ACMD
Advisory Council on the Misuse of Drugs

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Rt Hon Sarah Jones MP
Minister for Policing and Crime
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25 November 2026

Dear Minister,

RE: Profiles, Needs and Development of Prevention Interventions for Young People at Key Transition Points

I am pleased to enclose the Advisory Council on the Misuse of Drugs' (ACMD) report on drug prevention for young people at key transition points. The report has been prepared by the ACMD's Prevention Standing Committee and forms part of the ACMD's ongoing response to the commission received in 2023 to advise on measures to prevent and reduce drug use and harm among 11 to 24-year-olds. It builds on our 2025 report, which set out a whole-system approach to drug prevention for children and young people, and examines how the risk of drug-related harm emerges, intensifies or diminishes as young people move through adolescence into adulthood. The report and its recommendations cover all of the four UK nations.

Drug use typically peaks in the late teens and early twenties and, for most young people, declines as they take on adult roles. Most young people navigate these transitions without significant personal harm. However, the risk of harm is not evenly distributed. It is concentrated at points of change in young people's lives, such as the move into post-16 education, employment or training, leaving the family home,

leaving care, and the move from children's to adult services. It is greatest for those whose transitions are compressed, unsupported or constrained, including care leavers, young people excluded from or not in mainstream education, neurodivergent young people, those with mental health difficulties, and young people in contact with the criminal justice system.

The conditions in which young people make these transitions have also changed. Traditional markers of adulthood, such as stable employment, financial independence and settled housing, are now reached later, less consistently, or not at all, and for many young people the transition to adulthood is characterised by precarity rather than opportunity. Structural factors, including poverty, housing insecurity, stigma, and changes in drug markets and in the role of digital platforms in drug normalisation, shape both exposure to drugs and the consequences of use. Interventions that address only individual knowledge or skills are therefore likely to have limited reach among the young people at greatest risk.

Two aspects of current approaches to prevention are of concern. First, prevention is still largely organised around fixed ages and settings, and the effects of school-based drug education, the most common form of activity, cannot be assumed to carry over when a young person moves into a further education college, university, the workplace, or a period outside education and employment. Second, support from children's services, including drug, mental health and youth justice services, commonly ends at or near the 18th birthday irrespective of need or readiness, and often before equivalent adult provision is in place.

The report also identifies weaknesses in the evidence base. There is no harmonised survey of young people's drug use across the four nations, Northern Ireland has no current data for young adults, school-based surveys under-represent the young people at greatest risk, and there are limited longitudinal data with which to describe how drug use develops over time.

The ACMD has made nine recommendations in the report:

Recommendation 1: Prioritise transitions and life-course framing in drug prevention components of local and national action

Recommendation 2: Embed transitional safeguarding across the children-to-adult service boundary

Recommendation 3: Commission drug-related support tailored to young adults (aged 18 to 25)

Recommendation 4: Situate prevention within a whole-school approach and align it with the post-16 transition

Recommendation 5: Reorient higher education responses to drug use to focus on student health, wellbeing and welfare

Recommendation 6: Improve the availability of accessible early intervention services for young people

Recommendation 7: Harmonise substance use survey methods across the four nations, including for students in further/higher education

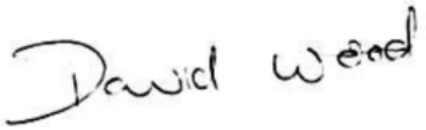
Recommendation 8: Strengthen coverage of out-of-school and otherwise excluded young people in survey research

Recommendation 9: Build longitudinal research capacity through cohorts and data linkage

Together, these recommendations aim to ensure that prevention and support are available at the points in young people's lives when risk is greatest, and that they do not fall away as young people move between settings and services.

We welcome the opportunity to discuss this report with you in due course.

Yours sincerely,



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