Introduction

The latest official data shows that drinking and drug use among young people has more than halved over the past 10 years. Yet there are still significant numbers of young people across the country using and misusing substances, and some of these are at risk of developing severe and enduring substance misuse problems that continue into adulthood. Health inequalities relating to substance misuse are evident, with vulnerable groups (such as those excluded from school, young offenders and care leavers) far more likely to experience substance misuse problems.

As a member of the Young People’s Health Partnership, a consortium of organisations working with the Department of Health, Public Health England and NHS England as strategic partners to raise the profile of the health agenda across the voluntary youth sector, Addaction has produced this briefing about young people’s substance misuse and how local services and commissioners can respond to this issue. This is a huge and complex issue so we have chosen to focus this document on one area that Addaction believes is vital in any local approach to drug and alcohol misuse among young people: early intervention.

Early intervention best practice demonstrates what the Young People’s Health Partnership is all about: an integrated approach to young people’s health and wellbeing, building the skills of the youth sector, partnership working, and – most importantly – young people leading the way.

Throughout the briefing we draw on Addaction’s experience of delivering early intervention, prevention, treatment and recovery support to young people and frontline professionals across England.
Section One: Key statistics

Recently published data shows that overall rates of drug and alcohol use by young people are decreasing.  

Substance misuse:

There were 19,126 young people in specialist substance misuse services in 2013–14, a decrease from the 20,032 treated in 2012–13. These numbers have fallen for the fourth year running, from a peak of 24,053 in 2008–9.

Drug use:

In 2013–14, 13,659 young people presented to specialist services with cannabis as their primary substance (71% of all young people receiving help during the year). A further 14% of young people had cannabis as an adjunctive (secondary or tertiary) drug.

Alcohol Use:

Alcohol was the primary problem substance in 3,776 cases in 2013–14 (20% of the total), down substantially from the peak of 8,799 (37%) in 2008–9. A further 35% of young people had alcohol as their adjunctive substance in 2013–14.

Treatment outcomes:

79% of young people leaving services did so having successfully completed their care plan and no longer requiring specialist treatment.
Positive indications

Declining trends in substance use overall.  

Concerns remain

Despite these encouraging trends, young people are still using substances, particularly alcohol, at rates that cause concern.

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.  

Research also shows that young people who are experiencing problems in their life are still extremely vulnerable to developing problematic drug and alcohol use that adversely affects their physical and mental health, friendships, education and family life.

In the last year in the proportion of people in the 16 to 24 age group using cannabis and class A drugs (including powder cocaine and ecstasy).

At Addaction we are seeing small but increasing numbers of 18-25 year olds who enter specialist treatment as a result of their use of New Psychoactive Substances (NPS), so-called ‘legal highs’. The substance misuse sector’s understanding of short, medium and long-term impacts of these drugs on health and emotional wellbeing is continually developing.

Increased risk of drug use among pupils who truant or who have been excluded from school and whose circumstances or behaviour already make them a focus of concern. 4

Those moving into adulthood also experience significant substance misuse problems.
Section 2: Early Intervention

The Early Intervention Foundation\(^6\) states that:

- Early intervention covers the intergenerational cycle from conception to adulthood
- Early intervention programmes aim to both improve and prevent various outcomes

Early intervention approaches can and should play a central role in local approaches to tackling young people’s substance misuse and reducing the risks of young people starting to use drugs and alcohol problematically. Problematic use means drug or alcohol use that has a negative impact on their health, wellbeing, relationships and education.

Using Addaction’s experience of delivering young people’s services, we have developed a ‘substance misuse early intervention checklist’, setting out the elements that should be included in an effective local response to young people’s drug and alcohol use.

1. Early intervention is not determined by the age of the young person.
2. Early intervention must include generic and targeted activities to reach all young people, with messages that are meaningful to their lives.
3. Young people want some information from other young people.
4. Substance misuse early intervention work is the responsibility of every agency working with and for young people, not just drug and alcohol services.
5. Early intervention work must be properly recognised and valued in substance misuse commissioning.

1. Intervening at an early stage

Early intervention must not be determined by age; it means intervening at an early stage of a young person’s substance use or before that use starts in order to prevent the development or escalation of problems in the future.

A paper presented by the Association for Young People’s Health at the 2014 Public Health England annual conference notes that: “the term ‘early intervention’ is increasingly used in policy terms to refer to the first five years of life. But the teenage years are actually a key time for prevention and early intervention.” Young people’s behaviour patterns are still flexible at this point and there are opportunities to develop their understanding of risk and positive decision-making.\(^7\)

Data from Addaction’s young service users shows that opportunities exist for early intervention to address or prevent the onset of substance misuse across a wide age range. The graph below shows the age at which our young service users first used a substance, whether alcohol, illicit drugs or New Psychoactive Substances (so-called ‘legal highs’).

Age first used alcohol or drugs

<table>
<thead>
<tr>
<th>Age first used</th>
<th>% of Addaction’s young service users engaged in 2013/14</th>
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<tbody>
<tr>
<td>7 yrs</td>
<td>0.8%</td>
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<tr>
<td>8 yrs</td>
<td>1.2%</td>
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<tr>
<td>9 yrs</td>
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<tr>
<td>10 yrs</td>
<td>4%</td>
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<td>11 yrs</td>
<td>10%</td>
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<td>12 yrs</td>
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<td>13 yrs</td>
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<td>15 yrs</td>
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<td>19 yrs</td>
<td>0.5%</td>
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<tr>
<td>20 yrs</td>
<td>0.6%</td>
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<td>21 yrs</td>
<td>0.1%</td>
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While most young people begin alcohol or drug use in their early teenage years, 30% start before they are teenagers and 10% use their first substances at the age of 16 or older. Also, the age at which specific drugs are tried for the first time varies – a significant minority of our service users started using alcohol or cannabis before they started secondary school but use of drugs such as cocaine often begins at a later age.
These variations in age and substance of first use demonstrate that commissioners and service providers must think carefully about how to deliver age and substance-appropriate early intervention across childhood and into young adulthood.

Minimum and maximum age limits for specialist substance misuse services can mean that providers are prevented from working with the younger and older age groups, and opportunities to intervene at the early stage of alcohol or drug use are missed. This can be mitigated by developing the capacity of the youth sector to respond to young people’s substance misuse. This is discussed in more detail below.

2. Universal or targeted interventions?

Just as early intervention messages need to be available to all ages, they also need to reach as many young people as possible and be relevant to a wide variety of needs and life circumstances.

The Early intervention Foundation suggests that early intervention initiatives can be both ‘light touch’ (to reach large sections of the population) and highly targeted (to work with children who are most at risk). Both approaches must be included in an effective local response to young people's substance misuse.

Universal, ‘light touch’, interventions will support the continued downward trend in overall levels of young people’s drug and alcohol use. Often delivered to large groups of young people and/or in a single session, these approaches provide drug and alcohol awareness to encourage considered decision-making and provide alternatives to substance use. Examples of universal early intervention include:

- PHSE drug and alcohol awareness sessions
- Addaction and The Amy Winehouse Foundation Resilience programme

Other examples can be found in the Early Intervention Foundation’s Guidebook.

Targeted early interventions address risk-taking behaviour and specific risk factors, such as criminal activity or truancy, with identified vulnerable young people. Targeted work can be a short course of sessions which aim to: tackle underlying risk factors that are linked to substance misuse; improve resilience; support positive decision-making; and enhance understanding of actions and consequences. An example of targeted early intervention work is Addaction’s Skills 4 Change programme which supports children of substance misusing parents, a group who are considered to be at high risk of developing their own drug or alcohol problems. Skills 4 Change targets these young people, delivering 6 sessions of practical and emotional support and helping young people with similar experiences to form peer support groups.

Finally, Addaction believes that a local area must work hard to ensure that early intervention is delivered through a wide range of settings to ensure that young people have as many opportunities as possible to receive this kind of support. Our services in the North West, for example, provide early interventions in settings that include:

- A&E
- Outreach to identified hotspot areas
- Youth clubs
- Youth Offending Service
- Youth Offender Institutions
- Schools, colleges and universities
- Pupil referral units
- Community centres
- Multi-agency youth centres
3. Young people talking to young people

During a recent consultation run by the Youth Offending Service (YOS) in Liverpool, young people said that they would prefer YOS programmes to be delivered by their peers because they would listen to those with personal experiences similar to themselves (although they did feel this could be backed up by the knowledge and understanding of the law from YOS Workers). The Association of Young People’s Health presentation at the Public Health England conference also highlighted the ‘growing importance’ of peer groups in shaping behaviour. Moreover, ‘Drug prevention programmes in schools: What is the evidence?’ from Mentor discussed evidence around peer to peer activities in schools, suggesting this must be a fundamental component of substance misuse early intervention and prevention work.

The Immortals in Barnsley is an excellent example of a young people-led early intervention and prevention approach. The group began in recognition of the fact that there was little for young people to do in the town and that young people were drawn into misusing alcohol because adult recreational activities appeared to revolve around alcohol use.

With initial support from Young Addaction Barnsley and funding from Public Health England, a group of young people created The Immortals to highlight the potential risks of substance misuse to their peers and provide alternative safe spaces in the town. The Immortals’ activities have included:

- Developing a theatre piece about alcohol use which has been seen by over 600 pupils in Barnsley. 80% of those who have seen the production said that they would remember the safer drinking messages it presented; 75% thought it was a good way to show the dangers of excessive drinking.
- Writing and starring in an alcohol education film that has been shown in local schools. The film was premiered at a local theatre, showcasing the work to local services as well as the young people’s families. This was supported by the Mayor’s attendance and received positive press coverage in local radio and newspaper. Young Addaction now uses the film as part of our alcohol education work.
- Running The Immortals Safe Space, a weekly evening activity which enables young people who may be vulnerable or who lack confidence or self-esteem to get involved in positive activities within a peer group setting.
- Developing peer mentoring/education and volunteering opportunities, offering skills development and training.
- Young people being involved in staff recruitment, including training and support to develop interview questions, interview candidates and providing feedback to the interview panel.
- Use of creative approaches to support young people to participate.

The Immortals recently won a Marsh Media Award in recognition of their inspirational peer to peer work.

It is also vital that young people are actively involved in designing, developing and improving local early intervention activities. Addaction and the Young People’s Health Partnership believes that young people must be collaborators and active participants in the services that are there to help them.

Participation should flow through every aspect of service delivery, offering a range of opportunities for young people to be involved in. The Department of Health’s ‘Your Welcome’ and The National Youth Agency’s Hear By Rights standards underpin the involvement of young people in all aspects of the early intervention services that they use. This includes:

- Ensuring feedback mechanisms are available and appropriate to the ways in which young people want to communicate.
- Enabling young people to contribute to service audits and service improvement activities.
- Developing peer mentoring/education and volunteering opportunities.
- Young people being involved in staff recruitment, including training and support to develop interview questions, interview candidates and providing feedback to the interview panel.
- Use of creative approaches to support young people to participate.

Young Addaction Aspire aims to provide young people with creative learning, leadership and participation opportunities.

Larks was developed by our Aspire service users in Lancashire. Its youth committee planned and hosted what have become the county’s largest annual youth-led music and arts festival. Year on year this committee of young people has taken on more responsibility for planning and running the event; resulting in the most recent event being managed by them with minimal support from Young Addaction. Members of the committee have been responsible for writing funding bids, producing the event safety plan, recruiting and training site staff and running the promotion campaign for the event. On top of all this the youth committee manages the artists’ application process, carefully selecting the acts each year and liaising with the artists throughout this process and on the day.

In the first year there were over 100 young people performing on three stages and there was an unexpectedly high audience of 1,500 people, most of whom were young people. Each year Larks has got bigger and better with audiences reaching 2,500 and with an extended festival programme to showcase even more great acts.
4. An integrated approach

Substance misuse in young people is closely linked to a range of risky behaviours such as unprotected sex, criminal activity and domestic abuse. Therefore it is vital that drug and alcohol information is delivered within and alongside wider health, wellbeing, education and criminal justice initiatives in a local area.

As the March 2014 Youth Access/YPHP briefing has made clear, integrated approaches have the power to transform young people’s lives and create more responsive and effective services.13

Young Addaction Halton puts this into practice. The service closely aligns its work with Halton Children and Young People’s Plan; we deliver support (solely or in partnership) relating to substance misuse, anti-social behaviour, sexual health, healthy relationships and teenage pregnancy. We take a wide-ranging approach that addresses vulnerabilities and risk-taking behaviour across the spectrum of need to improve young people’s health and wellbeing.

For example, we deliver Teens and Toddlers,14 an innovative 18-week toddler mentoring project giving young people vital interpersonal skills and confidence to address issues that underlie substance misuse such as low self-esteem, low educational attainment and lack of positive role models. It targets two sets of vulnerable children simultaneously, raising the aspirations of young people (age 13-17) by pairing them as a mentor and role model to a child in a nursery who is in need of extra support. This is not a substance misuse-specific early intervention but we believe it supports positive behaviour change that impacts on substance misuse.

This kind of integrated approach to working with young people has led to not only successful outcomes in terms of drug and alcohol use but it is also recognised by the commissioner and local partners as having contributed to Halton-wide reductions in:

- Teenage pregnancy rates (38% reduction over 3 years)
- The number of antisocial behaviour incidents reported to the Neighbourhood Policing Unit (21% reduction over 4 years)
- Under 18 admissions to A&E for alcohol-related issues (57% reduction over 6 years)

5. Working in partnership

However, the onus cannot only be on substance misuse services to deliver integrated early intervention activities.

It is essential that all services working with young people recognise that early intervention with regard to substance issues is also their responsibility and they must equip their staff with the knowledge, confidence and resources to do this work effectively. This ‘No Wrong Door’ approach means that young people will be able to access information and help about substance misuse regardless of which professional they speak to.

Many commissioners already require substance misuse specialist providers to develop the skills and knowledge of other agencies and ensure this is embedded in service delivery. Addaction endorses this approach. The development of creative sharing of skills and expertise will enable more young people to receive drug and alcohol early intervention messages and ultimately will reduce the number needing specialist intensive help in the future.

These are two examples of how local agencies can be successfully skilled up to deliver substance misuse interventions:

The Street Talk programme (delivered by Addaction and Mentor UK, with funding from the Home Office) trained and supported staff at 20 grassroots groups, including the Help Somalia Foundation in Brent, the Canal Boat Project in Halton and Street Pastors in Lancashire to:

- Identify appropriate settings in which to conduct outreach work with young people
- Use the CRAFTT screening tool to identify young people vulnerable to substance misuse
- Deliver low intensity substance misuse interventions based around motivational interviewing (Project CHAT)
- Offer young people advice and information on drugs and alcohol
- Promote engagement with drug and alcohol services

The groups had contact with more than 2,000 young people and delivered 800 interventions.

The independent evaluation of Street Talk found that of those young people who received the Project CHAT intervention, more than two thirds indicated that their knowledge and confidence to make informed decisions about safer levels and methods of alcohol and drug use had increased.

Organisations that participated in the Street Talk project have reported, more than 12 months later, that they continue to use these tools and techniques to address young people’s substance misuse in their area. This capacity-building work has created a legacy beyond the original work that means new generations of young people continue to benefit from the local youth sector’s enhanced skills.
Addaction has run a national training programme for children’s centre staff, the DfE-funded First Steps project. Workers were trained to:

- Identify parents who have drug or alcohol problems
- Provide families in need with appropriate information and advice
- Recognise when parents require specialist treatment and recovery support and make effective referrals

Children of substance misusing parents are at risk of developing their own problems in the future, so First Steps enables Children’s Centres to intervene at a very early stage to prevent future substance misuse (in line with the Early Intervention Foundation’s intergenerational approach).

The project team trained 2,351 frontline staff members. The independent evaluation conducted by CEDAR at the University of Warwick showed the project resulted in highly significant improvements in knowledge, skills and confidence of staff in identifying parents where substance misuse was an issue in the family. Follow-up questionnaires completed 6 to 8 months after the training showed that knowledge, skills and confidence to engage with these families continued to be much higher than levels reported in pre-training questionnaires. The evaluators concluded that the First Steps training is effective in making a lasting impact on the work of Children’s Centre staff.

The First Steps team also provided comprehensive advice, guidance and support to 15 Children’s Centres; these centres reported that as a result they were better able to identify and help families affected by parental substance misuse. One centre, for example, identified 23 families that required support where previously they were unable to identify any families.

These centres have stronger relationships with their local Addaction service which continue to ensure that families are properly referred for intensive support. This work is vital to improving outcomes for young people by ensuring that their parents who have substance misuse problems are identified at an early stage and given the support they need.

6. Commissioning

Local Authority commissioners increasingly recognise the value of early intervention work not only in reducing young people’s substance misuse but also in reducing use of services such as A&E and, over the long term, reducing the number of people who need substance misuse treatment support as adults.

Service specifications for young people’s substance misuse services often require the service provider to deliver early intervention work and train other professionals.

However, these services are usually still measured on ‘outputs’ – the number entering and exiting structured treatment and changes in levels of drug or alcohol use – rather than also measuring improved wellbeing, enhanced resilience and other ‘outcomes’ of early intervention.

There are challenges in ensuring effective commissioning and monitoring of substance misuse early intervention work:

- Local Authorities are only slowly moving towards outcome-based commissioning. As part of an Addaction research project, CEDAR at the University of Warwick interviews drug and alcohol service commissioners. Interviewees expressed interest in new ways of measuring impact but acknowledged that their systems and processes for this are still in development.
- There is little evidence of the long-term impact (10 year plus) of early intervention work in changing a young person’s substance misuse behaviour into adulthood. Service providers like Addaction are funded to provide a service on a short to medium-term basis, with no funding available to conduct extensive follow up with young people over multiple years.
Section 3: Summary

1. Statistics show reductions in young people’s substance misuse overall

2. There remain concerning statistics relating to vulnerable groups of young people and substance misuse that need to be addressed by targeting services in the right way

3. Substance misuse service provision for young people should include a range of early interventions and programmes

4. Substance misuse cannot be addressed in isolation from the wider issues affecting young people including sexual health, mental health and wellbeing, education and family issues

5. Peer to peer activities should be recognised as an effective way of delivering early intervention drug and alcohol messages to young people

6. Young people must be involved in all stages of intervention design, delivery and improvement

7. Commissioners must consider how to monitor the impact of early intervention substance misuse work to understand short, medium and long term impact

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1. Data from the Young People’s National Statistics 13/14. Published January 2015 PHE gateway number: 2014638


5. Findings from the crime survey for England and Wales, www.crimesurvey.co.uk/index.html

6. For more information visit: http://www.eif.org.uk/


8. For more information visit: http://www.amywinehousefoundation.org/resilience-programme-for-schools

9. For more information visit: http://guidebook.eif.org.uk/

10. Feedback recorded from Takeover Day Liverpool November 2014


14. For more information visit: http://www.teensandtoddlers.org/

15. For more information visit: http://www.addaction.org.uk/page.asp?section=134&sectionTitle=Research+reports
