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### ► [Substance misuse among young people 2011–12.](#)

**National Treatment Agency for Substance Misuse.**

**[UK] National Treatment Agency for Substance Misuse, 2012.**

*Documents trends towards more successful specialist treatment of children with alcohol and drug problems in England. Patient numbers have fallen in line with trends among young adult patients and the general population, a sign of fewer drug problems generally, though cannabis bucked the downward trend.*

**Summary** This is one of a series of reports (for last year's click [here](#)) from the [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 specialist treatment for alcohol or drug problems of children under 18 years of age. It comments that drug and alcohol misuse among teenagers is problem in itself, but also often a symptom of their broader vulnerability. Many have 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**

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 20,688 in 2011/12. Since there is no evidence of a log-jam in accessing services, the drop in numbers seems to represent a genuine fall in demand, reflecting falling drug use among the general population of young people.

Those receiving help primarily for heroin and other opiates fell to 211, about a quarter the level of six years ago. At 3%, the proportion of young people being treated primarily for these and other drugs in class A (the most serious) of the Misuse of Drugs Act was

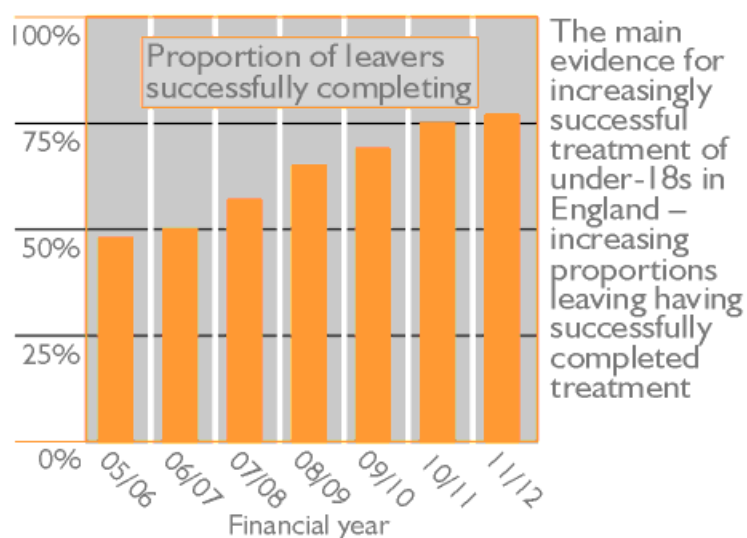
almost a third the proportion five years ago, and in numbers fell from a peak of 2050 in 2007/8 to 631. In the previous year the only drug category to increase in numbers (from 256 to 639) was the amphetamines, probably because the figures included **mephedrone**, widely used as a 'legal high' in recent years. In this latest year though the figure fell back to 493.

All these figures are dwarfed by the number of under-18s accessing services for problems with cannabis, a record 13,200 in 2011/12, despite falls in use among the general population. The explanations may include stronger strains of the drug and greater awareness of cannabis use problems among generic and specialist services. Alcohol is the next most common drugs, though the numbers fell from 7054 in the previous year to 5884. Together cannabis and alcohol accounted for 92% of patients.

Most of the young patients (80%) were living with their parents or other relatives, about half were in mainstream education, and further fifth in alternative education, either at pupil referral units or at home. Another fifth were not in education or employment. Beyond their substance use they usually suffered 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.

The single most common way young people found their way in to specialist addiction services was via the youth justice system (accounting for 38%), followed by education (21%) and referral by self, family or friends (11%) or social care agencies (10%). Virtually all were helped within three weeks, on average within two days.

On average young patients spent just over five months in treatment at specialist services. While there, over 80% received a psychosocial intervention (sometimes in combination with other interventions, such as harm reduction advice and family work) such as cognitive-behavioural therapy and motivational techniques. Just 1% were prescribed medications.



While the number of young people entering treatment has been falling, the proportion of who leave treatment having successfully completed it has risen. In the first year statistics were collected (2005/06), 48% of leavers left as planned having overcome their drug or alcohol problem, a figure which has since risen steadily to 77% ▶ *chart*. Correspondingly, the proportion of leavers who dropped out of treatment before completing it has fallen from 29% in 2005/06 to 12% in 2011/12.

## The authors' conclusions

Overall the statistics show that specialist substance misuse services 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. However, drop in numbers could be quickly reversed by the long-term effects of the recession and new drug trends. More established drugs also pose serious questions: cannabis and alcohol remain the key problem substances, and the evidence suggests that those who use them are doing so more intensively than ever.



The featured report is a companion to a similar one released the previous year on [adult addiction treatment](#). Mirroring the featured report at the next age band up, it revealed 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 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.

[Last year's](#) equivalent report offers further commentary and details on some topics.

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