

## DRUG & ALCOHOL FINDINGS Analysis

This entry is our analysis of a document considered particularly relevant to improving outcomes from drug or alcohol interventions in the UK. The original document was not published by Findings; click [Title](#) to order a copy. [Links](#) to other documents. [Hover over](#) for notes. [Click to highlight passage](#) referred to. [Unfold extra text](#) The Summary conveys the findings and views expressed in the document. Below is a commentary from Drug and Alcohol Findings.

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### ▶ [Young people's statistics from the National Drug Treatment Monitoring System \(NDTMS\) 1 April 2015 to 31 March 2016.](#)

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Public Health England, 2017

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*The diminishing youth treatment caseload in England is increasingly dominated by under-18s primarily being treated for cannabis use problems as the numbers of primary problem drinkers falls away to just 15% of the caseload.*

**SUMMARY** This account is based on the featured document's own summary.

Specialist substance misuse services in England saw fewer young people (those aged under 18) in 2015/16 than in the previous year (17,077, a drop of 1,272 or 7% compared to 2014/15). This continues a downward trend, year-on-year, since a peak of 24,053 in 2008/09.

Of the 11,224 young people leaving services in 2015/16, 80% (8,929) did so in a planned way, no longer requiring specialist interventions. This is the same treatment completion rate as last year and suggests that specialist substance misuse services in England are responding well to the needs of young people who have alcohol and drug problems, and are helping young people to overcome their substance misuse problems ▶ [chart](#)

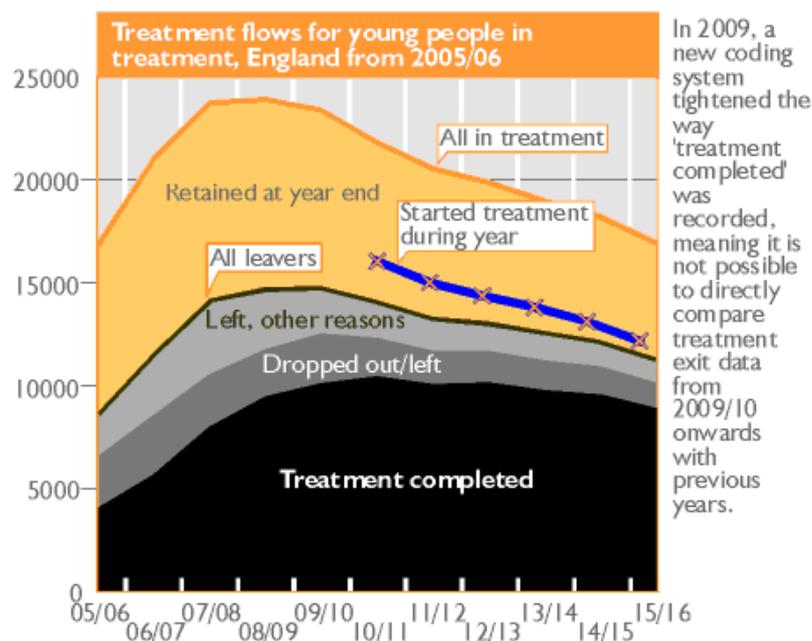
Just under two-thirds of the young people accessing specialist substance misuse services were male (65%), and just over half (52%) the caseload were aged 16 or over. Females in treatment had a lower median age (15) than males (16), with 26% of females under the age of 15 compared to 20% of males.

The most common drug young people presented to treatment with (as their primary or subsidiary substance use problem) continued to be cannabis. 87% of young people in specialist services said they have a problem with this drug compared to 86% in 2014/15. The numbers in treatment for cannabis as a primary substance have been on an upward trend since 2005/06, although numbers have dipped slightly in the last two years.

Alcohol is the next most commonly cited problematic substance with just under half the young people in treatment (48%) seeking help for its misuse during 2015/16. However, numbers in treatment for alcohol problems have been declining steadily in recent years, and this figure is much lower than the two-thirds (67%) reported in 2009/10.

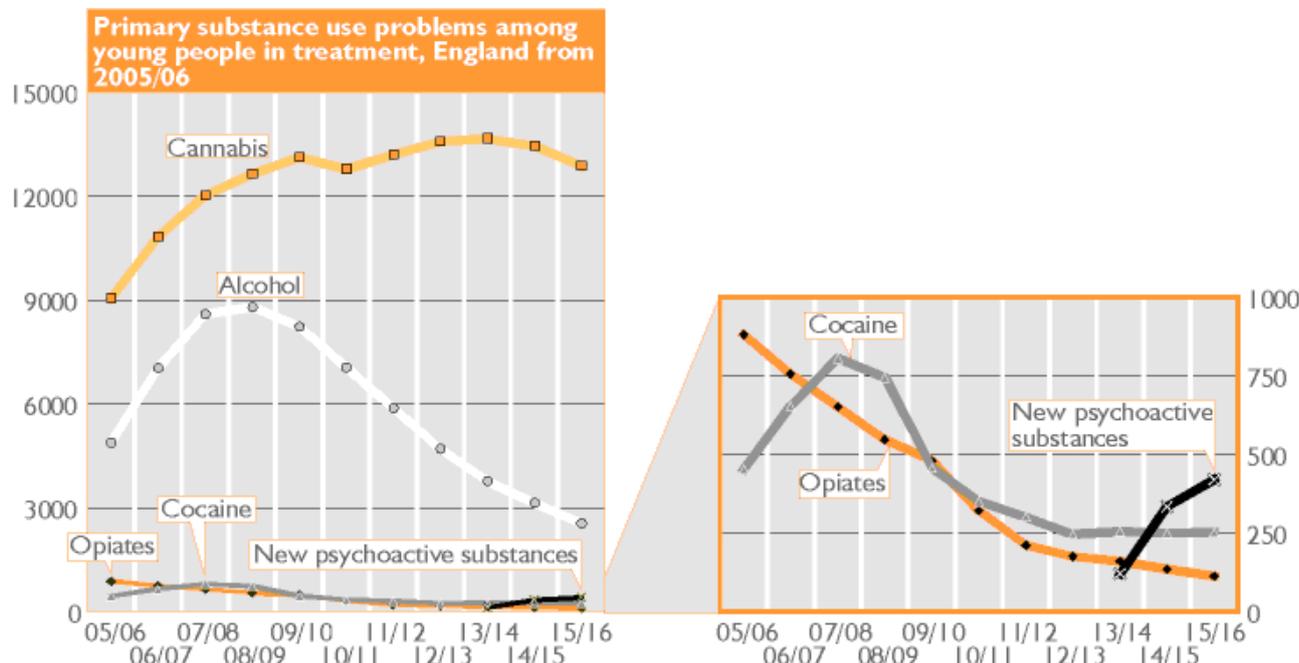
Alongside cannabis and alcohol, young people in specialist substance misuse services used a range of substances. Of those who were in contact with services, 1,605 cited problematic ecstasy use (9%), 1,477 cocaine use (9%), 1,152 amphetamine use (7%), and 1,056 (6%) concerns around the use of new psychoactive substances.

Although the proportion of young people reported by specialist services as having problems with new psychoactive substances rose for the second year (from 5% in 2014/15 to 6% in 2015/16), it is still



relatively small. Specialist services will want to remain alert to the possibility that young people may develop problematic use of these substances in the future and ensure that services continue to be accessible and relevant to their needs.

As a primary problem substance cannabis dominated, accounting for three-quarters of all patients in treatment in 2015/16 and in numbers, 12,863. The dominance of cannabis increased from 2008/09 as numbers primarily in treatment for drinking problems fell from 8,799 to 2,556, ending at 15% of the caseload [▶ chart below](#)



The most common routes into specialist substance misuse services were from education provision (28%), youth justice services (26%), and children's social care (14%). The proportion of referrals from the youth justice system has declined in recent years, while the proportion of referrals from education has increased. This is the first year of reporting that referrals from education services have exceeded referrals from youth/criminal justice sources.

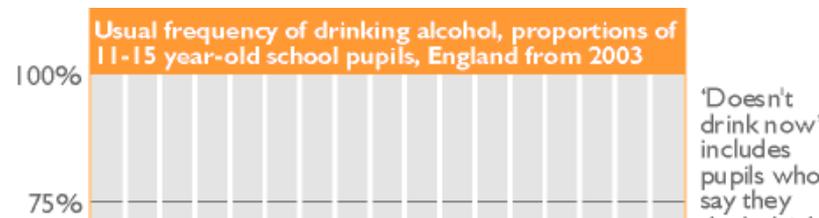
Most young people presenting to specialist substance misuse services have other problems or vulnerabilities related to their substance use (such as mental health problems, being 'looked after' [ie, in the care of local authorities] or not being in education, employment or training) or wider factors that can impact on their substance use (such as offending, self-harming, or experiencing sexual exploitation or domestic abuse). Of the 17 vulnerability items collected via the [National Drug Treatment Monitoring System](#), 83% of young people who started treatment in 2015/16 disclosed two or more vulnerabilities. Therefore, specialist services need to be able to work with a range of other agencies to ensure that all needs of a young person are met.

Following on from last year, data on sexual exploitation are included in this report. 6% of young people presenting to treatment services in 2015/16 reported experience of sexual exploitation compared to 5% in 2014/15. This proportion was higher among females (14%) than males (just over 1%).

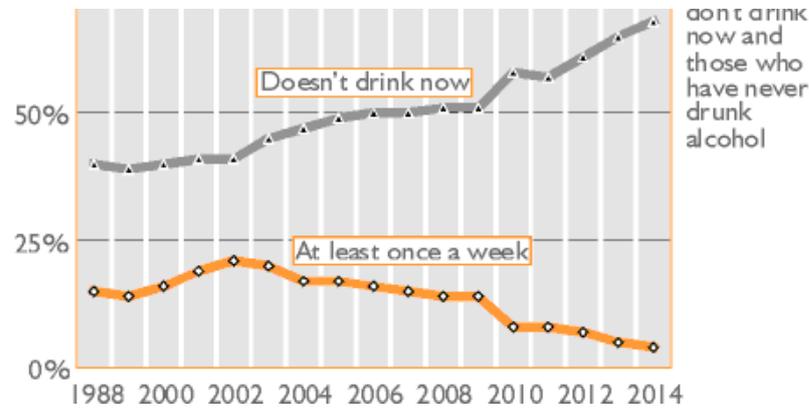
Waiting times to gain access to specialist substance misuse services were short. The average wait for young people to start their first specialist intervention was two days. Almost all (98%) of the 17,763 first interventions starting in 2015/16 had waiting times of three weeks or under, with 79% of first interventions waiting for zero days.

**FINDINGS COMMENTARY** Though 83% of young people who started treatment in 2015/16 disclosed two or more vulnerabilities, it is worth noting that the two most common – early onset substance use and using several substances – are more or less integral to the caseload. More indicative of deep problems beyond substance use are the particularly high figures for girls of 28% affected by "domestic abuse", 25% with mental health problems, and a third self-harming. About 1 in 8 of all the children starting treatment were in the care of local authorities and 17% were not in education, employment or training.

The falling number of opiate users in the under-18 caseload is replicated among [adult patients](#). By 2015/16 the number of 18–24-year-olds with opiate use problems



had plummeted to a fifth of the number ten years before, down from 22,681 to 4,491. In turn this appeared to reflect general population trends in England, where the estimated number of problem users of opiates and/or crack aged under 25 more than halved from 72,838 in 2004/05 to 32,628 in 2011/12.



Similarly, falling numbers of young drinkers in treatment seems in line with [reductions in youth drinking in England](#) [▶ chart](#). In figures collected since 1998, the proportions who in anonymous surveys said they usually drank at least once a week fell from a high of 21% in 2002 to just 5%, and the proportions of non-drinkers rose from 41% to 68%.

For more on the treatment of problem cannabis use see the Effectiveness Bank [hot topic](#) "Cannabis is worth bothering with".

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