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**CONFERENCE ABSTRACT****Advancing Research to Inform Practice within Community "supporting  
interventions for young people and families' affected by substance misuse"**17<sup>th</sup> International Conference on Integrated Care, Dublin, 08-10 May 2017

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Issues and trends in relation to substance misuse normally develop in the transitional phase of adolescence, as young people begin looking towards their peers for direction and are less subject to parental authority (1.2). Risk factors are predictors of the likelihood that an individual or group will be involved in activity leading to adverse consequences. Research indicates that some young people are beginning to initiate alcohol and drug use earlier than many adults suspect (3). In relation to substance misuse it is observed that risk and protection factors exist in equal measure within different context including within the individual, family, peer group, school and community settings (4.5.6). In 2015 the Adolescent Addiction Service worked with 58 young people and their families with a mean age of 15.5years, comprising new referrals, re-referrals and continuances. The majority (76%) were male and the numbers attending the service of school going age who were out of education/training at time of referral was 18% while the number of young people who had previous/current contact with CAMHS was at 60%. The extent to which substance misuse featured within families was at 36% while the incidence of parental separation was 66%.

The enhancement of decision making by young people could delay or inhibit their engagement in harmful activity including substance misuse. If young people experiences substance use as enjoyable and without any negative consequences then it is likely they will not perceive risks relating to such use (7). Parental disapproval of substance misuse is a strong predictor of delayed initiation, whereas family instability and parental or sibling substance misuse, are identified as significant risk factors placing young people at greater danger of developing lifetime trajectories involving substance misuse ( 8.9).

As an approach to working with young people and families within community, assessment is central to the identification of needs. The four tier model of addiction treatment intervention (10) fits with the four tier model of family support (11) distinguishing between different levels and types of support/intervention. Integrated care plans framed within the context of multi-disciplinary and inter-agency collaboration encourages protective/preventative interventions towards improving health outcomes. The Hidden Harm Action Plan identifies that not all families who encounter substance misuse will experience problems but emphasises that routine assessment will help to identify those who do. The plan describes actions that

can be taken to ensure children and young people who experience compromised parenting receive the care they need. As such research ought to be viewed as a work in progress and be made available to the widest possible audience in order to inform practice and decision making at an individual level and between practitioners/agencies especially when the welfare of children is considered. Practitioner research can make a significant contribution to practice as key finding from research and practice can be updated to inform policy, practice and service plans towards addressing inequalities and focusing on improving access to health care.

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