



Public Health
England

Substance misuse among young people in England 2012-13

December 2013

About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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Substance misuse among young people in England 2012-13

The key statistics for 2012-13

20,032 young people received help for alcohol or drug problems during the year

68% had cannabis as their main problem drug

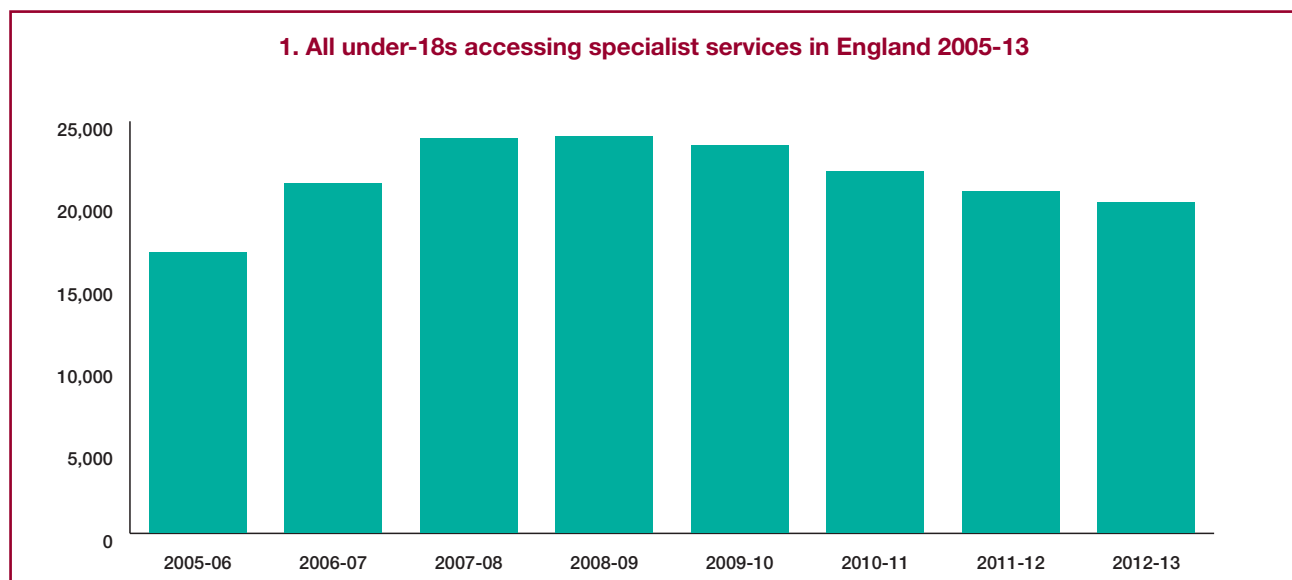
79% of young people leaving services successfully completed their treatment

1. The background to the data

There is a perception that drink and drug use is a widespread problem among under-18s in England. While any substance misuse among this age group is concerning, figures released this year¹ show that overall, secondary school pupils of today are far less likely to use alcohol or drugs than their counterparts were a decade ago.

Of those pupils in years 7 to 11 (11 to 16-year olds) who responded in 2012, 43% said they had drunk alcohol at least once, down from 61% in 2003, and 10% said they had drunk alcohol in the past week, down from 26% in 2003. For illicit drugs, 17% said they had used at some point, 12% had used in the past year and 6% in the past month. These are the lowest levels since 2001.

Despite the downward trends, there remain serious concerns. The proportion of children in the UK drinking alcohol remains well above the European average. We continue to rank among the countries with the highest levels of consumption among those who do drink, and British children are more likely to binge drink or get drunk compared to children in most other European countries.² Emerging substances, including 'legal highs', are also becoming an issue among young people.



¹Smoking, drinking and drug use among young people in England in 2012 (HSCIC, 2012)

²Hibell B, Guttormson U, Ahlstrom S, et al (2012) The 2011 ESPAD report: substance use among students in 36 European countries

Problematic drink and drug use among under-18s rarely occurs in isolation and is frequently a symptom of wider problems. It often goes hand in hand with a range of other risks and factors, such as offending or truancy from school.

Specialist substance misuse services for young people are distinct from adult services because young people’s alcohol and drug problems tend to be different to adults’ and need a different response. The role of specialist substance misuse services is to support young people to address their alcohol and drug use, reduce the harm caused by it and prevent it from becoming a greater problem as they get older. They should operate as part of a wider network of universal and targeted services (universal services include schools, colleges and youth clubs; targeted services include youth offending teams and non-mainstream education).

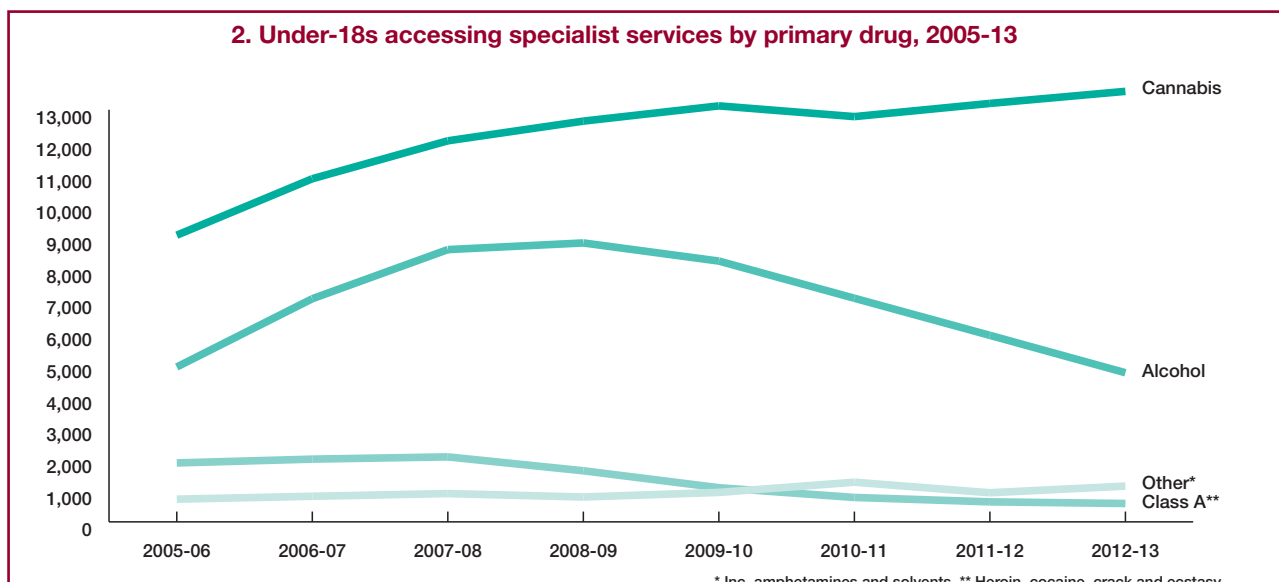
On 1 April 2013, national leadership for treating alcohol and drug misuse transferred from the National Treatment Agency for Substance Misuse (NTA) to Public Health England (PHE). Local authorities are now

responsible for commissioning substance misuse services to meet the needs of their communities, funded from their public health grant. PHE supports them with information and intelligence, expertise, evidence of what works, and benchmarking effective performance. The data in this report, collected by the National Drug Treatment Monitoring System (NDTMS), shows how specialist substance misuse services for young people in England performed in 2012-13.

2. What the data reveals

The number of young people attending specialist substance misuse services during 2012-13 was 20,032, down from 20,688 in 2011-12 (a 3% drop). Falling alcohol and drug use among young people in general may explain this small decline in demand, although it is also possible that cuts in funding for targeted youth support services may have affected the number of referrals.

Those young people who did enter specialist services during the year were seen quicker than ever – 99% waited fewer than three weeks from the point of referral to the first appointment, with the average wait just under two days.



Cannabis remains the drug for which young people are most likely to seek help. During 2012-13, 13,581 under-18s presented to specialist services with cannabis as their main problem drug (68% of all young people receiving help during the year), up slightly from 13,200 last year. The next biggest group was those with alcohol as the main problem substance, with 4,704 cases (24% of the total), though this is down considerably from 5,884 (29%) in 2011-12. The number of young people with heroin as their primary substance fell to a historic low of 175 (it has been falling consistently since 2005-06, when it was 881), while those presenting with cocaine as their main drug dropped to 245 from 300 last year.

These declining numbers are countered by the figures for amphetamines: the 493 cases last year (2% of all under-18s in services) has risen to 755 cases this year (4%). This may be a sign that more young people are getting into problems with new psychoactive substances (NPS, often called 'legal highs'), since the figure for amphetamines includes some of these drugs. Additionally, the overall number of young people reporting problems with 'club drugs' increased from 2,007 last year

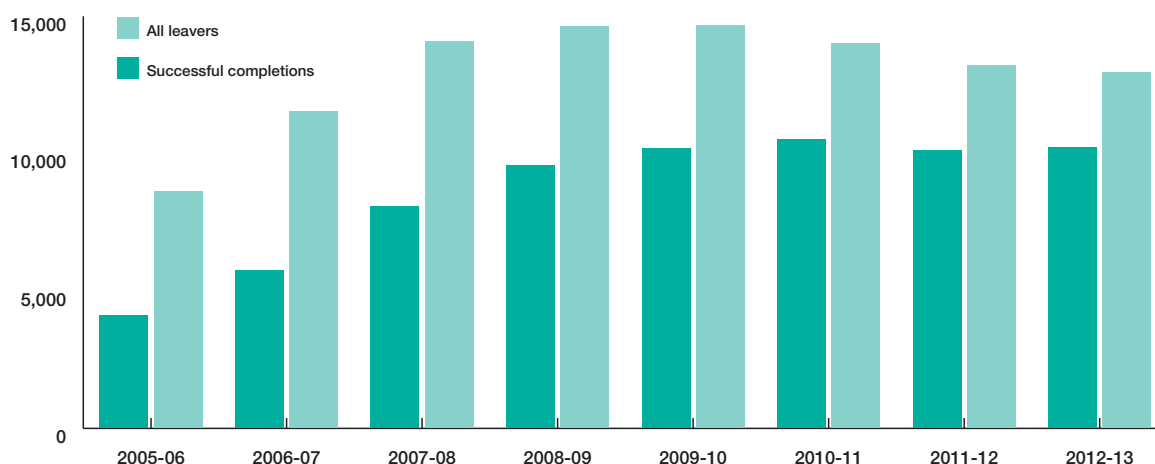
to 2,834 this year.³ This increase is mostly explained by the rise in mephedrone, which has become a more popular drug in recent years: cases went up from 1,065 in 2011-12 to 1,788 in 2012-13. The number of ecstasy cases also went up, from 732 to 997.

Many of the young people receiving help from specialist services have a range of 'vulnerabilities' (74%). This may include misuse of a range of drugs at an early age, drinking on a daily basis, or other risk factors such as offending, truancy or self-harm.

Young people who access specialist services can benefit from protective factors. For example, in 2012-13 92% of school age children were in either mainstream or alternative education, 63% of 16 to 17-year olds were in education, training or employment and 81% were living with their parents or other relatives. These factors can be key sources of stability and support, and may play vital roles in ensuring young people overcome their drug and alcohol problems.

The most common route into specialist services in 2012-13 remained the various pathways leading from the youth justice

3. Under-18s leaving specialist services having successfully completed, 2005-13



³This figure includes adjunctive use as well as primary use, as young people often use these substances interchangeably. Data on adjunctive use of all substances is included in the full statistical report

system (around 34% in total), with youth offending teams the single largest source (30%). Mainstream education was the next most common referral source (17%).

Demographic data shows us that of the 20,032 young people in specialist services during 2012-13, 13,143 were male (66% of the total, up from 64% last year), 10,503 were over 16 years old (52%, down from 53% last year), and 56 were under 12 years old (down from 110 last year). There was a 1% increase in the 13 to 14-year olds.

In terms of the help and support young people received, most had a psychosocial intervention (ie, a 'talking' therapy – 17,101, or 85%). Many also had a harm reduction intervention that aims to keep them safer (10,655, or 53%). Specialist services usually deliver harm reduction interventions alongside psychosocial support and always as part of an overall care-plan tailored to the specific needs of the individual young person.

Young people's alcohol and drug use is generally less established than adults', so they tend to respond quickly and positively to interventions. The average length of a treatment episode was 154 days, or five months – the same as last year. The proportion of young people leaving specialist services during the year having successfully completed was 79% (10,208), up from 77% (10,118) last year.

The number of young people who dropped out of services early fell from 1,630 last year to 1,530 this year, but the proportion remained the same at 12%. Most of those who completed successfully were referred on to wider universal or targeted services for support on other issues (66%).

3. Looking forward

The data for 2012-13 shows that specialist substance misuse services in England continue to respond to the needs of young people who have alcohol and drug problems. The function these services provide is vital, as intervening to help young people overcome their substance misuse problems can help to prevent them from becoming problematic users in adulthood.

Although specialist services are seeing marginally fewer young people, those they do see tend to have several other issues in their lives. However, these young people also tend to respond well to the interventions they receive for alcohol and drug problems. What's more, specialist services are responding to changing patterns of use among the under-18s, and to the increase in problems related to NPS and club drugs.

What happens now? Clearly specialist services should carry on doing the things they are doing well, and need to stay vigilant and respond to emerging trends in drug use among young people. But they are only part of the support structure these young people need. Local areas have to continue to provide the full range of universal and targeted services, and to ensure all those different services work in a joined-up way.

With the right support, specialist services can continue to focus on what they do best and ensure that young people who need help get it quickly, receive personalised and appropriate support, and then leave services having successfully overcome their alcohol or drug problems.

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