



Public Health
England

Protecting and improving the nation's health

Specialist substance misuse treatment for young people in England 2013-14

January 2015

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHEuk
Facebook: www.facebook.com/PublicHealthEngland

© Crown copyright 2015

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v2.0. To view this licence, visit OGL or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned. Any enquiries regarding this publication should be sent to tim.murray@phe.gov.uk

Published January 2015

PHE publications gateway number: 2014638

Specialist substance misuse treatment for young people in England 2013-14

The headlines

- 19,126 young people received help for alcohol or drug problems
- 71% had cannabis as their main problem drug
- 79% of young people left services having successfully completed their treatment

1. Background: young people's drug and alcohol use

The latest prevalence figures on young people's alcohol and drug use recorded by the Smoking, Drinking and Drug Use Survey (2013) show that secondary school pupils aged 11 to 15 are far less likely to use alcohol or drugs than their counterparts were a decade ago.¹

Of the pupils who responded to the survey, 39% said they had drunk alcohol at least once, down from 61% in 2003; and 9% said they had drunk alcohol in the past week, down from 25% in 2003. For illicit drugs, 16% said they had used them at some point, 11% had used them in the past year and 6% in the past month. Cannabis was the most commonly used drug (7% said they took it in the last year) but use has been declining since 2001 (when 13.4% reported it). Importantly, the survey highlights the increasing risk of drug use among pupils who truant or have been excluded from school and whose circumstances or behaviour already make them a focus of concern.

Although the school survey shows a drop in the proportion of children drinking alcohol and taking drugs over the last decade³ serious concerns remain about some young people's substance use. International comparisons show British children are more likely to get drunk than children in most other European countries.⁴ Concern is also mounting around the emergence of new psychoactive substances (NPS – frequently, and misleadingly, called 'legal highs'), but the extent of the problems they are causing among young people is still unclear.

The Crime Survey for England and Wales² shows rises in the last year in the proportion of the 16 to 24 age group using cannabis and some class A drugs (including powder cocaine and ecstasy). However, it's not yet possible to tell if the increases between 2012-13 and 2013-14 signal an end to the long-term downward trends.

Acute harm from drug and alcohol use can happen to anybody, but problematic drink and drug use among under-18s rarely occurs in isolation and is frequently a symptom of wider problems. It often goes hand in hand with other risk factors, such as offending or truancy.

Another survey – What About Youth – has been launched as part of a new government pledge to make improvements to the health of young people. It asks 15-year olds about a range of subjects, including what they eat, what they do in their free time, their experiences of bullying, and whether they smoke, drink alcohol or have taken drugs. It will report in late 2015.



The role of specialist substance misuse services is to help young people address their alcohol and drug use, reduce the harm it causes, and prevent it from becoming a greater problem as they get older

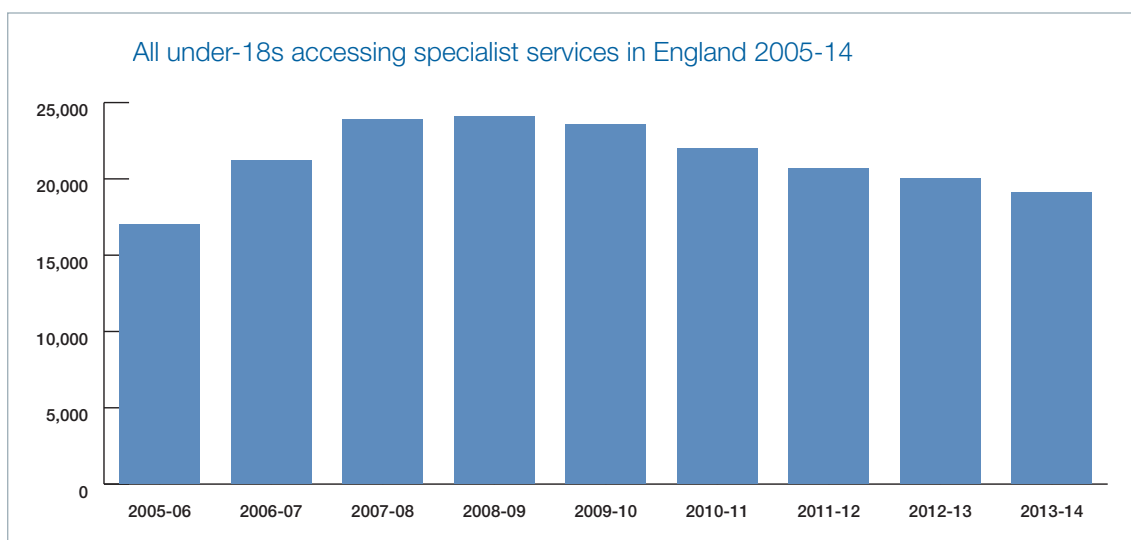
2. Treating young people’s alcohol and drug misuse

The role of specialist substance misuse services is to help young people address their alcohol and drug use, reduce the harm it causes, and prevent it from becoming a greater problem as they get older. These services should operate as part of a wider network of universal and targeted services (universal services include drugs and alcohol education as part of personal, social and health education, and sex and relationships education in schools, colleges and youth clubs; targeted services are for young people at risk of developing drug or alcohol problems, and are delivered by youth offending teams and in non-mainstream education settings) that support young people with a range of issues and help them to build their resilience.

Local authorities are responsible for commissioning substance misuse services to meet the needs of their communities. The specialist substance misuse treatment component is funded from their public health grant. PHE supports them with information and intelligence, expertise, evidence of what works, and benchmarking effective performance. Data collected by the National Drug Treatment Monitoring System (NDTMS), shows how specialist substance misuse services for young people in England aged under 18, performed in 2013-14.

3. What the data reveals

The number of young people attending specialist substance misuse services during 2013-14 was 19,126, down from 20,032 in 2012-13 (a 4.5% drop). Falling alcohol and drug use among young people in general may explain this



small decline, although it is also possible that a contraction in the provision of universal and targeted services may have affected the number of referrals. Almost all the young people who entered specialist services during the year were seen quickly – 99% waited fewer than three weeks from the point of referral to the first appointment, with the average wait just under two days.

Young people are still most likely to seek help for problems with cannabis. During 2013-14, 13,659 under-18s presented to specialist services with cannabis as their primary problem drug (71% of all those receiving help during the year), up slightly from 13,581 last year. This is the highest number of young people presenting for help with cannabis since records began in 2005-06.

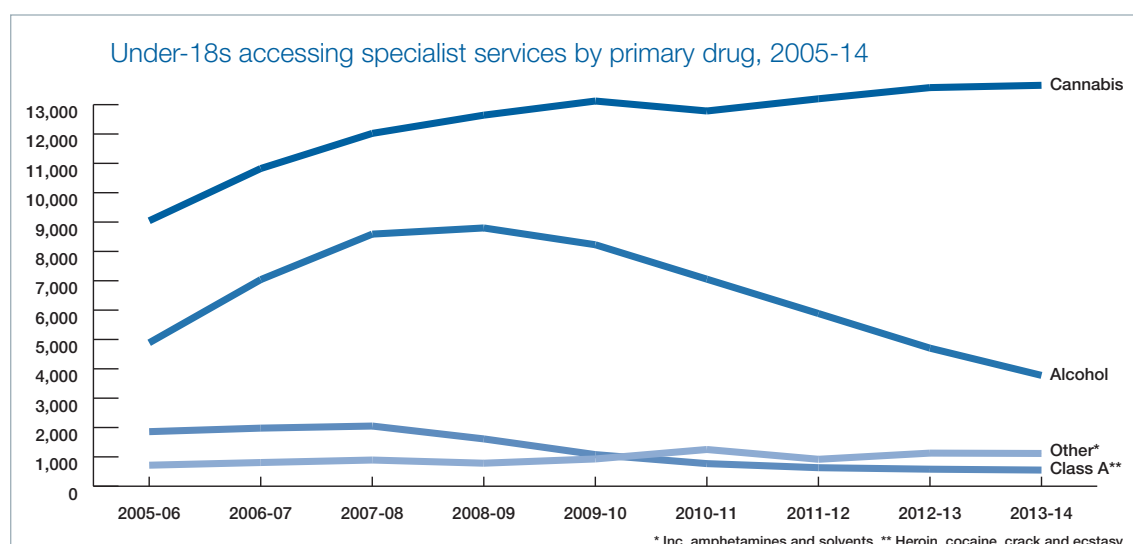
Alcohol was the next primary substance, with 3,776 young people (20% of the total in treatment) seeking help during 2013-14. This is down from 4,704 (24%) last year and significantly lower than the 2008-09 peak of 8,799 (37%). It is now at its lowest ever level. The number of young people with heroin as their primary substance has been falling consistently since 2005-06, when there were 881 young people. This year, it dropped to a new low of 160.

As well as primary substances (ie, the substance that young people say is their main problem when they are first assessed by services), NDTMS records adjunctive use – this is a second or even third substance that may be causing problems. Young people with misuse problems tend not to focus on one particular substance and often use a range of drugs. The figures for adjunctive use show that alcohol remains an issue since a further 35% of young people reported it. An extra 14% said cannabis was an adjunctive drug and 13% reported ‘other’ drugs, mainly tobacco and hallucinogens.

The overall number of young people reporting problems with club drugs fell this year. NDTMS defines a club drug user as anybody seeking help for GHB/GBL, ketamine, ecstasy, methamphetamine or mephedrone. Figures for club drugs combine primary and adjunctive data. Although the number of ketamine users went up from 345 to 419 and ecstasy users from 997 to



The number of young people with heroin as their primary substance has been falling consistently since 2005-06. This year, it dropped to a new low



1,084, the number of young people in treatment for mephedrone problems dropped from 1,788 to 1,519. This is the first fall in numbers since NDTMS started collecting data for mephedrone in 2010-11.

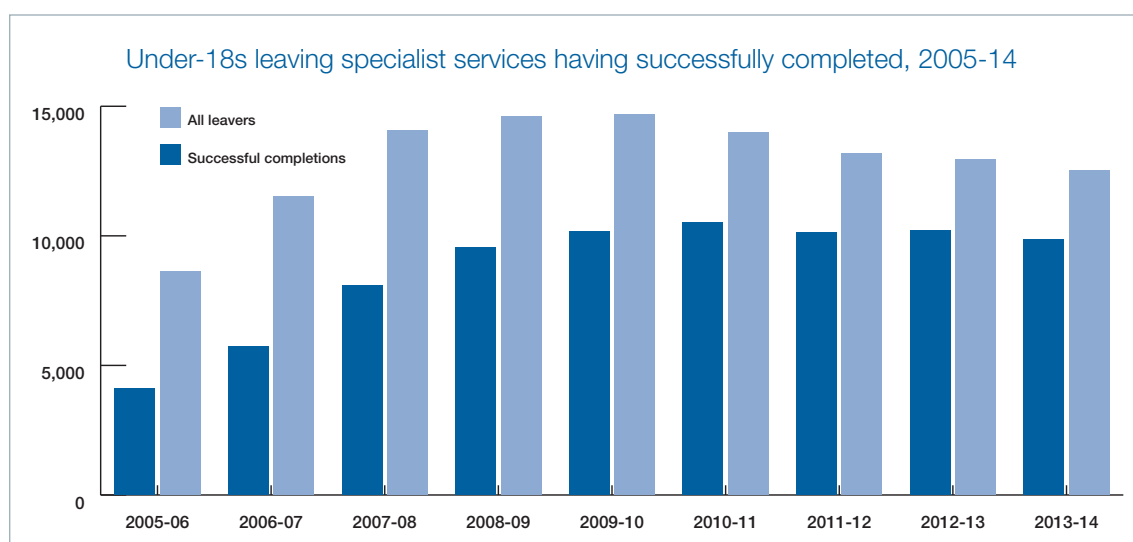
Over half (59%) of the young people receiving help from specialist services this year had multiple problems and vulnerabilities. These vulnerabilities include early and regular drug and alcohol use, and self-harming, offending, truancy or being a looked-after child. But as well as the help they get from specialist services, young people can benefit from other protective factors. For example, 71% of those seeing specialist services this year were in either mainstream or alternative education and 82% were living with their parents or other relatives. These factors can help to stabilise and support young people and may play vital roles in ensuring they overcome their drug and alcohol problems.

The most common routes into specialist services in 2013-14 were via the youth justice system (29%), with youth offending teams the single largest source (27%), although this has been reducing in recent years. Education (schools, colleges, etc) was the next most common referral source (26%).

Demographic data shows us that of the 19,126 young people in specialist services during the year, 12,556 were male (66%, the same percentage as last year), 10,138 were over 16 years old (53%, the same as last year) and 46 were under 12 (down from 56 last year and 233 in 2006-07). Although the number of under-12s has dropped significantly in the past few years, any substance misuse among this age group is a concern as it means they are likely to be at risk of serious harm. In these cases, safeguarding needs to be a priority, addressing every aspect of the child's life, not just the substance misuse.

In terms of the help and support young people received during the year, most (16,955) had a psychosocial intervention ('talking therapy'). Many (10,323) also had a harm-reduction intervention to keep them safer. Specialist services should deliver harm-reduction interventions alongside psychosocial

“ 71% of young people seeing specialist services this year were in either mainstream or alternative education and 82% were living with their parents or other relatives. These factors can help to stabilise and support them



support and always as part of an overall care plan tailored to the specific needs of the individual young person.

Young people's alcohol and drug use is generally less established than adults' and their problems are usually not so severe, so they tend to respond more quickly and positively to interventions. The average length of a treatment episode for young people this year was 151 days, or five months – a small decrease from last year (154 days). And although the number who left specialist services during the year having successfully completed their treatment was down to 9,852 compared to 10,208 last year, the proportion of remained the same at 79%. The number of young people who dropped out of services early also fell, from 1,530 last year to 1,440 this year, but again the proportion remained the same at 12%, as it has for the past three years.

4. Behind the data

The data for 2013-14 shows that specialist substance misuse services in England continue to respond well to the needs of young people who have alcohol and drug problems. The function these services provide is vital: they intervene to help young people overcome their substance misuse problems and prevent them from becoming problematic users in adulthood. Although these services are seeing marginally fewer young people, those they do see tend to have a range of problems in their lives besides substance misuse. So specialist services need to be able work with a range of other agencies to ensure that all a young person's needs are met.

The biggest challenge continues to be cannabis. More than four fifths of young people in specialist services say they have a problem with this drug (primary or adjunctive use) – the highest level since reporting to NDTMS began.

It's too early to tell if the fall in young people seeking help for mephedrone is a trend. But the fact that numbers for the more-established club drugs ketamine and ecstasy have increased suggests that club drugs and NPS will continue to be a challenge for services. NDTMS only began collecting full data on NPS this year and we need to wait before we can identify any trends. In the context of treatment figures for other drugs, NPS are relatively insignificant, but we will keep a close watch on this issue. Specialist services must ensure they are fully open and responsive to young NPS users.

5. Looking forward

Young people's specialist substance misuse services need to remain responsive to emerging trends in drug use among young people. They must also continue to offer age-appropriate interventions, provided by staff who are competent to work with children and young people.

But these services are only part of the support structure these young people need. Access to universal and targeted services, particularly for those vulnerable young people who are at greatest risk of developing problems, is vital if they are going to be able to get the help they need.



It's too early to tell if the fall in young people seeking help for mephedrone is a trend or not. But the fact that numbers for the more established club drugs ketamine and ecstasy have increased suggest that club drugs and new psychoactive substances will continue to be a challenge for services

With the right support from local authorities, the NHS and other partners, specialist substance misuse services can continue to focus on what they do best: ensuring that young people who need help get it quickly and that they receive appropriate, personalised support to overcome their alcohol or drug problems. ■

References

1. Smoking, drinking and drug use among young people in England in 2013, Health & Social Care Information Centre, 2014
2. Drug misuse: Findings from the 2013/14 Crime Survey for England and Wales, Home Office 2014
3. Smoking, drinking and drug use among young people in England in 2013, Health & Social Care Information Centre, 2014
4. Currie, C. et al. (eds.) (2012), Social Determinants of Health and Well-being Among Young People. Health Behaviour in School-aged Children (HBSC) Study: International Report from the 2009/2010 Survey, WHO Regional Office for Europe, Copenhagen