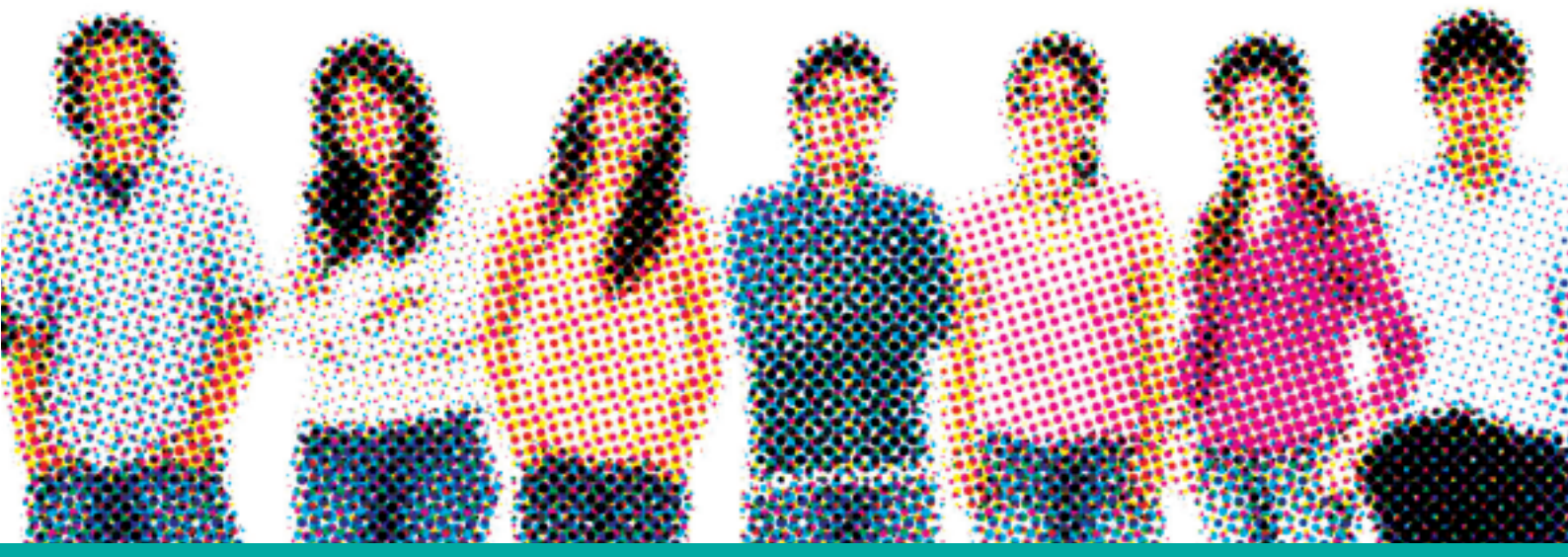
NHS

National Treatment Agency
for Substance Misuse

Getting to grips with substance misuse among young people

The data for 2007/08



The National Treatment Agency for Substance Misuse

The National Treatment Agency for Substance Misuse (NTA) is a special health authority within the NHS, established by government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England.

The NTA works in partnership with national, regional and local agencies to:

- Ensure the efficient use of public funding to support effective, appropriate and accessible local services
- Promote evidence-based and coordinated practice, by distilling and disseminating best practice
- Improve performance by developing standards for treatment, promoting user and carer involvement, and expanding and developing the drug treatment workforce
- Monitor and develop the effectiveness of treatment.

The NTA has achieved the Department of Health's targets to:

- Double the number of people in treatment between 1998 and 2008
- Increase the percentage of those successfully completing or appropriately continuing treatment year-on-year.

The NTA is now in the frontline of a cross-government drive to reduce the harm caused by drugs. Its task is to improve the quality of treatment in order to maximise the benefit to individuals, families and communities. Going forward, the NTA will be judged against its ability to deliver better treatment and better treatment outcomes for the diverse range of people who need it.

"It was so hard. Getting off drugs, staying in, not seeing the people I'd hung around with for years (my boyfriend didn't like me being off drugs either, and so that all ended). I had to cut all contact with everything I was used to. Imagine cutting all contact with your family – that's what it felt like.

"But I was determined, after a while. I wanted to prove that I wasn't this erratic, chaotic druggy. I wanted to prove that I was clever and talented and all of the things I knew I was. It's hard staying this way. It's very hard. It's not like everything has just gone 'click' and now everything's all amazing, but it's much, much better."

Clare (not her real name), 17

"Knowing that my son needed help with his drinking but having to be patient until he decided to accept help was a long and difficult process. Once he made that decision, help was available to him – but there was very little help for the rest of the family.

"When a young person is using drugs or alcohol, the family can suffer enormously. Families can offer help and support, if they themselves are supported and given information and education to help them to do this. Families can help treatment be more effective and the evidence shows this."

Sue H
Family member

"When we first saw Clare, she was in a real mess. Through an intensive course of motivational interviewing, we helped her realise that 'she was still in there somewhere'. Slowly but surely, we worked on her confidence and self image. Alongside the drug work, we also worked with Connexions and local housing providers to help her find somewhere to live. We also helped her to get back into college.

"It didn't always run smoothly – it never does – but we made real progress with Clare, and I feel she's in a much better place now."

Angela
Clare's worker at Addaction

Introduction

Reliable statistics on young people under 18 who receive specialist support for drug and alcohol misuse have been scarce. To address this, the National Treatment Agency (NTA) started recording data in 2005/06. This report summarises the data for 2007/08, together with information about the different types of interventions and the context in which these young people misuse substances.

This is the baseline year for reporting this data. The NTA will continue to enhance the range and quality of this data in future years, in order to obtain a better understanding of drug and alcohol misuse among young people who access specialist substance misuse services. This in turn will help the NTA improve the support available to them.

Executive summary

There is growing public concern about young people's use of drugs and alcohol. Though this concern is understandable, there is little evidence to support the perception that drug and alcohol use is spreading among young people.

However, it is true that substantially more young people are receiving specialist treatment and support for drug and alcohol misuse, and the problems related to it. This is because the availability of specialist misuse services has expanded dramatically in recent years, along with the efforts of mainstream children's services to screen and identify young people for substance misuse.

These services are now reaching many more of those young people who need help. In 2007/08, 23,905 young people aged under 18 received specialist treatment.

Young people's substance misuse is markedly different to that of adults, and so is the combination of treatment and support they receive. Addiction to Class A drugs is rare, as is substitute prescribing. Instead, interventions for young people tend to centre on psychosocial counselling-based therapies, which attempt to address the underlying causes and the behavioural consequences of cannabis and alcohol misuse.

Substance misuse among young people also needs to be seen in the context of the family environment, social pressures and emotional issues, to which young people are especially vulnerable. When young people struggle to come to terms with such factors, they can resort to drugs and alcohol.

The specialist misuse services available to young people today are more widespread and accessible than ever, and work closely with many other children's services and agencies in assessing and addressing every aspect of a vulnerable young person's life.

This is the first time that an NTA report has explored the numbers of young people accessing services for drug and alcohol misuse, and examined the effectiveness of those services and the interventions. As such, it offers a snapshot of a situation that was previously unclear, and also identifies areas of our knowledge and understanding that need expanding. It will also prompt the collection of more extensive and robust information in future.

More accurate data will in turn help services effectively target and provide appropriate treatment and other interventions for young people whose lives are affected by substance misuse, ensuring they minimise the harm they cause to themselves, their families and wider society.

1. What is the extent of drug and alcohol use among young people?

The number of young people in England using alcohol and drugs is not increasing

Young people's use of drugs and alcohol is a cause for enormous concern among parents, education authorities, health services and the wider public. One factor that drives this concern is the perception, fuelled by news headlines, that increasing numbers of young people are using drugs and alcohol on a regular basis.

In fact, there is little in the way of reliable evidence to support the feeling that drug and alcohol use among young people is becoming more widespread. But there are figures to suggest the prevalence of regular drug and alcohol use may actually be in decline.

Of all the young people engaged by specialist treatment services in 2007/08, 12,021 were being treated primarily for cannabis use and 8,589 for alcohol

For example, the NHS Information Centre survey 'Drug Use, Smoking and Drinking by Young People in England 2007' revealed that the proportion of young people aged 11 to 15 (from a sample of 8,000) who said they had never drunk alcohol rose from 39% in 2001 to 46% in 2007. In terms of drugs, 25% said they had tried a substance, down from 29% in 2001.

In the Ofsted/Department for Children, Schools and Families (DCSF) TellUs3 survey of 2008, 86% of 13 and 15-year-old children questioned said they had never used drugs, compared to 80% in the previous year's TellUs2 survey. The number who reported getting drunk in the past four weeks fell from 19% to 16% over the same period.

The most recent report (November 2008) from the European Monitoring Centre for Drugs and Drug Addiction says that the UK has a "steady downward trend" in the use of cannabis among young people.

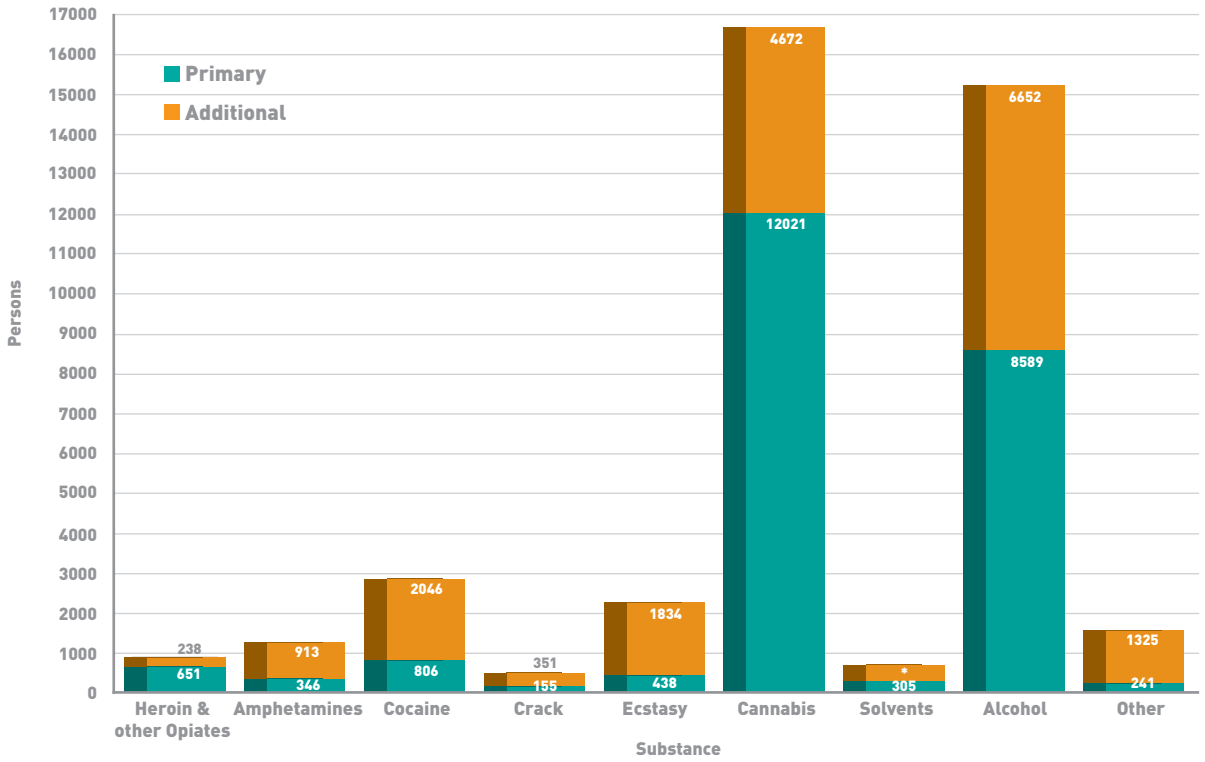
Of course, some young people may use drugs and alcohol to such a degree that it begins to have a negative impact on many aspects of their lives, and evidence from the NHS Information Centre report suggests those who do use substances are using greater quantities and more frequently. Even so, young people rarely become physically and psychologically dependent on a substance in the same way as adults can, with many more years of regular substance misuse.

Young people's drug use is limited mainly to cannabis and alcohol, or both

The substances that young people use most commonly are cannabis and alcohol, and often in combination.

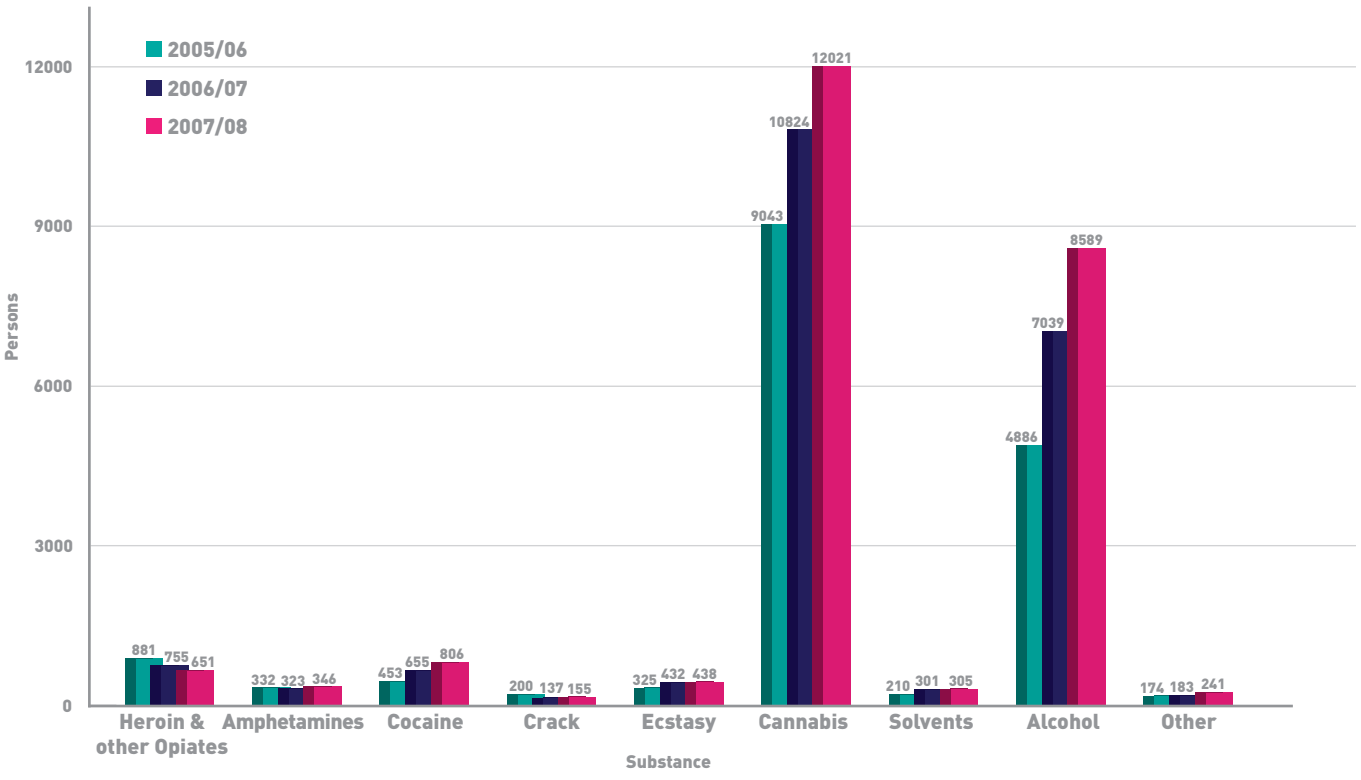
In the NHS Information Centre survey, 9% of pupils said they had used cannabis in 2006/07 – a decrease from 13% in 2001, but still more than any other drug. The NTA's figures reflect this. Of all the young people engaged by specialist treatment services in 2007/08, 12,021 (51%) were being treated primarily for cannabis use and 8,589 (36%) for alcohol. A further 4,672 used cannabis as an additional substance and 6,652 used alcohol; 35% and 50% respectively of those who reported additional substances. ››

Number of young people presenting by substance 2007/08



Few young people appear to use Class A drugs, such as ecstasy, heroin, cocaine and crack

Numbers presenting by primary substance 2005/06-2007/08



Few young people appear to use Class A drugs, such as ecstasy, heroin, cocaine and crack. According to the NHS survey, 4% of 11 to 15 year olds reported taking a Class A drug in 2007 – the same percentage as in 2001. NTA figures show that of the 23,905 under 18s accessing specialist services last year, 651 (3%) primarily used heroin or other opiates, 806 (3%) used cocaine, 438 (2%) used ecstasy, and 155 (1%) used crack.

The number of young people seen for substance misuse should be viewed in the context of other issues affecting the age group

Almost 24,000 young people used specialist substance misuse services last year.

By comparison, 93,601 young people aged between 10 and 17 entered the criminal justice system for the first time in 2007/08 (DCSF, November 2008), and 212,000 young people were classified as persistent absentees (typically absent for more than 20% of the time) in English secondary and special schools during 2006/07 (DCSF, February 2008). Also, an estimated 189,000 young people aged 16 to 18 were not in education, employment or training at the end of 2007 (DCSF, June 2008), and 39,170 young women in England under the age of 18 became pregnant in 2006 (local authority figures).

This is the context in which the number of young people receiving treatment for substance misuse should be seen.

Naturally, a number of young people fall into two of more of these groups, and the NTA acknowledges there is a higher rate of substance misuse among those who offend, truant, and are jobless. Consequently, young people in these groups are increasingly being screened for drug and alcohol misuse.

2. How many young people are accessing services for harmful drug and alcohol misuse?

Treatment and support services for young people who misuse substances are now more widely available. More young people are getting help, and they are getting it quicker

Young people need help when their current use of alcohol and cannabis (or any other substance) causes them direct or immediate physical, emotional and social harm. Such harm, if not addressed quickly and effectively, can seriously affect a young person's health, and damage his or her prospects at school, college and beyond.

Specialist misuse services that can provide help and support for young people who use drugs and alcohol to a harmful degree have expanded enormously during the past few years, thanks to a substantial increase in government investment, from £15.3m in 2003/04 to £24.7m in 2007/08. Specialist agencies and workers deliver the services for young people, commissioned and overseen by the NTA, local authorities and PCTs. The treatments they offer include psychosocial interventions, pharmacological prescribing interventions, specialist harm reduction, family interventions, and access to residential intervention.

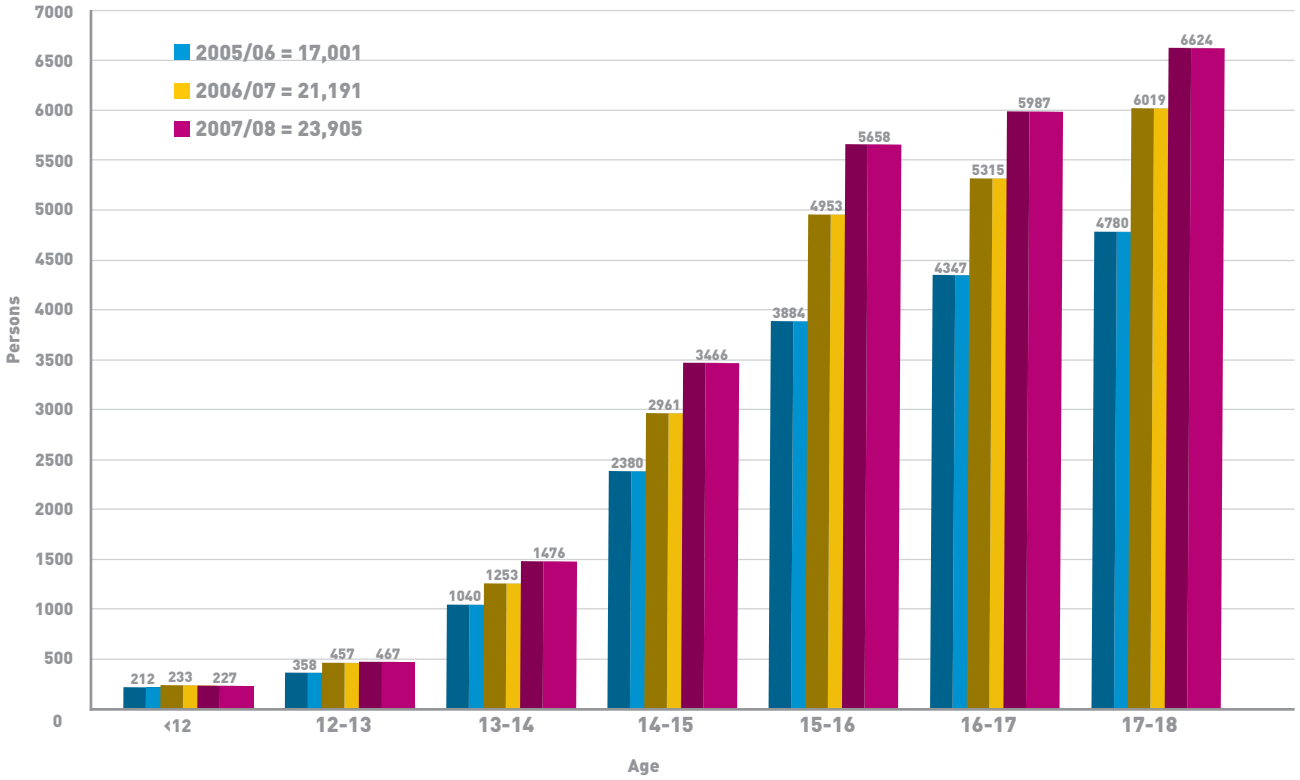
In fact, every local authority in England now has access to a specialist substance misuse service for young people.

These services are engaging record numbers of young people. In 2005/06 17,001 young people were receiving help for drug and alcohol misuse; in 2007/08 this had risen to 23,905.

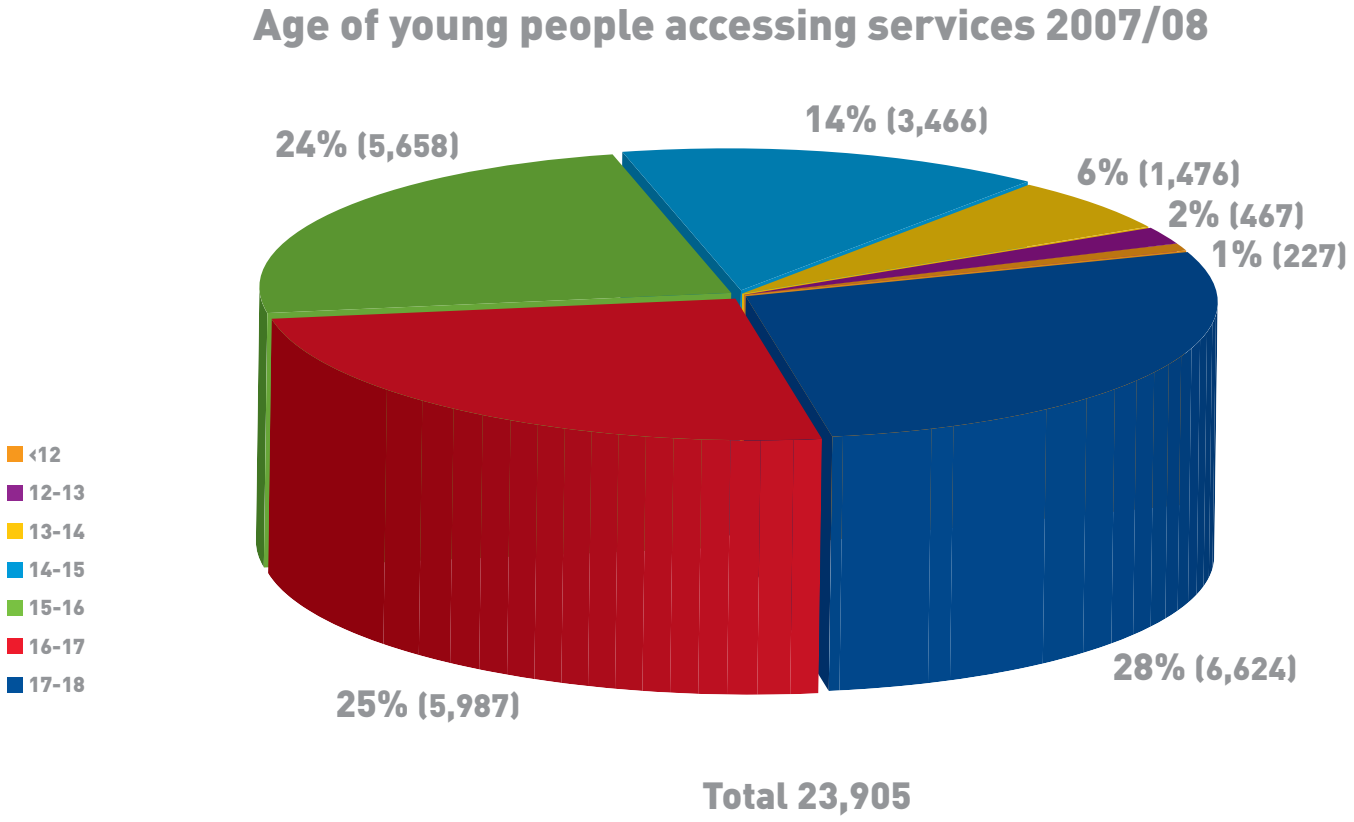
So while the figures for those engaged with services may have suggested to some commentators that more young people are using drugs and alcohol, the reality is that specialist misuse services all over the country are managing to identify and engage many more of the stable and declining population of users. »

These services are engaging record numbers of young people. In 2005/06 17,001 were receiving treatment for drug and alcohol misuse; in 2007/08 this had risen to 23,905

Young people accessing services by age 2005/06-2007/08



The number accessing services appears not to have escalated or become concentrated in any specific location



The pattern of drug and alcohol support for young people is spread fairly evenly throughout England

The number accessing services appears not to have escalated or become concentrated in any specific location. (The appendix gives more details of the regional breakdown.)

However, local patterns of drug and alcohol misuse can change quickly for a variety of reasons. What may be true one year may not hold true the next and can change again the year after that. As a result, it can be difficult to identify and define local trends.

Very few pre-teens are being treated for harmful drug or alcohol use

The figures show that during 2007/08 specialist services engaged 694 children under the age of 13 for substance misuse. This represents 3% of the total number of young people in treatment. Of these, 558 (80%) were seen for alcohol or cannabis use, 45 (6%) for solvent use.

The recorded number of pre-teens using Class A drugs was extremely small. The NTA looked into the circumstances of these cases, but none of the agencies or services contacted were able to confirm treating a pre-teen for Class A drug use. This suggests the cases could have been recorded mistakenly – for example, they might in fact have been the children of Class A drug users. The NTA will continue to monitor this situation very closely, while NTA regional teams will work with other agencies in investigating any future reports of Class A drug use among pre-teens.

Local patterns of harmful drug and alcohol use can change quickly for a variety of reasons. What may be true one year may not hold true the next

3. When do young people need help for their drug and alcohol misuse?

There is no clear link between substance misuse among young people and acquisitive crime

Among adults, there is a clear relationship between heroin and crack dependency and acquisitive crime. Adult addicts frequently commit crime to raise the money they need to continue feeding their dependency.

For young people, there is little evidence for such a link. This is largely because they are unlikely to be dependent on heroin or crack, and their lives are not as chaotic as those of adult addicts. But young people's drug and alcohol use does have consequences. Among young people, substance use and intoxication are linked to anti-social behaviour, committing violence, becoming the victims of violence, other offending, and risky sexual behaviour.

Around one third of the referrals to specialist services in 2007/08 came from youth offending teams (every team now includes a specialist substance misuse worker). The NTA and Youth Justice Board shared a target in 2007/08 to identify substance misuse among young people in contact

" In Essex, specialist youth offending team (YOT) substance misuse services are based at the Children's Society young people's specialist substance misuse services. Because YOT specialist workers are treatment specialists but based in the YOT, young people with substance misuse problems are identified at a very early stage and those requiring specialist treatment are able to access services promptly. This working arrangement was reviewed by the joint area review inspection team and this type of partnership working was identified as an area of good practice. "

Kerry Clancy Horner
Programme manager
Essex Young People's Drug and Alcohol Services

Around one third of the referrals to specialist services in 2007/08 came from youth offending teams

with youth offending teams and ensure they received prompt and appropriate intervention.

The latest figures for access to treatment show an increase of more than 77% from 2004/05 to 2007/08 in the number of young offenders accessing services within 10 days of assessment. There are now plans to increase referrals from other agencies, such as looked-after children services, schools and primary care.

Regular substance misuse can cause significant problems for young people

Young people can react in different ways to the effects of drug and alcohol misuse. In extreme cases, they may develop serious medical problems or emotional disorders. Their attendance at school and college may suffer, along with their relationships with friends and family members.

Indeed, harmful drug and alcohol use can affect every aspect of a young person's potential, and is often linked to other problems in a young person's life. Any young person who is engaged with a specialist service receives a full assessment, which looks at the type and extent of the substance use, any current physical and emotional issues, and schooling and family matters. From this a tailored, practical and manageable care plan emerges, which has specific, measurable and regularly reviewed objectives.

4. How is young people's substance misuse treated?

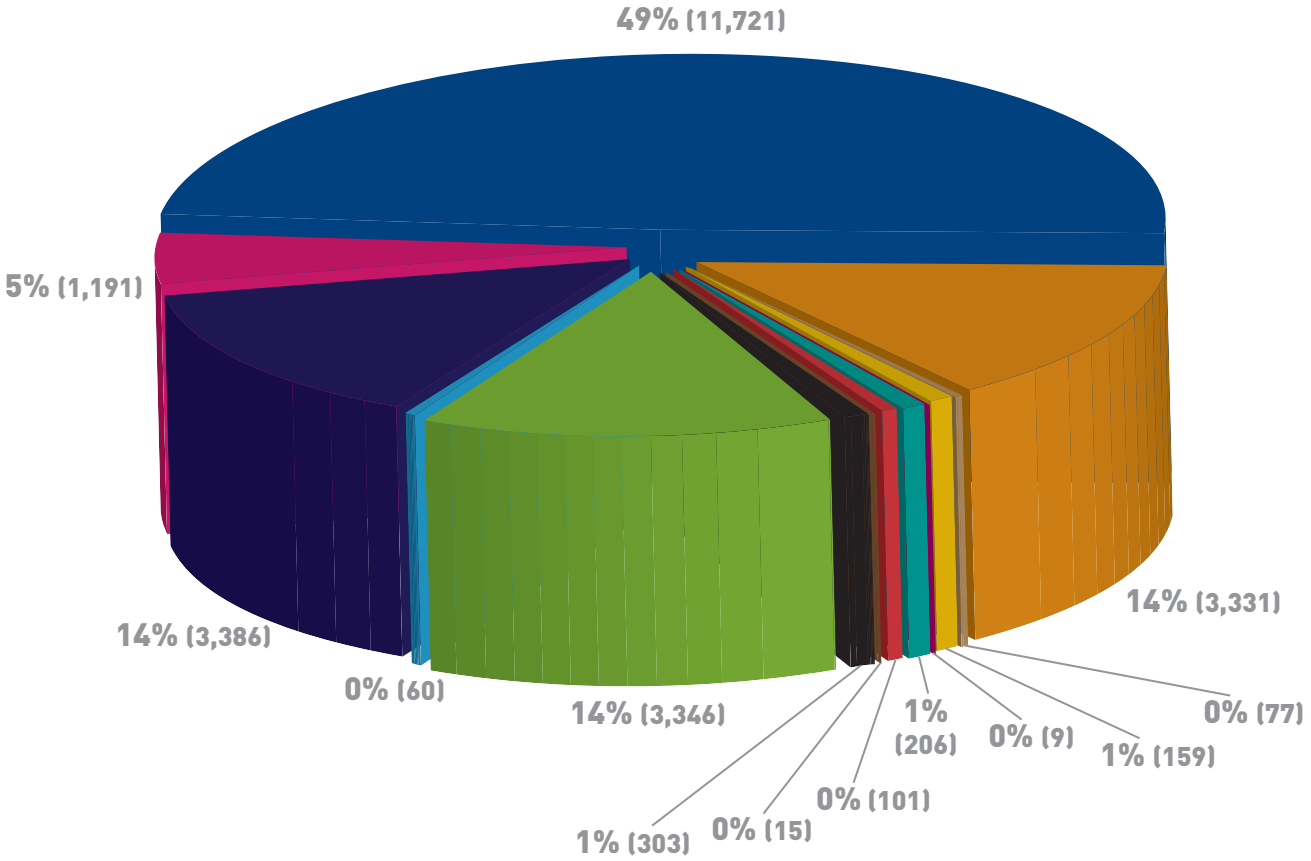
The needs of young people affected by substance misuse are different to those of adults, so the misuse services are also different

The drug and alcohol problems that young people present tend to involve cannabis and alcohol. So the specialist misuse services for young people have developed to deal with the issues surrounding these substances, rather than the issues related to heroin or crack, which are the key substances in adult misuse.

Young people often turn to drugs and alcohol as a direct consequence of underlying social, psychological and emotional issues. Specialist misuse services examine these problems in order to help young people change their substance-using behaviour. ››

Any young person who is referred to a local specialist service is promptly assessed and offered tailored support. The vast majority of young people get access to those services within three weeks of referral

Interventions received 2007/08



A number of different interventions have been found to be effective for achieving this. They include 'talking' psychosocial therapies, including cognitive behavioural therapy. Psychosocial therapies on their own accounted for 49% of the interventions for young people in 2007/08. In a further 17% of interventions, they were used in combination with other treatments.

Most services can offer five different types of intervention: psychosocial, specialist harm reduction, pharmacological, family-based, and access to residential services. The last of these is normally for young people with very complex needs, and when all other alternatives have been explored.

Cannabis is the main problem substance for young people seen by services, followed by alcohol. As well as addressing the issues and behaviour that have led to the drug and alcohol misuse, the emphasis of interventions is to get the young person to recognise the personal and social consequences of that misuse.

Interventions also aim to manage and reduce the harm being caused. A potential by-product of the speedy resolution of harmful, but non-dependent drug misuse, is that it may prevent future addiction.

The NTA publication *Exploring the Evidence* covers in more depth the evidence for what interventions work for young people who have drug and alcohol problems.

" It's absolutely vital to recognise that young drug users need different treatment from adults. The evidence shows that most adults need at least 12 weeks in treatment, but that is not the case for all young people – many need shorter treatment periods. Providing treatment to young people and then being vigilant in ensuring engagement does not go on longer than is required to meet need is better for them – as well as freeing up treatment for others who need it.

" Our ambition? Even greater integration – to ensure support and management of risk of young people is shared. "

Dave Schwartz
Young person's lead, drugs and alcohol
Plymouth Children's Trust

"Recognising that some young people do not need to be with us too long has been challenging but the staff have responded fantastically and this has been helped by increasingly closer working relationships with other children's services. We try hard to work with referrers from the point of referral so that any supportive relationship is maintained.

"Our ambition? To prevent young drug users from becoming adult drug users."

Shirley Sinclair
Young people's service manager
Harbour Drug and Alcohol Services

The interventions available to young people offer a level of support that is appropriate to their substance misuse

The degree and consequences of a young person's drug and alcohol misuse vary.

For some the misuse may be intense but short lived. Support sessions for these young people tend to be equally brief. Four sessions are often enough to see an improvement in their behaviour – changing their drug use and improving their school attendance, for example.

For other young people, the misuse is more entrenched and the consequences much deeper. These young people require longer and more structured programmes, plus input from other specialist agencies, such as child and adolescent mental health services (CAMHS).

In such cases, children's services draw up an overall care plan that focuses on all of the young person's needs. The substance misuse care plan will be a component of this bigger plan. However, the priority is normally to help the young person get control over the drug use, which allows them to engage more fully with other services and benefit from the support, and even safety, they offer. ››

“ There was this special school that would take me as long as I could prove I was ‘clean’. I’d relapsed a couple of times, I’m not saying I hadn’t, but eventually I passed the drug tests and I got a place. The few times I’d ever been to school before, I’d always got U grades and done really badly. This time I got seven GCSEs – including two As and two A stars.

“ Now I live away from home in supported housing, which is for the best at the moment as my relationship with my family is much better – but is still healing. I’m going to college, too, doing A Levels (which is amazing, if you think about it). ”

Clare (not her real name), 17

Young people who are engaged with services for drug and alcohol misuse are normally also in touch with other agencies, as well as schools, colleges, and local Connexions services.

Young people are getting appropriate help and support when they need it – nobody has to wait long

Any young person who is referred to a local specialist misuse service is promptly assessed and offered tailored support based on that assessment. As a result of increased investment in the specialist services, the vast majority of young people get access to those services within three weeks of referral.

This process is a direct result of the expansion of specialist services into all areas of the country during the past few years, along with improved performance. It is also the consequence of a growing awareness of the benefits of swift intervention and of the techniques that can successfully address a young person’s harmful drug and alcohol use.

Timely intervention also means the physical and emotional harm that young people suffer as a result of drug and alcohol use is minimised, and reduces the likelihood of that use becoming more entrenched as they grow older. This also has the potential to reduce the future impact of substance misuse on public health and wider society.

"Young people can become distressed for a number of reasons – trauma, abuse of various forms, bereavement, self-esteem issues, family rejection, failure at school. Then they behave in a way that shows they are distressed. They either internalise, and may self harm or develop eating disorders; or they externalise, and break things, become apathetic, get out of synch with school. This is where the drugs come in. The triggers for distress are often the triggers for drug use for a proportion of young people, who for some reason find drugs rather than other forms of solace and coping.

"The drugs can then cause more problems that mean young people become estranged from their families, communities, and schools. We try to address the whole picture and will come alongside young people and try to get them plugged back into the system and engender hope that things can change.

"When drug use becomes a problem for young people and they hit a bump, we are very responsive. We are well embedded in the community and constantly available. We have a freephone number, a website, and we advertise. There are no waiting lists. We see young people very quickly."

Dr Norman Malcolm
Consultant child & adolescent psychiatrist
The CAMHS Bradford District Care Trust

5. What are the results of intervention?

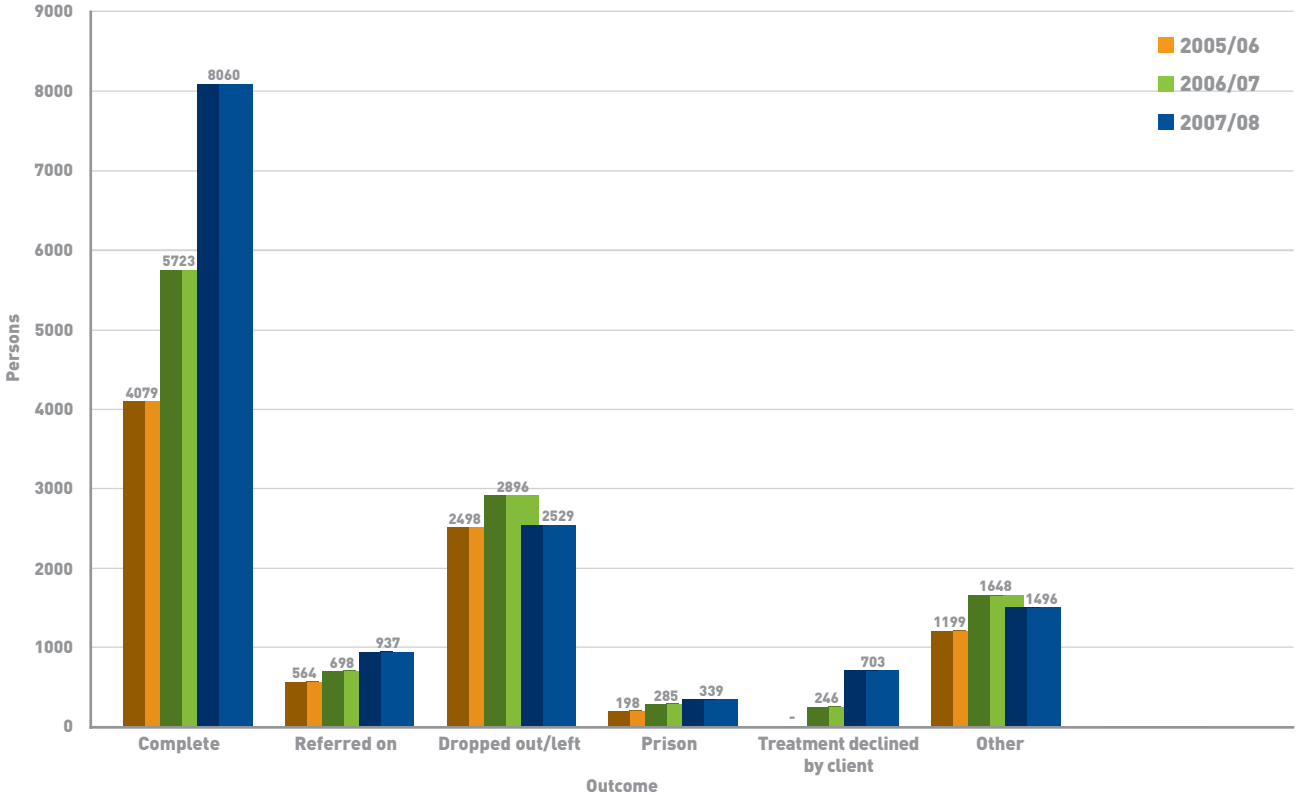
A high proportion of young people finish their sessions having successfully reached the goals of their individual care plans

A number of outcomes are possible when young people engage with specialist services. For example, they may complete their treatment or intervention, be referred on to other services or agencies, withdraw, move away or even decline support.

The proportion of young people who complete an intervention according to the goals set out in their care plans is 57%.

Young people receiving help for drug and alcohol misuse work with the specialist service to draw up an individual care plan. This process may also involve parents, carers or other family members as necessary.

Outcomes for young people accessing services 2005/06-2007/08



The care plan is based on the circumstances of the young person's drug and alcohol use, and the ways in which it is affecting their lives. It is the framework for addressing the causes of the young person's drug and alcohol misuse, and its immediate consequences.

A typical care plan follows a recommended format, in which the worker and young person identify the harmful effects of drugs and alcohol, such as any physical or emotional problems the young person may be experiencing, the state of his or her friendships, attendance at school, and so on. They then agree on a series of strategies for reducing the harm drug and alcohol misuse is causing, and a second set for reducing the substance use itself.

Throughout, they look for ways in which the young person can consolidate positive changes and minimise the possibility of relapsing into harmful substance use.

Care plans are reviewed regularly. Some identify outcomes that provide a clear demonstration that harmful drug and alcohol use has stopped – for example, 'If my drug use were to stop I would expect that after a week my sleep patterns would be much better and I would have more energy'. At discharge the young person and worker give the care plan a final review to check and acknowledge the progress made.

The increasing numbers of young people who successfully complete their care plans is encouraging. However, this is no reason for complacency and the NTA will expect services to continue looking for ways to improve outcomes for young people. »

Young people receiving help for drug and alcohol misuse work with the specialist service to draw up an individual care plan

The benefits of specialist treatment for young people can be physical, social and emotional

While drug and alcohol misuse among young people normally falls short of taking on a medical dimension, targeted and timely support can help minimise any potential immediate or long-term harm to their physical and mental health. The emphasis tends to be on promoting and providing primary healthcare, such as getting the young person to register with a GP and ensuring they have access to other health services.

But since the effects of drug and alcohol misuse for young people tend to be personal and social, this is where the benefits of intervention are more likely to be seen – for example, with better attendance at school or college, less involvement in offending and antisocial behaviour, and improved family relationships. Successful intervention and support can help to shift the young person's focus away from substance misuse, improve their social and life skills, and raise their motivation.

Addressing a young person's drug and alcohol misuse is seen as the first vital step in any care plan, because until that is achieved progress on other issues is unlikely

A number of other routes and services are available to young people after they are discharged from specialist misuse services

Addressing a young person's drug and alcohol misuse is seen as the first vital step in any care plan, because until that is achieved progress on any other issues is unlikely.

But once young people complete their care plans, the way is open for them to engage fully with other services that can offer support related to education, housing, other medical and mental health issues, and more.

When a young person is assessed as vulnerable, the care plan for drug and alcohol use will be part of a wider plan that addresses all the needs of the young person. Even if not deemed vulnerable, young people receiving support for alcohol and drug misuse will still have contact with other services, such as schools and Connexions. ››

"It's sometimes difficult to accept as a parent that your young person's treatment is confidential and that they may decide not to involve you. However, I feel that this decision could be reviewed regularly and the family included if and when the young person feels comfortable. Explaining to the young person how that involvement would work and what it could help achieve would enable the young person to make an informed decision. Excluding families means excluding a useful resource. Families can add value.

"Help for the family should be available anyway, regardless of whether they are involved in their young person's treatment. I feel it is essential to try and maintain relationships and communication within the family to be able to offer as much help and support to the user - in spite of there often being chaos around you. It helps everyone. Families need help to support the user and they also need help to support themselves."

Sue H
Family member

Interventions tend to be more successful when they involve the young person's parents and siblings, grandparents or foster carers

Specialist misuse services are geared up to include family members when the need and opportunity arises. Such sessions can help address issues within the family that may have contributed to the harmful drug use, and help to reinvigorate and reinforce this key support structure for young people.

Guidelines from the National Institute for Health and Clinical Excellence (NICE) recommend the involvement of parents and carers, unless there are related child protection issues. Young people under 16 can provide consent to treatment if they are deemed competent – if not, parental consent is necessary.

"At Early Break we have a clear focus on seeing the family together. When this happens it is helpful to concentrate on how the young person's drug use impacts on the lives of family members but also the focus may move to how the dynamics in family relationships can sometimes influence or lead to the young person's drug use. In both cases care plans will be established that will expect both the young person and family members to make changes in their behaviour.

"This unique approach to family work has recently been evaluated at Early Break and has been found to be extremely effective."

Annette Gale
Service director
Early Break

The rapid growth in specialist services means they are seeing far more young people who would previously have fallen through the net

In reaching out to more young people with drug and alcohol misuse problems, specialist services have established much closer links with other children's services

The rapid growth in specialist services means they are seeing far more young people who have substance misuse problems. Many of these young people would previously have fallen through the net. Reaching them also means the specialist drug and alcohol services are able to refer young people on to other appropriate services when necessary.

This process works in the opposite direction, too, as services such as youth offending teams have referred many young people to specialist misuse services.

A robust needs assessment for vulnerable young people will consider the possible involvement for all relevant services and agencies, such as youth offending teams, and child and adolescent mental health services. This process looks for potential referrals both to and from the individual services. Local evidence suggests that in some areas specialist services hold on to young people because other targeted support is not available.

6. Moving forward with treatment for young people

The figures provide a revealing snapshot of drug and alcohol misuse among young people seen by specialist services. They also suggest ways in which support services, and the data itself, can be improved

The data the NTA has collected on young people accessing specialist services for alcohol misuse has not been reported before, although data on drug misuse has. So these combined statistics are the first to offer an accurate insight into the extent and type of drug and alcohol misuse among young people who are receiving support from specialist services.

Inevitably, they also reveal gaps in the knowledge. The NTA hopes to fill these gaps when the next data set is defined and collected, next year and beyond, and will continue to work with DCSF, service providers, commissioners and statisticians in order to develop a more meaningful set of data for young people's specialist misuse services.

This will promote a better understanding of drug and alcohol misuse among young people, will improve the targeting and availability of services, and help to enhance the scope of the support and interventions these services will be able to offer.

These combined statistics are the first to offer an accurate insight into the extent and type of drug and alcohol misuse among young people who are receiving treatment and other interventions

Numbers presenting by age and primary substance 2007/08

	←12		12-13		13-14		14-15		15-16		16-17		17-18		Persons	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Heroin & Other Opiates	10	5%	*	*	16	1%	21	1%	46	1%	172	3%	382	6%	*	*
Amphetamines	*	*	*	*	12	1%	32	1%	69	1%	88	1%	140	2%	346	1%
Cocaine	*	*	*	*	7	0%	60	2%	164	3%	226	4%	344	5%	806	3%
Crack	*	*	0	0%	5	0%	6	0%	25	0%	33	1%	85	1%	*	*
Ecstasy	*	*	*	*	18	1%	47	1%	100	2%	146	2%	123	2%	438	2%
Cannabis	102	50%	230	53%	745	52%	1884	55%	3114	56%	3035	51%	2911	44%	12021	51%
Solvents	22	11%	23	5%	49	3%	75	2%	71	1%	32	1%	33	1%	305	1%
Alcohol	57	28%	169	39%	565	39%	1244	37%	1970	35%	2131	36%	2453	37%	8589	36%
Other	*	*	*	*	15	1%	30	1%	44	1%	61	1%	85	1%	241	1%
Total (clients)	202	100%	436	100%	1432	100%	3399	100%	5603	100%	5924	100%	6556	100%	23552	100%
Missing or inconsistent data	25		31		44		67		55		63		68		353	
Total including missing	227		467		1476		3466		5658		5987		6624		23905	

Number of young people presenting by substance 2007/08

	←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	10	*	*	*	16	10	21	8	46	39	172	59	382	120	651	238
Amphetamines	*	*	*	8	12	30	32	120	69	215	88	255	140	284	346	913
Cocaine	*	*	*	11	7	48	60	201	164	484	226	556	344	744	806	2046
Crack	*	*	0	0	5	5	6	16	25	31	33	94	85	204	155	351
Ecstasy	*	0	*	13	18	56	47	208	100	472	146	522	123	563	438	1834
Cannabis	102	18	230	59	745	266	1884	625	3114	1107	3035	1192	2911	1405	12021	4672
Solvents	22	*	23	18	49	31	75	87	71	85	32	64	33	48	305	*
Alcohol	57	31	169	94	565	373	1244	1035	1970	1731	2131	1629	2453	1759	8589	6652
Other	*	21	*	28	15	92	30	193	44	320	61	315	85	356	241	1325

Interventions received 2007/08

	n	%
YP psychosocial intervention only	11721	49%
YP harm reduction only	3331	14%
YP family work only	159	1%
YP specialist pharmacological intervention only	77	0%
YP access to residential treatment only	9	0%
Psychosocial + family work only	206	1%
Psychosocial + pharmacological intervention only	101	0%
Psychosocial + family work + pharmacological intervention only	15	0%
Psychosocial + family work+harm reduction only	303	1%
Psychosocial + harm reduction only	3346	14%
Psychosocial + harm reduction + pharmacological intervention only	60	0%
Other interventions or combinations	3386	14%
No named interventions	1191	5%

Waiting times - First interventions

	← 3 weeks		→ 3 weeks	
	n	%	n	%
Inpatients	*	100	*	0
Specialist Prescribing	74	94	5	6
GP prescribing	22	100	0	0
Psychosocial intervention	60	88	8	12
Structured day care	8	100	0	0
Residential rehab	*	83	*	17
Alc structured intervention	*	97	*	3
Other structured intervention	116	93	9	7
YP psychosocial intervention	10406	92	859	8
YP harm reduction	4896	94	300	6
YP criminal justice intervention	3180	95	152	5
YP family work	321	93	23	7
YP shared care scheme	*	97	*	3
YP specialist pharmacological intervention	139	95	8	5
YP inpatients	10	100	0	0
YP supported generic child care	*	94	*	6
YP access to residential rehab	7	58	5	42
Alc psychoscial intervention	*	75	*	25
Alc other structured intervention	*	100	*	0

* entered where n<5 but also entered for its opposite number therefore preventing its calculation

Age and gender by region

	Region of Residence																	
	North East		North West		Yorkshire & the Humber		East Midlands		West Midlands		East of England		London		South East		South West	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
←12	29	2%	51	1%	35	1%	10	1%	8	0%	11	1%	43	1%	20	1%	20	1%
12-13	48	3%	119	2%	59	2%	23	1%	26	1%	15	1%	94	3%	53	2%	30	1%
13-14	142	7%	357	7%	190	8%	84	5%	122	5%	87	6%	205	6%	178	6%	110	5%
14-15	268	14%	845	17%	379	16%	214	12%	298	12%	204	13%	542	15%	436	14%	280	13%
15-16	488	26%	1177	24%	611	25%	416	24%	571	23%	353	23%	777	22%	744	24%	521	23%
16-17	466	25%	1195	24%	536	22%	459	26%	608	25%	423	27%	934	26%	775	25%	589	26%
17-18	455	24%	1188	24%	634	26%	559	32%	814	33%	458	30%	939	27%	900	29%	675	30%
Total (clients)	1896	100%	4932	100%	2444	100%	1765	100%	2447	100%	1551	100%	3534	100%	3106	100%	2225	100%
Male	1219	64%	3122	63%	1484	61%	1134	64%	1519	62%	937	60%	2239	63%	1962	63%	1335	60%
Female	677	36%	1810	37%	960	39%	631	36%	928	38%	614	40%	1295	37%	1144	37%	890	40%
Total (clients)	1896	100%	4932	100%	2444	100%	1765	100%	2447	100%	1551	100%	3534	100%	3106	100%	2225	100%

Primary substance by region

	Region of Residence																	
	North East		North West		Yorkshire & the Humber		East Midlands		West Midlands		East of England		London		South East		South West	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Heroin & Other Opiates	41	2%	66	1%	90	4%	79	4%	85	3%	48	3%	63	2%	96	3%	83	4%
Amphetamines	38	2%	72	1%	48	2%	50	3%	28	1%	15	1%	10	0%	23	1%	62	3%
Cocaine	36	2%	246	5%	46	2%	43	2%	73	3%	65	4%	77	2%	117	4%	102	5%
Crack	8	0%	17	0%	18	1%	19	1%	11	0%	8	1%	37	1%	19	1%	18	1%
Ecstasy	56	3%	112	2%	48	2%	37	2%	30	1%	32	2%	24	1%	40	1%	57	3%
Cannabis	844	45%	2494	51%	962	40%	834	47%	1287	53%	827	54%	2223	67%	1598	52%	951	43%
Solvents	40	2%	65	1%	45	2%	28	2%	36	1%	17	1%	18	1%	26	1%	30	1%
Alcohol	793	42%	1809	37%	1108	46%	667	38%	874	36%	505	33%	825	25%	1148	37%	860	39%
Other	38	2%	33	1%	63	3%	7	0%	7	0%	22	1%	22	1%	17	1%	31	1%
Total (clients)	1894		4914		2428		1764		2431		1539		3299		3084		2194	
Missing or inconsistent data	2		18		16		1		16		12		235		22		31	
Total including missing	1896		4932		2444		1765		2447		1551		3534		3106		2225	

Outcomes by region

	Region of Residence																	
	North East		North West		Yorkshire & the Humber		East Midlands		West Midlands		East of England		London		South East		South West	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Complete	830	65%	1471	53%	865	61%	715	61%	824	58%	556	61%	941	48%	1170	61%	685	56%
Referred on	28	2%	150	5%	91	6%	76	7%	84	6%	36	4%	168	9%	157	8%	146	12%
Dropped out / left	224	17%	518	19%	277	20%	200	17%	307	22%	151	17%	406	21%	297	16%	149	12%
Prison	44	3%	77	3%	33	2%	35	3%	26	2%	11	1%	36	2%	45	2%	32	3%
Treatment declined by client	80	6%	167	6%	68	5%	14	1%	92	6%	33	4%	116	6%	76	4%	57	5%
Other	75	6%	389	14%	77	5%	126	11%	87	6%	118	13%	294	15%	167	9%	163	13%
Total(clients)	1281		2772		1411		1166		1420		905		1961		1912		1232	
Missing or inconsistent data	2		11		0		0		0		0		3		1		0	
Total including missing	1283		2783		1411		1166		1420		905		1964		1913		1232	

Young people accessing services by age 2005/06 - 2007/08

	2005/06		2006/07		2007/08	
	n	%	n	%	n	%
←12	212	1%	233	1%	227	1%
12-13	358	2%	457	2%	467	2%
13-14	1040	6%	1253	6%	1476	6%
14-15	2380	14%	2961	14%	3466	14%
15-16	3884	23%	4953	23%	5658	24%
16-17	4347	26%	5315	25%	5987	25%
17-18	4780	28%	6019	28%	6624	28%
Total	17001		21191		23905	

Number presenting by primary substance 2005/06 - 2007/08

	2005/06		2006/07		2007/08	
	n	%	n	%	n	%
Heroin & Other Opiates	881	5%	755	4%	651	3%
Amphetamines	332	2%	323	2%	346	1%
Cocaine	453	3%	655	3%	806	3%
Crack	200	1%	137	1%	155	1%
Ecstasy	325	2%	432	2%	438	2%
Cannabis	9043	55%	10824	52%	12021	51%
Solvents	210	1%	301	1%	305	1%
Alcohol	4886	30%	7039	34%	8589	36%
Other	174	1%	183	1%	241	1%

Outcomes for young people accessing services 2005/06 - 2007/08

	2005/06		2006/07		2007/08	
	n	%	n	%	n	%
Complete	4079	48%	5723	50%	8060	57%
Referred on	564	7%	698	6%	937	7%
Dropped out / left	2498	29%	2896	25%	2529	18%
Prison	198	2%	285	2%	339	2%
Treatment declined by client	*	0%	246	2%	703	5%
Other	1199	14%	1648	14%	1496	11%

Number of young people accessing services by ethnicity 2007/08

	n	%
White British	20014	86%
White Irish	139	1%
Other White	310	1%
White & Black Caribbean	569	2%
White & Black African	108	0%
White & Asian	119	1%
Other Mixed	274	1%
Indian	91	0%
Pakistani	162	1%
Bangladeshi	161	1%
Other Asian	158	1%
Caribbean	394	2%
African	225	1%
Other Black	248	1%
Chinese	20	0%
Other	168	1%
Not stated	235	1%
Total (Clients)	23395	100%
Missing or inconsistent data	510	100%
Total including missing	23905	100%

Number of young people accessing services by age and gender 2007/08

	Male		Female		Persons	
	Count	%	Count	%	Count	%
←12	168	1%	59	1%	227	1%
12-13	329	2%	138	2%	467	2%
13-14	862	6%	614	7%	1476	6%
14-15	1940	13%	1526	17%	3466	14%
15-16	3350	22%	2308	26%	5658	24%
16-17	3790	25%	2197	25%	5987	25%
17-18	4516	30%	2108	24%	6624	28%
Total (clients)	14955	100%	8950	100%	23905	100%

The differential impact of specialist substance misuse services on diverse groups is considered locally through the annual needs assessment and treatment planning process, which is conducted in line with nationally agreed guidance by local drug partnerships in conjunction with NTA regional teams.

Treatment and intervention definitions

1. **Pharmacological interventions**
   These interventions include prescribing medications for detoxification, and stabilisation and symptomatic relief of substance misuse, as well as to prevent relapse.

2. **Psychosocial interventions**
   These interventions use psychological, psychotherapeutic, counselling and counselling- based techniques to encourage behavioural and emotional change, the support of lifestyle adjustments and the enhancement of coping skills. They include motivational interviewing, relapse prevention, and interventions designed to reduce or stop substance misuse, as well as interventions that address the negative impact of substance misuse on offending and attendance at education, employment or training.

3. **Family interventions**
   These use psychosocial methods to support parents, carers and other family members to manage the impact of a young person's substance misuse, and enable them to better support the young person. This includes work with siblings, grandparents, foster carers, etc. and can be provided even if the young person misusing substances is not currently accessing specialist substance treatment.

4. **Specialist harm reduction**
   These interventions include services to manage:
   a. Accidental injury – protocols with accident and emergency services to ensure that measures to identify and prevent future substance misuse-related accidental injuries are in place.
   b. Injecting – young people need to be able to access specific injecting services, as adult services for injectors are too low threshold and will put young people in contact with adult drug-service users, both of which may put them at further risk of harm. These services could include needle exchange, advice and information on injecting practice, access to appropriate testing and treatment for blood borne viruses and participation in full assessment and other specialist substance misuse treatment services.
   c. Overdose – advice and information to prevent overdose, especially overdose associated with poly-substance use, which requires specialist knowledge about substances and their interactions. This could include protocols with accident and emergency services to ensure that measures to identify and prevent future overdose are in place.

5. **Residential treatment**
   Any specialist substance misuse intervention (as defined above) provided in a residential setting where the young person has been placed, away from their usual home, specifically in order to decrease levels of risk from substance misuse and to gain access to highly intensive young people's specialist substance misuse interventions.

Age definitions

Age to be defined as follows: use the 31st March 2008 to determine the clients in contact with treatment in 2007/08 who were under 18 at any point during the year, even if they turned 18 during the year.

The data to then be reported using the headings and definitions below whenever age is asked for:

←12	The client is less than 12 all year
12 -13	During their time in TX the client is 12 all year or turns 13 during the year
13 – 14	During their time in TX the client is 13 all year or turns 14 during the year
14 – 15	During their time in TX the client is 14 all year or turns 15 during the year
15 - 16	During their time in TX the client is 15 all year or turns 16 during the year
16 – 17	During their time in TX the client is 16 all year or turns 17 during the year
17 - 18	During their time in TX the client is 17 all year or turns 18 during the year

The NDTMS data analysis in this report was undertaken by the National Drug Evidence Centre at Manchester University.

National Treatment Agency for Substance Misuse

8th floor, Hercules House,
Hercules Road,
London SE1 7DU
Tel 020 7261 8801
Fax 020 7261 8883
Email nta.enquiries@nta–nhs.org.uk

NTA–YP2009

Design www.wilddogdesign.co.uk

Further copies of this publication may be ordered online at www.nta.nhs.uk. Product code NTA–YP2009
Written orders Prolog, PO Box 777, London SE1 6XH Fax orders 01623 724 524 Phone orders 0300 123 1002 Email orders NTA@prolog.uk.com