

The post-heroin generation

Youth culture may be outpacing today's drug service establishment

THE DEVELOPMENT of drug services during the 1980s has been phenomenal. A new multidisciplinary service industry has emerged. Its establishment was precipitated by the heroin 'epidemics' of the early 1980s and sustained by the 'fight' against AIDS. Drug services have developed via two consecutive moral panics which mobilised the political will to target substantial resources for the creation of a new service sector. Few other services simultaneously received generous core funding from central government, local government, and regional and district health authorities during the Thatcher years.

The present provision is by and large very impressive – not least because, being no longer medically dominated, it has been innovative and flexible. Even so, there is little doubt that present services are primarily geared to long-term opioid users, to injectors, and to service users aged twenty something.

There are lots of exceptions to this generalisation and it is not intended as criticism. But once elaborate services are in place, there is a universal tendency for innovation and renovation to slow. Basically, if the punters are still using the service and budgets are under threat, where is the motivation – the capacity – for treading pastures new?

Research underway at Manchester University suggests that the flexibility and innovation which has characterised the last ten years must not be lost – it will be needed during the next ten if today's adolescents and tomorrow's problem drug users are to be adequately serviced.

As part of a larger project funded by the Alcohol Education and Research Council, we are currently following a cohort of 776 14 and 15-year-olds attending eight schools across the north west of England.¹ We report here on their drug use based on the results of self-report questionnaires administered to them in their classrooms. Teachers were not present and we went to considerable lengths to assure them of

confidentiality and to encourage truthful responses.

This cohort is being followed up for two more years and as a representative sample by gender, class and race, will provide invaluable information about what may be the 'post-heroin' generation.

One third have tried drugs

Respondents were asked two questions relating to illegal drugs, solvents and magic mushrooms: whether they had ever been around when drugs were on offer (either free or for money); and whether they had tried any of a comprehensive list of drugs (with local slang names included). Some young people chose not to respond to specific categories of drugs, but only 4 per cent gave no response at all to these questions. On the basis of their questionnaire profiles, non-responders were classified as not offered/not tried.

As chart 1 shows, 59% of these young people had been offered at least one drug. Probably because at this age they are more mature and 'older' than boys, females were more likely to have been in offer situations

than males (65 v. 54 per cent).

By far the drug most offered was cannabis (offered to 52% of all children), followed by LSD (36%), amphetamine (26%), solvents (22%), magic mushrooms (21%), nitrites (21%), and MDMA (18%). Seven per cent had been in a situation where cocaine was offered and four per cent where heroin was available.

As chart 1 also shows, most respondents had not actually tried any of these drugs (though 6 in 10 of those offered a drug had tried at least one). Thirty six per cent of all these 14-15-year-olds had tried drugs, including 38 per cent of the girls and 35 per cent of the boys.² Factors mitigating against drug use included ethnicity (especially for Asian Muslims) and social class – pupils attending schools in the more affluent, suburban areas were less likely to have been in 'offer' situations and, perhaps as a result, less likely to have tried drugs. The pattern of usage for the one in three pupils who had tried drugs is illustrated in chart 2.

Though not shown in that chart, we also asked about cocaine, tranquillisers, heroin and other drugs. Apart from heroin (virtually no use), these drugs had been tried by 1 per cent of pupils and virtually none had used the drugs in the past month. More boys than girls had tried amphetamine or magic mushrooms, while more girls had tried solvents; otherwise gender differences were insignificant.

Alcohol gateway

An important 'pathway' factor to emerge was alcohol use. Our sample reported their alcohol consumption in great detail (see chart 3). The following key groups emerged: non-drinkers (14%); occasional drinkers (32%); monthly drinkers (24%); and weekly drinkers (30%).

Weekly drinkers were far more likely to have been in situations where drugs were on offer and were also far more likely to have experienced offers of each drug than any other group. In turn, monthly drinkers were more likely to have been offered drugs than

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A survey of 14-15-year-old school pupils in the North West reveals that over a third had tried drugs with high rates of hallucinogen and stimulant use as well as cannabis. As many girls as boys had tried drugs. Drugtaking was associated with alcohol use. Services may need to prepare to deal with younger, more often female drug users, using a wide range of non-opiate drugs.

Chart 2: % of pupils who have tried listed drugs

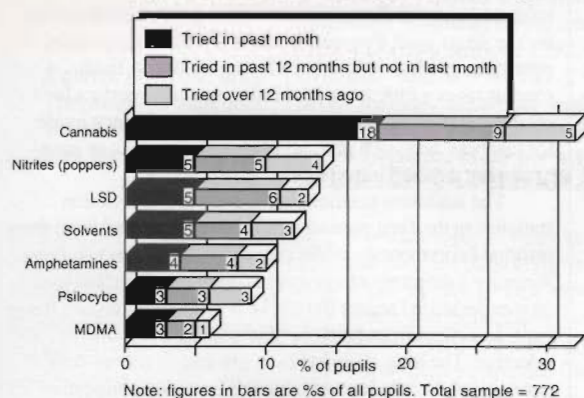


Chart 1: % tried or offered a drug

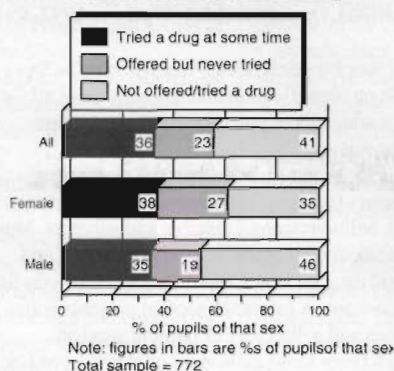


Chart 3: drinking patterns



occasional drinkers, and so on.

This significant pathway trend carries through to actual drug use. Over half of the weekly drinkers had tried a drug in the last year compared to just 1 in 15 non-drinkers; 4 in 10 had used a drug in the past month, compared to 1 in 25 non-drinkers.

A message for services

Clearly, today's 14-year-olds, certainly in northern England, have ready access to illicit drugs, although at this age only 1 in 3

have tried drugs. Alcohol use, which begins to be a clearly recognisable feature from 12-13 years, is a powerful predictor of drug offers and drug use among adolescents.

Another important issue relates to this cohort's diverse choice of alcohol types and brands and of drugs. The quantifiable lack of interest in heroin use, plus their unsolicited comments about 'junkies', suggests that this is a post-heroin generation. Some may well in due course need persuading that present services designed for older customers using heroin or methadone have anything to offer them.

These 14- and 15-year-olds already have a drugs repertoire which looks more eclectic than that disclosed by the then 'new' heroin users of a decade ago. This diversity of experimentation makes new 'crazes' likely,

particularly with synthetic, designer-type drugs. It also suggests that the next generation of drugs services may have to be more generalist and thus more knowledgeable about a wide range of drug-related problems.

In respect of drug use, this survey reaffirms the trend in other areas (eg, tobacco smoking, first sexual experience) for girls to close the gap with boys on risktaking and deviance. Tomorrow's services must clearly be geared for more female users.

Finally, the results of this and other recent surveys suggest the abandonment of ring-fenced funding for health education coordinators in local authority education departments is a further sign of a government totally out of touch with the realities of contemporary youth. ■

1. A full report has been submitted for publication in *Addiction Research*.
2. 33% had tried at least one of the drugs listed which it is normally illegal to possess without a prescription (ecstasy, LSD, heroin, cocaine, cannabis, amphetamines) and 23% had tried drugs subject to legal constraint but which normally can be legally possessed without a prescription (solvents, psilocybe mushrooms, nitrites, tranquillisers).

REVIEWS



"At last" an authoritative review of the evidence on methadone maintenance

KEY ISSUES IN METHADONE MAINTENANCE TREATMENT. Jeff Ward, Richard Mattick, Wayne Hall. New South Wales University Press, 1992.

This book is a godsend and long overdue. At last someone has taken time out for a comprehensive review of the world literature on methadone maintenance (listed in 26 pages of references). The resulting book is well set out and surprisingly digestible. Its authors have avoided science-speak and sound like real drug workers who have managed to extract the clinical essence from the literature.

They have also used the fruits of their labours to address key theoretical issues, such as whether methadone maintenance is effective in reducing (street) drug use, criminality and rates of HIV infection. Practical issues too are covered, such as assessment, treatment delivery, dosage, length of treatment, urinalysis, response to continued drug use, counselling, and the treatment of groups such as pregnant women, HIV positive people and those with psychiatric problems beyond their drug dependence. Treatment or harm minimisation practitioners from any discipline would find the comprehensive discussions of these issues informative, interesting, and fundamental to their work.

Randomised controlled trials of methadone maintenance are rare, but many modern medical treatments are based on a consensus view of best practice rather than scientific 'proof' – a point made by John Strang in his useful foreword. However, methadone maintenance is widely accepted as the best treatment for drug misuse in

some countries, and in others rejected as bad and ineffective. Within Britain there are widely differing views on opiate addiction treatment, partly because of strongly held local prejudices for or against methadone maintenance.

From their invincible position of having reviewed the world literature, this book's authors convincingly come down on the side of methadone maintenance. It is, they conclude, an effective strategy for about half those who enter treatment and gives better results than the available alternatives.

My only anxiety about their conclusions relates to the dose-response relationship. Several American studies have suggested that maintenance doses below 60mg of methadone are less effective. As a result, the authors recommend higher doses, acknowledging that 70mg can kill a non-tolerant individual. In my experience, many opiate dependent British drug users can be stabilised for long periods around the 40mg mark. I would be uneasy if Britain adopted an off-the-peg dosage regime rather than treating each opiate dependent patient as a unique individual, which our threatened health service still allows us to do.

This excellent book deserves to become a standard work, relied on by clinicians, drug workers and service planners. No service should be without a copy. I congratulate the authors on their diligence and scholarship.

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Key Issues in Methadone Maintenance Treatment is available from ISDD, £18 inc. p&p.