

“The number of teenagers receiving help for drug and alcohol problems has levelled out, after rising steadily for the past few years...”

SUBSTANCE MISUSE AMONG YOUNG PEOPLE: THE DATA FOR 2009-10

Substance misuse among young people: the data for 2009-10 Key findings:

The number of under-18s accessing services in England during 2009-10 was 23,528. This is a reduction of 525 compared to 2008-09

The number of under-18s treated for problem drug use associated with primary use of heroin and crack has fallen each year for the past five years

The number of under 18s completing treatment successfully has more than doubled in five years

The number of teenagers receiving help for drug and alcohol problems has levelled after rising steadily for the past few years.

The number of under-18s in specialist substance misuse services in England during 2009-10 was 23,528. This is a reduction of 525 compared to 2008-09, and indicates that demand is stabilising following the sharp rise in the number of young people coming into substance misuse services between 2005 and 2008.

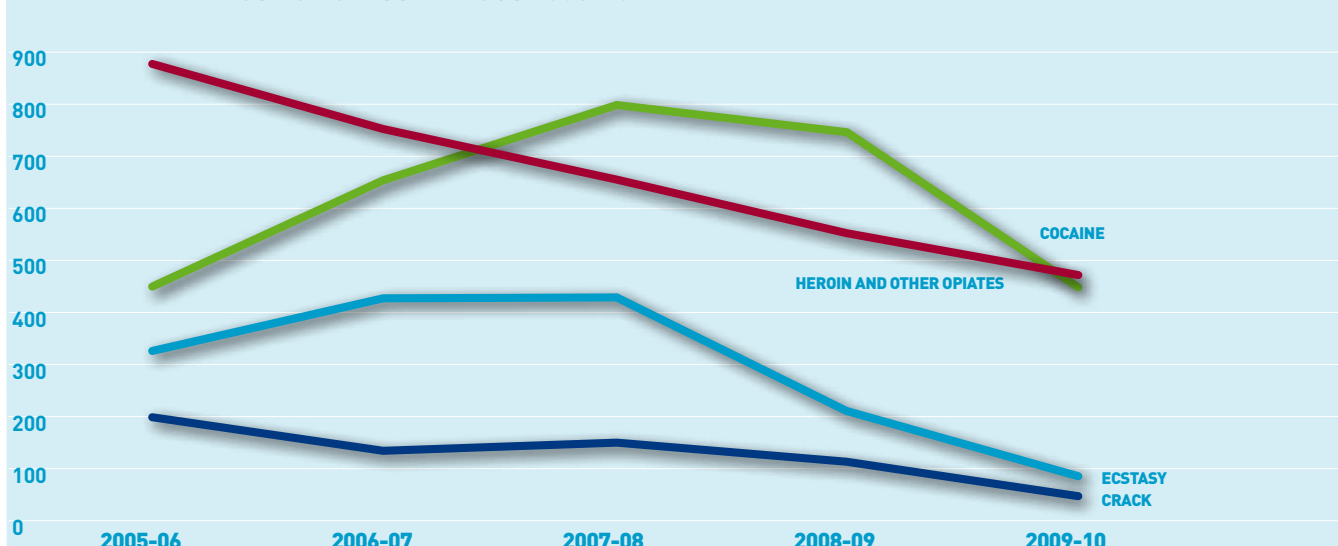
The evidence continues to show, overall, that drug and alcohol use among young people is falling*; however, the increased availability of services in recent years ensures young people who need help are getting it.

Most young people entering specialist substance misuse services in England have not been using alcohol and drugs for long. When they do use, some are using heavily and experiencing physical or psychological problems along with behavioural problems associated with increased risk-taking, such as exclusion from school, family breakdown and offending.

It is these complex interrelated needs in young people that warrant multidisciplinary support to tackle immediate harm and prevent further potential problems, such as the development of addiction.

Most under-18s accessing specialist services for drug and alcohol misuse can't be described as addicts in the same way as adults would. Addiction in adults is normally the result of regular, consistent use of substances over time, in particular the entrenched use of Class A drugs.

FIG 1: NUMBER OF YOUNG PEOPLE ACCESSING SERVICES FOR PRIMARY USE OF CLASS A DRUGS 2005-10



*Smoking, drinking and drug use among young people in England in 2009, an annual report commissioned by the NHS Information Centre for Health and Social Care, the Home Office, and the Department for Education; Drug misuse declared: findings from the 2009-10 British crime survey, England and Wales, commissioned by the Home Office

A typical under-15 Class A drug user

Megan began using alcohol, cannabis, and cocaine at 13, around the time she was placed in care. She got involved with older boys on a local estate who gave her alcohol and drugs.

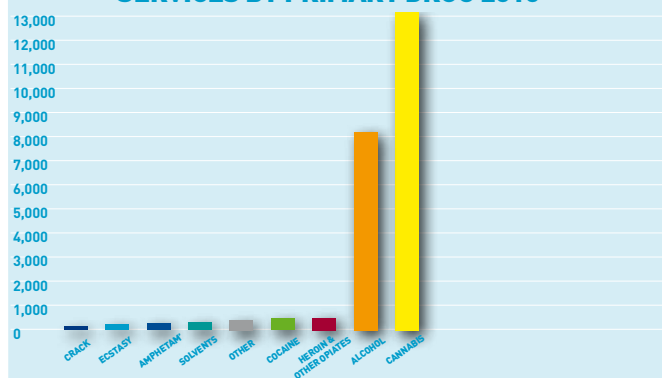
Megan was taking risks that were affecting her psychological and physical health, was beginning to get into trouble with the police and was caught shoplifting. She was referred to a young person's treatment service

by her social worker.

The young person's service worked as part of a multi-agency team, which included Megan's social worker and a youth offending team worker. They worked to reduce her risk-taking

and improve her safety and sexual health. They organised talking therapies appropriate to her age to support Megan and help her address her drug and alcohol use and other issues in her life. Support for Megan is ongoing.*

FIG 2: NUMBER OF YOUNG PEOPLE ACCESSING SERVICES BY PRIMARY DRUG 2010



NTA analysis of trends in interventions offered to under-18s over the past five years shows a steady decline in the reported incidence of problems with Class A drugs [Fig 1].

The generational shift away from heroin and crack use among young adults (aged 18-24) in drug treatment, as identified by NTA analysis of drug treatment trends, is more pronounced in drug use among under-18s, although numbers are much smaller.

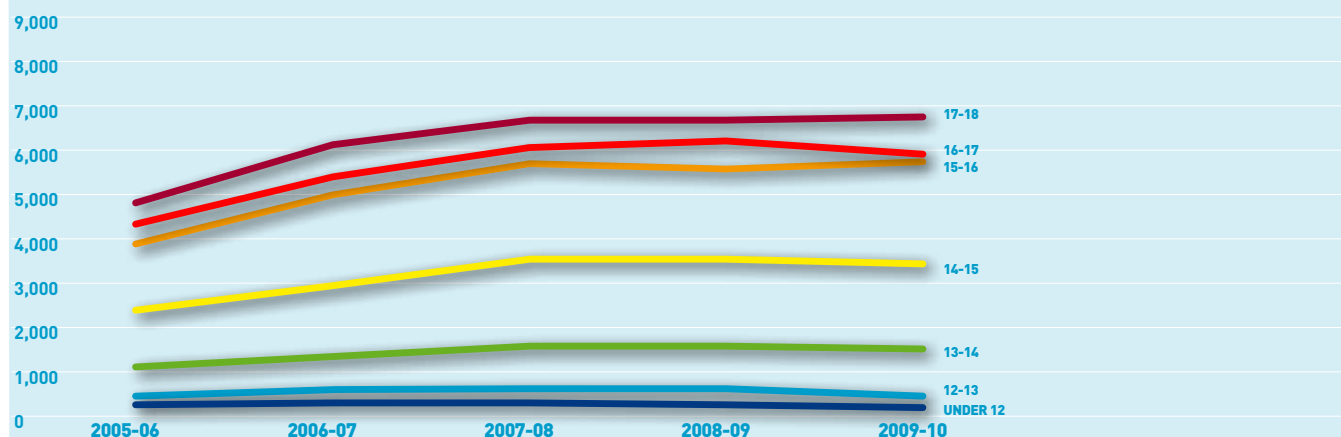
The number of under-18s treated for problem drug use associated with primary use of heroin and crack has fallen each year for the past five years and now stands at 530, less than half the number in 2005. This now represents 2% of the total number of young people receiving help, compared to 6% five years' ago.

Fresh analysis of data also shows the number of young people accessing services primarily for cocaine use has fallen by 43% in the past two years to 457. This is now around the same as 2005-06 and accounts for under 2% of the total number of young people receiving help, compared to the 3% it has been for the past four years.

The number of young people accessing substance misuse services for ecstasy as the main drug of use has fallen by 79% in the past two years to 90, representing less than 0.5% of the total number of people receiving help, down from 2% in 2005-06.

As with previous years, the vast majority of young people are receiving help for problems associated with cannabis and/or alcohol. Together these drugs account for nine out of ten of all cases of young people receiving help during the year [Fig 2].

FIG 3: NUMBER OF YOUNG PEOPLE ACCESSING SERVICES BY AGE 2005-10



*To protect under-age individuals receiving specialist support and treatment, the young people's case studies in this report have been drawn from data collected through the National Drug Treatment Monitoring System (NDTMS) and are examples from the caseload of specialist young people's treatment services. Details have been changed and simplified so they do not identify specific individuals.

A typical under-18 cannabis user

Tom was referred to a young person's substance misuse service at the age of 16 by a school nurse. He had been using cannabis with a group of friends for a year, had lost interest in his studies

and was constantly missing school. His relationship with his parents was disintegrating and they felt unable to talk to him. Money was disappearing and they were worried about his increasing mood swings and panic attacks.

The young person's substance misuse service worked with Tom to provide a range of psychosocial interventions, including age-appropriate motivational interviewing, to help him cut down his cannabis use with a view to stopping altogether.

Tom's parents attended therapeutic sessions with their son.

Within three months Tom had stopped using cannabis, his relationship with his parents had improved and he was back at school.*

The number of under-18s receiving help primarily for alcohol use has fallen by 572 since 2008-09 to 8,227, a drop of more than 6%. The number receiving help for primary cannabis use has gone up each year for the past five years. In 2009-10 it stood at 13,123 individuals, an increase of more than 4,000 compared to 2005-06, which reflects the proportional growth in the total number of young people accessing services during that period [Fig 4].

This needs to be seen in the context of the continuing fall in any drug use among those under 30. Specifically, the proportion of young people using cannabis, which fell from just under 12% in 2005 to just under 9% in 2009*. Overall, drug use among 16-59 year olds is at its lowest level since measurement began in 1996**.

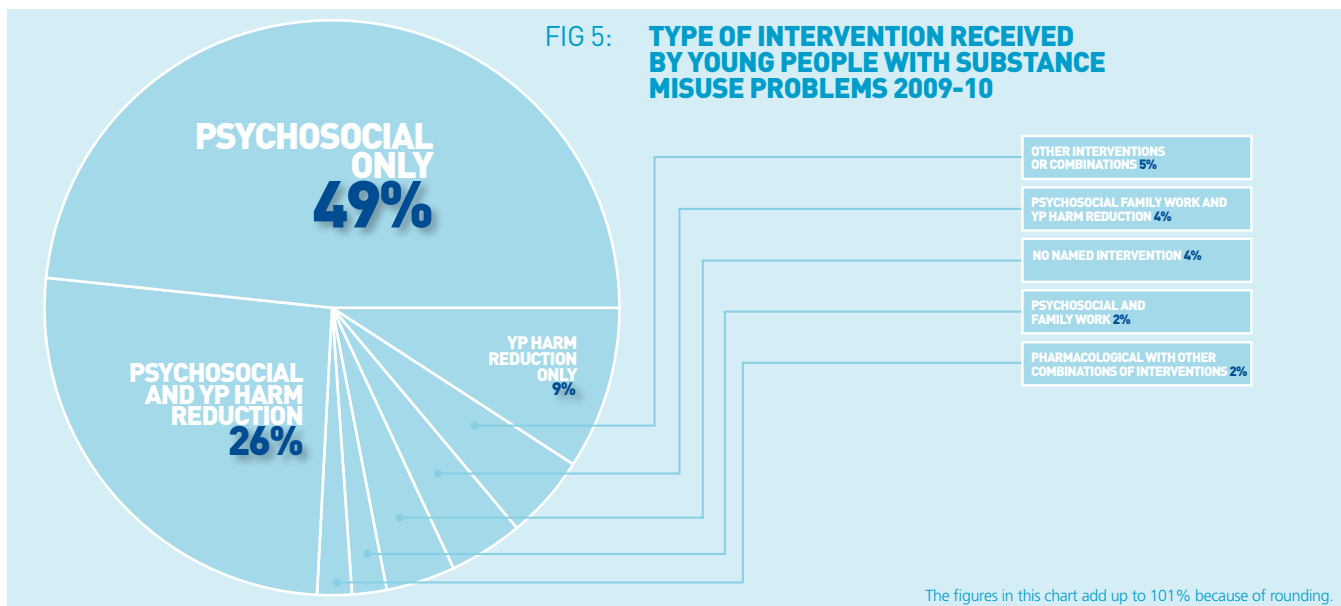
But the important point remains that treatment and support services continue to be widely available to any young people in England who need it, meaning they can get quick and effective help.

Very few pre-teens need help for drug or alcohol use and this small number has fallen by a third in the past two years to 155 [Fig 3]. No child under 12 was treated for primary use of Class A drugs, but a few are receiving support for primary use of cannabis, alcohol and solvents. This drug use among people so young presents serious health risks that require close monitoring to ensure specialist support remains available to all those who need it.

FIG 4: NUMBER OF YOUNG PEOPLE ACCESSING SERVICES FOR PRIMARY ALCOHOL AND CANNABIS USE 2005-10



*Smoking, drinking and drug use among young people in England in 2009, an annual report commissioned by the NHS Information Centre for Health and Social Care, the Home Office, and the Department for Education; Drug misuse declared: findings from the 2009-10 British crime survey, England and Wales, commissioned by the Home Office
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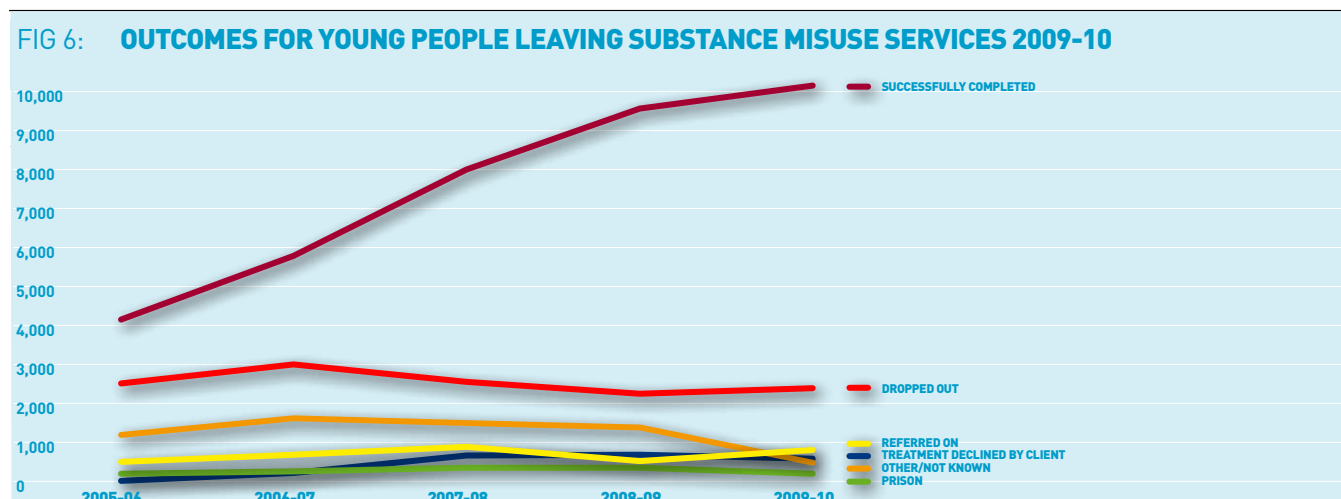


The majority of young people accessing services in 2009-10 received 'talking' and behavioural therapies to address the underlying causes and consequences of their substance misuse. Some received family work, which involves their parents, carers and siblings. Many received young people's harm-reduction support to address the impact of substance misuse on their physical, sexual and mental health.

A very small number received pharmacological treatment mostly in combination with talking therapies. A proportion of these received prescribed medication for conditions not related to substance misuse (and as part of a wider package of care) but different types of medication are not separated out in the National Drug Treatment Monitoring System (NDTMS).

Most young people receiving such help would also need support for a range of problems that either contribute to or result from their substance misuse, such as the breakdown of family relationships, school attendance and educational issues, and emotional and physical health problems [Fig 5].

With the expansion of specialist substance misuse services for under-18s, and closer working relationships with other services for children, fewer young people now drop out; the figure has fallen to one in six compared to nearly one in three in 2005-06. The number of under-18s completing treatment successfully has more than doubled in five years to 10,160 and accounts for more than two out of every three young people leaving treatment in 2009-10 [Fig 6].



Tables

TABLE 1: AGE AND GENDER

	MALE		FEMALE		TOTAL	
←12	110*	1%	45*	0%	155*	1%
12-13	230*	2%	150*	2%	385*	2%
13-14	794	5%	602	7%	1,396	6%
14-15	1,760*	12%	1,540*	18%	3,300*	14%
15-16	3,457	23%	2,313	27%	5,770	25%
16-17	3,780	25%	2,043	23%	5,823	25%
17-18	4,694	32%	2,007	23%	6,701	28%
Total	14,829	100%	8,699	100%	23,528	100%

TABLE 2: ETHNICITY

White British	19,739	85%	Other Asian	187	1%
White Irish	145	1%	Caribbean	432	2%
Other white	331	1%	African	222	1%
White & black Caribbean	620	3%	Other black	244	1%
White & black African	89	0%	Chinese	8	0%
White & Asian	168	1%	Other	190	1%
Other mixed	308	1%	Not stated	103	0%
Indian	119	1%	Total	23,308	100%
Pakistani	238	1%	Missing or inconsistent data	220	
Bangladeshi	165	1%	Total including missing	23,528	

TABLE 3: PRIMARY DRUG BY AGE

	←12		12-13		13-14		14-15		15-16		16-17		17-18		Total	
Heroin & other opiates	0	0%	0	0%	*	0%	14	0%	59	1%	107	2%	298	4%	480*	2%
Amphetamine	0	0%	*	0%	*	0%	21	1%	57	1%	72	1%	102	2%	256	1%
Cocaine	0	0%	*	1%	*	0%	30	1%	74	1%	133	2%	214	3%	457	2%
Crack	0	0%	*	0%	*	0%	*	0%	6	0%	13	0%	28	0%	50*	0%
Ecstasy	0	0%	*	1%	5	0%	11	0%	24	0%	18	0%	31	0%	90*	0%
Cannabis	62	47%	183	48%	786	57%	1,808	55%	3,423	60%	3,317	57%	3,544	53%	13,123	56%
Solvents	17	13%	24	6%	52	4%	53	2%	51	1%	41	1%	36	1%	274	1%
Alcohol	53	40%	161	42%	513	37%	1,296	40%	1,941	34%	1,969	34%	2,294	34%	8,227	35%
Other	*	1%	*	1%	18	1%	34	1%	99	2%	115	2%	128	2%	399	2%
Total	135*	100%	380*	100%	1,383	100%	3,270*	100%	5,734	100%	5,785	100%	6,675	100%	23,355*	100%
Missing or inconsistent data	21		*		13		33		36		38		26		170*	
Total including missing	155*		385*		1,396		3,300*		5,770		5,823		6,701		23,528	

TABLE 4: PRIMARY AND ADDITIONAL DRUG BY AGE

	←12		12-13		13-14		14-15		15-16		16-17		17-18		Total	
	Primary	Additional	Primary	Additional	Primary	Additional	Primary	Additional	Primary	Additional	Primary	Additional	Primary	Additional	Primary	Additional
Heroin & other opiates	0	0	0	*	*	5	14	14	59	37	107	45	298	89	480*	190*
Amphetamine	0	*	*	*	*	29	21	78	57	204	72	225	102	267	256	807
Cocaine	0	*	*	*	*	41	30	164	74	393	133	566	214	760	457	1,929
Crack	0	*	*	*	*	*	*	16	6	31	13	67	28	134	50*	253
Ecstasy	0	0	*	7	5	25	11	122	24	266	18	326	31	343	90*	1,089
Cannabis	62	12	183	62	786	216	1,808	647	3,423	1,041	3,317	1,219	3,544	1,415	13,123	4,612
Solvents	17	*	24	11	52	32	53	59	51	78	41	52	36	48	274	285*
Alcohol	53	20	161	88	513	428	1,296	983	1,941	1,916	1,969	1,907	2,294	2,115	8,227	7,457
Other	*	15	*	40	18	149	34	321	99	529	115	501	128	585	399	2,140

TABLE 5: SUBSTANCE MISUSE INTERVENTION PATHWAYS

Psychosocial only	11,538	49%	Psychosocial + family work+YP harm reduction	935	4%
YP harm reduction only	2,212	9%	Psychosocial + YP harm reduction	6,092	26%
Family work only	102	0%	Psychosocial + YP harm reduction + pharmacological	89	0%
Specialist pharmacological only	22	0%	Other or combinations (including pharmacological)	239	1%
Psychosocial + family work	374	2%	Other or combinations (not including pharmacological)	1,018	4%
Psychosocial + pharmacological	70	0%	No named interventions	825	4%
Psychosocial + family work + pharmacological	12	0%			

*All numbers under 5 have been suppressed. Where totals could then be derived, figures have been rounded to the nearest 5 and marked with an asterisk

Tables

TABLE 6: WAITING TIMES: FIRST INTERVENTION

	← 3 weeks		→ 3 weeks	
Psychosocial	13,409	97%	457	3%
Harm reduction	6,701	98%	135	2%
Criminal justice	664	98%	11	2%
Family work	713	99%	9	1%
Shared care	*	100%	0	0%
Specialist pharmacological	90	99%	*	1%
Inpatients	*	100%	0	0%
Supported child care	8	100%	0	0%
Access to residential treatment	6	100%	0	0%
Other interventions or combinations	139	83%	28	17%
Total	21,735	97%	640*	3%

TABLE 7: ACCESSING SERVICES: AGE TRENDS

	2005-06		2006-07		2007-08		2008-09		2009-10	
← 12	212	1%	233	1%	227	1%	193	1%	155*	1%
12-13	358	2%	457	2%	467	2%	442	2%	380*	2%
13-14	1,040	6%	1,253	6%	1,476	6%	1,500*	6%	1,396	6%
14-15	2,380	14%	2,961	14%	3,466	14%	3,550*	15%	3,300*	14%
15-16	3,884	23%	4,953	23%	5,658	24%	5,574	23%	5,770	25%
16-17	4,347	26%	5,315	25%	5,987	25%	6,133	25%	5,823	25%
17-18	4,780	28%	6,019	28%	6,624	28%	6,663	28%	6,701	28%
Total	17,001		21,191		23,905		24,053		23,528	

TABLE 8: ACCESSING SERVICES: PRIMARY DRUG TRENDS

	2005-06		2006-07		2007-08		2008-09		2009-10	
Heroin & other opiates	881	5%	755	4%	651	3%	547	2%	480*	2%
Amphetamine	332	2%	323	2%	346	1%	230*	1%	256	1%
Cocaine	453	3%	655	3%	806	3%	745*	3%	457	2%
Crack	200	1%	137	1%	155	1%	110	0%	50*	0%
Ecstasy	325	2%	432	2%	438	2%	210*	1%	90*	0%
Cannabis	9,043	55%	10,824	52%	12,021	51%	12,642	53%	13,123	56%
Solvents	210	1%	301	1%	305	1%	284	1%	274	1%
Alcohol	4,886	30%	7,039	34%	8,589	36%	8,799	37%	8,227	35%
Other	174	1%	183	1%	241	1%	270*	1%	399	2%

TABLE 9: ACCESSING SERVICES: OUTCOME TRENDS

	2005-06		2006-07		2007-08		2008-09		2009-10	
Successfully completed	4,105	48%	5,726	50%	8,073	57%	9,546	65%	10,160	69%
Referred on	572	7%	701	6%	938	7%	510	3%	856	6%
Dropped out/left	2,525	29%	2,902	25%	2,529	18%	2,253	15%	2,408	16%
Prison	200	2%	285	2%	339	2%	371	3%	183	1%
Treatment declined by client	*	0%	246	2%	703	5%	620*	4%	529	4%
Not known	102	1%	202	2%	98	1%	71	0%	51	0%
Other	1,108	13%	1,448	13%	1,401	10%	1,250	9%	478	3%
Total	8,615*		11,510		14,081		14,620*		14,665	

Tables

TABLE 10: PRIMARY DRUG BY REGION

	North East		North West		Yorkshire & Humberside		East Midlands		West Midlands		East of England		London		South East		South West	
Heroin & Other opiates	50*	3%	40*	1%	62	3%	50*	3%	57	2%	40*	2%	52	2%	84	3%	50*	2%
Amphetamine	20	1%	47	1%	40	2%	40	2%	14	1%	15	1%	6	0%	36	1%	38	2%
Cocaine	28	2%	140	3%	23	1%	12	1%	53	2%	42	2%	46	1%	64	2%	49	2%
Crack	*	0%	*	0%	8	0%	0	0%	10	0%	7	0%	12	0%	5	0%	*	0%
Ecstasy	15*	1%	15*	0%	8	0%	5*	0%	5	0%	5*	0%	7	0%	12	0%	20*	1%
Cannabis	766	47%	2,555	56%	1,142	50%	1,036	53%	1,501	57%	986	55%	2,349	70%	1,731	55%	1,057	53%
Solvents	32	2%	46	1%	47	2%	32	2%	26	1%	14	1%	17	1%	30	1%	30	2%
Alcohol	678	41%	1,651	36%	870	38%	739	38%	949	36%	655	36%	854	25%	1,145	36%	686	35%
Other	53	3%	31	1%	72	3%	46	2%	29	1%	35	2%	24	1%	59	2%	50	3%
Total (clients)	1,645*	100%	4,525*	100%	2,272	100%	1,959	100%	2,644	100%	1,797	100%	3,367	100%	3,166	100%	1,980*	100%
Missing or inconsistent data	0		14		33		*		19		*		70		13			20
Total including missing	1,645*		4,540*		2,305		1,960*		2,663		1,800*		3,437		3,179			2,000*

TABLE 11: AGE AND GENDER BY REGION

	North East		North West		Yorkshire & Humberside		East Midlands		West Midlands		East of England		London		South East		South West	
<12	10*	1%	45*	1%	27	1%	10*	0%	17	1%	8*	0%	14	0%	11	0%	15*	1%
12-13	35*	2%	80*	2%	43	2%	30*	2%	38	1%	25*	1%	64	2%	43	1%	25*	1%
13-14	113	7%	332	7%	149	6%	116	6%	152	6%	72	4%	213	6%	132	4%	117	6%
14-15	245*	15%	690*	15%	322	14%	255*	13%	329	12%	245*	14%	528	15%	420	13%	265*	13%
15-16	401	24%	1,088	24%	598	26%	464	24%	644	24%	463	26%	836	24%	792	25%	484	24%
16-17	382	23%	1,118	25%	566	25%	494	25%	702	26%	449	25%	834	24%	793	25%	485	24%
17-18	456	28%	1,188	26%	600	26%	590	30%	781	29%	536	30%	948	28%	988	31%	614	31%
Total (clients)	1,645*	100%	4,540*	100%	2,305	100%	1,960*	100%	2,663	100%	1,800*	100%	3,437	100%	3,179	100%	2,000*	100%
Male	1,020*	62%	2,865*	63%	1,355	59%	1,350*	69%	1,694	64%	1,095*	61%	2,210	64%	2,023	64%	1,215*	61%
Female	625*	38%	1,675*	37%	950	41%	610*	31%	969	36%	700*	39%	1,227	36%	1,156	36%	785*	39%
Total (clients)	1,645*	100%	4,540*	100%	2,305	100%	1,960*	100%	2,663	100%	1,800*	100%	3,437	100%	3,179	100%	2,000*	100%

TABLE 12: DISCHARGE REASON BY REGION

	North East		North West		Yorkshire & Humberside		East Midlands		West Midlands		East of England		London		South East		South West	
Complete (drug free)	778	70%	1,926	69%	876	68%	929	73%	1,148	69%	897	72%	1,396	66%	1,421	71%	789	68%
Referred on	77	7%	120	4%	104	8%	90	7%	49	3%	72	6%	179	8%	116	6%	49	4%
Dropped out / left	197	18%	464	17%	197	15%	186	15%	359	21%	198	16%	267	13%	335	17%	205	18%
Prison	10	1%	49	2%	17	1%	23	2%	15	1%	18	1%	21	1%	18	1%	12	1%
Treatment declined by client	51	5%	100	4%	46	4%	26	2%	44	3%	31	2%	117	6%	73	4%	41	4%
Other	*	0%	124	4%	31	2%	21	2%	49	3%	26	2%	108	5%	22	1%	23	2%
Not known	0	0%	6	0%	*	0%	0	0%	0	0%	0	0%	5	0%	*	0%	35	3%
Inappropriate referral	0	0%	13	0%	10	1%	0	0%	7	0%	*	0%	28	1%	*	0%	10	1%
Total (clients)	1,115*	100%	2,802	100%	1,285*	100%	1,275	100%	1,671	100%	1,245*	100%	2,121	100%	1,990*	100%	1,164	100%

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