

Adolescent substance use

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Welcome

Adolescence is when people usually begin using substances such as alcohol and other kinds of drugs.¹ Adolescence is also a period of intense brain development, and mind-altering substances could potentially have more of an effect at this stage compared with other age groups.²

Adolescence substance use has been the topic of extensive research activity over many decades. Unlike some of the other research updates in this series, there is a wealth of information on the topic. In this update, we have selected some of the more notable and important research studies to emerge over the last couple of years; studies that we think will be interesting and useful to practitioners working with adolescents.

Topics covered by earlier updates in this series include adolescent obesity, self-harm, attention deficit and hyperactivity, health implications of new technologies, adolescent sleep, long-term conditions, accidents and injuries, health inequalities, disability, and physical activity. You can obtain an extended version of this paper, along with copies of all our past and future Research Updates, by joining AYPH (www.ayph.org.uk).

Where do the data usually come from?

In the UK the big surveys that are most often drawn on for statistics about adolescent substance use are the Smoking Drinking and Drug Use (SDDU) survey administered by the National Centre for Social Research on behalf of the Department of Health (11-15 year olds, since 1985), the School Health Education Unit surveys from 1987 (11-15 year olds), the European School Survey Project on Alcohol and Other Drugs (ESPAD) from 1995 and the World Health Organisation's Health Behaviour in School Aged Children survey (HBSC) from 1986.



It is worth noting that several surveys, including the SDDU and HSBC, are based on pupils at school and thus, by definition, do not reflect the experiences of more vulnerable groups of young people who have disengaged from education. Other surveys worth mentioning include the Crime Survey for England and Wales, the Health Survey for England, the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) and the Young People's Behaviour and Attitudes Surveys in Northern Ireland.

Drinking alcohol and using drugs: latest data from the survey of Smoking, Drinking and Drug Use among Young People in England in 2012

- 1 in 10 young people aged 11-15 years old had drunk alcohol in the last week.
- In 2012, illegal drug use by this age group was at its lowest level since 2001

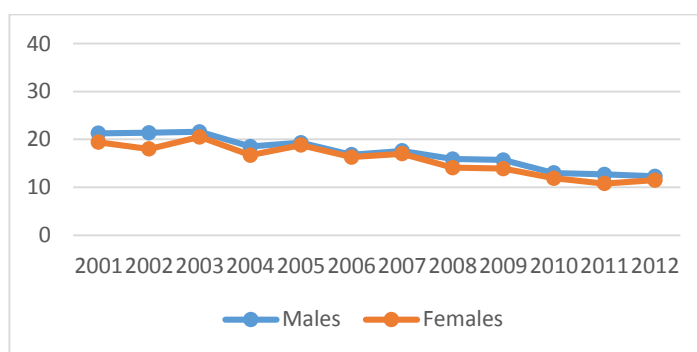
Source: Fuller E (2013)

Prevalence of alcohol and drug use in UK teenagers

By far the most common substance used by adolescents is alcohol. Among school pupils aged 11-15, 57% do not drink and 10% report that they drank in the last week. The majority of these are aged 14-15 years – among the 15 year olds, over a quarter report drinking in the previous week (SDDU estimates).³ Self-reported accounts of being drunk at least twice in their lives suggest that this has happened to approximately a quarter of 15 year olds in England, and more than a third in Scotland (HBSC estimates).⁴

Since 2001 there has been a downward trend in the school-aged population who report using illegal substances at any point in the last year (SDDU).⁵ The trend is shown on the graph below.

Proportion of school pupils aged 11-15 years who had taken drugs in the last year, by gender, 2001-2012



(Source = SDDU 2013 report; proportions include volatile substances such as glue, gas, aerosols or solvents which account for around ¼ of use)

In 2011, 26% of 13-15 year old males and 21% of females reported some experimentation with illegal drugs. More frequent use is rarer. The illegal substance most commonly used is cannabis. Use of Class A drugs, volatile substances (glue sniffing etc) and other drugs is rarer. Although the alcohol and drug use trends are going in a positive direction, a small proportion of young people still gets into significant difficulties. Increasingly, services report that those presenting with a need for treatment are displaying a multitude of vulnerabilities and a propensity for poly drug use.

Health implications of alcohol and substance use by young people

The Department of Health recommends no alcohol consumption below age 15 years.⁶ Health implications can be short term or long term and can involve both acute and chronic adverse effects. Health implications for alcohol use include liver disease, cardiovascular disease, cancer, violence, and road traffic accidents. Over a quarter of deaths of 16-24 year olds have been attributed to alcohol consumption.⁷ National Treatment Agency data show that in 2011-12, 13,300 children and young people under 18 received treatment for alcohol dependence, and a total of 20,688 for alcohol and drugs combined.⁸ Alcohol and cannabis are by far the main substances for which under 18s access specialist services in England.⁹ Implications from cannabis use include bronchitis, lung damage, psychosis, depression and anxiety.¹⁰

Key issues:

- **Will the recent falls in alcohol consumption by young people continue?** After rises in the 1960s and 1970s, rates slowed down in the 1980s and then began to fall.¹¹ However, underneath the average, patterns of consumption may vary for different subgroups of young people.
- **What's going on with the drug use trends?** These have mirrored the alcohol trends but the rise came later, and the falls started more recently. Numbers of young people and young adults receiving treatment for drug and alcohol misuse have fallen.¹²
- **Why do we look different from the rest of Europe?** The overall trends is a fall in substance use but there are indications that alcohol use in particular is higher among UK adolescents than their European peers.^{13 14}
- **What is the role of marketing and advertising?** Evidence is growing that minimum pricing is an effective strategy for reducing population levels of alcohol consumption¹⁵ and that social media advertising may influence adolescent consumption.¹⁶
- **Legal highs.** There has been concern about a growth in the availability of synthetic or new drugs that have not yet been made illegal, and are available on the internet.¹⁷ Robust research on prevalence and use is not yet available for the UK, but concern about their effects is growing.
- **Changing composition of easily available drugs** There is some evidence that some drugs are stronger than they used to be.¹⁸ Although fewer may be using drugs, have the risks grown for those who do experiment?
- **Binge drinking.** Drinking large quantities on individual occasions is particularly a phenomenon of younger age groups.¹⁹ How do the health implications vary from the implications for more regular consumption of smaller quantities?

- **What are the links between substance misuse, intimate partner violence and exploitation?** Studies have investigated the relationship between victim and perpetrator alcohol use and intimate partner violence in adults.²⁰ but what are the messages for young people?
- **What works?** There is a growing literature on the role of a model based on screening and brief intervention.²¹ Brief interventions for both alcohol and drug use have been tested in school settings and primary care.^{22 23} Good outcomes have been reported with cognitive behavioural therapy.²⁴

Recent reports

Stick to the Facts

Alcohol Concern (2013)

<http://www.alcoholconcern.org.uk/publications/policy-reports/stick-to-the-facts>

A report calling for a better balance between commercial freedoms and young people's protection from alcohol advertising.

A positive choice: Young people who drink little or no alcohol

Herring R, Bayley M and Hurcombe R (2012)

<http://www.jrf.org.uk/publications/positive-choice-young-people>

Report from a Joseph Rowntree Foundation funded study on the lives and choices of young people aged 16-25 living in the UK who drink little or no alcohol.

Statistics on Drug Misuse 2012

Health and Social Care Information Centre (2013)

<http://www.hscic.gov.uk/catalogue/PUB09140>

Compilation of data from government funded surveys and data sources. Useful central point of reference for statistics, including a chapter on drug misuse among children, as well as lists of resources.

Substance Misuse among Young People 2011-12

National Drug Treatment Agency (2012)

<http://www.nta.nhs.uk/uploads/yp2012vfinal.pdf>

Although the proportion of 11-15 year olds who are using drugs has been falling from 2001, and those drinking regularly is also falling, a small proportion still get into significant difficulties. This report provides information on the 20,688 young people using specialist alcohol and drug uses in 2011-12.

Drug Misuse Declared: Findings from the 2011/12 Crime Survey for England and Wales

Home Office Statistic Bulletin (2012)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147938/drugs-misuse-dec-1112-pdf.pdf

An annual publication outlining the findings from the latest Crime Survey for England and Wales on self-reported levels of illicit drug use. A section on drug use by various personal characteristics breaks down drug use by age group, including comparisons for those aged 16-19 and 20-24.

A summary of the health harms of drugs**Department of Health (2011)**<https://www.gov.uk/government/publications/a-summary-of-the-health-harms-of-drugs>

Not focused on adolescents, but this publication provides a useful and thorough summary of the evidence for all sorts of health harms from different drugs, including short-term and long-term, chronic and acute.

Recent reviews***The effects of online marketing on drinking behaviours of young people*****European Centre for Monitoring Alcohol Marketing (2013)**http://www.ias.org.uk/uploads/pdf/Marketing/Effects_digital_marketing.pdf

A newly published review of currently available scientific literature concluding that there is evidence for effects on adolescent drinking behaviour from directly measured exposure to online alcohol marketing. The internet consists both of direct marketing but also of increasingly 'borderline' user generated content (such as Facebook material), and it is more and more difficult to sort out what is and is not marketing.

A systematic review of the relationships between family functioning, pubertal timing and adolescent substance use.**Hummel A, Shelton K, Heron J, Moore L, van den Bree M (2013) *Addiction*. 108, 487-496**<http://www.ncbi.nlm.nih.gov/pubmed/23163243>

Adolescents who have poor relationships with parents and reach puberty early may be at risk for greater substance use than those with better relationships with their parents, who mature on time or later.

Best practice in substance use**Taylor A L (2012) *Archives of Disease in Child Educ Pract Ed*, 97, 143-51**<http://ep.bmj.com/content/early/2012/02/27/archdischild-2011-300311.abstract>

Guidance for paediatricians encountering substance misusing adolescents in a variety of clinical settings.

Recent research

There is a huge amount of ongoing research on alcohol and substance use by teenagers, so these studies represent just a small selection of some recent papers of interest.

Investigating parental monitoring, school and family influences on adolescent alcohol use.**Higgins K, McCann M, McLaughlin A, McCarton and Perrain O, April 2013, *Alcohol Research UK***<http://alcoholresearchuk.org/2013/06/10/investigating-parental-monitoring-school-and-family-influences-on-adolescent-alcohol-use/>

Analyses of the Belfast Youth Development Study to explore the role of parental monitoring, peer and school level factors in influencing individual drinking. Parents who exerted greater control over children's free time activities had children who drank less. More drinking by young people leads to less efforts at control by parents. Schools with high proportions of frequent drinkers may promote more drinking.

Survey of Smoking, Drinking and Drug Use (SDDU) among young people in England 2012

Fuller E (2013), NatCen Social Research

<http://www.hscic.gov.uk/catalogue/PUB11334>

A very useful and widely cited annual survey of the drinking and drug use behaviours of young people aged 11-15 in England, undertaken every year. A major source of data on time trends, illustrating that in 2012 the prevalence of illegal drug use among this age group was at its lowest since 2001, with 6% having taken drugs in the last month, and cannabis remaining the most popular drug.

Cross-lagged associations between substance use-related media exposure and alcohol use during middle school.

Tucker J, Miles J and D'Amico E (2013) Journal of Adolescent Health, 53, 460-464

<http://www.sciencedirect.com/science/article/pii/S1054139X13002735>

This American study showed that exposure to seven types of alcohol and drug related media content (internet videos, social networking sites, movies, television, magazine advertisements, songs and video games) over three months in grade 7 (age 12) was related to higher probability of alcohol use in 8th grade. The opposite was also true (alcohol in grade 7 was related to later media exposure), suggesting a reciprocal, mutually influencing process that may escalate alcohol use over time. The authors suggest more media literacy education might help reduce the link.

Brief intervention for drug-abusing adolescents in a school setting: Outcomes and mediating factors

Winters K, Fahnhorst T, Botzet A, Lee S and Lalone B (2012) Journal of Substance Abuse Treatment, 42, 279-288

<http://www.ncbi.nlm.nih.gov/pubmed/22000326>

A randomised controlled trial of two brief interventions for adolescents and their parents, delivered in a school setting in America. Adolescents in the intervention groups had better outcomes, including improved problem-solving skills.

Health Survey for England 2011 (Chapter 6: Drinking patterns)

Health and Social Care Information Centre (2012)

<https://catalogue.ic.nhs.uk/publications/public-health/surveys/health-survey-eng-2011/HSE2011-Ch6-Drinking-Patterns.pdf>

This annual survey includes data on the 16-24 age group, and provides useful comparisons between them and older age groups. This reveals that for most young adults, the concern is how much they drink on individual occasions, rather than their overall consumption.

Policy and guidelines

Public Health England (2013), Alcohol and drugs: JSNA support pack: Good practice in planning young people's specialist substance misuse interventions.

[http://www.nta.nhs.uk/uploads/goodpracticeinplanningyoungpeoplespecialistsubstanceuseinterventions\[0\].pdf](http://www.nta.nhs.uk/uploads/goodpracticeinplanningyoungpeoplespecialistsubstanceuseinterventions[0].pdf).

To support the inclusion of substance misuse treatment need among under 18s in local authority's Joint Strategic Needs Assessment, the PHE alcohol and drugs team produced a suite of documents to support the JSNA process. This includes good practice guidelines to support local planning, commissioning and contract monitoring processes.

Department for Education and the Association of Chief Police Officers (2013)

DfE and ACPO drug advice for schools

<http://www.education.gov.uk/schools/pupilsupport/pastoralcare/health/drug/a00202357/drug-advice-for-schools>

Recommends that schools have a written drugs policy, and that pupils should have early access to support through the school and other local services. Also recommends that a senior member of staff has responsibility for the drugs policy and for liaising with the local police and support services.

Royal College of Psychiatrists (2012) *Practice standards for young people with substance misuse problems.*

<http://www.rcpsych.ac.uk/pdf/Practice%20standards%20for%20young%20people%20with%20substance%20misuse%20problems.pdf>.

Brings together guidance on identification, assessment, care planning and delivery of interventions. Developed in consultation with stakeholders.

Examples of useful resources (extended list in our full research update)

- Addaction www.addaction.org.uk
- Alcohol Concern, Youth Policy web page <http://www.alcoholconcern.org.uk/projects/youth-policy>
- Alcohol Policy UK. http://www.alcoholpolicy.net/young_people/
- Drugs Education Forum <http://www.drugeducationforum.com/>
- Manchester Centre for the Study of Legal Highs <http://www.mmuperu.co.uk/research/legal-highs>
- Public Health England Alcohol Learning Resources <http://www.alcohollearningcentre.org.uk/>
- Public Health England, Child and Maternal Health Intelligence Network, knowledge hub pages on young people's substance use. <http://www.chimat.org.uk/substanceuse>
- Public Health England, National Treatment Agency, pages on drugs and alcohol use <http://www.nta.nhs.uk/>, including support for development of JNSAs.
- Talk to Frank <http://www.talktofrank.com/> an independent government funded site which offers confidential advice and information on drugs

Conclusion

Overall, alcohol consumption and substance use trends are positive for this age group. More young people abstain from drinking now than several decades ago. The proportion reporting that they have used illegal drugs in the last year has also been falling for at least a decade.

However, we need to remain alert to several issues. The first is that these are the overall, average trends for the age group as a whole. There may be particular subgroups of young people, perhaps negatively affected by various social determinants, for whom the trends are not so positive. We also need to bear in mind that some kinds of alcohol and drugs are now stronger than they used to be and that young people are subject to a wider range of kinds of advertising than they used to be before the rise of social media. Finally, current and future stresses particularly facing young people including high youth unemployment and service cuts may have an effect on the way these trends develop.

For more information

Full length versions of all our research updates are available to members on our website (www.ayph.org.uk). Summaries of all previous updates are available in the research section of the site, and on the Child and Maternal Health Intelligence Network website www.chimat.org.uk.

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