that young people are dealing with adversity, trauma, and/or experimenting with their identities.

Adverse Childhood Experiences (ACEs) are events that have a traumatic and lasting effect on the mental health of young people.

In England,

1 in 10 adults lived at some point during their childhood with someone who misused alcohol, and 1 in 25 with someone misusing, or dependent on, drugs

Today over 200,000 children in England live with at least one parent, carer or adult who is alcohol dependent.

Substance misuse can significantly impact people's capacity to parent, which can create

an intergenerational cycle of violence, with these children being more likely to expose their own children to adversity and trauma

Not all children who experience adversity go on to misuse substances, and not all young people who use substances have experienced trauma or become addicted to them.

Children who experience four or more adversities, are twice as likely to binge drink, and eleven times more likely to go on to use crack cocaine or heroin

Some young people misuse substances to address the traumatic stress they experience – including self-medicating to escape from invasive memories, or make traumatic relationships more tolerable.

The greater the intensity of the drug, and the more frequently it is used, the higher the likelihood that it will have an adverse impact on young people's mental health.

Misuse of substances can often escalate, with young people coming into contact with the police or youth justice system, where neither their mental health, nor the trauma they have faced is adequately addressed

This briefing provides local commissioners and service providers with a deeper understanding of childhood adversity and young people's use of substance.

It suggests ways of making local services trauma-informed, and better able to meet the mental health needs relating to substance misuse

Recommendations

We recommend that all commissioners and providers:

- Embed psycho-education into the local universal education offer
- Introduce routine enquiry within urgent and emergency care, and specialist drug and alcohol services
- Invest in early intervention models
- Build targeted parental and whole family support models
- Establish inter-agency collaboration

"We can better support young people if the services that are commissioned are trauma-informed, and if professionals understand why, and how, young people use substances."

1. Young people and substance use

Public misconceptions about both the prevalence of young people's use of substances, and their motivation for using them, are compounded by sensationalist accounts of drug use in the popular media.

This media coverage frequently draws attention away from the fact that substance use amongst young people has been broadly in decline since 2001[i]. Despite the high profile of New Psychoactive Substances (NPS)[ii] in recent years, alcohol and cannabis remain the most commonly used substances amongst adolescents.

Every young person has their own story about what led them to try a particular substance. For many, they do so having already researched the potential risks involved, aiming to manage their usage so it remains as safe and enjoyable as possible. The vast majority of young people's substance use is either experimental or recreational, and most people are capable of managing their intake of legal and/or illicit substances so that any unwanted consequences are minimised.

However, there are still many young people for whom substance use can become problematic. In 2015-16, 17,077 young people accessed specialist treatment services – a drop of 1,272 or 7% compared to 2014-15[iii]. There are a wide number of determinants that might lead one individual into more dependent use of substances, where others may be able to desist. Recognised features that can play a key role in protecting people from risk include; having positive relationships with friends and family, engaging well in school or college, and living in a stable home environment. Conversely, there are factors that may leave young people vulnerable to harm related to substance use, including; living in deprived areas, being excluded from mainstream education, and not feeling able to turn to others for support.

Substance use can be further complicated by young people's experiences during adolescence. This can be a period of great uncertainty, a time when young people are attempting to navigate the confusing journey from childhood through to adulthood. As roles and responsibilities change, so does the chemical and hormonal make up of the human body. Teenagers experience higher levels of impulsivity, which is linked to the ongoing development of the adolescent brain.[iv] Such limitations around consequential thinking explain why some young people expose themselves to, or engage in, greater risk-taking.

Substance misuse is just one form of risk-taking behaviour, but it can also be an indicator of other (potentially hidden) difficulties with identity formation or childhood adversity. For some young people, the use of drugs or alcohol is a form of 'self medication', which enables them to relieve stress, or block emotionally distressing thoughts. This usage can be heightened amongst groups of children who face additional complexity in their lives, including; looked after children, those seeking asylum, those witnessing or involved in violence, and those making sense of their gender identity or expression, and sexuality.

For some young people, the use of drugs or alcohol is a form of 'self medication', which enables them to relieve stress, or block emotionally distressing thoughts.

2. Young people's experiences of adult substance misuse

Adverse Childhood Experiences (ACEs) are events that have a traumatic and lasting effect on the mental health and emotional wellbeing of young people. Childhood adversity can include experiences of neglect, abuse or violence within the family, being forced to take on adult responsibilities (as in the case of young carers), or living in households where people are misusing substances.

Substance misuse can significantly impact people's capacity to parent.

This may include:

- increased volatility within the family or home environment.
- unsettling changes in the mood or behaviours of an adult resulting from intoxication.
- withdrawal from parental responsibilities, which might include not providing food or clothing, or asking children to take on adult responsibilities during periods of withdrawal or relapse.
- withdrawal, mistrust or aggression towards the child's wider social network, including their school, wider family or local community.
- misattunement and an inability to meet the emotional needs of the child.
- disorganised, ambivalent or avoidant attachment patterns formed between children and those with parental responsibility.
- isolation within the community, wider family, or from peers because of the stigma associated with using substances.

In addressing substance misuse within families, we need to take a trauma-informed approach, as there is a cyclical relationship between childhood experiences of, and exposure to, adult substance misuse, and subsequent misuse of substances in adolescence and adulthood. As the World Health Organisation suggests, those affected by ACEs are at increased risk of exposing their own children to ACEs (including substance misuse), and, as such, this intergenerational cycle constitutes a 'cycle of violence'[v].

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3. Childhood adversity and substance misuse

Experience of one or more childhood adversities has been linked to poorer physical and mental health outcomes in adolescence and adulthood[vi].

The study of ACE's in England found that those adults who had experienced four or more adversities in their childhood, were two times more likely to binge drink, and eleven times more likely to have gone on to use crack cocaine or heroin[vii].

The research from England also shows that the traumatic impact of living in a household with an adult who misuses substances can have a long-term, negative impact on these children's life satisfaction and emotional wellbeing[viii]. This reflects international research describing the strong relationship between childhood adversity, and the development of enduring mental health conditions in adulthood, which include anxiety, depression and symptoms of traumatic-stress[ix].

It has been shown that the higher the number of ACEs, the higher the likelihood that the child will go on to misuse substances, in part to manage the overwhelming emotional and somatic sensations associated with trauma[x]. The chances of developing a dependence on substances double if a child has also experienced sexual abuse[xi] or other forms of violence[xii].

Smoking, heavy drinking and cannabis use in adulthood all increase with the number of childhood adversities that a young person has experienced. This is echoed in recent research from England that found that two thirds (of a target sample of people misusing substances) had experienced four or more ACEs[xiii].

Many of the young people and adults who go onto misuse substances, or who become dependent on them, will have faced multiple adversities in their childhoods. It is therefore important to acknowledge that these behaviours can be attempts by young people to sooth, numb, cope with, or make sense of the trauma that they have experienced. Rather than expressions of criminality, they represent forms of risk-taking behaviour that are considered as normative responses to the social, emotional and somatic impacts of childhood adversity and trauma.

Young people may use substances (following experiences of adversity and trauma) in order to:

- 'escape from' or avoid invasive thoughts, images or memories.
- increase attention at school, or in their social life, to address the impact that chronic hyperarousal, and hypervigilance, has on their nervous systems, levels of anxiety and sleep patterns.
- strengthen trauma bonds and patterns of relationships that draw them closer to adults or peers who will expose them to further adverse events (for example participating in sexual or violent acts), or make them reliant on them for the supply of alcohol, legal or illegal substances.
- self-harm through (for example) overdosing, and self-punishing their bodies by ingesting or injecting performance enhancing substances.

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Research demonstrates that the development of traumatic-stress often precedes the use or dependence on chemical substances, which are used to cope with the associated symptoms[xiv]. Trauma can cause a heightened sense of threat, where the child or young person is constantly in a state of alert in order to freeze, fight or flight in the face of further adversity.

If children regularly use substances from an early age it can have a substantial impact on their neurobiological and cognitive development, as well as affecting their ability to acquire skills that enable them to self-soothe or self-regulate in the face of further emotional distress[xv]. Some young people 'self-medicate' to numb the overwhelming emotional distress that comes from constantly scanning for threats in their environment. It can offer an altered, and more tolerable, state of perception where young people can recall memories that would otherwise be intolerable for them.

Ultimately this 'self-medication', numbing or suppression only acts as a temporary solution, and in the mid- to longer-term has a negative impact on the physical and mental health of these young people. Recreational use of (for example) illicit drugs can lead to the traumatic release of memories, resulting in more extreme forms of disassociation during the 'come down' or withdrawal. It also risks growing a dependence on substances, or pushing them towards other forms of health- or self-harming behaviour. However, for some, 'self-medication' and 'micro-dosing' enables them to connect with repressed emotions, and strengthen positive or protective relationships with their peers.

Recreational use of illicit drugs can lead to the traumatic release of memories, resulting in more extreme forms of disassociation during the 'come down' or withdrawal

4. Substance misuse and young people's mental health

Evidence suggests that there are some mental health conditions that may be more likely to be exacerbated by substance use than others, including experiences of psychosis, schizophrenia, bipolar, and depression[vxi].

The impact of drug or alcohol use on young people's mental health varies depending on the age, genetics, and psychology of the young person, as well as the context in which it is being taken. For example, the younger a person is, the greater the intensity of the drug in question and the more frequently it is used, the higher the likelihood of negative or unwanted effects being generated. For example, a twelve year old smoking a strain of cannabis high in delta-9-THC (often colloquially known as 'skunk') on a daily basis is likely to be more vulnerable to experiencing mental ill health, than a seventeen year old taking a milder strain on an infrequent basis.

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Much of the media reporting around drug use and mental ill health becomes confused became of sensationalist headlines that lack the context of the detailed (and often conflicting) research that underpins them. For example, media coverage around psychosis masks the reality that most young people who try substances are unlikely to experiencing serious or long-lasting mental health problems. Where negative consequences do occur, it is perhaps more likely that these may be linked to more general social functioning, their experiences in childhood, and their relationships with others.

It is important to note that most young people who misuse substances do not experience psychosis. However substance misuse increases the probability of an experience of psychosis. The risks are different for different substances. Research suggests that adolescents who misuse cannabis double their risk of experiencing psychosis by the time they reach adulthood[xvii].

Drug-induced psychosis is a historical term referring to psychotic symptoms occurring after the use of substances. Psychotic symptoms can include delusions (i.e. persistent false beliefs), hallucinations (i.e. hearing or seeing things that are not actually there), unusual behaviour, and disorganised thinking. Substances associated with drug-induced psychosis include: amphetamines, cocaine, cannabis, LSD and certain types of NPS, such as synthetic cannabinoids. The term drug-induced psychosis is descriptive, and does not necessary imply that the substance has caused the psychosis.

Psychotic symptoms can include delusions, hallucinations, unusual behaviour, and disorganised thinking

Drug-induced psychosis might be short-lived, lasting only whilst the user is intoxicated or withdraws. On other occasions the psychosis might last for many weeks. During that time the young person needs to be supported within a safe environment and if this is the first episode of psychosis, it is likely that they will be referred to the local Early Intervention Psychosis (EIP) service[xviii]. Once the crisis is over, many young people will make collaborative plans with the

clinicians at the EIP team, an addiction specialist (if appropriate), and possibly a crisis mental health team. This support is put in place to help the young person to make sense of their experience of psychosis, to manage any resulting mental health or addiction-related needs, and to plan for any further escalation in need or experience of crisis.

More broadly, substance use clearly can trigger changes in young people's behaviour, attitude or mood. As well as having a negative impact on their physical health, it impairs their cognitive development and comprehension[xix]. Further, substance misuse can leave some young people feeling distant or disconnected from the peers and adults who may previously have been their support networks. Persistent and problematic substance use can trigger low levels of motivation, negatively impacting on daily routines and diminishing engagement in positive recreational activities. This can impact adversely on a young person's ability or desire to engage in education, training or employment which affect their chances of progressing into further education or with career choices.

Problematic substance use can affect a young person's likelihood of becoming involved in the youth justice system[xx]. Due to a significant number of substances remaining illegal, young people who buy, transport, or consume them are at risk of being criminalised by authorities. Once consumed, the effect of substances may impact the decision making skills of the young person, and due to a lack of inhibition they may be more likely to partake in behaviour they would normally avoid (for example aggressive, sexualised or exhibitionist behaviours). These behaviours can also lead to interaction with the police, criminal justice or disciplinary systems in schools and colleges. Finally, for those for whom substance use has become engrained within their lifestyle, criminal activities may be a way of access or funding their use.

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5. Responding to childhood adversity and substance misuse

Recently, Public Health England published a support pack for commissioners to strengthen substance misuse services and interventions for young people[xxi]. We recommend that commissioners work through the comprehensive list of questions to assess the sufficiency of their local offer.

In addition to these prompts, we have included priorities for commissioners to consider when creating trauma-informed practice around young people's mental health and substance misuse.

a. embed psycho-education in the universal education offer – whilst it is a minority of adolescents who develop a problematic relationship with substances, it is important that all young people receive universal-level drug and alcohol education. This age-appropriate education should include considerations of risk, relationships and how to build resilience in relation to decision making, experimentation and use of drugs and alcohol. To ensure it is trauma-informed, those delivering the training, or supporting teaching staff to do so, should have a good knowledge of the relationships between childhood adversity, trauma responses, mental ill health and use of substances.

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Commissioners, mental health providers and specialist drug and alcohol services should take a collaborative role in supporting local schools to develop and deliver programmes meeting the requirement to embed relationships education in all primary schools, relationships and sex education in secondary schools, and extend Personal, Social, Health and Economic Education (PSHE) to all schools[xxii]. For example, the *Amy Winehouse Foundation Resilience Programme*[xxiii] uses the lived experience of people in recovery to explore with young people the thoughts, feelings, behaviours and underlying issues that can make people more susceptible to substance misuse. This is reinforced through skills-based sessions that seek to develop resilience, so that young people can make better informed decisions.

b. introduce routine enquiry within urgent and emergency care, and specialist drug and alcohol services – routine enquiry about childhood adversity should be introduced into both A&E , urgent care, and specialist drug and alcohol services.

Routine enquiry involves training frontline line professionals to sensitively gather information about whether someone's thoughts and behaviours are a symptom of a childhood adversity or trauma they have experienced. This might include adding a key line of enquiry into A&E assessment conversations when a young person has a serious first presentation of self-harm through intoxication, or if a trend of recurrent harm through intoxication is identified. This opportunity is frequently missed if an A&E or urgent care doctor does not deem the young patient to have a level of mental ill health that would meet their threshold for contacting the hospital's dedicated mental health team.

Pathways to support from routine enquiry should be designed collaboratively by local commissioners, social services, young people, and service providers

Likewise, if a young person is already in contact with a specialist drug and alcohol service, initial assessment should include enquiry on childhood adversity to identify whether the health-harming behaviours seen in substance misuse are related to the 'self-medicating', coping or management of trauma-related symptoms. For example, young people who access specialist treatment support with Addaction will undertake a comprehensive assessment. Questions within this focus on the motivations for the young person's use, whether this is a form of escapism, and if so what is the situation they are 'escaping from'. This question is combined with others which cover the young person's family life, physical and mental wellbeing, as well as risk-taking behaviour.

Routine enquiry should involve a warm transfer to trauma-informed models of rehabilitation, psycho-education and harm-mitigation. This would include referral to safeguarding leads if any child or adult safeguarding flags are triggered during the enquiry. Pathways to support from routine enquiry should be designed collaboratively by local commissioners, social services (depending on the circumstances of the young person and parents), young people, and service providers.

c. invest in early intervention models – the charity Mentor UK has usefully summarised the factors that protect against, and increase the risk of, substance misuse (see table 1)[xxiv]. Research shows that the age of a young person's use of substances is a strong predictor of the severity of their use later on in their life. Early intervention should be initially targeted towards those children who have a known risk factor, and are listed as belonging to a vulnerable group.

Table 1: Protective and Risk Factors

Protective Factors	Risk Factors		
• Positive temperament • Intellectual ability • Positive and supportive family environment • Social support system • Caring relationship with at least one adult • In education, employment or training	**Belonging to a vulnerable group:** • Looked after children • School non-attenders • Having mental health problems • Drug misuse by parents • Abuse within the family • Homelessness • Young offenders • Young sex workers	**Social and cultural factors:** • High levels of neighbourhood poverty and decay • High levels of neighbourhood crime • Easy drug availability • Widespread social acceptance of alcohol and drug use • Lack of knowledge and perspective of drug-related risks	**Interpersonal and individual risk factors:** • Physiology and psychology factors • Family dysfunction • Behavioural difficulties • Academic problems • Association with peers who use alcohol and drugs • Early onset of tobacco smoking • Early onset of alcohol and drug use

Successful early intervention can result in in young people being less likely to require specialist support later in adulthood, and can reduce overall reliance on public services.

Addaction's Mind and Body programme

Cornwall, Kent and Lancashire

The Addaction 'Mind and Body' programme aims to support young people (aged thirteen to seventeen) who are involved in, or may be vulnerable to, self-harming behaviours. The programme looks to support those who do not meet CAMHS thresholds but who could benefit from specialised input that universal services are often unable to provide.

A short online screening survey is used to help identify young people who might be at risk and to assess whether the programme would be right for them. Referrals may also come from local health partners and schools, whilst young people can self-refer too.

The programme was developed from *RisKit*[xxv], an early intervention initiative which has a proven evidence base in risk-reduction outcomes. In 2016-17 'Mind and Body' was delivered in Kent, Cornwall and Lancashire with over 600 young people completing the programme.

Mind and Body comprises of eight group sessions, accompanied by three one-to-one sessions with a practitioner for needs-based support.

The diagram opposite outlines the core themes within each of the group discussion session:

An independent evaluation, by the University of Bath found that the screening processes identified young people who were 'under the radar', and who were not known to be at risk of harm.

As a result of the programme activities:

- 8 in 10 young people experienced a decrease in self-harming thoughts, or did not think about self-harm at all whilst they engaged in the programme.
- 9 in 10 young people experienced a decrease in self-harm actions or did not self harm at all whilst they engaged in the programme.
- 3 in 4 young people reported an increase in their mental wellbeing.

More information can be found at:
http://tiny.cc/Mind_Body

d. build targeted parental and whole family support models – it is vital that parents, and care givers, who are misusing substances are given targeted support to both promote their recovery from addiction, and to address the additional adversity they are exposing their children to.

It is vital that parents, and care givers, who are misusing substances are given targeted support to both promote their recovery from addiction, and to address the additional adversity they are exposing their children to

For example, Breaking the Cycle (BtC) is Addaction's family-focussed service, offering interventions to families where children are affected by adult substance misuse. The service works directly within family homes to establish routines and pro-social family behaviours, as well as providing specialist alcohol and drug services to mitigate the impact of substance misuse on children. In addition to this, BtC provides parenting support, advice and advocacy, consultation with children, and signposting or referral to targeted statutory, primary care and voluntary community based services.

The service builds on early attachment theory, and aims to provide an opportunity for families to foster resilience and positive adaptation, despite adversity they have faced individually and collectively as family members. Families who are motivated to participate in family-focussed recovery plans tend to benefit from Breaking the Cycle, with an ambition to sustaining their recovery and providing a different life for their children, to give them a different trajectory to the pathway associated with substance misuse.

e. establish inter-agency collaboration – young people affected by substance misuse are often involved with other agencies because of the criminalisation, stigma and associated behaviours (increase impulsivity) associated with it. As such, local agencies need to adopt a holistic and collaborative approach to ensure that all of the young person's needs are being addressed[xxvi]. This is an important starting point for all service interventions as it allows for a trauma-informed model of care, where the young person's needs are contextualised within the network of adversity they have experienced. Further, such inter-agency working can help to identify moments in the care pathways, or gaps between service provision, where these young people are at risk of being re-traumatised.

The Kent Youth Drug Intervention Scheme

Addaction works jointly with local Police to deliver The Kent Youth Drug Intervention Scheme (KYDIS). This is a restorative justice process for young people who are found in possession of a Class B or C drug, where they are offered a diversionary activity to avoid criminalisation. The young person has the option to attend a session with an Addaction worker in which the topics of substance awareness and education, consequential thinking and the legality of their actions are covered. If engagement and attendance is sufficient then no further action is taken by the police in regards to the initial incident.

Similarly, Addaction are also currently piloting an innovative way of working in partnership with a local provider. Addaction have seconded a member of staff to work as a Dual Diagnosis Navigator within a local agency who are delivering a programme to young people to support their transition into adulthood. The service works with young people facing multiple complexities in their life, including: criminal involvement, worklessness, mental health problems and substance misuse. The role of the Dual Diagnosis Navigator is to work alongside young people presenting with multiple needs, and acting as the specialist within the team to share knowledge and expertise with their immediate team members.

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Around 1 in 40 (just 2.6%) young adults aged 16 to 24 took an NPS in 2016/17, which is a similar proportion to the estimates for 2014/15. For more information see: ONS / NHS Digital (2017) Statistics on drugs misuse England: http://www.content.digital.nhs.uk/catalogue/PUB23442/drug-misu-eng-2017-rep.pdf

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For more information about substance use and young people's mental health contact:

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