

DRUG AND ALCOHOL FINDINGS **Your selected document**

This entry is our account of a study selected by Drug and Alcohol Findings as particularly relevant to improving outcomes from drug or alcohol interventions in the UK. Click [here](#) for copyright and permissions to copy and adapt. The original study was not published by Findings; click on the [Title](#) to obtain copies. Links to source documents are in [blue](#). Hover mouse over [orange](#) text for explanatory notes. The Summary is intended to convey the findings and views expressed in the study. Below are some comments from Drug and Alcohol Findings.

► Specialist substance misuse treatment for young people in England 2013–14.

Public Health England.
Public Health England, 2015.

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Judged by successful completion of treatment, official report documents improved specialist treatment of children with alcohol and drug problems in England. Patient numbers have fallen in line with trends in the general population, though cannabis bucked the general downturn and now dominates the treatment statistics.

SUMMARY Within its brief to protect and improve the nation's health and address inequalities, [Public Health England](#) promotes [addiction treatment](#) by supporting the local authorities responsible for local treatment systems. The featured report offers a commentary on England's progress in respect of young people under 18 years of age receiving specialist treatment for problems related to their use of alcohol or drugs. The following account also draws on [source data](#) from the National Drug Treatment Monitoring System. For the treatment of over-18s in England, see instead these analyses in relation to [alcohol](#) and [drugs](#).

Treatment figures should be set against the backdrop of declining substance use among young people in general. The 2013 Smoking, Drinking and Drug Use Survey found that compared to decade ago, pupils aged 11 to 15 were far less likely to use alcohol or drugs. For example, 9% had drunk alcohol in the past week, down from 25% in 2003. 16% said they had used illicit drugs in the past year and 6% in the past month, of which cannabis was the most commonly used. However, use of this drug has been declining, down to 7% taking it in the last year compared to 13% in 2001. Importantly, the survey highlights the high 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.

However, in 2013/14 the Crime Survey for England and Wales reported an increase from the previous year in the proportion of 16–24-year-olds using cannabis and some drugs controlled in class A (most serious) of the Misuse of Drugs Act, including powder cocaine and ecstasy. It is too early to say whether this signals an end to the long-term downward trends.

Main findings

The number of under-18s being treated for substance use in England has fallen each year from a peak of 24,053 in financial year 2008/09 to 19,126 in 2013/14 [► chart](#). The youth justice system was the most common way young people found their way in to specialist services (accounting for 29%), followed by education (26%), then referral by self, family or friends (12%) or social care agencies (10%). Almost all who started treatment during the year were seen quickly; 99% waited fewer than three weeks and the average wait was just under two days.

Cannabis was by far the most common primary drug in relation to which treatment was provided. Numbers in 2013/14 continued to increase to a record 13,659, 71% of all patients. Alcohol is next most common, though the numbers continued to fall from a peak of 8,799 in 2008/09 to 3,776 in 2013/14. Together cannabis and alcohol accounted for 91% of patients. Numbers receiving help primarily for heroin and other opiates fell to 160, continuing the steady decline from 881 in 2005/06 [► chart](#).

As one of the drugs they used whether or not their primary problem, cannabis and alcohol were recorded for 85% and 54% of patients respectively. Numbers using 'club drugs' (GHB/GBL, ketamine, ecstasy, methamphetamine or mephedrone) fell to 2,694, still the second highest figure since 2005/06 and representing 14% of the caseload [► chart](#). At 1,519 users, mephedrone was most common.

Over half (59%) the young people treated in 2013/14 had multiple problems and vulnerabilities, including self-harming, offending, truancy or being a looked-after child. About half were in mainstream education, and a further fifth in alternative education in settings such as pupil referral units or at home; 14% were not in education or employment. Over four-fifths (82%) were living with their parents or other relatives.

On average young patients spent just under five months at specialist services. While there, 89% received a psychosocial intervention (often in combination with other interventions, such as harm reduction advice) such as cognitive-behavioural therapy and motivational techniques. Just 157 children – under 1% – were prescribed medications.

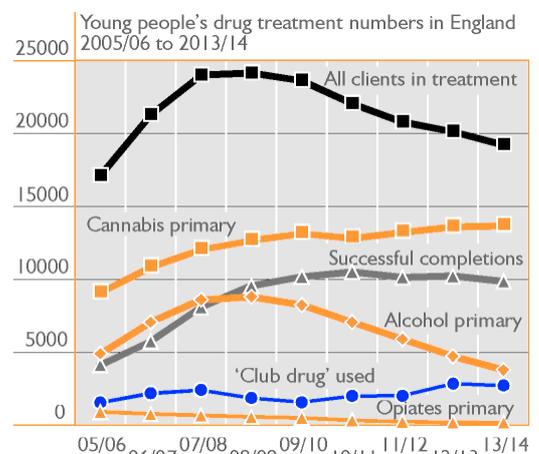
Though relative to adults, treatments were short, the proportion of young patients who left treatment having successfully completed it was high and has increased. In the first year statistics were collected (2005/06), 48% of leavers left as planned having overcome their drug or alcohol problem and were no longer in treatment at the end of the year, a figure which has risen to 79%. Correspondingly, the proportion of leavers who dropped out of treatment before completing it has fallen from 29% in 2005/06 to 12%. Expressed as proportions of the total caseload in a year, over the same period successful completions more than doubled from 24% to 52% [► chart](#) above left.

The authors' conclusions

Specialist substance use 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 use problems and prevent them becoming problematic users in adulthood. The drop in numbers may reflect falling drug use among the general population of young people. Possibly also, contraction in the provision of general services for young people affected referrals.

Although these services are seeing fewer clients, those they do see tend to have a range of problems in their lives. Drug and alcohol problems among young people are often a symptom of wider problems, going hand in hand with issues such as offending or truancy. This means specialist drug and alcohol services need to be able work with a range of other agencies to ensure that all a young person's needs are met, and must be complemented by other universal and targeted services, particularly for vulnerable young people at greatest risk of developing problems.

The biggest challenge continues to be cannabis. More than four-fifths of young people in specialist services have a problem with this



drug (as their primary problem or as a subsidiary drug) – the highest level since comparable records began. It is 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 novel psychoactive substances will continue to be a challenge for services.

FINDINGS COMMENTARY The featured report is a companion to similar ones on adult [alcohol](#) and [drug](#) treatment. Mirroring the featured report at the next age band up, the drug report revealed a sharp decline in the numbers of young adults (aged 18–24) treated for problem use of heroin or other opiates (including opiate/crack problems) from 11,309 in 2005/06 to 3,142 in 2013/14. At the same time, cannabis use has become more prominent, rising from 3,328 to 5,039 in 2013/14, when it accounted for 43% of all young adult treatment entrants. For both children and young adults, reducing treatment numbers reflect declining drug use and drinking among young people in the general population.

The [crime reduction benefits](#) of treating adult drug users derive mainly from those dependent on heroin and/or crack. Such benefits are not so clear among young patients, who mainly use other types of drugs. Nevertheless, immediate impacts plus the forestalling of future problems [have been calculated](#) to more than outweigh the costs of treating under-18s.

A striking statistic in the [data report](#) suggest a minor role for family-based therapeutic work, identified as undertaken with under 1% of patients. However, this seems an artefact of the way the figures are presented. [Tables](#) from the previous year record that 2,837 young person's family work interventions were provided, 14% of all interventions. Even this may be thought low given that over 80% of the young patients 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 recording in 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 from the Royal College of Psychiatrists commend family work, but say it 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 young people's substance use services, an explanation seemingly contradicted by low waiting times. However, it could be 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 those referrals, or that (as the report speculates) referral agencies have themselves contracted and are not making as many referrals as in previous years.

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