Adapt and survive

To mark the publication of DrugScope's report on young people's drug treatment, *Druglink* gathered together a group of experts involved in the delivery of young people's services to share their experiences and concerns, take stock of recent developments and look to the future. By **Marcus Roberts**

Cigarettes, caffeine and computer games

In September 2009, *Druglink*'s annual Street Drugs Trend Survey found that "younger, recreational users are now swapping or combining cocaine, ketamine, GHB, ecstasy, cannabis and alcohol on a night out." The last issue of *Druglink* reported on the emergence of legal highs, such as mephedrone. We asked whether this corresponded to the experiences of the roundtable participants. "If you're talking about legal highs," commented Daniel, "what about tobacco? It is so damaging, and it really is a gateway to other drugs in my experience."

"And caffeine," added Dennis. "Some of these caffeine products – the new 'shots' that they conveniently sell at child height in newsagents – have extraordinary levels and concentrations of caffeine." Caffeine shots can be part of the polydrug picture too with "some young kids taking vast amounts of caffeine, and mixing that with alcohol and other drugs."

And the picture is complicated by other dependent behaviours, according to Nell: "We are also getting enquiries for computer games – for 'addiction' to games – sometimes smoking skunk and playing games all night."

"Some groups of young people will bang up anything put in front of them," commented Daniel, "and when it's all mixed up, it is so complex".

"I can identify with that," added another contributor. "We are working with one young person who is using mephedrone, BZP, cannabis and solvents and who is depressed too. We are working with mental health services looking at what anti-depressant we might prescribe, and we don't know what contribution the drugs are making to the depression. We know so little about all the different interactions. It's a minefield."

"We feel more confident in our medical and clinical knowledge when we are working with drugs that we know," explained Dennis, who has 30 years experience of young people's work. "These new drugs are big mysteries – there isn't the research to make us feel confident."

But a detailed knowledge of the pharmacology of drugs was not felt to be crucial to working effectively with young people. "If the purpose of your treatment is to solve a chemical problem then the chemical knowledge is the big thing," said Dennis. "But if you're asking why that young person is using drugs and addressing that context, then the chemistry is not so important."

Round the table

Dennis Ball, Team Manager, Sorted (Young People's Drug and Alcohol Team), Hillingdon, Middlesex

Rachel Bundock, Area Director (Midlands), Compass

Nell Blane, Substance Misuse Manager, Young People's Drug and Alcohol Support, Children's Services and Culture, London Borough of Richmond

Ian Macdonald, Health Promotion Practitioner, Camden PCT

Janice Horseman, Young Person's Lead, Addaction

Daniel Wheeler, Young Person's Team Leader, Kaleidoscope Project, Surrey

It's not all about treatment

So what constitutes a 'drug or alcohol problem' for a young person? As DrugScope's new report argues it is rarely the sort of chemical dependency experienced by clients in adult services. "On the distinction between problematic and recreational use," argued Rachel, "we make a judgement on the basis of an individual's needs and circumstances. Age and maturity is important. You deal with a 10 or 11-year-old who is smoking cannabis or drinking very differently to a 16 or 17-year-old with the same pattern of use, because then it's more part of a normal adolescent development."

Janice, who often works in the criminal justice system, acknowledged that many young people in specialist services do not have exceptionally serious substance misuse problems; it is the impact of drugs and alcohol on other areas of their lives – such as truanting from school or offending – that is the issue. She recognised a dilemma here: "Part of me says if we are constructing services that are more holistic and integrated and are working with young people with a lot of problems in their lives, it's not very important what door they come in through. But I do worry a bit about hanging that label of 'having a drug problem' on them when it's a much more complicated picture, and what the repercussions of that could be."

Varied menu: "young people will bang up anything put in front of them"

Others questioned the use of the term 'treatment', which has medical overtones, and is not necessarily the best word to describe a lot of what actually goes on in services, which is often more like youth and social work. Dennis joked that "we've got to a point where if someone was to walk in and say 'I want to take a group of kids up to the Welsh mountains to do canoeing or environmental work or something, because I'm pretty confident I can make more progress with them like that than sitting in this building with them', the response is 'well, where is your evidence-base for that', as if it was some sort of narrow, medical thing."

"At the moment, there is not enough space for local ownership and collaboration, because it's about implementing national priorities handed down by Department of Health," said Rachel. "It can be a very specialist, medical view of things that is imposed centrally, and that doesn't always fit with the commitment to linking up with children's services locally."

Rage against the machine

Frontline services getting frustrated with 'red tape' and 'paperwork', while agreeing that they need to be accountable for the public money they spend, is an old story. But how would our roundtable group strike the balance between flexibility and accountability if it was up to them?

"We need systems that start from where young people are," agreed Daniel. "For example, someone says 'I want to be fitter for football' – and we start with that. He hasn't come in because he wants to stop smoking weed but because he wants to play football and that enables us to work with him on the drug issue too. But let's talk to him about outcomes that matter to him and about how to evaluate the distance travelled. That personal approach could be the basis for getting funding and deciding outcomes, not how many people stop using drugs."

"I've got no problems with agreeing outcomes and proving that you've delivered them," continued one of the contributors. "But we've got to a point where everything is about ticking boxes. For example, we're not funded for alcohol problems. So we do what everybody does. A kid comes in who has a problem with drinking, we ask him 'do you take drugs', he says 'no', so it's 'have you ever smoked cannabis', and he says 'once, a couple of years ago'. So that's the box ticked, and we've got him into a service. But it's a complete nonsense really – we have to play the system to do the work."

"I agree that there is a risk that you are working the system first and with the young person second," commented one contributor. "An example is the incentives to push young people towards structured, long-term treatment (so-called 'Tier 3') to tick the boxes and get

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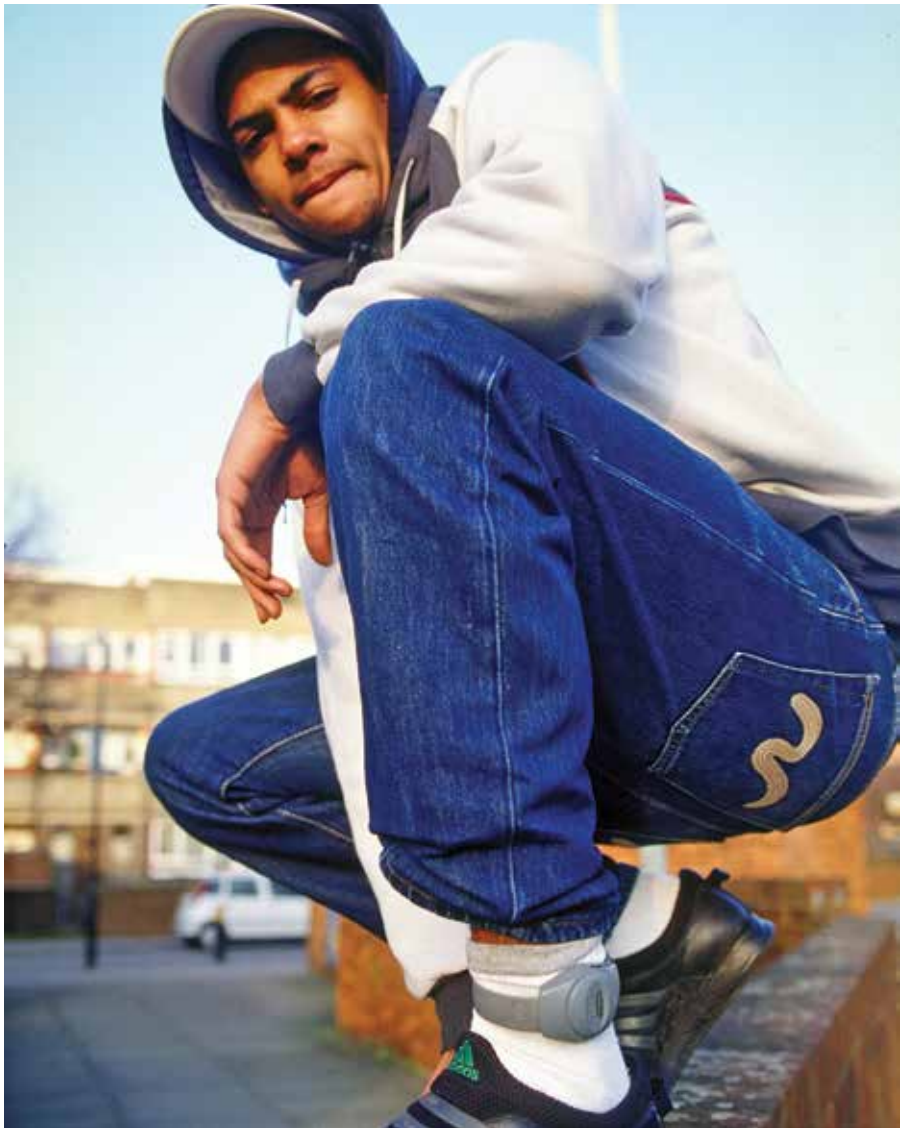

the funding, because that's where a lot of the impetus and investment is at. But a lot of young people don't want that and they aren't ready for it. They want brief, low intensity help and it's a lot harder to show outcomes and get credit for that work." It was commented that there sometimes seemed to be a tension at the heart of current policy, with NTA targets focussed on getting young people into specialised treatment services, while the Every Child Matters agenda put the emphasis on early intervention.

Cuts and the future

Some regions will be experiencing cuts to their young people's treatment budgets as a result of the new funding formula that is being applied by the National Treatment Agency and the Department for Children, Schools and Families. On the face of it, the new funding formula is a sensible way of addressing historical anomalies and will better reflect local need, because it is based on the numbers of young people in a locality and levels of deprivation. But all the participants at our roundtable expressed concerns about its impact and the funding situation in general.

"We're facing cuts that appear to be quite random in some places," said Janice. "We have a project that works intensively with young people and has shown that it can deliver enormous benefits, and now that is at risk, because they want to cut the youth participation worker," she explained, adding: "I guess he is seen as a bit of a luxury extra, but his work on participation is critical to the way the service works and the quality of the outcomes."

This was seen as a critical and neglected consideration – it is often what might appear to commissioners as the 'optional extras' that are the key to engaging young people with services. As Rachel explained: "In the adult services the initial pull to hook people into services can be things like needle exchange and prescriptions … In young people's services, you need pulls too and if you take out the youth work and all the extras, what are you left with to attract young people? What you are left with is being even more dependent on the rest of the world to find those young people for you and to push them into your service."

THE STRUCTURES AND SYSTEMS WITHIN WHICH THEY ARE WORKING ARE TOO RIGID TO ADAPT TO A CHANGING LANDSCAPE

It was also suggested that the new funding formula was not well adapted to shifting patterns of drug use. "It takes a very traditional view of where problematic substance misuse may derive from doesn't it? And our earlier discussion about 'legal highs' throws that right up into the air. Yes, deprivation should be one of the key determining factors, but it certainly shouldn't be the only one."

One contributor, expecting to see their budget for young people's treatment cut by almost half in the next two years, took up this theme: "We're a relatively affluent area, with only small pockets of deprivation, so we are one of the big losers in all this. It's class-ist if you ask me. We work with kids from deprived areas, but we work with a lot of affluent young people too. Some of their cocaine problems are immense. We see middle class kids who have been using five or six grams of coke a day."

Above all, what came across from the discussion was that this is a time of change and uncertainty. New patterns of drug use are posing new challenges for those working with young people. But they believe the structures and systems within which they are working are too rigid to adapt to a changing landscape and to support a genuinely child-centred and joined up approach on the ground. In addition, they are fearful about the impact of cuts in public expenditure, and of local cuts in areas that have lost out following changes in the way that funding is allocated.