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# **SUBSTANCE MISUSE AMONG YOUNG PEOPLE 2010-11**

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# Substance misuse among young people: 2010-11

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Any substance misuse among young people under 18 years old is a cause for concern. Drugs and alcohol can damage their health and development, disrupt their education, and devastate their families.

Research suggests the overwhelming majority of young people do not experience these problems, and evidence indicates that even those who do are rarely dependent.

Unfortunately, there is a small number of young people whose use of drugs and alcohol does become a problem for themselves and those around them. These young people need help.

They are not addicts, because most have not been using drugs or alcohol long enough to become dependent in the way adults can. The specialist services they receive are therefore very different from adult treatment...

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## Five key findings from the data for 2010-11

- 1** [The number of under-18s accessing specialist services for substance misuse in England fell to 21,955](#)
- 2** [The number of young people being treated primarily for Class A drugs, such as heroin and cocaine, continued to fall – to fewer than 800](#)
- 3** [Alcohol and cannabis remain by far the main substances for which under-18s access specialist services in England](#)
- 4** [More young people than ever are completing their therapy successfully – the figure has reached 75%](#)
- 5** [The number of young people dropping out of specialist services fell to an all-time low of just 13%](#)

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.

So specialist drug and alcohol services function most effectively as part of a package of inter-disciplinary support that helps the young person now and prevents further problems in adulthood, such as addiction.

Fortunately the number of under-18s accessing specialist services continues to fall.

The latest statistics from the National Drug Treatment Monitoring System (NDTMS) for 2010-11 show services are responding quickly and effectively to young people who need support and guidance to overcome their drug and alcohol use.

These specialist services also saw slightly fewer young people over a period when the pooled budget for England was held at £25.4m, representing a high level of investment despite the financial pressure on public services.

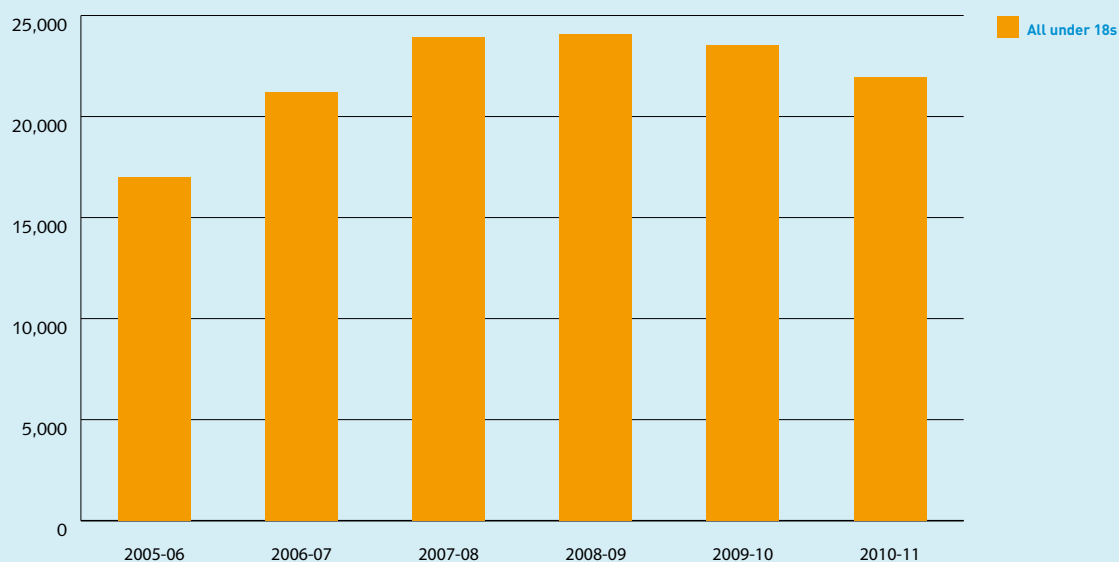
#### UNDER-18s IN SPECIALIST SERVICES BY AGE AND GENDER 2010-11

	Female	Male	Total (n)	Total (%)
<12	31	97	128	1%
12-13	125	190	315	1%
13-14	557	677	1,234	6%
14-15	1,406	1,686	3,092	14%
15-16	2,132	3,313	5,445	25%
16-17	1,920	3,737	5,657	26%
17-18	1,777	4,307	6,084	28%
<b>Total</b>	<b>7,948</b>	<b>14,007</b>	<b>21,955</b>	<b>100%</b>

The number of under-18s needing help for substance misuse in England began declining a few years ago and has continued to fall – from a peak of 24,053 in 2008-09, it fell to 23,528 in 2009-10 and dropped further to 21,955 in 2010-2011 (see graph 1, below).

This decline is probably a reflection of falling drug use among young people. Research suggests drug consumption by school pupils in the 11-15 age group has fallen by one-third over the

#### 1. NUMBER OF UNDER-18s ACCESSING SPECIALIST SERVICES 2005-11



# “There has been a notable year-on-year drop in the number of young people being treated for Class A drugs”

**UNDER-18s IN TREATMENT PRIMARILY FOR CLASS A DRUGS 2005-11**

	Heroin and other opiates	Cocaine	Crack	Ecstasy
2005-06	881	453	200	325
2006-07	755	655	137	432
2007-08	651	806	155	438
2008-09	547	745*	110	210*
2009-10	480*	457	50*	90*
2010-11	320*	350*	35*	65*

past decade. In a 2001 NHS survey, 29% said they had used drugs at some point, 20% had used them in the past year and 12% in the past month – the corresponding proportions for a similar survey in 2010 had fallen to 18%, 12% and 7%. The surveys recorded a similar decline in alcohol use among young people.

The number of young people being treated for Class A drugs has never been large, but there has been a notable year-on-year drop. Those receiving help primarily for heroin fell from 480\* in 2009-10 to 320 in 2010-11, and for cocaine from 457 to 350\*.

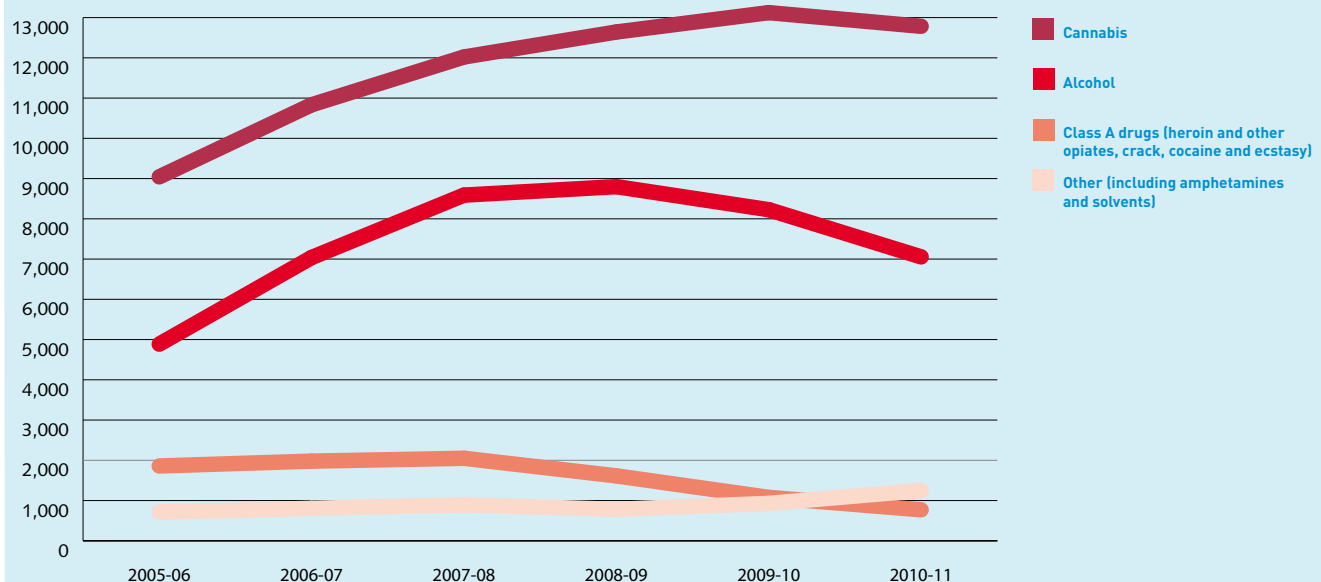
Most of those with a heroin problem were older teenagers (aged 17-18) and the numbers are about a third of the level five years ago. The numbers with cocaine problems have more than halved in three years.

Overall, the proportion of young people now being treated primarily for Class A drugs (4%) is almost a third of the level five years ago (11%). This fall mirrors the sharp decline in the numbers of young adults (aged 18-25) presenting to adult treatment services in recent years for the most serious problem drugs, heroin and crack. (Adult drug treatment statistics for 2010-11 show 6,108 young adults aged 18-25 presented for heroin and/or crack, compared with 12,320 in 2005-06.)

The only drug category to see any increase compared to last year is amphetamines, from 256 to 639, probably because it now includes mephedrone (the drug that became widely used as a 'legal high' in recent years and was made a Class B substance in 2010).

But all these figures are dwarfed by the number of under-18s accessing services for problems with either cannabis (12,784) or alcohol (7,054) in 2010-11, though even these figures are down compared to 2009-10 (see graph 2, below).

**2. NUMBER OF UNDER-18s BY PRIMARY DRUG TYPE 2005-11**



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

# “The number of young people successfully completing their therapy continues to rise”

## WAITING TIMES FOR UNDER-18s 2010-11

Less than three weeks	More than three weeks
21,948 (98%)	483 (2%)

The most common referral route for young people into specialist services is the youth justice system (39%), followed by education (14%) and self-referral (7%). No young person had to wait long to start treatment with a specialist service – 98% were receiving help within three weeks.

Demographic data shows that those aged 15 to 17 accounted for 78% of all young people in specialist treatment in 2010-11; 64% were male and 84% white British. Most young people in treatment (79%) are living with their parents or other relatives. The next biggest category are those ‘looked after’ in care or foster homes (8%). Just 1% had no fixed abode, and a further 1% were young offenders in secure care.

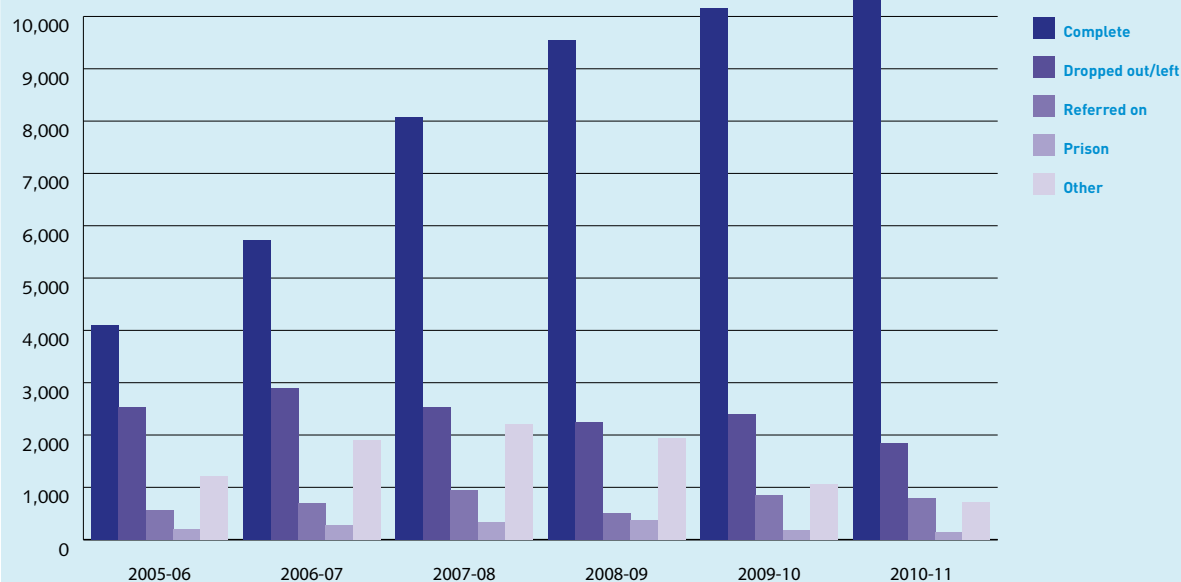
Other data reveals that 49% of these young people are in mainstream education and further 19% are in alternative education (either a pupil referral unit or at home); 19% are not in education or employment; and 8% are either employed, in training or on an apprenticeship.

New data published for the first time confirms that those who need help with drugs and alcohol have a range of other emotional and social problems. Some of these problems relate to the intensity of their substance misuse, such as using combinations of drugs, or drinking daily. Others add to the young person’s vulnerability, such as self-harming, offending, not being in education or employment, being pregnant, or being a parent. Some 70% of the young people in specialist services recorded between two and four of these factors.

While the number of young people accessing services is dropping, the number successfully completing a course of therapy continues to rise. During the first year statistics were collected (2005-06) 48% completed successfully. This has risen steadily over the past few years, reaching 69% in 2009-10 and hitting 75% in 2010-11. The average time a young person spent in a programme in 2010-11 was 158 days, or just over five months. Allied to this, the proportion of young people dropping out before completing has continued to fall, from 29% in 2005-06 to 16% last year to 13% this year (see graph 3, below).

Why are young people responding so well to specialist services? There are a number of possible explanations.

### 3. NUMBER OF UNDER-18s BY EXIT TYPE 2005-11



# “Services are working firmly in line with the government’s desire to see substance misuse tackled early”

To begin, a young person’s substance misuse is normally far less entrenched than an adult’s, so it is easier to deal with (young people have always had higher completion rates). Also, following the launch of the government’s 2010 Drug Strategy there has been a sharper focus on improving outcomes for young people and providing more effective care planning. This involves working closely with young people and their families to establish a realistic set of goals and achievable steps towards getting there. Finally, specialist services can now draw on a stronger evidence base, and are better at understanding and implementing what works for young people.

What works for young people with drug and alcohol problems are psychosocial interventions (also known as ‘talking therapies’). These include cognitive behavioural therapy and motivational techniques, 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.

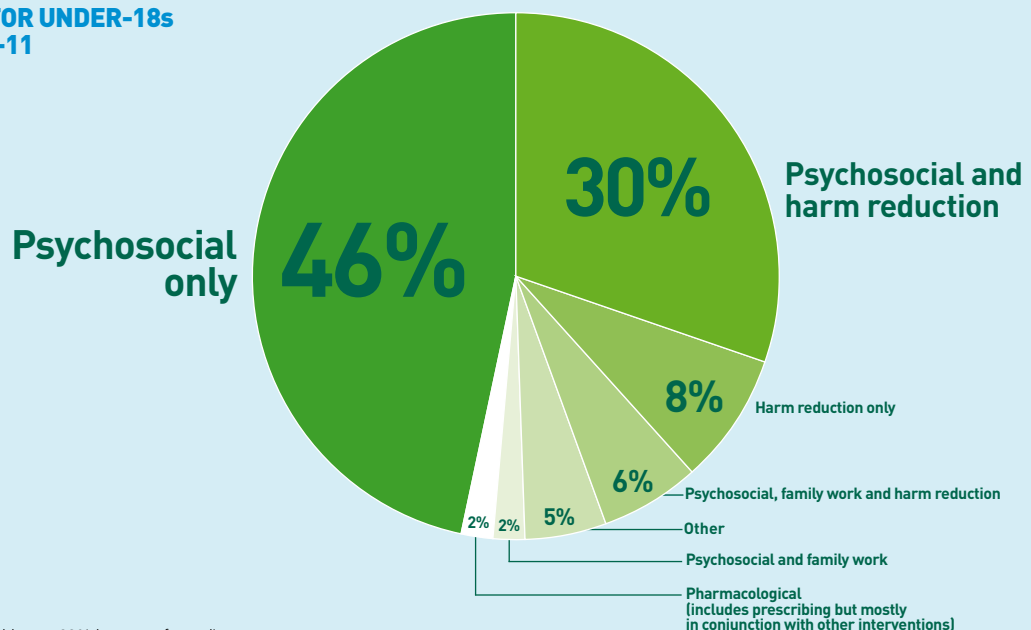
More than 80% of the young people seeing specialist services receive a psychosocial intervention (sometimes in combination with other interventions, such as harm reduction advice and family work). Graph 4, below, shows the most common types of treatment that specialist services provided during the year.

The NDTMS figures also reveal that at the end of their time with specialist substance misuse services, 68% of young people are referred on to other children’s services – a reflection of the multi-agency approach to young people’s problems.

As we have seen, many of these young people need help in several areas of their lives and will have an individual care plan that aims to provide across-the-board support. These young people 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.

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. This record means services are working firmly in line with the government’s desire to see substance misuse tackled early – so young people avoid developing entrenched problems and have the best chance to make the most of their lives. ■

## 4. INTERVENTION FOR UNDER-18s BY TYPE IN 2010-11



The figures in this chart add up to 99% because of rounding

# Substance misuse among young people: on the frontline

“Often we find that when young people misuse substances it’s centred on other vulnerabilities – they might be offending or have mental health issues”

## Jodie Allan works with young people at SORTED:

“I work mostly with girls aged 15 to 17. We assess their physical health, sexual health, mental health, social factors, family issues. Substance misuse is often the reason these problems have arisen – but it’s just as likely they’re using drugs because of these other issues.

“Every young person I work with is different, has individual needs. We have activities that look at the pros and cons of drug use, which work well for some. Others just need somebody to talk to. We also have good links with other services, which means we can ensure young people get the right support for other problems. We do all we can to help these young people, and they know they can trust us.

“One of our teams provides brief interventions. If a young person is smoking some cannabis, drinking alcohol and getting in trouble with the police, this team will do some behavioural work with them around cannabis, alcohol in a bid to prevent them from reoffending.

“Another team deals with young people who use drugs more chaotically. We can work with these young people for a few sessions or up to two or three years. We assess them and explore if drugs and alcohol have affected any aspects of their health and social life, and after that we agree a care plan that is based on their individual needs.

“People come back to us to tell us how they’re doing. There’s one girl who’s around 21 now, and every six months she sends me a text just to say that she’s doing well and she’s really happy.”

## Melanie Soutar is the manager at Matrix, a young people’s service:


“Our focus is young people with complex issues where substance misuse has become a significant problem. The age range is 13 and onwards.

“Sometimes the substance misuse is just starting to have an impact and is in danger of escalating. Often we find that when young people misuse substances it’s centred on other issues and vulnerabilities – they might be offending, have mental health issues or may not be in education or employment.

“We can’t work with substance misuse in isolation and it’s not just about the young people, it’s about the family as a whole. So while we might have young people with a range of problems, we also have parents who are at their wits end and need some support to pull the family together.

“We bring in services rather than direct people elsewhere, this way we can coordinate the care. We have a family support worker who can work with the parent or carer, and we have links to a family therapist, and access to children’s and adolescent’s mental health services and adolescent psychiatry.

“We take a flexible approach to working with young people. Interventions are person-centred and needs-led, so there is no time limit to involvement. To maximise engagement, we offer out-of-hours appointments, see young people in the community, at their homes, wherever they feel comfortable. Our priorities are young people’s priorities and we ensure they are fully involved in the process. The starting point has to come from them.”



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The full NDTMS statistical release for substance misuse among young people in 2010-11 is available now at [www.nta.nhs.uk/ypdata10-11.aspx](http://www.nta.nhs.uk/ypdata10-11.aspx)

For anyone worried about drugs, FRANK provides a friendly, confidential and non-judgemental service to those wanting help, information or advice. FRANK is available 24 hours a day, 365 days a year, and we would encourage media to provide a link to FRANK's website with any coverage: [www.talktofrank.com](http://www.talktofrank.com)

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