

# EARLY WARNING SYSTEM

When drug workers decided to interview teenagers arrested by the police about their drug problems, a revealing snapshot of young people's lives emerged.

By Mike Blank

The affluent, leafy suburbs of Surrey are not the first place you might think of when it comes to problem drug use. But like any other area, the UK's most prosperous county has to deal with its drug-using population. Last year the Surrey Alcohol and Drug Advisory Service (SADAS) provided support for more than 1,500 people through assertive outreach, counselling, a drop-in street agency and the criminal justice system.

Around a fifth of SADAS's caseload comes from conventional middle-class backgrounds, mainly professionals with homes and families whose recreational drug use is impinging on their work or personal life. But in the main, SADAS provides support for those living nearer the fringes of society – often people who have become homeless or dropped through the net of conventional welfare services and developed a long-term drug habit.

SADAS recently decided to focus on how it could somehow intervene at an earlier stage to identify young people in order to avert some of the more entrenched, long-term problems that can develop in later life. During the past year, in conjunction with Surrey Police, we have run a pilot 'interventions clinic' – aimed at 12 to 19-year-olds who have entered the criminal justice system for the first time.

The clinic, held up to four times a month at a local police station custody suite, is designed to provide a service to young people where it has become evident that drugs and/or alcohol may have been used – but are not necessarily the primary cause or motive – in connection with an offence.

## OF THOSE WHO ATTENDED THE CLINIC MORE THAN A THIRD – 99 CHILDREN – DID NOT GO TO SCHOOL

Initially the young person is seen by the police officer in charge and given details of their offence. Depending on the judgement of the officer, if the individual is suspected of having a problem with drug or alcohol use, they may be cautioned or warned and then offered the opportunity to talk to a drugs worker in a private room at the station.

The reaction to being invited to talk to us was positive. More than 90 per cent of teenagers agreed to attend the clinic. We put this down to the shock of a first arrest and the realisation by young people that now was a good time to take a look at the reasons that had brought

about their arrest. The young people are reassured of confidentiality before the drug worker offers them the advice and information they need. At an appropriate point the assessment paperwork is completed and with their agreement, any onward referral to an appropriate treatment agency is made as soon as possible.

The clinic, which saw 281 young people last year, gave us an interesting and informative snapshot of one of the most elusive drug populations in the county. Despite the existence of adequate specialist young people's drug and alcohol services in the county, we were surprised to find that more than three quarters of the young people we saw were not previously known to services. As a result, we were able to provide the appropriate advice about drug and alcohol use at an early stage to a vulnerable group of what we call 'non-engagers'.

And despite having to confront a variety of serious issues, many teenagers interviewed at the clinic were unknown to any 'caring' service, generic or specialist.

Issues – often being dealt with by youngsters who were unprepared and alone – which came to light during the interviews included: rape (3 people), sexual abuse (2), homelessness (2), hepatitis C infection (3), mental health issues (4), drugs overdose or suicide attempt (3), self-harm (7), bullying (6), death of a close friend (5), death or suicide of a parent (9) and being a victim of violence (7). For these serious issues we were able to refer on to suitable specialist agencies for help.

The most common crimes young people were arrested for during the scheme were theft, shoplifting, assault, criminal damage and drug possession (see Table 2) and by far the most common drugs used were alcohol and cannabis, with only one teenager mentioning heroin use (see Table 3).

The clinic may have given us some indication of why these young people are getting involved in problematic drug and alcohol use. Significantly more than half of the young people we saw had experienced parental divorce or a parent missing from their lives. Many cited bad relationships with a step-parent or parent as a major problem. While the data does not point to a causal link between disruption and upheaval within their family and drug or alcohol use, the high rate of reported



family concerns by young people was striking.

A lack of engagement with the education system also stood out. Of those who attended the clinic, more than a third – 99 children – did not go to school. Of these, 28 were excluded, but more worryingly, 70 reported that they were just ‘not going’ to school on any regular basis while not officially excluded.

Again, this is not proof of a causal relationship, but it is generally a given that early disengagement from mainstream education is a risk factor for future social, health or legal problems. We can only speculate as to what is happening with these young people’s education. Are they being given ‘soft’ exclusions – imposed by the schools which don’t show up on the statistics – or are they voting with their feet and their absence is just not noted?

We made attempts to track young people’s progress, but the confidentiality conditions of some services precluded us from having this information. If the project is to be expanded we would really like to be able to commit more time to looking at the subsequent quality of engagement.

The pilot scheme has given SADAS the opportunity to work with some of the people most likely to become criminally active and/or have drug and alcohol issues long term. What is also striking is the fact that these young people had not been in contact with other services such as specialist young people’s substance misuse services or arrest referral schemes – services supposed to engage the ‘hard-to-reach’.

The scheme also suggests that good relationships between local drug agencies and the police can really work as partnerships. Our experience suggests that for many young people, the police end up being the ‘caring’ service of first resort. Simply put, partnership working between SADAS and Surrey police has helped those young people most in need, benefiting both the individuals and the community as a whole.

The success of the pilot in an affluent area like Surrey reveals how a wider roll-out could see a real impact across the country. In the next year SADAS is looking to extend the project and is looking for support to replicate it with further clinics throughout the south.

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Offences the young people were arrested for during the pilot scheme

Offence	Number
Theft	71
Shoplifting	60
Assault	56
Criminal Damage	34
Possession: Drugs	30
Section 5 Public Order	17
Fraud	7
Possession: Offensive Weapon	5
Drunk & Disorderly	5
Possession: Imitation firearm	4
Burglary	3
Racial Harassment	3
ABH	2
Forgery	2
Racially Aggravated Assault	1
Possession: Stolen Goods	1
Sexual Assault	1
Handling Stolen Goods	1
Making a malicious phone call	1
Intent to supply	1

During the clinic young people were asked about their drug use. Some individuals admitted to having taken more than one drug. Due to the fact that the data was taken in a police custody suite these figures may be lower than in reality.

Drug	Number
Alcohol	194
Cannabis	95
Cocaine	8
Ecstasy	7
Amphetamine	3
Ketamine	1
Poppers	1
Heroin	1
Polydrug	1

## A ‘GRAND’ INTERVENTION

**Sarah – not her real name – got the first opportunity to take control of her life when she was 18 – the day she got arrested for theft.**

As a victim of sexual and domestic abuse she didn’t get a great start in life. She was thrown out of home and had left school by the age of 14. Four years later her cannabis use had become the centre point of her homeless existence. Her chaotic lifestyle came to a head when she was arrested for the theft of £1,000.

It was at this time, following her arrest, that she was introduced to a SADAS worker as part of the interventions clinic. Sarah was referred on to Omni, a youth outreach service also run by SADAS, which was able to help her with the practicalities of finding somewhere to live and a place at school. Sarah was also introduced to a self referral youth counselling service for emotional support. Today, Sarah’s cannabis use is no-longer her primary priority and she is beginning to put her life back on track.