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# **SUBSTANCE MISUSE AMONG YOUNG PEOPLE 2011-12**

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# Substance misuse among young people 2011-12

Drug use among under-18s in England is always a cause for concern. Stories of teenagers drinking alcohol, smoking cannabis, or using drugs such as mephedrone are never far from the headlines. But while we might assume drug use is rife among this age group, the reality is less sensational: according to the most recent NHS Information Centre schools survey, the proportion of 11 to 15-year-olds who said they had ever used drugs fell from 29% in 2001 to 17% in 2011, while those who reported drinking regularly fell from 20% in 2001 to 7% in 2011.

An even smaller percentage get into difficulties with alcohol or drugs. This year's data shows that 20,688 young people accessed specialist alcohol or drug services, which amounts to 0.4% of the total population of around 5.5 million young people aged nine to 17 in England.

But for these 20,000 or so young people, alcohol and drug use can become a significant problem. It affects their health and wellbeing, their education, their family life, their security, their future. It is also often a symptom of wider issues in their lives. Some of them present with complex and wide-ranging problems. And while specialist substance misuse services are currently meeting this demand, they need to remain vigilant and ready to respond to any emerging drug and alcohol problems among young people...

## Key findings from 2011-12 data

**1** The number of under-18s accessing specialist services for substance misuse in England fell to 20,688 (down from 21,955 last year)

**2** Those treated for primary use of Class A drugs (heroin, cocaine, crack and ecstasy) fell again, to 631, and has dropped by two-thirds since 2006-07

**3** Alcohol and cannabis remain the main substances for which under-18s access specialist services

**4** More young people than ever are leaving having completed their programme successfully – the percentage has reached 77%

# “Specialist services must function as part of a broad range of support that helps young people address all the issues they face”

## 1. What is the extent of young people's substance misuse?

Interventions for young people's substance misuse take place in specialist services that are distinct from adult services. They are different because the nature of young people's drug and alcohol problems is different, as is the response they require. Young people are rarely dependent in same way as adults; they haven't had long enough for their use to become entrenched. Their drug and alcohol use can be a consequence of family breakdown, mental health issues or behavioural problems, but it can also create enormous difficulties for them by damaging their health, education, and chances in life.

This is the background against which specialist services for young people operate. It means these services must function as part of a broad range of support that helps young people address all the issues they face. The role of specialist services within this mix is to tackle young people's drug and alcohol use, reduce the harm it causes, and prevent it from becoming a more entrenched problem later in their lives.

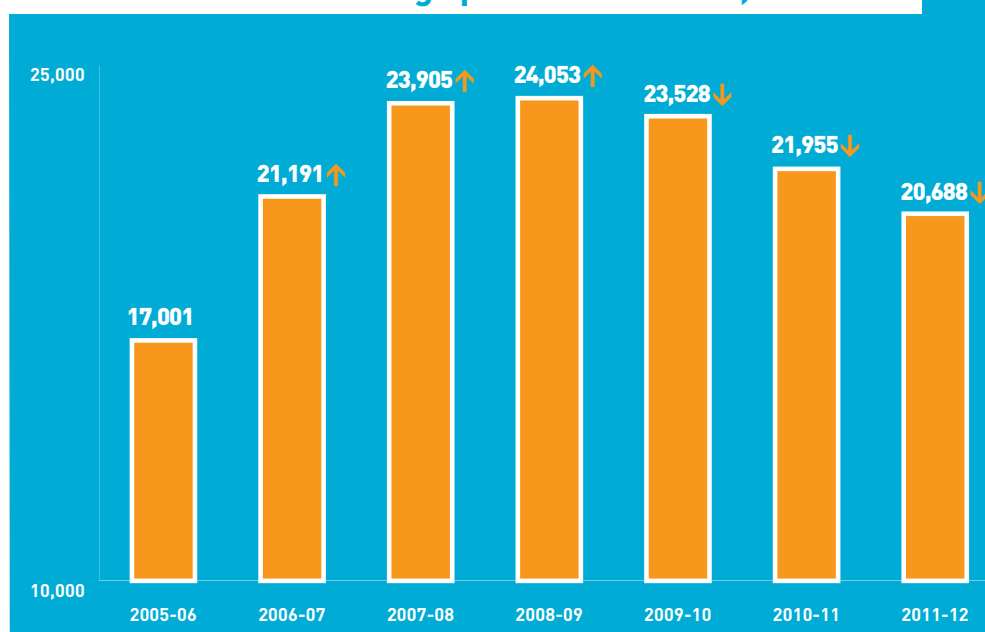
The number of under-18s these services are seeing has fallen, from 21,955 last year to 20,688 this year. This is the latest step in a trend that started in 2008-09, when the number hit a peak of 24,053. It has been declining steadily ever since.

This ongoing fall in numbers has happened across most substances. For instance, substantially fewer young people are seeing specialist services for primary alcohol problems: the number dropped from 7,054 last year to 5,884 this year (though this still accounted for 29% of all under-18s in specialist services, it remains notably less than the peak of 37% – 8,799 individuals – in 2008-09).

The evidence suggests this is a genuine fall in demand, as specialist services are intervening quickly and effectively to all young people with any substance misuse problem: 98% of interventions in 2011-12 began within three weeks of referral, while the average wait for a young person to start a specialist intervention for the first time was just two days.

There have also been further drops in presentations for Class A substances. The number of primary heroin cases dropped from 320 last year to 211 this year, while cocaine cases fell from 350 to 300. The overall number of primary heroin and crack cases has fallen from 1,081 (7% of all under-18s seeing specialist services) in 2005-06 to 251 (1%) this year. In all, the number of young people seeing specialist services for problems with class A drugs has fallen by two-thirds since 2006-07.

## 1. All under-18s accessing specialist services, 2005-12



## “Services have become more alert and responsive to the problems that cannabis can cause for under-18s”

This reduction mirrors the drop in the number of 18 to 24-year olds entering treatment for heroin and crack, and is further evidence that fewer people are coming into the treatment system for problems with the most harmful drugs.

**UNDER-18s IN TREATMENT PRIMARILY FOR CLASS A DRUGS 2005-12**

2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
1,859	1,979	2,050	1,612	1,077	770	631

Among under-18s, some substances have fluctuated. Primary cases of amphetamines, which now includes mephedrone, went up from 230 cases in 2008-09 to 639 in 2010-11, but has fallen back again this year to 493. Within this, the number of primary mephedrone cases has also fallen, but not to the same extent. Figures for mephedrone were not introduced until 2010-11, so it will be another year or two before any clear treatment trend is confirmed.

But all these numbers are small next to those for cannabis, which remains by far the most prevalent primary drug used by the under-18s. In 2008-09, the peak year for all young people seeing specialist services, there were 12,642 cases (53% of

the total for that year); this had risen to 12,784 in 2010-11 (58%) and has gone up further this year to 13,200 (64%).

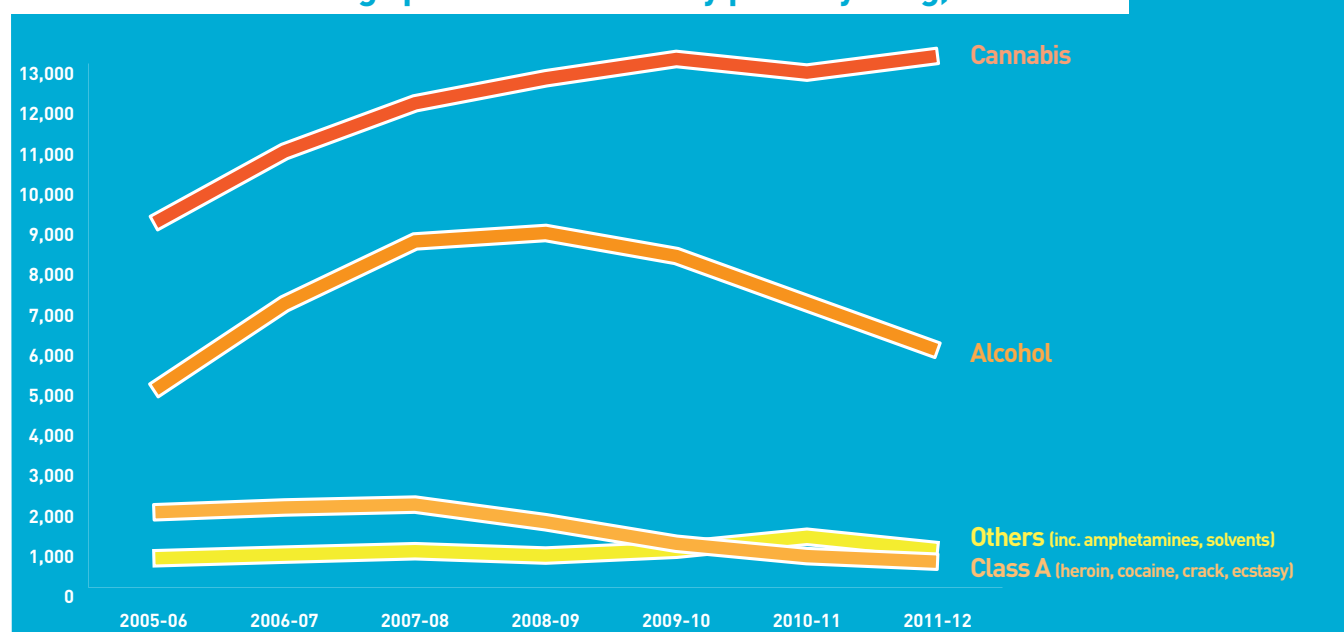
Overall, cases of primary cannabis and alcohol use account for 92% of under-18s engaged with specialist services in 2011-12.

The number of cannabis cases appears to contradict wider data that indicates fewer young people are using the drug, but there may be several reasons for this discrepancy. First, the stronger strains of the drug now available are having a more pronounced affect with prolonged use, raising the likelihood of users needing help. Second, there has been a wider awareness and acknowledgement of the issues surrounding cannabis, particularly among the wider services that refer young people to specialist services. Third, specialist services themselves have become more alert and responsive to the problems that cannabis can cause for under-18s.

### 2. Who are these young people?

While the figures for young people accessing specialist services in 2011-12 suggest fewer under-18s are having problems with drugs and alcohol (which is to be expected, as fewer are using these substances), they also suggest that those who are engaged with services face a wide range of problems.

## 2. Under-18s accessing specialist services by primary drug, 2005-12



## “76% of those who entered services reported two or more problems; substance misuse is seldom an isolated issue for young people”

When young people present to services their vulnerability is assessed according to a range of factors. These factors can relate directly to their substance use (such as using drugs when they were under 15, using two or more drugs, drinking alcohol daily) or wider factors that may affect, and be affected by, their substance use (such as pregnancy, self-harming, offending). This year, the majority (76%) of those who entered specialist services reported two or more of these problems, demonstrating that substance misuse is seldom an isolated issue for young people.

On the other hand, 80% of under-18s accessing specialist services were living with their family or other relatives (7% recorded an accommodation status of ‘looked-after child’) and almost half (49%) were in mainstream education (20% were not in education or employment, and 19% were in alternative education). So while many of these young people face a range of problems, the figures suggest some may also come from relatively stable homes and be settled at school or college.

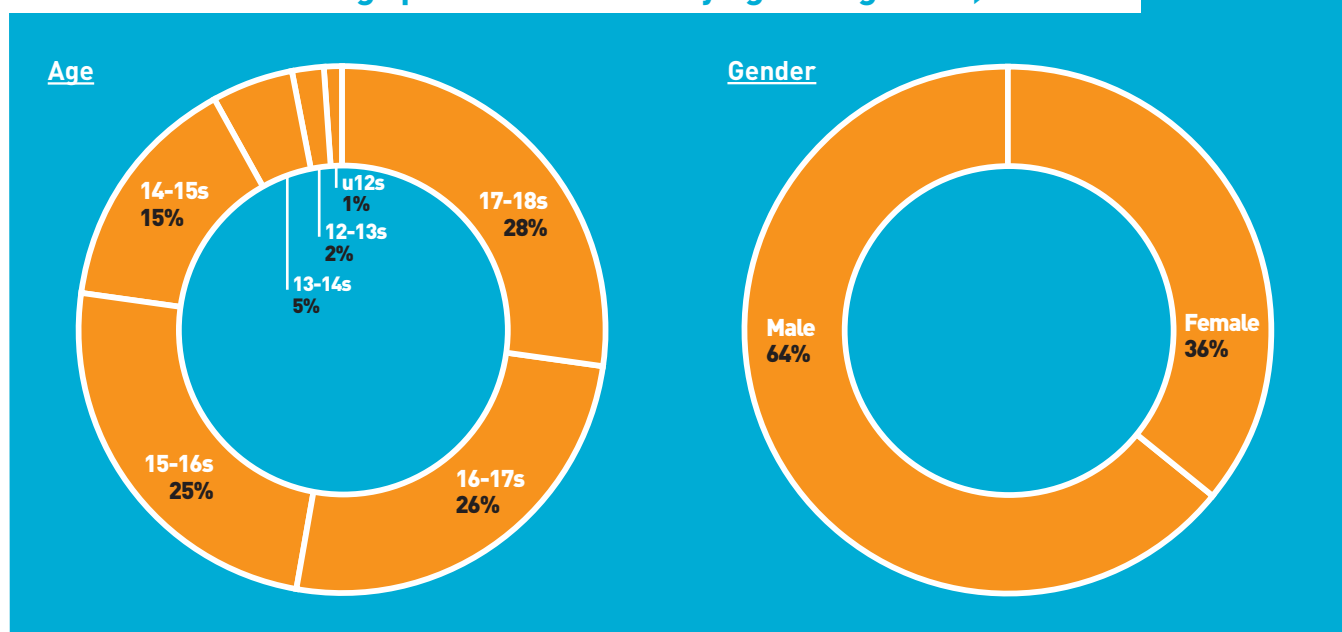
The most common gateway to young people’s specialist services remains the youth justice system (38% in 2011-12). The next most common referral sources are education (21%), self, family and friends (11%) and social care (10%).

While the data shows that the numbers of under-18s coming from all these sources have fallen proportionally in line with the overall decline – suggesting that lower drug and alcohol use is translating into less demand for specialist services – it is possible that the financial environment may cause future disruption to the referral routes between wider services and specialist services, leaving some young people without the help they badly need.

The data also provides demographic details about young people accessing specialist services in 2011-12. About two-thirds (64%) are male, and just over half (53%) were aged 16 or over at their first contact with services during the year. Most (85%) are white, with the majority of these being white British. No other ethnic group accounts for more than 3% of the total.

Specialist services saw 110 under-12s in 2011-12 (down from 128 last year, and from a peak of 233 in 2006-07), all for either primary use of cannabis, alcohol or solvents. The number is small: but it is important that specialist services continue to work with these young people and give them swift access to age-appropriate interventions. It is a decreasing problem, but we cannot afford to ignore it.

### 3. Under-18s accessing specialist services by age and gender, 2011-12



## “The chances of a young person overcoming his or her drug or alcohol problem have improved a little over the past 12 months, and a lot since 2005-06”

So a complex picture emerges, and one that confounds any easy assumptions about the sort of young people in England who get into problems with drug and alcohol misuse. But it does tell us that their needs are varied and often complicated, and that we must continue to ensure that integrated, across-the-board support remains in place and works effectively, especially for those who present the most challenging cases.

### 3. How well do they do in specialist services?

For the young people who need the help and support of specialist services, the prospects remain good.

Just under 13,200 left in 2011-12 (64% of the total in specialist services), down from 14,006 last year (also 64%), which reflects the falling numbers of those presenting to specialist services. While the number of these leavers who completed successfully has also fallen slightly, from 10,507 last year to 10,118 this year, the proportion has actually risen, from 75% to 77%.

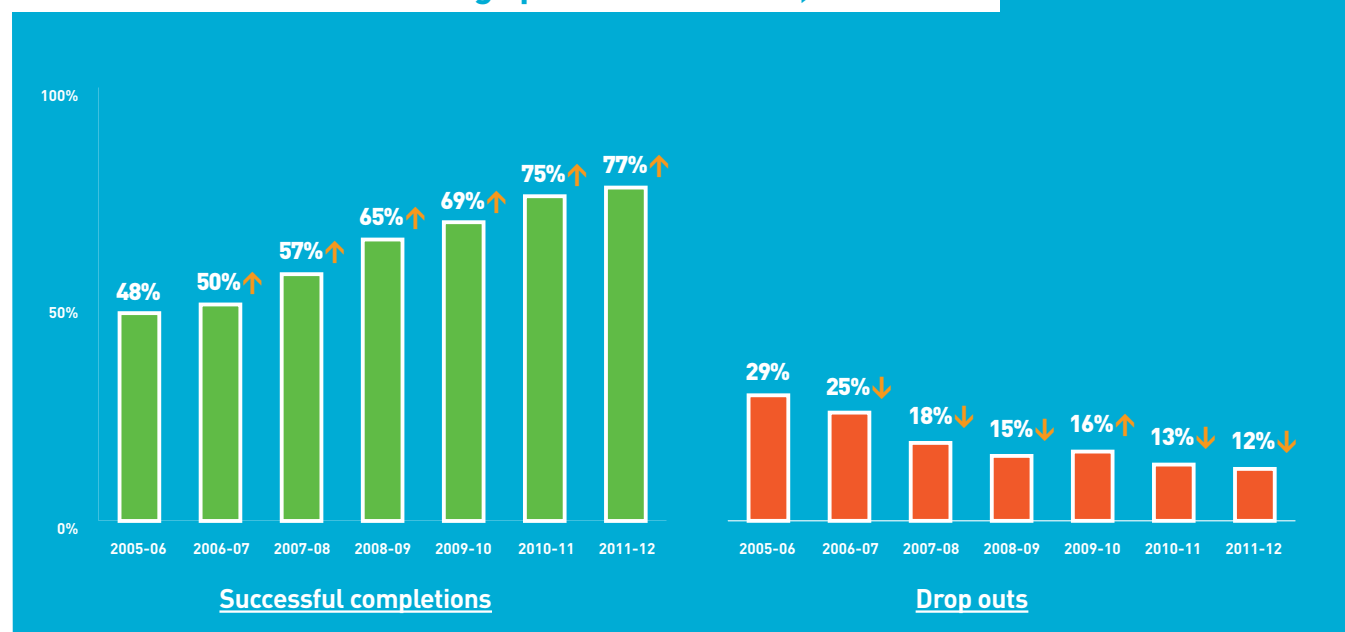
So the chances of a young person leaving a service having overcome his or her drug or alcohol problem have improved a little over the past 12 months, and a lot since 2005-06 when just 48% of those leaving completed successfully.

Meanwhile, the number and proportion of those leaving who drop out has continued to fall: 1,851 dropped out in 2010-11 (13%), but this fell to 1,630 (12%) in 2011-12. The same figures for 2005-06 reveal just how much better the system has become at retaining under-18s and helping them deal with their problems: in that year 2,525, or 29%, dropped out.

As for the support they actually received in 2011-12, most under-18s (44%) required a psychosocial ('talking therapy') intervention alone. A further 35% needed a talking therapy in conjunction with harm reduction advice. Only 1% required a clinician-prescribed medication.

Most young people don't need to spend long in specialist services. The average length of a treatment episode in 2011-12 was 154 days, or just over five months. The small number of under-18 primary heroin users spent the longest time, with an average 193 days, or six-and-a-half months, which compares to around four years for adult heroin users. While young people tend to need less time in an intervention than adults, there is no limit, especially for the complex cases that require more time and a deeper level of care from a range of services.

## 4. Status of under-18s leaving specialist services, 2005-12



“Cannabis and alcohol remain the key problem substances for this age group, and the evidence suggests that those who use them are doing so more intensively than ever”

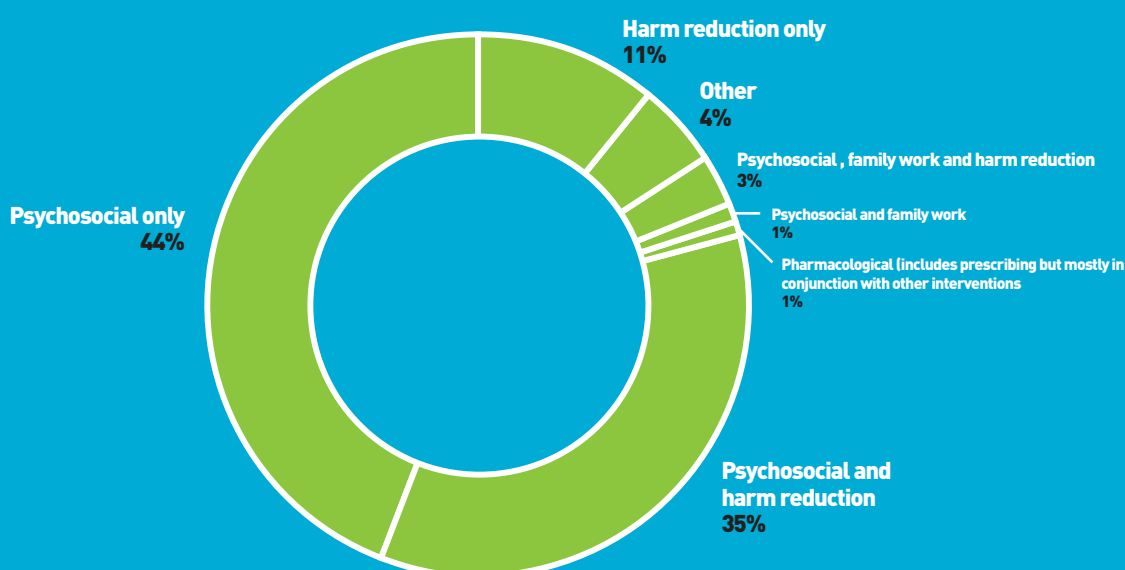
#### 4. What does the future hold?

The 2011-12 data shows that specialist substance misuse services in England continue to quickly and effectively engage young people, and that any young person who needs the help and support of such services is likely to do well. The system is working, and with fewer and fewer under-18s coming into specialist services the outlook is positive.

But we should not relax our guard. The drop in numbers might be temporary, and could be quickly reversed by the long-term effects of the recession and any new drug trends. More established drugs also pose serious questions: cannabis and alcohol remain the key problem substances for this age group, and the evidence suggests that those who use them are doing so more intensively than ever.

Specialist services support young people in overcoming their problems today, which helps to prevent them from becoming the problem drug and alcohol users of the future, and heads off a whole range of health and crime issues that accompany adult substance misuse. If these services are to continue fulfilling this role, investment must be maintained, along with referral routes from wider youth services. We must remain vigilant, but we must also protect what works. ■

#### 5. Interventions received by under-18s in specialist services, 2011-12



The figures in this chart add up to 99% because of rounding

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Some figures in this report have been rounded. Where necessary, figures under 5 are suppressed and totals rounded to the nearest 5 if figures could be derived. For more information see the NDTMS report 'Statistics relating to young people 1 April 2011–31 March 2012'.

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