National Statistics

Young people's substance misuse treatment statistics 2019 to 2020: report

Published 28 January 2021

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1. Main findings

1.1 Trends in young people's treatment numbers

There were 16,200 young people in contact with alcohol and drug services between April 2019 and March 2020. This is a 26% reduction on the number the previous year and a 41% reduction on the number in treatment since 2008 to 2009 (24,400).

1.2 Trends in young people's substance use

Cannabis remains the most common substance (66%) that young people come to treatment for. The number of young people in treatment for cannabis use has more than been recorded in the last 3 years.

Around 4 in 10 young people in treatment (41%) said they had problems with alcohol (compared to 44% the previous year). 13% had problems with ecstasy and 10% reported opiate crack cocaine problems.

There was a slight decrease in the number of young people seeking help for heroin (31 compared to 34 last year) and for crack cocaine (29 compared to 32).

There was a 19% decrease in the previous year in young people seeking treatment with benzodiazepines. However, the number in the latest year was more than double the number in 2016 to 2017.

1.3 Vulnerabilities among young people in treatment

The most common vulnerability reported by young people starting treatment was early onset of substance use (74%), which means the young person started using substances before the age of 15. This was followed by poly-drug use (64%).

Proportionally, girls tended to report more vulnerabilities than boys, particularly self harming behaviour (29% compared with 10%) and sexual exploitation (10% compared with 1%).

1.4 Mental health treatment need

More than a third (37%) of young people who started treatment the year said they had a mental health treatment need, which is higher that last year (33%). A higher proportion of girls reported a mental health treatment need than boys (49% compared with 31%).

Poly-drug users (68%) who had a mental health treatment need received some form of treatment, usually from a community mental health team.

1.5 Treatment exits

Of the young people who left treatment, 82% left because they successfully completed treatment or were assessed as ready to leave treatment. This is a slight increase (from 79 per 2019). The next most common reason for leaving treatment (12%) was young early or dropping out, which was slightly lower than the previous year (13%).

2. Age and sex of young people in treatment

There were 16,200 young people in contact with drug and alcohol services between 1 April 2019 and 31 March 2020. This is a reduction of 26% on the previous year and a reduction of 41% since 2008 to 2009. There were 10,700 (66%) aged 15 and 16 years. The number of younger children (under 14) in treatment remained relatively low (1,304, 8%).

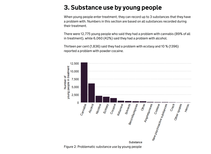

Figure 1. Age and sex of young people in treatment

3. Substance use by young people

When young people enter treatment, they can record up to 3 substances that they have a problem with. Numbers in this section are based on all substances reported during their treatment.

There were 12,770 young people who said they had a problem with cannabis (84% of all in treatment), while 6,050 (40%) said they had a problem with alcohol.

Opiates (opiate crack and other) were the most common hard drugs, with 2,110 (14%) reported a problem with opiate crack.

Figure 2. Problematic substance use by young people

The trends section of this report shows the breakdown by substances since 2005 to 2006.

4. Referral routes into treatment

The most common route for young people to get into specialist treatment services was through education services (including schools and pupil referral units) (3,600, 24% of referrals). There were 2,190 (12%) young people who entered treatment this way.

Referrals from the youth justice system were the second largest source of referral (2,770, 18%). Young people who were referred by their GP (1,980, 13%) and those referred by self, family or friends (1,970), health services (12%) and substance misuse services (12%).

Figure 3. Referral routes into treatment

5. Vulnerabilities of young people in treatment

Young people often report substantial vulnerabilities. Many services with a range of problems or vulnerabilities related to (or in addition to) their substance use. These vulnerabilities can include being in care, being a young parent, being a victim of crime, causing anti-social behaviour or being in education, employment or training (NEET). Other enter risk factors can also impact on their substance use, such as self-harming behaviour, sexual exploitation, offending or domestic abuse.

Vulnerabilities are reported here only for young people who entered drug and alcohol treatment services between April 2019 and March 2020.

The most common vulnerability was early onset of substance use (74%), which means the young person started using substances before the age of 15. This was followed by poly-drug use (64%) reporting poly-drug use – meaning that they used multiple substances (64%).

Proportionally, girls tend to report more vulnerabilities than boys, particularly for self-harming behaviour (29% compared with 10%) and sexual exploitation (10% compared with 1%).

Other vulnerabilities that were commonly reported by young people include antisocial behaviour (32%), which was more common for boys than girls (34% compared with 25%). Mental health problems (29%), being in care (27%), being victim of domestic abuse (22%), (also commonly reported vulnerabilities include suicide or crisis, being pregnant or a parent (13%), housing problems (12) and learning disabilities (10%). Proportionally, more girls than boys reported being in care (31% compared with 25%) or having a child protection plan (12% and also recorded as vulnerability).

Figure 4. Vulnerabilities among young people in treatment

6. Sexual exploitation

The Department for Education has published guidance which defines child sexual exploitation (CSE):

"Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology."

Overall, 4% of young people who entered treatment in 2019 to 2020 reported CSE. The proportion was higher for girls (10%) than for boys (2%). Proportionally, more girls (8%, 4% among girls, 10% of those aged 15 or older reported CSE compared to 0% of those aged 14 or younger. For boys, the proportion reporting CSE was around 1% for both these age groups.

Figure 5. Sexual exploitation of young people in treatment

7. Mental health needs

Data on the CYP-IS, 2,600 of young people who started treatment in 2019 to 2020 said they needed mental health treatment.

A higher proportion of girls (49%) reported a mental health treatment than boys (31%). Among those who had reported having a mental health treatment need, 36% were receiving some form of mental health treatment.

Overall, a slightly higher proportion of girls who needed mental health treatment received a form of mental health treatment compared to boys (33% compared to 31%).

The most common treatment type was from community or other mental health services (54%). Smaller numbers received mental health treatment from a GP (9%) or mental health treatment within drug or alcohol services (2%). This figure was just rounded to zero.

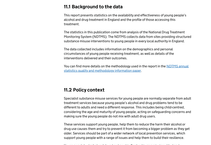

Figure 6. Mental health needs of young people in treatment

8. Treatment

Almost all young people who started a drug or alcohol treatment intervention received psychosocial interventions during their time in treatment (14,370). These types of interventions include one to one work with a key worker, psychological, psychotherapeutic and counselling skills to encourage behaviour change.

Structured harm reduction interventions include support to manage risky behaviours associated with substance misuse, such as overdose or accidental injury. In 2019 to 2020, 8,845 young people (55%) received these interventions.

Only 20 young people (less than 1%) received a pharmacological intervention during their treatment. Pharmacological interventions for young people in treatment can include detoxification, stabilisation, relapse prevention, and substitute prescribing for opiates.

The vast majority of young people who had these interventions received them in community settings (14,000, 87%) compared to residential settings, such as at home, a residential setting, or adult setting or an inpatient unit.

Figure 7. Treatment types received by young people

9. Treatment exits

Over two thirds (66%, 9,710) of young people left treatment in 2019 to 2020. Of those who left, 82% left because they successfully completed treatment or were ready to leave (82%) (slopped out). A further 4% were referred to another provider for treatment and 1% declined the treatment offered.

Figure 8. Treatment exit reasons

10. Trends over time

Methodological note: the method for counting young people in treatment has changed since 2016 to 2017. Although the change has been implemented to improve the method, as some numbers in this section will be different from numbers published in previous reports.

10.1 Trends in age and numbers in treatment

The number of young people attending specialist substance misuse services has fallen by 41% since 2008 to 2009 (24,400). There was a 26% reduction in young people attending services during 2019 to 2020 (a 10% lower than the year and 2% lower than the number in treatment in the previous year.

Since the year to 2008 to 2009, there has been a greater decrease in the number of 16 and 17 year olds in treatment than those aged 15 or younger (49% decrease compared with 34%). The number of 15 year olds in treatment has decreased at a slower rate (31% decrease). Such 16% in 2008 to 2009 to 24% this year.

Data from the Longitudinal Studies and Drug use among Young People in England bulletin shows that the number of young people who have ever taken drugs has fallen lifetime drug use until 2016. However, there was a significant increase in the proportion in 2016 and it remained similar in 2018.

misuse prevention and treatment guidance collection.

A wide range of NDTMS data is available on the NDTMS website, including some data reports that are only available to local authority commissioners (via login).

The government's strategy for drug treatment and prevention is set out in the 'reducing demand' and 'building recovery' sections in the Drug Strategy 2017.

Young people's substance misuse services need to ensure that they are responding appropriately to child sexual exploitation. PHE has published guidance on how public health leaders can prevent and intervene early in cases of child sexual exploitation.

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