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▶ Substance misuse among young people: 2010–11.

National Treatment Agency for Substance Misuse.
[UK] National Treatment Agency for Substance Misuse, 2011.

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England's National Treatment Agency for Substance Misuse documents trends in England towards quicker and more often successful treatment of children aged under 18 with alcohol or drug problems, while numbers have fallen in line with developments among the general population and among young adults in treatment.

Summary This is one of a series of reports from the National Treatment Agency for Substance Misuse – a special health authority which aims to improve treatment for drug problems in England – presenting a picture of this treatment based on data from the National Drug Treatment Monitoring System.

The featured report concerns the specialist treatment for alcohol or drug problems of children under 18 years of age. It comments that drug and alcohol misuse among teenagers is usually a symptom rather than a cause of their vulnerability. Many have broader difficulties in their lives that drugs and alcohol compound: family breakdown, inadequate housing, offending, truancy, anti-social behaviour, poor educational attainment, and mental health concerns such as self-harm. This means that specialist drug and alcohol services function most effectively as part of an inter-disciplinary support package which helps the young person now and prevents further problems in adulthood.

Main findings

Probably reflecting falling drug use among the general population of young people, the number of under-18s being treated for substance misuse in England has fallen each year from a peak of 24,053 in financial year 2008/09 to 21,955 in 2010/11. Those receiving help primarily for heroin fell from 480 in 2009/10 to 320 in 2010/11, about a third the level of five years ago. For cocaine the fall was from 457 to 350, more than halved in three years. At 4%, the proportion of young people now being treated primarily for these and other drugs in class A (the most serious) of the Misuse of Drugs Act is almost a third of that five years ago. The only drug category to increase in 2010/11 (from 256 to 639) was the amphetamines, probably because this now includes mephedrone, widely used as

a 'legal high' in recent years. It was made a controlled drug in 2010, so now figures in these statistics.

All these figures are dwarfed by the number of under-18s accessing services for problems with cannabis (12,784 in 2010/11) or alcohol (7054), though even these figures are down from the year before.

The single most common way young people find their way in to specialist addiction services is via the youth justice system (accounting for 39%), followed by education (14%) and self-referral (7%). Virtually all were helped within three weeks. Most (79%) were living with their parents or other relatives, half were in mainstream education, and further fifth in alternative education, either at a pupil referral unit or at home. Another fifth are not in education or employment. Beyond their substance use they usually suffer from a range of other emotional and social issues such as self-harming, offending, not being in education or employment, or teenage pregnancy or parenthood.

While the number of young people entering treatment has been falling, the number successfully completing it has risen. In the first year statistics were collected (2005/06), 48% completed successfully, a figure which has risen steadily to 75% in 2010/11. Correspondingly, the proportion dropping out of treatment before completing it has fallen from 29% in 2005/06 to 13% in 2010/11. On average young patients spend just over five months in treatment.

While in treatment over 80% of young people seeing specialist services receive a psychosocial intervention (sometimes in combination with other interventions, such as harm reduction advice and family work) including cognitive-behavioural therapy and motivational techniques. Just 2% are prescribed medications. Reflecting the multi-agency approach to young people's problems, at the end of their time with specialist substance misuse services, 68% of young people are referred on to other children's services.

The authors' conclusions

Overall the statistics show that specialist substance misuse services are increasingly efficient at seeing young people quickly and giving them the support they need to overcome their problems with drugs and alcohol.

Young people respond so well to specialist substance misuse treatment probably because their use is normally far less entrenched than among adults, but also because the government's 2010 drug strategy promoted a sharper focus on improving outcomes for young people and providing more effective care planning – working closely with young people and their families to establish realistic goals and achievable steps to those goals. Also, specialist services can now draw on a stronger evidence base, and are better at understanding and implementing what works for young people.

Treatment relies largely on psychosocial interventions which explore the underlying causes of a young person's substance misuse and seek to change his or her attitudes and behaviour towards drugs and alcohol. Many need help in several areas of their lives and will have an individual care plan that aims to provide across-the-board support. They are referred to specialist substance misuse services when that particular problem needs dealing with; after that they continue to see other mainstream and specialist services, which will attempt to resolve any family, mental health, housing, education issues and so on. The wider support system for young people is well integrated.

FINDINGS An equivalent report for 2011–12 is now available.

The featured report is a companion to a similar one on adult addiction treatment. Mirroring the featured report at the next age band up, it reveals a sharp decline in the numbers of young adults (aged 18–24) presenting to adult treatment services in recent years for the most serious problem drugs, heroin and crack, while cannabis use has become more of a concern, and was the only problem in respect of which increasing numbers of young adults were entering treatment. In 2009/10 it overtook heroin (without other drugs) as the biggest category of drug for 18–24s coming into treatment; the following year the respective figures were 4493 for cannabis and 3253 for heroin.

The crime reduction benefits of treating adult heroin and crack users are not so clear among young patients, who mainly use other types of drugs, but still immediate impacts plus the longer term forestalling of further problems has been calculated to more than justify the costs of treating under-18 patients.

One striking but possibly misleading figure in the featured report is the apparently minor role of therapeutic work involving the patient's family. This type of intervention (with or without others) was recorded for just 4% of patients, yet 80% were living were living with their families, and such approaches are recognised as among the most appropriate and effective for what are often multiply troubled youngsters. It could be that working with families is actually much more common, but not as a formal therapy thought to warrant ticking that box in the returns to the monitoring system, or that family dynamics are dealt with not by the addiction service, but by partner agencies. However, there does seem a real deficit. Based on the evidence, British practice standards on the care of young people with substance misuse problems published by the Royal College of Psychiatrists commend family work, but comment that this is not standard in British services.

The standards also offer an additional possible explanation for recently falling numbers in treatment – the sometimes substantial withdrawal of funding and curtailing of services, an explanation implicitly denied by the featured report on the basis that no queues are apparent at the doors of youth addiction treatment services. However, it could still be the case that referring agencies are sending fewer young patients to these services because they no longer have the same capacity to recognise, assess and act on their needs.

The assumption made by the featured report that increasing proportions who successfully complete treatment (patients judged no longer dependent or in need of treatment) is evidence of increasingly successful treatment rests partly on an analysis of adult patients leaving treatment for drug problems in 2005/06. Over the next four years, 57% who left having successfully completed avoided being officially recorded as problematic users of illegal drugs, neither being picked up by criminal justice system nets intended to identify problem drug users, nor returning to treatment on their own initiatives. This record of 57% seemingly staying recovered from their dependence compared with 43% among patients who left *without* having successfully completed treatment. That successful rather than unsuccessful treatment is more likely to be followed by lasting recovery is also suggested by another analysis showing that the reduction in criminal convictions is greater among the successful completers in the two years after they leave treatment compared to the two years before. However, successful completion was less influential among users of drugs other than opiates and crack.

Without making any specific reservations about the featured report, it should be borne in mind that analysts with an interest in the success of a programme they are evaluating tend to produce more positive analyses than

independent analysts – in research terms, the 'allegiance effect'. It is part of the remit of the National Treatment Agency for Substance Misuse to have an interest in the success of addiction treatment in England, to improve this, and to show this has been done by producing reports such as the featured report.

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