1.0 Introduction

This factsheet is covers teenagers up to the age of 18 years who present to services with a health or social care problem which may be directly or indirectly affected by use of drugs (licit or illicit) or alcohol. Drug and alcohol use among under-18s is always a cause for concern and poses a major challenge to public health. Most young people do not drink alcohol or use illicit drugs, but for those who do, it is a minority that develop serious problems. However, key to working with young people is to assess whether they are drinking alcohol or taking drugs which could be harmful and lead to problematic use and to intervene early to provide advice and information.

Figures from the survey ‘Substance misuse among young people in England 2012-2013’ show that 20,032 young people accessed specialist alcohol or drug services and of these, most were white British (81%); two thirds were male (66%); and just over half (52%) were aged 16 or over. The majority of young people accessing specialist services did so with problems for cannabis (68%) or alcohol (24%) as their primary substance (PHE 2013).

Data from the government’s survey of young people’s smoking, drinking and drug use in England in 2014 continues to show that the number of 11-to-15-year-olds who drink has been declining since 2003. Drug use was also down, with 16% admitting to ever taking drugs, down from 26% in 2001. The estimates from this survey indicate that about 100,000 pupils aged between 11 and 15 were regular smokers, around 280,000 had drunk alcohol in the past week, around 190,000 had taken drugs in the last month, and around 350,000 had taken drugs in the last year (HSIC 2014).

Some of the survey results are highlighted below:

- 38% of pupils said that they had drunk alcohol at least once.
- 22% of pupils had used e-cigarettes at least once.
- Drug use by 11-15 year olds declined between 2001-2010 but decline is slowing.
- Cannabis was the most widely used drug among 11 to 15 year olds in 2014, with 6.7% of pupils reporting having taken it in the last year.

Data from the 2013/14 British Crime Survey suggest that young adults (those aged 16 to 24) were more likely to have used drugs in the last year than older adults. However, the proportion of adults aged 16 to 24 taking any drug in the last year was 18.9%, an increase from 2012/13 (16.2%) but around the same level as in 2011/12 (19.2%). (Home Office, 2014)

LEARNING OUTCOMES

For medical students to gain knowledge in:

1. Distinguishing between substance use, misuse and dependent use.
2. Gaining an understanding of those factors which place young people at risk and those which are protective.
3. Appreciating the need for a comprehensive assessment.
4. The range of treatment options and the involvement of specialists when a decision to prescribe is taken.
5. The role of a specialist multidisciplinary team.
6. Understanding the importance of confidentiality and consent in young people.

Vignettes

This 13 year old girl was referred from school due to alcohol use affecting her school work and attendance. She was assessed by a substance misuse worker at school, as this was felt to be the most appropriate environment due to her age and so she could be supported by people she knew. It also ensured minimal disruption to her education. The alcohol use was affecting all aspects of her life and was a result of home dynamics as well as an older boyfriend who was causing concerns.

A 16 year old girl was admitted to A&E at 9 pm following a reported collapse at a friend’s house. They had been drinking and there was a strong smell of alcohol. Her parents had been called and had just arrived and were shocked to find their daughter in hospital saying “but she never drinks alcohol, she is only 16.” The staff tried to elicit whether she has taken anything else, she denied taking any drugs and her parents responded, by saying “she doesn’t hang around with people like that and she would never take drugs.” Her parents began to argue about where she had been that evening. Further discussion with the girl on her own elicited that she had taken half a pill given to her by her friend’s brother. She did not know what it was or what effect it would have.
2.0 Context
Not all young people drink alcohol or take drugs. However, those who do, often have a range of other problems or issues. Many young people stop taking drugs or drinking with support from an adult such as family members, teacher or youth leader, but some will continue to use causing difficulties and may lead to involvement with a range of services depending upon the complexity of issues presented. Among the major challenges in engaging adolescents are psychological problems including low-self-esteem, mood and anxiety disorders, conduct disorder, attention deficit hyperactivity disorder (ADHD), post traumatic stress syndrome (PTSD), and conditions that may lead to suicidal ideation and self harm. This comorbidity is the rule rather than the exception in young people who have substance use disorders. The intoxicating effects of substance use might lead to impairments in judgement or changes in mood, or to aggression and impulsivity.

3.0 Common presentations

3.1 Special/distinctive features
- Presentation is often at the instigation of parents, teachers, social services, criminal justice agencies, GPs.
- Young people who are at a high risk of developing a substance misuse problem may include those whose parents misuse substances or have a psychiatric illness, those with mental health problems, those with a history of self harm or abuse, those who are pregnant, those who are looked after or homeless, those who have poor educational attainment or live chaotic life styles.
- Young people want to be part of a group and taking substances is often seen as the “norm” in young people, part of ‘rites of passage’, growing up and experimenting.
- The risks to health may be the direct result of the acute intoxication but may also be related to associated behaviours e.g. sexual behaviour. Substance use and misuse can cause serious health problems in young people even if they are not ‘addicted’ or ‘dependent’ on drugs.
- Providing young people with accurate credible advice and information about where to seek help is vital.
- Young people may be suspicious of professionals, and likely not be open and honest at first especially if an adult is present, so trust is important to establish.

3.2 Barriers
- Stigma.
- Lack of communication with adults.
- Young people see drug and alcohol use as part of “growing up” and don’t necessarily see the risks or concerns.
- Young people do not necessarily identify their drug or alcohol use as a problem.
- Young people who experiment with substances, may be easily influenced by others or older young people, trying to impress, trying to stay in with a crowd, as “others do it” and rationalise it by saying that “I don’t know anyone who has had a problem.”
- They may genuinely be unaware of the risks involved: very occasionally substance use can be fatal and regular use may not necessarily ‘be a phase’.
- Limited availability and access to designated services which has implications in terms of increased risks of problem behaviours later.
- Fear authorities and adults finding out about substance use and implications.

4.0 Assessment
The style of assessment is crucial to engaging the young person and their families. Non-confrontational and non-judgmental attitudes are essential to build empathy. Assessment is an important stage to determine the needs of the young person and to formulate interventions to meet those needs as there are many influences to consider including substances, mental and physical health, educational achievements and relationships with parents, siblings and friends (NTA, 2007). During the assessment, it is helpful to gather information to assist in understanding the inter-relationships between all of the influences.

The psychosocial developmental stage of the young person should be evaluated as well as associated cognitive, social and biological risk factors that may influence development. Assessment of risk and resilience factors is a central component as this may guide and focus treatment. The emphasis should be on strengthening resilience and reversing risk factors where this is feasible. A wide range of predisposing factors have been linked including poor parental discipline, lack of family cohesion, inadequate parental monitoring, peer drug use, drug availability, hedonistic attitudes, early onset of substance misuse, low self esteem, mental health problems, poor academic attainment, and low socio economic status. On the other hand, family support, academic achievement, and involvement in a social network results in less substance misuse.

Depending on the context of the first consultation, it may be appropriate to administer the CRAFFT six item screening tool For each patient there should be an assessment for each substance as to whether they are experimenting, or whether they are using irregularly, harmfully or dependently, or indeed, whether they are not using it at all. Young people sometimes exaggerate their use.

It is important to intervene with young people as early as possible because use at a very early age is recognised as a predictor of later substance misuse and dependence. There is an increasing appreciation that mental disorders that start in childhood may continue into adult life, especially if they are not recognised and treated early. Every consultation is an opportunity to consider the role of substances in the presentation which may change rapidly.

Retention in treatment is associated with better outcomes. Thus assessment should be viewed as the important first step in engagement and retention in the treatment process.

The maturity of the young person must also be assessed, as this affects consent and, more importantly, refusal of treatment. Young people are prone to take a combination of substances and may exaggerate or underplay the level of use or the
consequences.
It is important that all doctors are competent in undertaking an assessment that places the substance use in the context of the young person’s life.

**What to look out for when making an assessment:**

Psychological symptoms: may include general irritability, mood fluctuations such as depression, anxiety, elation, psychosis, confusion, deliberate self-harm.

Physical symptoms: Physical symptoms of withdrawal e.g. tremor, sweating, muscle aches and pains; respiratory symptoms caused by smoking e.g. nicotine, cannabis, cocaine, heroin, amphetamine; physical injuries or accidents as a result of intoxication; abscesses, thrombosis, track marks due to injecting.

Social: Poor and declining educational attainment; family disharmony and dysfunction; involvement with criminal activities.

Substance misuse is a substantial public health issue with considerable mortality and morbidity. Depression and anxiety, self-harm and suicide, cirrhosis, and criminality, as well as many other psychological, physical and social harms can result.

However, with regard to young people there are some special considerations in questioning. Some examples are given below:

**Q:** When you drink alcohol or take drugs what effect are you looking for (to cope with stress, sleep, rest, be part of the crowd, boost confidence, give energy): This helps to understand the reason for using drugs or alcohol.

**Q:** What effect does it actually have? This gives a chance to establish whether the person experiences only positive effects or has had some negative effects. This provides an opportunity to provide information and advice on the risks and harms linked to the young person’s own experience or the experience they recall of their friends.

**Q:** What worries you or concerns you about what you take? This helps to establish any concerns such as family / friends’ influences, worries, schooling/college, which provides an opportunity to explore substance use further.

**Types of drug use**

**Experimental:** usually refers to first stage of substance use, defined by exploring what drugs are, what reaction they have to them and also the social aspects of drug use. This curiosity is usually relatively safe, but is ”risk taking behaviour” as there are examples in the media where a single use of a substance has been fatal. Inexperience and naïveté can lead to many dangers. It is usually associated with use amongst peer groups or an individual taking when alone.

**Recreational:** often referred to as social stage, usually to achieve social acceptance among peers or a desire to “fit in”: The use of a drug or alcohol (legal, controlled, or illegal) with the intention of enhancing life (increasing euphoria, blocking unhappy memories, or creating pleasure). Some would also include creativity and religious growth among the effects of certain drugs. This often means using/taking at weekends for example, but it is not daily use.

**Harmful use:** this involves a degree of substance use that leads to physical and mental health problems.

**Dependent:** Substance dependence, commonly called drug or alcohol addiction is a compulsive need to use drugs and or alcohol in order to function normally. When such substances are unobtainable, the user suffers from withdrawal. This usually means use of a substance daily.

For further information on the stages of substance (drug and alcohol) use and suggested interventions see a pragmatic classification cited in Royal College of Psychiatrists (2012) Practice Standards for young people with substance misuse problems.

**5.0 Treatment**

Treatment may encompass the following:

**Information and advice:** Provision of information and advice for young people and their families. Posters, leaflets and brochures can be scattered around the service with contact details for a variety support services locally.

**Psychological treatments:** Brief intervention, motivational interviewing, cognitive behaviour therapy (CBT), group and family therapies, self-help, generally demonstrate promising results in substance use and other behaviours over 12 months follow-up.

**Pharmacological treatment:** Most pharmacological agents are not licensed for adolescents and initiation of pharmacological treatment should generally only be offered by specialist addiction psychiatrists or similarly experienced and qualified practitioners in primary care.

Young people may also need medication for psychiatric illness and physical problems some of which may interact with each other. Risks of overdose must be explained to the patient, family and carers and contact details of appropriate services provided to them. Specialist services are indicated when there is misuse of multiple substances, severe dependence, frequent relapses of substance misuse, co-morbid severe physical illness, co-morbid severe mental illness, unstable accommodation, including homelessness, family disharmony or dysfunction, chaotic lifestyle, with little structure or support.

Treatment can be successful, especially if there is early detection and a comprehensive management plan set in place if required. Although only a minority of young people develop dependence, it is vital to distinguish between substance use, misuse and dependence because this has a bearing on the appropriate type of treatment modalities. For example, pharmacological agents should only be used when patients are dependent for the purposes of detoxification or substitution. Pharmacological treatment should only be provided after the young person has had a thorough assessment including urinalysis and biological investigations, as well as the assessment of family members and carers as supervision will be required. Pharmacological treatment should always be in the context of psychosocial interventions.
6.0 Referral network/programmes/services

Both formal treatment and self-help can augment each other, and continuing coordination of care which is integrated with other medical and non-medical services is important to sustain young people’s recoveries. This includes educational, criminal justice, child welfare, mental health and general medical services. Treatment may take place in a variety of settings: primary and secondary care which community, outpatient or inpatient units may be appropriate.

It is advisable to build up a team around the child which is a collaboration of specialist health and social services which can provide the range of treatments for the young person and their family and carers with the appropriate level of support. The priorities are referral to relevant specialist treatment services so that treatment can be continued so as to avoid discharge and treatment refusal.

Comprehensive services with auxiliary services are needed to address the mental health, family and educational problems, to use strategies to enable young people to understand the usefulness of the treatment package and to ensure that culturally appropriate advice is provided.

Outcomes can be improved if services include follow up and continuity is prioritised, are local, families are involved and supported, patients are encouraged to continue educational and vocational education, and staff are trained in addiction and child development.

Issues relating to child protection and safeguarding children and young people are really important issues to consider. Children may be vulnerable for a number of reasons including:

- acting as a carer for a substance using parent or responsible adult.
- a young person who is using substances.
- a young person who is being “used” by an adult to obtain or sell drugs.
- a young person who is being provided with substances by an adult.

All of these scenarios should be considered as safeguarding issues. Any concerns should be raised with the Local Authority Designated Officer (LADO) which is located within Children’s services. The Children Act (1989) acknowledges that the welfare of children is paramount (section 1), services to support people in need usually by consent (section 17) and there is a duty to investigate “significant harm” (section 47). Categories of harm include physical, emotional, sexual and neglect (HM Government Working together to safeguard children, 2013).

7.0 References and useful resources


CRAFFT Screening tool http://www.ceasar-boston.org/clinicians/craft.php


NICE (2007) Interventions to reduce substance misuse among vulnerable young people (guideline, PH4)

http://www.nice.org.uk/guidance/ph4/chapter/introduction


10.1192/apt.bp.106.003327

Patton, R; Deluca, P; Kaner, E, Newbury-Birch, D; Phillips, T; and Drummond, C (2014) Alcohol Screening and Brief Intervention for Adolescents: The How, What and Where of Reducing Alcohol Consumption and Related Harm Among Young People, Alcohol and Alcoholism. 49: 207-212


Public Health England (2016) Young people are less likely to drink; does that mean it isn’t a problem?

https://publichealthmatters.blog.gov.uk/2016/08/02/young-people-are-less-likely-to-drink-does-that-mean-it-isn-t-a-problem/


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

Useful websites

FRANK: http://www.talktofrank.com/drugs-a-z

Mentor UK: http://mentor.org.uk/

The Mix: http://www.themix.org.uk/drink-and-drugs

Re-solv: http://www.re-solv.org/

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