THE KNESSET

Research & Information Center

14 November 2024, 13 Heshvan 5785 Written by Noam Greenberg Approved by Shelly Levy

Drug and Alcohol Addiction among Children and Adolescents in Israel

Abstract

This document was prepared at the request of the Knesset's Special Committee for Combatting Drug and Alcohol Abuse and the Knesset Education Committee. **It presents data on substance use among Israeli children and adolescents (under 18), including statistics on potential treatment candidates, addiction cases, and participants in treatment programs. Additionally, it examines substance use prevention programs targeting this demographic**.

Drugs and alcohol are psychoactive substances capable of altering users' consciousness, mood, or cognitive processes. These substances generally carry the risk of dependency, which can adversely affect usage patterns and user health. Academic and professional literature indicates that children and adolescents may be particularly susceptible to experimenting with drugs and alcohol, even as they are at greater risk of developing harmful usage patterns.

According to a 2018 report commissioned by the Ministry of Labor, Welfare and Social Services (hereafter, the Ministry of Labor report), there are five stages of psychoactive substance use, ranging from **complete abstinence** to **severe addiction**. These stages are distinguished by the degree of impairment across various areas of life. Note, however, that not everyone who abuses psychoactive substances will necessarily progress to advanced stages of addiction or develop a substance use disorder.

To estimate the number of children and adolescents aged 0–17 who use drugs and alcohol, including those with substance dependence, we turned to multiple agencies: the National Authority for Community Safety (which is responsible for the coordination of addiction treatment pursuant to the 2017 National Authority for Community Safety Law), the Ministry of Health (which operates detoxification centers), the Ministry of Welfare and Social Affairs (hereafter Ministry of Welfare, which manages psychosocial rehabilitation facilities), the Ministry of Education (which implements school-based prevention programs), and the four

Israeli HMOs (kuppot holim). We also engaged with organizations that address various aspects of these issues in the field, such as the Israeli Center on Addiction, ELEM, and the Neve Malkishua Association.

Our inquiries revealed that none of these entities maintains official statistics on the prevalence of drug and alcohol use among Israeli adolescents. **The National Monitoring Center for Drug and Alcohol Use Phenomena, which was scheduled to be established within the National Authority for Community Safety pursuant to Government Resolution 588 of November 2020 and might have maintained such data, has not yet been established**.

In the absence of official data, this document presents findings from the survey "Youth in Israel: Patterns of Addictive Substance Use, Involvement in Violence and Cyberbullying," which conducted in 2022–2023. This survey was part of the Health Behavior in School-aged Children (HBSC) research program at Bar-Ilan University and is part of a series of surveys frequently referenced by professionals in the field. The survey findings indicate that:

- 9.5% of students in grades 5–12 reported getting drunk during the month preceding the survey, with a higher prevalence among males (12.4%) compared to females (6.7%).
- 6.3% of students in grades 7–12 reported cannabis use during this period, again with higher prevalence among males (9.1%) compared to females (3.6%).
- The survey revealed a general trend of increased substance use with age (17.3% of 11th and 12th graders reported getting drunk as compared to 3.3% of 5th graders; 8% of 11th and 12th graders reported cannabis use as compared to 5.2% of 7th graders).
- Notable differences were observed between Jewish and Arab students: while drunkenness rates were higher among Jewish students (10.7% versus 6.7%), cannabis use was slightly more prevalent among Arab students (6.8% versus 6.1%).
- Nearly one-fifth (18.5%) of students in grades 10–12 reported using prescription pain medications (opioids) without a prescription in the year preceding the survey.

  We note that we asked the Ministry of Health and Ministry of Welfare following reports of increased alcohol and drug use among children and adolescents as a result of the attacks of October 7, 2023 and the Swords of Iron War, but the ministries had no data available on this subject.

In preparing this document, we sought to examine how many children and adolescents might require assistance due to drug and alcohol dependence. To that end, we utilized data on substance use from the education system and emergency departments (EDs). According to the Ministry of Education, pursuant to Permanent Directive 0394 (May 2023) on The Optimal Educational Climate and the Handling of Violent and Risk Events, (which addresses alcohol and tobacco use), and Permanent Directive 0344 (September 2022) on The Handling of Drug Use by the Education System and the Procedure for Managing a Student Involved in Drug Use (which addresses other substances), consultation with the Ministry of Education is mandatory

for all cases of drug use, although the ministry acknowledges that not all cases are actually reported. According to the ministry, 1,285 incidents of drug use were reported from the 2019–2020 academic year until January 11, 2024, though it noted that HBSC survey data indicate more widespread use of these substances.

Ministry of Health data show that from 2019–2022, there was an annual average of 1,022 ED visits by children and adolescents aged 0–17 due to drug or alcohol consumption; approximately 55% of the patients were male (about 560 visits annually) and 45% female (about 460 visits annually). Notably, approximately 70% of ED visits by individuals aged 0–17 for substance use were alcohol-related.

The relevant government ministries lack data on the number of children and adolescents in Israel addicted to drugs and alcohol. **Therefore, we requested data from the HMOs regarding the number of members diagnosed with substance addiction**. Clalit indicated they have no data on this population, while the other three providers that did provide data on this subject noted that their figures were unreliable due to underreporting and underdiagnosis. The providers also mentioned they do not receive information from the Ministry of Health or Ministry of Welfare about members who are in addiction treatment programs from these agencies. Maccabi, Meuhedet, and Leumit indicated that such information would assist them in treating their members.

We turned to the Ministry of Health and the Ministry of Welfare to assess the number of children and adolescents with drug and alcohol addiction who are receiving treatment for this addiction.

The Ministry of Health provides detoxification services for minors through two inpatient facilities and treats cases of dual diagnosis (concurrent mental health disorder and substance use disorder).The ministry reported that between 2019–2022, an average of 136 male patients annually underwent detoxification treatment at Malkishua (in the Galilee) and an average of 44 female patients per year underwent these treatments at Ela Retorno (near Beit Shemesh). Cannabis was the primary substance used among most of these patients (59% of males and 73% of females), followed by alcohol (18% of males and approximately 19% of females). Additionally, during this period, 125 children and adolescents were admitted to psychiatric hospitals to treat dual diagnosis resulting from alcohol, cannabinoids, sedatives or tranquilizers, and multiple or other substances. Approximately 200 additional children and adolescents were admitted during this period for unspecified psychiatric diagnoses concurrent with addiction.

Further to the recommendations of the Committee for Advancing Addiction Treatment Services and Examining the Transfer of Insurance Responsibility to the HMOS (known as the Ridnik Committee) and the program implemented by the Ministry of Health, healthcare providers began developing community-based addiction treatment services. However, our discussions revealed these services are in their early stages and are only treating a small number of patients.

The Ministry of Welfare provides psychosocial rehabilitation treatment through community-based and residential frameworks. Regarding community treatment, the ministry reported that in 2021 and 2022, approximately 1,000 children each year, on average, were registered with municipal social services

departments for psychoactive substance (drug or alcohol) addiction, and they were treated in outpatient youth addiction units, youth day centers, and primary treatment and diagnosis centers for youth. We do not have details on how many children and teens are treated in each of these programs, among those treated in municipal outpatient addiction units in 2019–2020, the majority were male (77% in 2019 and 69% in 2020), with cannabis (including medical cannabis) being the most common primary being the primary substance of abuse among both males (approximately 77% in 2019 and 65% in 2020) and females (approximately 63% in 2019 and 46% in 2020).

Regarding residential treatment, the ministry provided data only for facilities managed by the Youth Protection Authority facilities, and not for all residential addiction treatment facilities under its auspices. According to ministry data, the proportion of adolescents placed in facilities under the auspices of the Youth Protection Authority for dependence on psychoactive substances ranged from approximately 16% in 2019 to about 47% in 2022. Between 2019 and 2023, the number of adolescents placed in the two therapeutic communities operated by the Youth Protection Authority (Malkishua in the Galilee and Ruah Midbar in the Negev) ranged from 143 in 2023 to 254 in 2019, of whom approximately 80% were male. The ministry noted that the Youth Protection Authority also operates two hostels that specialize in addiction treatment for adolescents, though we were not provided with data on the number of adolescents placed in these facilities.

In addition, we examined programs for the prevention of substance use. The Ministry of Education's Psychological Counseling Service Division operates several programs spearheaded by "school leaders" from among the faculty to educate children about drug and alcohol use. These programs include the **Peers and Influencers** youth leadership development program, which averaged approximately 10,200 participants during the 2019–2020 through 2022–2023 academic years. However, similar participation data for other ministry programs is unavailable. In addition, the ministry conducts **parent-oriented activities** and designates December as **Drug and Alcohol Awareness Month**. The ministry also enables schools to engage external providers for programs, some of which may be relevant to this subject. However, the ministry does not have a distinct category to identify such programs, and we were unable to determine from the information provided to us which programs focus on the prevention of substance use.

The National Authority for Community Safety also operates various alcohol and drug use prevention programs, including through school safety counselors as well as public space counselors and community coordinators operating outside schools. The Israel Police deploys prevention officers to deliver lectures to students and "gatekeepers" (parents, counselors, and educational staff). However, we lack data on the scope of these programs. Moreover, we found few professional evaluations examining the effectiveness of these prevention programs. The Authority recently began collaborating with the Brookdale Institute "to strengthen [the role of] outcome-based work in the Authority's operations," though the nature of this work remains unclear.

Our discussions with various stakeholders revealed several issues affecting the ability to estimate treatment needs among youth with addictions:

- The Ridnik Committee report indicated that the types of treatment available primarily target severe addiction, with insufficient resources for individuals with less severe levels of psychoactive substance use. According to ELEM, most adolescents requiring treatment need it for lighter substance use rather than heavy use — and this is currently lacking. As a result, this population may not be included in statistics on addiction treatment.
- Stakeholders identified problems in coordinating treatment responses among governmental agencies and in preventing the duplication of services, which may pose a challenge to estimating the population in treatment in the various programs. The National Authority for Community Safety indicated the need for an integrative forum involving relevant stakeholders, and that a meeting to address this issue was held in September 2023.
- The Ridnik Committee report noted a shortage of addiction treatment specialists, which Maccabi Healthcare Services indicated is particularly acute in the treatment of children and adolescents and contributes to the difficulties in patient outreach. According to Maccabi, this difficulty stems partly from physicians' reluctance to inquire about patients' addiction due to concerns regarding a lack of referral options.