

A new kind of user - a new kind of service?

AS EVERYONE WHO WORKS WITH drugs users can vouch, 'drug users are getting younger.' This has become one of the commonplace refrains of the last couple of years, as it has meant that drug services, faced with these new clients have had to reappraise the way they work.

This is nothing new – the history of drug work in the last decade has been one of ever-increasing diversity, expanding from the traditional base of the archetypal male WASP heroin user to include crackheads and ravers, ethnic minorities and women. We have all tried to move with it. But 'trying' and 'doing' are two different things, and the move towards younger and younger clients presenting to drug agencies is putting a new – and sustained – pressure on drug services struggling to keep pace with change.

With this in mind, we set out to trace how services are coping, and whether their action matches their intent. Fundamentally, we sought to define the criteria for a 'new type of service' which may be better equipped to deal with the new diversity.

The study

To gather this type of 'quality' information, we carried out 28 interviews with managers and analysed 70 questionnaires returned from practitioners from a variety of agencies in a county in the south of England. This qualitative data was analysed in the context of a quantitative study of service provision,¹ in the light of which respondents were asked for their opinions on the main drug problems in their own geographical sphere, what gaps they perceived in county-wide services, and what strategies they could see for filling these gaps.

Four main themes emerged in the answers to these general questions, themes which are illustrated with the quotes on the facing page. Firstly, the drug-using profile was felt to be changing, bringing in younger people who are less likely to seek help from the statutory agencies ('young, free and drugged'). One

We all know it, but what can we do about it? Problem drug users are getting younger.

Perhaps the way forward lies not in trying to adapt existing services imperfectly, but to create new, generic 'super agencies' which deal with each and every pressure a young person can face

by
**Margaret
Woolgrove &
Jan Keene**

*Project Coordinator, Health
Research Council of New
Zealand, and Senior Lecturer,
University of East Anglia*

SUMMARY

This paper presents the results of an in-depth qualitative study of senior managers and practitioners in social services, health, youth work and the criminal justice service. The respondents highlighted concerns about drug users who they felt were not in contact with their services. They had clear ideas about why this was, who these people were, and what type of service would be best for them, but they were not formally putting this understanding into practice.

particular concern was that young people who leave education at the age of 16, either progressing into some kind of further education or going straight into the world of work, end up receiving little or no formal drug education, which tends to be school-based. In these professionals' eyes, then, drug education needs to have a much broader base if it is to reach those most in need of it.

Secondly, professionals were confused about their roles and responsibilities in relation to this new group of drug users ('where's my motivation?'). There was a clear sense among interviewees of being unsure or ambivalent as to what the role of their agency was in the provision of drug services.

Thirdly, it was felt that there are very real gaps in current service provision ('mind the gap'). There was a general feeling that agencies were unable to deal with a broader client group than that already seen. Consequently, there were groups of drug users who were not being seen by any of the existing services, which were perceived as being too narrow in scope.

And finally, the overwhelming conclusion is that there is scope for the needs of these users to be met by a new type of agency ('self-service'). Both the statutory and non-statutory agencies involved in the study agreed that the way to reach 'hidden' groups was to provide a new agency model, using neither the psychiatric/medical model nor the social/abstinence model. Rather, a person-centred approach was suggested as a means for providing a forum for information and support on a range of issues.

Moving on

The clearly emerging theme in the literature review carried out to inform the research was that there are more and younger drug users, radically different to traditional agency clients and who are often invisible to services and generic professionals. Our own study identified three more themes:

YOUNG, FREE AND DRUGGED

"There are groups that we are worried about, such as the ever younger drinkers that we are not seeing. The statistics say it's ever younger, but we're not picking that up in terms of people that are coming through our doors. Also the ecstasy users, which is very worrying, in terms of the chaos, especially around stimulant use, and it's worrying that we're not seeing these groups."

"It would be good to see a halt to the reducing age at which people seem to present with problems. At the moment people are presenting at a younger age with drug problems, and so far it appears to reflect an earlier entry into drug misuse rather than earlier presentation in the course of a problem. I'd like to see a strategy that really targeted that, and tried to encourage people to present earlier in the course of their drug use, and also have a bigger emphasis on helping people make sensible decisions about drugs at a young age."

MIND THE GAP

"There are no official bars, but we don't in practice reach those under 18, and in reality we mostly reach those over 25. Recreational users are rarely seen, and we don't see enough amphetamine and stimulant users. We do see some steroid users, but predominantly it's opiates and alcohol."

"Young people using drugs recreationally don't want to access any services because they don't feel they have a problem."

"Because of the image of the agency we tend to focus on the heavy end opiate use, and so don't attract casual interest from younger people."

"There is an enormous gap in reaching recreational users. They wouldn't go to any of these traditional projects because they're perceived as being for very serious users. Agencies are seen as "solvers" for people with problems, and therefore ordinary people aren't likely to access them for information."

"Many young people don't see their recreational drug use as a problem; they see it as just a fact of their life, especially ecstasy, and especially marijuana."

"I don't think there's enough treatment and support available for young people. The agency is an adult treatment centre and not really appropriate for supporting young people."

"There is a gap beyond school, into further education, those aged 16 and over, and especially those who leave school early and end up at a further education college or in the workplace, who get missed entirely. Don't do a lot with that age group outside the formal education environment."

"The difficulty of working in schools is that we tend to only be allowed in at sixth form level, so we tend to miss all the ones that don't go to sixth form."

"There's a void just after mainstream education – 16-18 years up to the early to mid-20s."



"A realistic strategy for 13-19 year olds would be to inform, to advise, and to be able to refer if people want more information. And when I say advise and inform, I mean current, quality, up-to-date information."

"They say they want the facts, so it's straightforward, factual information in plain and simple language so that they can then make up their own minds."

"They need information that is allied to appropriate decision-making skills, allied to appropriate self-esteem that enables people to make informed choices. It's about empowerment, to use a jargon phrase."

"We must ensure that young people have the knowledge and the ability to make informed decisions about the ways in which they want their lives to go, and to encourage them to live safely and legally in a drug-taking society."

"Our responsibility is to educate in an empowering way, so we move young people from having things done to them or having their lives monitored by other people, to actually running their own lives and making informed choices."

WHERE'S MY MOTIVATION?

"The only difficulty is understanding what everybody's role is. I'm not sure that we're all quite clear what our respective roles are, so the difficulty is knowing what each other does and how you fit together."

"I feel very much that I'm doing what I do from my small corner, and feeling not very aware of what else is out there or if anything else is out there."

"My feeling is that you can do as much harm through something like inappropriate counselling or inappropriate advice as you can by going in with a knife if you're a surgeon."

"Gaps in understanding between the various agencies led to misconceptions and misperceptions."

SELF-SERVICE

"We need to have a person-centred rather than a problem-centred approach."

"It is very important to provide non-statutory care, since some people don't want to go to a statutory agency for help."

"We need to give those who are already on drugs access to the proper facilities, information and advice on kicking the habit, and simple health promotion and health advice, such as where to change their needles if they're a user. Taking the stigma out, really, but giving them accessible places to go. I would like to see a lot more general drop-in places covering all problems, not just drugs, for youth. Need to target the group, and then perhaps the message will get across better."

"Underpinning everything is helping people feel good about themselves, helping them to respond to the pressures around them to make informed choices, particularly as it relates to their drugs and substances."

"A lot of young people that we see are casual users of 'E' or of cannabis or whizz, but drugs seem to be of remarkably little concern. The vast majority have much less sexy concerns – about loneliness, about depression, about not being able to relate to their peer group... Young people are sussed; they know that life is about risk-taking... Education needs to start from the basis that people will weigh up the pros and cons, and in many cases choose to take the risk."

- the new group of drug users have a different set of needs to traditional users
- these groups of users are being missed by generic service provision
- different services are needed to tackle the differing nature of their problems.

These findings are reflected in *The Substance of Young Needs* which highlights the lack of services dedicated to younger drug users, and the fact that those which do exist are often not known to, or fully acknowledged by, statutory agencies.²

Our respondents clearly identified a group of new users who are in need of services. They are predominantly recreational drug users, largely under 25, who use dance drugs on a regular basis in social settings. The majority of these users do not view their drug use as a problem, and so would not even contemplate seeking help or advice from agencies that have come to be seen as catering for the 'heavy end' user.

The quotes from our respondents over the page, show that while some professionals are aware of this group of potential service users, the relative lack of information on the subject suggests that many others are not, or do not see it as a relevant factor in their provision of services. Although statutory agencies realise that there is another group 'out there', they do not appear to know that much about them or their needs, nor what intervention should be used or who should use it. What they are clear on is that it is not within their remit to deal with them.

The reasons for this are not hard to find. Drug agencies were originally established to treat heroin and opiate addicts. With the threat of HIV, harm reduction was adopted by these agencies, but that's been about it as far as evolution goes. Many agencies have effectively

boxed themselves into a corner, the type of client they see being restricted by dint of the interventions they use.³ Therefore, the perception that an agency deals only or mostly with a particular intervention (and therefore a particular client group) puts it in an unfortunate Catch 22: it can no longer encompass a broader client group because it is outside its parameters to do so.

People not problems

Drug users often have a range of other problems that can exacerbate their use, and young users are no exception. Young people's drug use is often compounded by a range of factors, including home circumstances and social development.⁴

The best intervention
needs a person-centred
not a problem-centred
approach

They need to be supported now to deal with *whatever* they are facing, and it is therefore crucial that service provision for this 'new' group takes a longer-term holistic approach to substance misuse.⁵ The needs of this group are for non-specific help and advice on a range of topics, one of which just happens to be drug use.⁶

The Effectiveness Review found that while young drug users are already receiving help from traditional drug agencies, many more are not seeking help because of a feeling that the services provided by such agencies are off-putting, rigid in approach, and based too much on the medical model.⁵ The Review established that there is a need for a more person-centred approach to drug misuse problems, with counselling and ancillary services being seen as essential components of drug treatment. It specifically called for services directed at young people, and advised that such services need not necessarily be concerned primarily with drug misuse, aiming instead to approach the topic in an accessible way.⁵ This theme is also drawn upon in other studies, which stress the need for an approach to interventions that take into account the broader facets of the lives of young people.⁷

The 'intervention' most appropriate for this group may be a person-centred rather than a problem-centred approach. The

solution being proposed is the creation (and better integration where they already exist) of generic youth agencies – of Multi-Disciplinary Community Teams, to use the jargon – to deal not only with drug-related problems, but with the whole range of youth needs and concerns. There are several possible approaches to such a group, including school-based work and outreach.^{4,6}

A third option might be the type of agency which was represented within our survey, providing "information, advice and counselling for all young people aged 25 and under."

The services provided included a coffee bar with trained staff on hand to answer queries in an informal setting, an information area with books and leaflets on a wide variety of issues from safe sex to Housing Benefit, private rooms for counselling sessions with trained counsellors, computer terminals and free telephones for job hunters. This is an environment that draws in young people with questions about benefit entitlement, only then bringing in the sub-theme of 'is ecstasy safe?'. A take-it or leave-it environment.

The problem, of course, is that the outcomes of a service such as this cannot be measured through the establishment of traditional key performance indicators, since the group whose needs it serves is not a finite one – every young person in the area can and should access it. The crux of the problem is that measurable evidence is not available or appropriate from a service of this type.

This means that while young people may have been helped in their drug use in some way through an encounter at a generic agency, the very nature of the agency's generic and non-intrusive nature mean that it is unlikely that the agency staff will know the outcome of such an encounter. In our world of outcome measurement, such an approach can obviously cause headaches for funders.

However, as the qualitative evidence suggests, what is called for is non-prescriptive information – plain and simple facts, clearly available in a non-invasive manner. It is the *ad hoc* nature of the encounter that allows these agencies to become the place where young experimental and recreational drug users can go for information, social support, medical help, financial advice – or just a cup of coffee and a natter – clear in the knowledge that they will not be 'branded' as a drug user by society or their peer group just by virtue of turning up at an agency door. This has to be a positive outcome. ○

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