

Dealing with it

For most young people who develop drug problems, substance misuse is a symptom, rather than a cause, of a troubled life. By Sam Hart

Most young people don't use illegal drugs at all. The majority of those that do steer clear of harder drugs, using mostly cannabis and alcohol. Although the number of young people accessing specialist drug services has risen to 25,000 a year, only a small minority of under-25s are classified as problem drug users.

But this does not mean that those using the drugs are themselves problem-free. A new DrugScope report – *Young People's Drug and Alcohol Treatment at the Crossroads* – has highlighted that for most young people accessing services, drug use is just one of a cluster of other issues such as mental health, lack of training and education and involvement with the criminal justice system. It is more a symptom of their chaotic lifestyles than an isolated problem.

Sol, a 22-year-old market trader from south London – one of a dozen under-25s interviewed for the report – says: "I see drugs as a way of life. People not in employment sell drugs, people with bad experiences of life use drugs. Everyone around me sells drugs or uses drugs."

While there are certainly exceptions to the rule, many of the interviewees saw drugs as an extension of their environment, a notion also recognised by those working with young drug users. "With most of the young people we see in our services – everyone they know is using drugs or involved with drugs, and they all have similar values," said one drugs worker from the Midlands. "That's the world they know. Those who move on with their lives can be invisible to them – they don't have those kinds of role models."

And the young people interviewed for the report said that it was not drugs but other issues such as housing, employment or emotional problems that had initially prompted them to seek help.

For example, Leigh, 20, first accessed local authority services when she was 14 for help with education. "They push you to try and achieve higher and if you're out of college, they try and find you a college placement and try and help you look for jobs and stuff and give you information on that," she explains.

Jay needed help coping with relationships: "I was having some issues with a...previous relationship and I needed some counselling and some anger management and that helped me a lot."

While young people may not see the drug use itself as a major problem, they do recognise it as an obstacle to reaching their goals. "Most young people see cannabis as a barrier to them achieving in education, a breakdown between their parents and themselves. They may not see it as big a problem as crack or heroin, but they see it as a barrier to them achieving something, so we do what we can to help them," said Jason from the Compass Agency in Brixton.

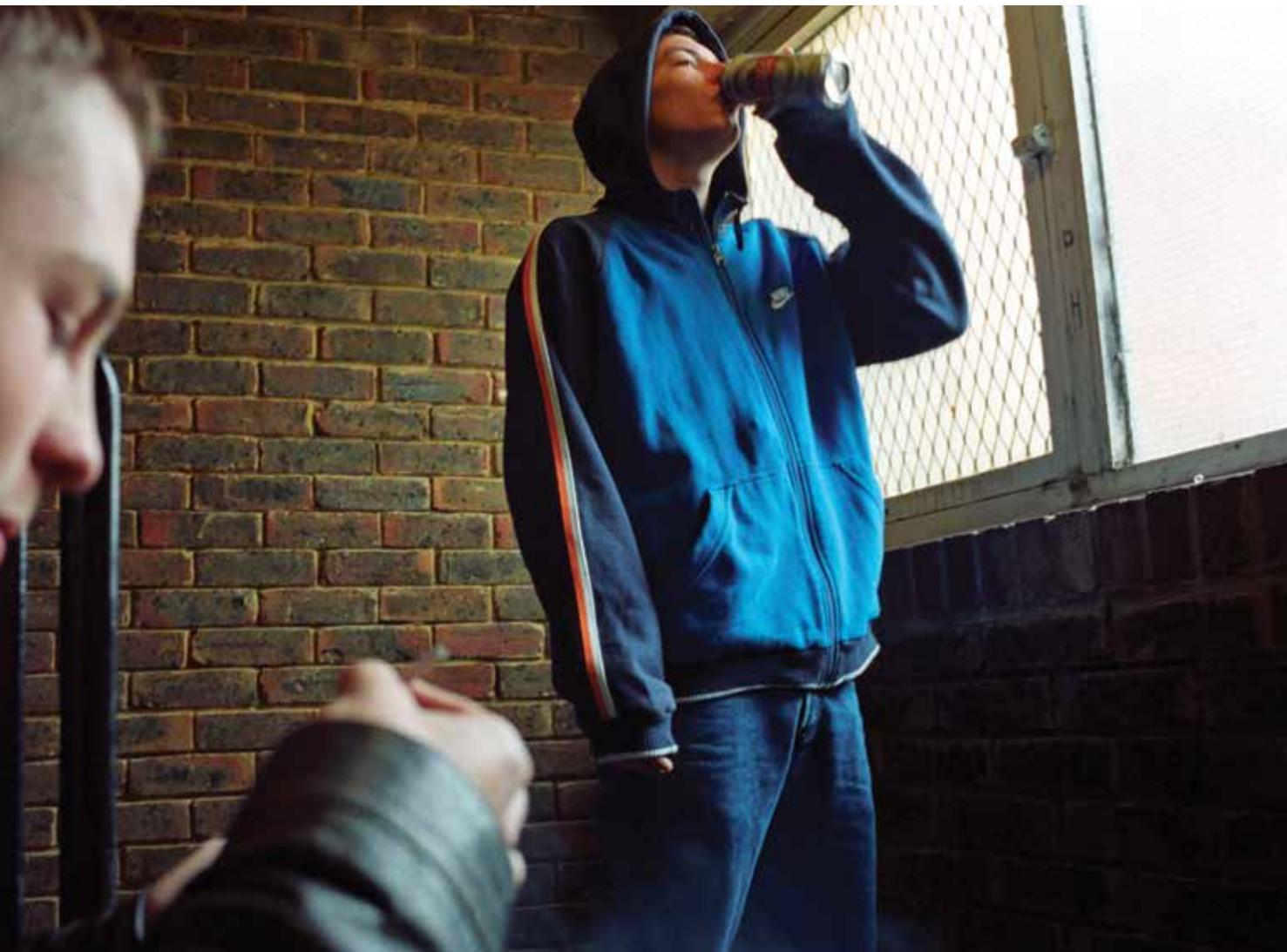
And many young people use drugs as a form of self-medication – a way of coping with stress and feeling down during difficult periods of their lives. "During the period when my mum and dad were breaking up it was really bad," says an 18-year-old service user from East Ham. "I got so depressed and I smoked weed. I used it as an anti-depressant. Every day, even now, if I get a bit upset, I use weed."



But young people's relationships with drugs are complex, with some viewing cannabis as part of their identity and even a positive thing. "The only problem I can connect with using the cannabis is the addiction. Like need it all the time," says Jay, 22, from south London. "But I don't think it's a problem when I use it, the effects of it or anything. In fact I think it helps inspire me with music and I think that's with a lot of people as well, definitely so."

Yet Jay, like the other young people interviewed for the report, seems to be hovering on the brink of a more dangerous relationship with drugs. They vented their frustration at not being able to break the habit and were wary of being sucked into harder drug use and the accompanying issues of violence, crime and mental health problems:

"The majority of people I know who smoke wish they didn't but it's just a habit now, something to look forward to I suppose so you can wind down," says



Sol. “The way I see it, the more you are around a drug the more likely you are to use it. The hard drugs I try to stay away from, because I don’t want to get sucked into the system as deep as that.”

Some of those interviewed, including Sol, had known people with drug-induced mental health problems: “There is a guy I know he used to smoke cannabis a lot – a black guy like me – and it used to ‘turn’ him a bit, the paranoia and stuff. People talking in his head and stuff. One person I know, he actually went to the Maudsley. He was smoking skunk. It depends on the individual – it’s in their blood I suppose. Some people get paranoid and they end up getting scared of their own shadow, some people meditate and it actually makes them think different.”

Others had seen friends killed in drug-fuelled violence. “Some people I’ve known since primary school have passed away,” explained Remi – a 21-year-old student interviewed for the report. “Their

lives have been taken over the fact that someone’s got cannabis, a nicer, a larger amount of cannabis. They come...in this house and they shot him. You know what I’m saying, they shot him dead.”

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The report highlights the need for a holistic approach for young people rather than ‘treatment’ in the narrowest sense and warns that drug issues cannot be dealt with without accompanying community investment.

It also raises concerns about young people’s transition to adult drug services

which focus more on therapeutic and drug-based interventions. The young people themselves expressed worries about becoming too old for youth services and had strong ideas about what kind of help they needed.

Jay says meaningful employment is essential: “They need to give us more jobs to keep us occupied, to keep our heads focussed in the real world.”

Others believed that nothing would change until their abandoned communities were given the investment they needed: “You do something in one area and it will have a ripple effect. It will definitely, definitely have a ripple effect,” says Remi. “If you go into the heart of the most worst areas you can imagine and start doing something positive, eventually it will start a ripple effect. This place, all it needs is a nudge in the right direction.”

■ Interviews by **Marcus Roberts** and **Carlita McKnight**

Young people's drug and alcohol treatment at the crossroads: what it's for, where it's at and how to make it even better

Executive summary

Dr Marcus Roberts, Director of Policy and Membership, DrugScope

Key messages

Young people's specialist drug and alcohol treatment is 'at a crossroads'. There are different directions it could take, particularly at a time of political change, high octane public debate and tight public finances. Against this background, DrugScope embarked on a consultation process in 2009 with people working in young people's treatment. These are some of the things we found out from those on the frontline.

Working with young people in treatment is not only about problem drug or alcohol use, but multiple needs.

Most young people who enter specialist drug or alcohol treatment have other, often multiple needs, such as mental health issues, involvement with the criminal justice system, social exclusion, or lack of education, training or employment opportunities.

A lot of the work done by specialist drug and alcohol services is not 'treatment' in the narrow medical sense.

Most young people who access specialist drug and alcohol services do not need to be prescribed substitute drugs and very few indeed would benefit from residential treatment. Some do not even need structured therapy related to their substance use. Almost all, however, need support on other issues in their lives. Young people's treatment needs to be holistic.

Work with young people and young adults requires a wider conception of problem drug and alcohol use.

It is clear that the drugs that cause the most problems for young people and young adults are cannabis and alcohol – and that today's younger substance users are mixing and matching different and new drugs. Polydrug use creates a new challenge for services.



Young people's services should not be judged by the same targets as adult services.

Subjecting young people's services to the same measurements as adult services is of limited value. The client groups are different and the systems set up to evaluate a service user's progress in an adult service will often be less inappropriate for use with younger clients.

A key challenge is the gap between young people's and adult's services and the issues of transition this raises.

Currently the adult and young people's treatment systems work with two different notions of substance misuse problems, different interventions, different approaches to alcohol, different lead departments in Government and different targets and outcomes. This all leads to large and often unbridgeable gaps for someone leaving young people's

drug treatment aged 18 who needs further support – with adult services frequently not the right place.

Young people with drug problems may be involved in drug supply and services need to address this relationship.

The same things that make young people vulnerable to problems with drug use can make them vulnerable to involvement in the supply of drugs. Workers need to be able to recognise and support young people at risk of offending and to help create exit strategies for those who are already involved in drug supply or gang-related activity.

We need investment in community and social regeneration as well as one-to-one support.

It is important not to frame young people's substance misuse in exclusively individual and therapeutic terms and fail to invest in community resources. Employment and meaningful activity, decent accommodation and access to leisure activities for young people are all vital.

What you get is too dependent on where you live.

Frontline workers reported services to young people are often patchy, with variation in funding allocations, problems servicing rural areas and the strength of relationships with other children's services all impacting on equity of provision.

Recommendations

DrugScope has subsequently reflected on what we have learned during consultation with members, service users and other stakeholders and has developed six key recommendations for the future direction of specialist drug and alcohol treatment for young people

and young adults.

The Department of Health/NTA should lead a review of the basic assumptions and frameworks of the drug treatment system to take account of changing patterns of substance misuse, particularly among young people and young adults.

We need to review the definition of 'problem drug use' as the use of heroin and crack cocaine as we move into an era when these drugs are becoming less common and polydrug use, including the use of alcohol, is coming to the fore.

The Government should review monitoring instruments such as the British Crime Survey, and invest in research, to ensure our policy and services are adapting to shifting patterns of drug and alcohol problems.

More detailed information is needed on patterns of problematic and harmful substance use and different user populations to inform the development of responsive policy and services. For example, there is a clear information gap around the problematic use of – and dependency on – skunk cannabis among young people.

A national 'radar' service should be established to provide early warning of new drug trends, enabling policy makers and service providers to respond to them quickly and effectively.

Patterns of substance misuse are becoming more fluid and flexible, with evidence to suggest that the use of new substances like GHB/GBL, ketamine and mephedrone are on the increase. A bottom-up system is needed to inform policymakers, treatment services and mainstream services of new trends, particularly as many new substances will not be controlled under the Misuse of Drugs Act.

The next Government should develop a national policy framework for young adult services, which could take the form of a Green Paper. It would be helpful if the NTA and the DCSF produced a policy framework for 16 to 25-year-olds, with a focus on transitional processes and arrangements.

We would urge such a review to consider the merits of a new type of service platform for young adults, potentially extending young people's services to encompass a wider age group, or possibly creating a new service platform for young people and young adults who are developing more serious substance use problems that do not correspond to existing concepts of 'problem drug use.'

Low visibility, high threshold services should be balanced by a network of high visibility, low threshold services working in local communities.

We would support a feasibility study to investigate the cost-effectiveness of developing a new kind of 'High Street' drug and alcohol service, that could offer a range of support, including harm reduction information, assessment, brief interventions, information about local services and about different treatment approaches and referral to other services where appropriate.

With the introduction of the new funding formula for young people's treatment, the DCSF and the NTA should undertake a joint review of the availability and quality of young people's treatment services, with a particular focus on local variations.

This review should look at the impact of different relationships between Children's Trusts, Drug Action Teams and the NTA on local provision of specialist drug and alcohol treatment services for young people, at the role of local commissioners, and at the outcomes that they are commissioning young people's services to deliver. It should review the effectiveness of the current mechanisms for identifying and applying minimum standards and the case for developing a new national inspection regime for young people's substance misuse services, possibly using the Care Quality Commission model.

