



Trends in young people accessing English alcohol treatment services: 2014 to 2023

DOI:

[10.1016/j.drugpo.2024.104663](https://doi.org/10.1016/j.drugpo.2024.104663)

Document Version

Final published version

[Link to publication record in Manchester Research Explorer](#)

Citation for published version (APA):

Hayhurst, K., Burnett, S., Jahr, S., Mangan, D., Millar, T., Rigby, O., & Jones, A. (2025). Trends in young people accessing English alcohol treatment services: 2014 to 2023. *International Journal of Drug Policy*, 135, Article 104663. <https://doi.org/10.1016/j.drugpo.2024.104663>

Published in:

International Journal of Drug Policy

Citing this paper

Please note that where the full-text provided on Manchester Research Explorer is the Author Accepted Manuscript or Proof version this may differ from the final Published version. If citing, it is advised that you check and use the publisher's definitive version.

General rights

Copyright and moral rights for the publications made accessible in the Research Explorer are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Takedown policy

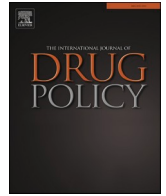
If you believe that this document breaches copyright please refer to the University of Manchester's Takedown Procedures [<http://man.ac.uk/04Y6Bo>] or contact openresearch@manchester.ac.uk providing relevant details, so we can investigate your claim.





Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Short Report

Trends in young people accessing English alcohol treatment services: 2014 to 2023



Karen P. Hayhurst^{a,*}, Sam Burnett^a, Stefan Jahr^{a,b}, Dylan Mangan^a, Tim Millar^c,
Oliver Rigby^a, Andrew Jones^a

^a Centre for Epidemiology, Division of Population Health, Health Services Research and Primary Care, University of Manchester, Manchester M13 9PL, UK

^b Addiction and Inclusion Directorate, Office for Health Improvement and Disparities (OHID), London, UK

^c Centre for Mental Health and Safety, Division of Psychology and Mental Health, University of Manchester, Manchester M13 9PL, UK

ARTICLE INFO

Keywords:

Treatment
Alcohol related disorders
Young adult
Data analysis

ABSTRACT

Background: Recent reports suggest that the prevalence of alcohol consumption has reduced among young people in England. We used whole population, English substance use treatment data to examine whether there has been a corresponding decrease in the number of young people accessing specialist alcohol treatment. We also examined the trend among young people with the highest levels of alcohol treatment need.

Methods: A retrospective cohort study of all young people (<18 years) entering specialist treatment for alcohol use in all publicly funded services in England between 1 April 2014 and 31 March 2023 ($N = 40,119$). Analysis of alcohol use severity used complete-case information on indicators of frequency and quantity of alcohol consumption ($n = 37,801$, 94 %). An examination of trends over time also used the cohort ($N = 562,037$) of adults (18+ years) entering alcohol treatment over the same period.

Results: There was a 42 % decline in the number of young people entering treatment for alcohol use in England (from 6522 to 3771 per annum). The proportion of the total alcohol treatment population accounted for by young people also decreased from 6.8 % to 4.1 % over the same period. A less steep decline of 24 % (from 508 to 388) was observed in the number of young people entering treatment with severe alcohol use.

Conclusions: Despite the overall reduction in the number of young people accessing alcohol treatment between 2014/15 and 2022/23, it will be necessary to monitor whether this decreasing trend continues, especially among those young people with the most severe alcohol treatment needs. Further research is required to determine to what extent this reduction in treatment numbers is due to reduced treatment capacity rather than changes in treatment need.

Introduction

Reports converge on a marked reduction in the consumption of alcohol by young people in England. In comparison to previous cohorts of same-age young people the prevalence of drinking has declined over time. Younger drinkers consume less alcohol than that seen previously, e.g., a significant reduction in weekly unit consumption by 11–15-year-olds (8.2 units in 2001 to 2.8 units in 2016) (Oldham et al., 2020). Young people who do drink also start later, e.g., the mean age at first alcohol use increased from 11.4 years in 2004 to 12.6 years in 2014 among 11–15-year-olds (Oldham et al., 2018).

This pattern has been observed in other high-income countries, e.g., the prevalence of past-month binge drinking (five or more drinks on a

single drinking occasion) halved between 2007 (26.2 %) and 2012 (13.5 %) among secondary school pupils (<16 years) in New Zealand (Ball et al., 2020) and mean alcohol consumption halved among Swedish 9th-grade students (15–16 years) between 2000 and 2012 (Norström & Svensson, 2014). Despite these findings, there remains a specific current concern over the prevalence of alcohol use among young people in England. The proportion of 11-year-olds (35 % of boys, 34 % of girls) and 13-year-olds (50 % of boys, 57 % of girls) who had ever drunk alcohol in England, is the highest out of 44 countries and regions of Europe, Canada and central Asia (Charrier et al., 2024).

In 2022/23, 12,418 young people (<18 years) were in contact with substance use treatment services in England (OHID, 2024). National surveillance records up to three substances used problematically at

* Corresponding author.

E-mail address: karen.hayhurst@manchester.ac.uk (K.P. Hayhurst).

<https://doi.org/10.1016/j.drugpo.2024.104663>

Available online 2 December 2024

0955-3959/© 2024 The Authors. Published by Elsevier B.V. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

treatment entry; alcohol was cited in 44 % of cases; behind cannabis, which was cited in 87 % of cases (OHID, 2024). Within the English system, specialist young people's treatment for alcohol use primarily comprises community-based psychosocial interventions (talking therapies to encourage behaviour change) delivered in a care plan that also focuses on concurrent needs, such as mental health problems (DH, 2017; OHID, 2024). Although services for adults also primarily comprise community-based psychosocial interventions, adults are more likely to receive treatment in primary care, inpatient or residential settings, and to receive pharmacological therapies (OHID, 2023a).

Lead responsibility for commissioning young people's substance use services was transferred, alongside public health responsibilities, to English local authorities in 2012 (Jones et al., 2017). Overall, young people's treatment outcomes are positive, with 83 % defined as successfully exiting treatment. The definition here is completion of the treatment programme and the absence of dependence on any substance (OHID, 2024), although information about subsequent relapse is only captured if the individual re-presents to services.

Reduced prevalence of alcohol consumption among young people would be expected to be reflected in reduced numbers of young people being referred into alcohol treatment. A key problem with this expectation is that substance use treatment services in England have been subject to well-documented funding reductions (DHSC, 2021). Consequently, any observed decline in numbers accessing treatment services may represent a decline in treatment capacity, reflecting funding changes, rather than a decline in treatment need.

We set out to explore the following questions, using English national treatment data from the National Drug Treatment Monitoring System (NDTMS):

- In light of the observed reduction in levels of alcohol consumption by young people in the community, have there been any changes in the number of young people entering treatment with an expressed alcohol treatment need?
- Has the number of young people entering alcohol treatment changed as a proportion of the total number of individuals in treatment for alcohol use?
- Does any observed reduction in entry to treatment for alcohol use by young people extend to those with the most severe alcohol treatment needs?

Methods

Participants

We extracted data for the entire population of young people (<18 years, $N = 40,119$) and adults (18+ years, $N = 562,037$) who accessed specialist treatment for alcohol use in all publicly funded services in England between 2014/15 and 2022/23.

Measures

We used the Treatment Outcomes Profile (TOP; Marsden et al., 2008) items, "number of alcohol using days in the previous four weeks" and "average alcohol units per day in the previous four weeks" to assess "high-risk alcohol use"; one of the vulnerabilities assessed when a young person enters treatment in England (OHID, 2024). The definition of high-risk alcohol use ("drinking on an almost daily basis (27+ days out of 28) and those drinking above eight units per day (males) or six units per day (females), on 13 or more days a month") was used to identify those young people with severe alcohol use at treatment entry.

Analysis

Analysis was based on the latest treatment entry for each individual in each year and age at that treatment entry was used to categorise cases

as a young person (<18) or adult (18+). The annual percentage of alcohol treatment entries accounted for by young people was calculated. For each new entry to treatment, we extracted alcohol use TOP data. Analysis of alcohol use severity was based on cases with complete-case information on the two severity indicators ($n = 37,801$, 94 %). Logistic regression examined potential predictors of missing data. Data analysis was conducted using SPSS (version 29).

More detail on the methods used is available online in a supplementary methods appendix.

Results

In the latest financial year examined (2022/23), the cohort of young people entering alcohol treatment was 51 % female, mostly white (83 %) and had a mean age of 15.2 years (SD 1.4, median 15, IQR 2). The median length of the most recent period of continuous treatment was 92 days (IQR 83).

Fig. 1A indicates that the number of young people entering alcohol treatment reduced from 6522 in 2014/15 to 3771 in 2022/23; a 42 % decline over nine years. Fig. 1B shows that young people accounted for a declining proportion of all alcohol treatment presentations in England, from 6.8 % in 2014/15 to 4.1 % in 2022/23.

Fig. 1A also illustrates the impact of responses to the COVID-19 pandemic on numbers of young people entering treatment. There was a marked decline (34 %) in the number of young people entering alcohol treatment from 2019/20 (4189) to 2020/21 (2783), whereas the number of adults who entered treatment remained stable (78,472 in 2019/20 and 78,681 in 2020/21, data not illustrated here). Data indicate a post-pandemic 'rebound', with a 37 % increase in the number of young people entering treatment from 2020/21 to 2021/22. A 9 % increase in the number of adults entering treatment was observed during the same period (78,681 in 2020/21 and 85,536 in 2021/22, data not illustrated here).

Fig. 2 indicates changes over time in the number of young people with severe alcohol use who entered treatment. The group with complete severity data (94 %) was 55 % male, 83.9 % of white ethnicity and had a mean age of 15.39 (SD 1.3). The missing group (6 %) had a mean age of 15.44 (SD 1.3), was 59 % male and 75.2 % of white ethnicity. Incorporating these three variables, plus financial year of reporting, into a logistic regression was able to account for less than 1 % of the variance in missing vs. non-missing group membership.

Fig. 2A shows that the number of young people entering treatment with severe alcohol use reduced from 508 in 2014/15 to 388 in 2022/23; a 24 % decline over nine years. Among this severe-use sub-group, the apparent impact of COVID-19 was diminished compared to the total cohort of young people, with a 13 % decline (2019/20 to 2020/21) in those entering treatment. Data indicate a post-pandemic 'rebound' in treatment entry, with a 37 % increase between 2020/21 and 2021/22, a similar magnitude to that observed for the whole cohort. The number of individuals with severe alcohol use receiving treatment is now above the pre-pandemic level.

Fig. 2B shows that the proportion of those with severe alcohol use was relatively stable before the pandemic, between 2014/15 (7.8 %) and 2019/20 (8.3 %). A noticeable uptick was observed in 2020/21 (10.9 %), falling to 10.3 % in the latest year (2022/23).

Discussion

Data for the whole publicly-funded English treatment population of young people show a considerable reduction in the number of young people entering treatment for alcohol use between 2014/15 and 2022/23, with a less steep decline observed in the number of young people entering treatment with severe alcohol treatment needs.

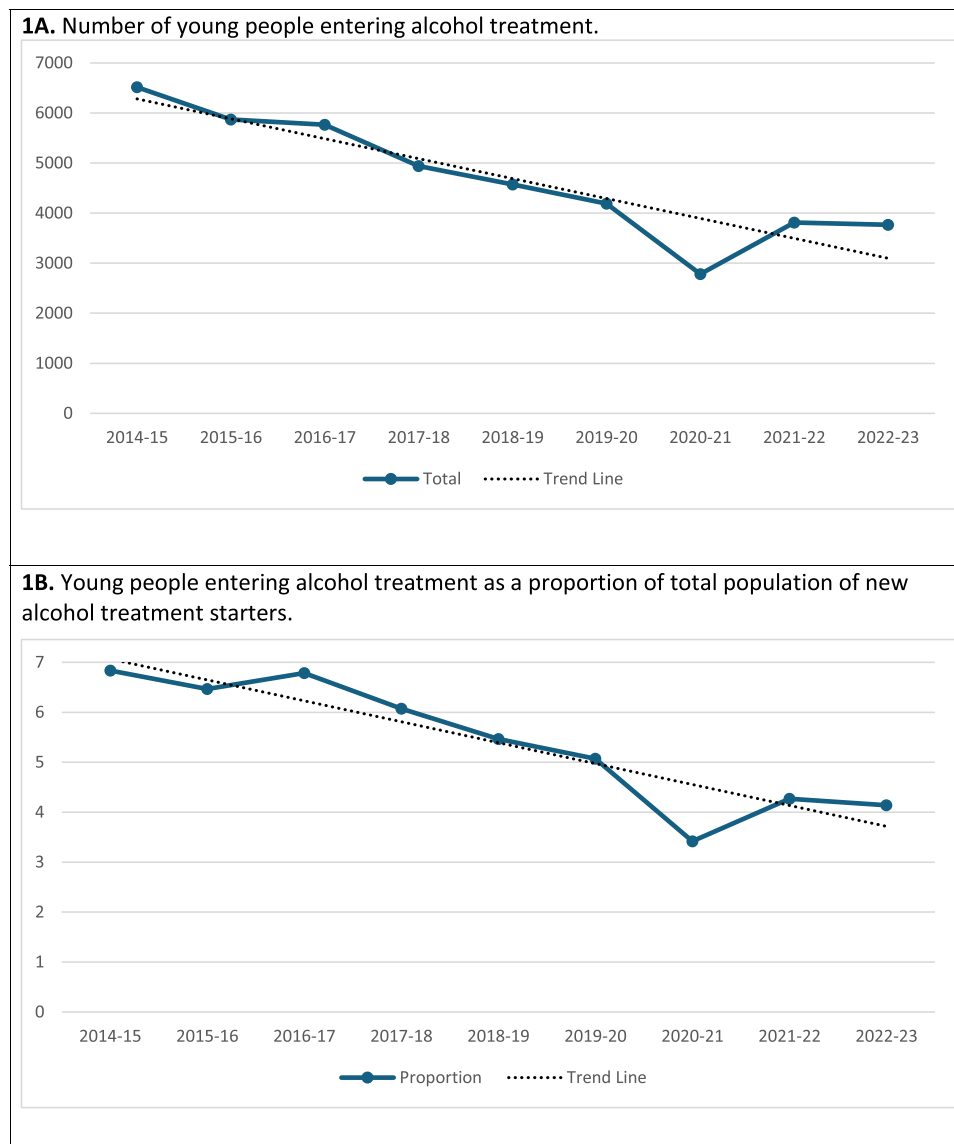


Fig. 1. Young people entering alcohol treatment. 2014/15 to 2022/23.

Strengths and limitations

Strengths of this work include the use of a national treatment population, with data collected over nine years. The cohort size (40,119 cases) is moderate in terms of national treatment datasets, yet large in comparison to health survey data commonly used to identify trends in alcohol use behaviour in young people and is highly representative of the treatment population. Defining the subgroup with the most severe alcohol treatment needs employed indicators that were recorded for the entire time-period with the minimum of missing data to limit bias as much as possible; 94 % of the cohort was available for this analysis.

A limiting factor is that the use of financial year reporting periods means that we are unable to point to exactly when treatment numbers began to rise, post pandemic. In addition, it is possible that some young people received treatment for alcohol use outside of publicly funded substance use services. However, although there is a high rate of mental health co-morbidities among young substance users (Essau & de la Torre-Luque, 2019; OHID, 2024), mental health services do not provide specific alcohol treatment, so it is unlikely that the reduction in treatment numbers observed here results from these individuals receiving alcohol treatment within these other services.

Implications

A reduction in the number of young people receiving specialist alcohol treatment is to be welcomed if it reflects reduced need resulting from a decline in risky and dependent drinking among young people. Observed reductions in alcohol consumption by young people in the community (Oldham et al., 2020) suggest that this drop may be driven by declining need. However, prevalence estimates are not available to assess the extent of unmet need for alcohol treatment among young people. Such estimates are available for the adult (18+) population (Pryce et al., 2017) and indicate a clear discrepancy between the prevalence of adult alcohol dependence and the number of people who access treatment, with an estimated four out of five alcohol-dependent adults not receiving treatment (PHE, 2018). There is no evidence that this discrepancy between need and receipt of treatment does not also exist for young people. In the light of known reductions in treatment funding, we are unable to assess whether the observed decrease in treatment accessed by this group is underpinned by a decrease in need or a reduction in treatment capacity, or a combination of the two. Current drug strategy evaluation research will address this question by assessing the impacts of funding and capacity.

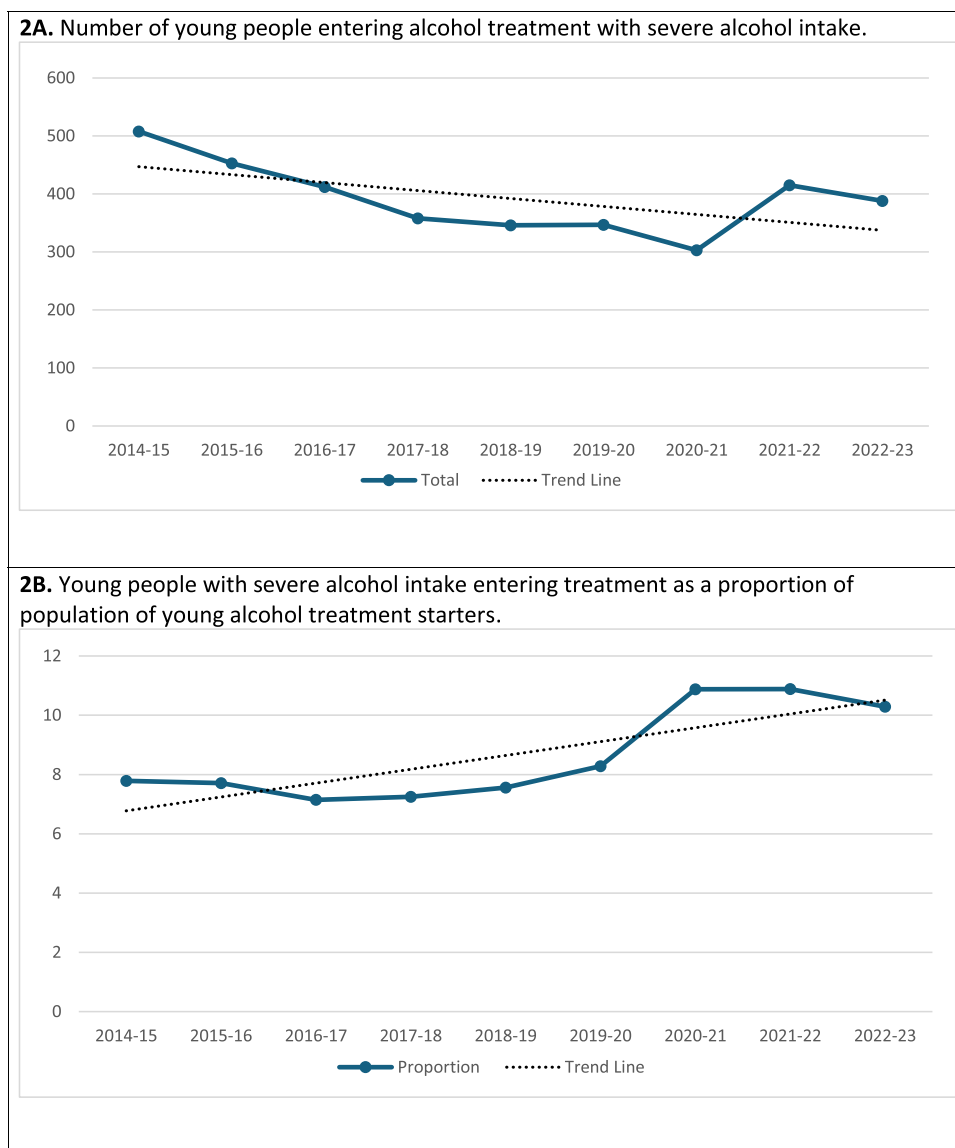


Fig. 2. Young people entering alcohol treatment with severe alcohol intake. 2014/15 to 2022/23.

An increasing proportion of young people in alcohol treatment with more severe treatment needs, albeit within a smaller cohort, clearly indicates a need for staff in specialist alcohol services for young people in England to be equipped to manage individuals who are characterised by greater frequency and quantity of alcohol consumption. It is hoped that increased funding for young people’s services (HM Government, 2021), resulting from Dame Carol Black’s extensive review (DHSC, 2021) will support these individuals by enabling workforce skills and expertise to be improved and by reducing individual staff caseloads. A further aim of the additional funding allocated to treatment services was to address unmet treatment need by increasing capacity, especially for underserved groups, including non-opiate users and young people (DHSC, 2021; OHID, 2023b). This was driven by an acknowledgement that the quality of treatment services has declined over time (DHSC, 2021).

Other evidence points to reduced community use of alcohol and drugs by young people during the pandemic period (Qi et al., 2023), with possible causes attributed to COVID restrictions, such as “stay at home” measures limiting contact with others and increasing parental supervision (Layman et al., 2022). It is interesting to also see this trend in treatment data. Despite an overall reduction in the number of young

people receiving alcohol treatment between 2014/15 and 2022/23, the trends presented here require future monitoring. This will determine whether the observed, post-COVID uptick represents a return to pre-COVID treatment levels or a continued upward trajectory, perhaps as a consequence of work to increase capacity and address unmet need.

Role of funding source

Nothing declared; this research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

CRediT authorship contribution statement

Karen P. Hayhurst: Writing – review & editing, Writing – original draft, Conceptualization. **Sam Burnett:** Writing – review & editing, Formal analysis. **Stefan Jahr:** Writing – review & editing, Supervision. **Dylan Mangan:** Writing – review & editing. **Tim Millar:** Writing – review & editing. **Oliver Rigby:** Writing – review & editing. **Andrew Jones:** Writing – review & editing, Supervision.

Declaration of competing interest

AJ and KPH have received research grant funding from Change Grow Live (CGL), a third-sector provider of substance use services. SJ is a University of Manchester and Office for Health Improvement and Disparities (OHID) employee. TM was a member of the UK Advisory Council on the Misuse of Drugs (ACMD) during the period considered by this study and has received research funding from the National Treatment Agency for Substance Misuse/Public Health England, the Home Office, the Department of Health, and Change Grow Live (CGL). He has chaired and organised conferences supported by unrestricted educational grants from the pharmaceutical industry (no personal remuneration) and has received speaker honoraria from an independent healthcare consultancy. SB, DM and OR do not declare any potential conflicts of interest.

Acknowledgements

The authors thank Tracey Farragher, Senior Lecturer in Healthcare Sciences at The University of Manchester, and Donal Cairns, formerly senior data analyst at The University of Manchester for their assistance with earlier versions of this work.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.drugpo.2024.104663](https://doi.org/10.1016/j.drugpo.2024.104663).

References

- Ball, J., Edwards, R., Sim, D., Cook, H., & Denny, S. (2020). What explains the decline in adolescent binge-drinking in New Zealand? *International Journal of Drug Policy*, *84*, Article 102826. <https://doi.org/10.1016/j.drugpo.2020.102826>
- Charrier, L., van Dorsselaer, S., Canale, N., Baska, T., Kilibarda, B., Comoretto, R. I., Galeotti, T., Brown, J., & Vieno, A. (2024). A focus on adolescent substance use in Europe, central Asia and Canada. *Health behaviour in school-aged children international report from the 2021/2022 survey*, 3. Copenhagen: WHO Regional Office for Europe. <https://www.who.int/europe/publications/i/item/9789289060936>.
- Department of Health & Social Care (DHSC). (2021). *Review of drugs part two: Prevention, treatment, and recovery. independent report*. London: Department of Health & Social Care. Independent review of drugs by Professor Dame Carol Black - GOV.UK. www.gov.uk
- Department of Health (DH). (2017). *Drug misuse and dependence: UK guidelines on clinical management*. London: Department of Health. <https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>.
- Essau, C. A., & de la Torre-Luque, A. (2019). Comorbidity profile of mental disorders among adolescents: A latent class analysis. *Psychiatry Research*, *278*, 228–234. <https://doi.org/10.1016/j.psychres.2019.06.007>
- H.M. Government. (2021). From harm to hope: A 10-year drugs plan to cut crime and save lives. London: HM Government. From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk).
- Jones, A., Hayhurst, K. P., Whittaker, W., Mason, T., & Sutton, M. (2017). Development of a resource allocation formula for substance misuse treatment services. *Journal of Public Health*, *40*, e396–e404. <https://doi.org/10.1093/pubmed/idx160>
- Layman, H. M., Thorsdottir, I. E., Halldorsdottir, R., Sigfusdottir, I. D., Allegrante, J. P., & Kristjansson, A. L. (2022). Substance use among youth during the COVID-19 pandemic: A systematic review. *Current Psychiatry Reports*, *24*, 307–324. <https://doi.org/10.1007/s11920-022-01338-z>
- Marsden, J., Farrell, M., Bradbury, C., Dale-Perera, A., Eastwood, B., Roxburgh, M., & Taylor, S. (2008). Development of the treatment outcomes profile. *Addiction (Abingdon, England)*, *103*, 1450–1460. <https://doi.org/10.1111/j.1360-0443.2008.02284.x>
- Norström, T., & Svensson, J. (2014). The declining trend in Swedish youth drinking: Collectivity or polarization? *Addiction (Abingdon, England)*, *109*, 1437–1446. <https://doi.org/10.1111/add.12510>
- Office for Health Improvements & Disparities (OHID). (2023a). *Adult substance misuse treatment statistics 2022-2023: Report*. London: Office for Health Improvements & Disparities. Adult substance misuse treatment statistics 2022 to 2023: Report - GOV.UK (www.gov.uk).
- Office for Health Improvements & Disparities (OHID). (2023b). *Additional drug and alcohol funding allocations: 2024 to 2025. Office for Health Improvement & Disparities. Additional drug and alcohol treatment funding allocations: 2024 to 2025 - GOV.UK (www.gov.uk)*.
- Office for Health Improvements & Disparities (OHID). (2024). *Young people's substance misuse treatment statistics 2022-2023: Report*. London: Office for Health Improvements & Disparities. Young people's substance misuse treatment statistics 2022 to 2023: Report - GOV.UK www.gov.uk.
- Oldham, M., Holmes, J., Whitaker, V., Fairbrother, H., & Curtis, P. (2018). *Youth drinking in decline*. The University of Sheffield. https://www.sheffield.ac.uk/polopoly_fs/1.806889!/file/Oldham_Holmes_Youth_drinking_in_decline_FINAL.pdf.
- Oldham, M., Callinan, S., Whitaker, V., Fairbrother, H., Curtis, P., Meier, P., Livingston, M., & Holmes, J. (2020). The decline in youth drinking in England – is everyone drinking less? A quantile regression analysis. *Addiction (Abingdon, England)*, *115*, 230–238. <https://doi.org/10.1111/add.14824>
- Pryce, R., Buykx, P., Gray, L., Stone, T., Drummond, C., & Brennan, A. (2017). *Estimates of alcohol dependence in England based on APMS 2014, including estimates of children living in a household with an adult with alcohol dependence: Prevalence, trends, and amenability to treatment*. The University of Sheffield and King's College London: Report prepared for Public Health England. https://www.sheffield.ac.uk/polopoly_fs/1.693546!/file/Estimates_of_Alcohol_Dependence_in_England_based_on_APMS_2014.pdf.
- Public Health England (PHE). (2018). *PHE inquiry into the fall in numbers of people in alcohol treatment: Findings*. London: Public Health England. <https://www.gov.uk/government/publications/alcohol-treatment-inquiry-summary-of-findings/ph-e-inquiry-into-the-fall-in-numbers-of-people-in-alcohol-treatment-findings>.
- Qi, L., Zhang, Z., Robinson, L., Bobou, M., Gourlan, C., Winterer, J., Adams, R., Agunbiade, K., Zhang, Y., King, S., Vaidya, N., Artiges, E., Banaschewski, T., Bokde, A. L. W., Broulidakis, M. J., Brühl, R., Flor, H., Fröhner, J. H., Garavan, H., Grigis, A., Heinz, A., Hohmann, S., Martinot, M.-L. P., Millenet, S., Nees, F., van Noort, B. M., Orfanos, D. P., Poustka, L., Sinclair, J., Smolka, M. N., Whelan, R., Stringaris, A., Walter, H., Martinot, J.-L., Schumann, G., Schmidt, U., & Desrivieres, S. IMAGEN Consortium, ESTRA Consortium, STRATIFY Consortium. (2023). Differing impact of the COVID-19 pandemic on youth mental health: Combined population and clinical study. *BJPsych Open*, *9*, e217. <https://doi.org/10.1192/bjo.2023.601>