Back to the future

If today's rave generation turns to heroin, how should services respond?

OVER A YEAR AGO in ***Druglink*** (May/June 1992) I talked about two groups of drug users – 'group A' and 'group B'. Group As are the usual drug service clients – dependent on their drugs of choice (usually depressants, typically opiates and/or benzodiazepines) and with a predilection for injecting. I compared group As with that much larger population of group Bs, who do not inject and are not dependent on their stimulant and psychedelic drugs of choice – for these hedonists, drugs are fun.

I argued that one of our most pressing policy tasks is to keep these groups apart by encouraging group As to stay in their methadone- and benzodiazepine-riddled therapeutic cul-de-sacs. This should undermine their anti-hero attraction potential and keep them safely indoors, glued to their TVs. In fact, they should be acting as living adverts against dependent drug use in the eyes of the bright young hedonists of group B.

"Each of the solutions contains within it a problem"

Our joint publication with BBC Radio One, *The Big Blue Book of Dance Drugs*, finished with three golden rules for avoiding drug addiction:

❶ **Never Inject**
❷ **Never use Heroin**
❸ **Never Smoke Rock Cocaine ('Crack')**

Being so prescriptive caused some consternation among the relativists of the drugs field, some of whom claim that smoking crack in the 1990s is, in essence, the same as drinking coffee in Elizabethan England (what rubbish!). The thinking behind our 'golden rules' is that by following them, most group B users can avoid group A-style use patterns. Group B drug use is about fun and recreation; group A use is about dependency, despondency and the dole. The message is simple – being a group A is no way to live, baby!

And so far the tactics have worked – injecting remains beyond the pale for today's young ravers. However, a couple of worrying developments have come to light. During ongoing research into recreational drug use we have found a number of group Bs who have dared to transgress our commands. They have started to smoke heroin and rock cocaine.

We hope and pray they are not the vanguard of that much feared shift of the masses of recreational group B users to swell the ranks of dependent group As. Now they are a small minority confined to certain areas and discrete friendship networks. But they are there, and asking for help. What are we going to do? One can think of a number of potential responses. The trouble is, each of the potential solutions contains within it a problem as well.

Option One Contact them as early as possible and shunt them up the existing cul-de-sacs for older, heavy-end dependent drug users. But do we really want these young people rubbing shoulders with dyed-in-the-wool group As, running the risk of firming their fledgling habits up into long-term 'junkie' careers?

Option Two Put them in touch with services specialising in responding to young recreational users of stimulant and psychedelic drugs. The problem here is that these services' existing clients may thereby be introduced to opiate-dependent lifestyles.

Option Three Don't invite them in to any office-based service at all. Instead create a specialist arm of an existing service which uses selected workers and outreach methods to take the service to them. Then they won't meet the ageing group As back at HQ. This is an option already being seriously considered. But, how would you feel if you were designated as 'unworthy' of access to the fully fledged service? One can't deny the risk of service apartheid.

Option Four Offer a specialist peer-led service geared to rapid detoxification and abstinence. This could be community-based or residential. In a residential facility the usual 'therapy' elements would be replaced by practical diversionary activities – a sort of outward bound/further education centre for apprentice group As.

A clear problem with this option is resourcing it when existing residential services are under severe threat. A potential problem is the message it might give to the group Bs who fail to qualify for a few weeks outward bound because they have *not* become dependent on heroin.

With no obvious response to hand, myself and a number of colleagues have found ourselves engulfed by waves of newly found paternalism on seeing these bright young things in the waiting rooms of 'methadone dispensing shops' (most drug services in our region).

I have to stifle the desire to pull them to one side and point to one of the old group As sat nodding as they burn yet another cigarette hole in their clothes: "See that! It's horrible, isn't it! Is that what you want? That's group A for you – do yourself a favour, get out of this place while you can. A week of cold turkey is better than a life of green syrup – think about it kid!"

Beyond paternalism, what are we to do with the group Bs on the turn? It must be some form of early intervention and it must at least have a flavour of abstention about it. But what will it look like and who will do it? If anyone has any ideas, give us a bell – please. ■

by
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He acknowledges the assistance of Jennet Peters of Wigan and Leigh CDT.