The age of children arriving at treatment services with heroin and cocaine dependencies is

Hard nuts to crack

treating the needs of young users

SITTING at the trendy communal dining table at one of Britain's three specialist children's rehab units in central London, Claire, 15, is trying to explain why she ended up so dependent on drink and drugs. "At school I was always on the outside of the crowd. I didn't fit in with the pupils or the lessons," she recalls in a strong West Country accent. "I liked practical things like woodwork and science experiments, but my work was always worse than everyone else's. I was very angry, frustrated and depressed. My mum and dad had split up and he drank a lot."

CHILDREN'S REHAB

Claire started drinking the sweet, child-friendly wine, Lambrini, as well as cider, at weekends when she was 12. She was also on a regular diet of anti-depressants. Her drinking and mood swings lost her the only good friends she had, and at 13 she was kicked out of school for disruptive behaviour. Within a year she had been in and out of foster care and had started begging on the streets. She was drinking two bottles of a sherry a day, taking ecstasy every other day and had developed a taste for powder and rock cocaine. In January she was arrested on drugs charges and ordered by a court to undertake a £30,000, eight-week residential rehab programme, paid for by her local council, at the plush Promis Young Person's Unit in Kensington, west London.

"I have five group therapy sessions a day, we go on outings and do psychodrama which is excellent. I'm getting on really well with the people here but I have a bad attitude," she says. "I'm going to relapse really badly when I leave here because I'm not ready – I need to feel like giving up drink and drugs myself." The day before, she had been found smuggling bottles of vodka into the unit. Within three weeks of our conversation, Claire and two other girls at the 13-bed centre had left Promis because they admitted they were not ready to stay off drugs. The failure of the three girls to stay the course highlights a wider problem facing young people's treatment services around Britain. They are having to deal with an increasingly younger group of Class A users whose needs are closer to those of schoolchildren than young adults.

LESS COMMITTED

"Children are more impulsive and less consciously committed to treatment than adults," says Keith Burns, of Promis, which provides its residents with a Playstation, visits to the cinema and a professional chef. "It's a lot harder for young people, seeing their whole life stretch ahead of them without using drugs or alcohol. And although this is not a secure unit, many might be here when they don't want to be. It's twice as hard."

Of the two dozen children who have attended Breakout, a substance misuse service for under-18s in Derbyshire, in the last seven months, five had started using heroin at the age of 13. By 16, all but seven of the 24 had taken heroin, crack cocaine, powder cocaine or ecstasy. Despite a series of much-hyped stories in the media about nine, ten and 11-year-olds addicted to crack and heroin – a virtually unseen rarity according to many frontline services who deal with young people – there has been an important shift in the age of children being referred with Class A drug problems. Where five years ago the average age for first use of crack and heroin was post-school, around 17 or 18, now services across the country are reporting younger users.

"Most young people's drug services are picking up heroin and crack users whose age at first use was 13, 14 and 15," says Bal Singh, Team Leader at Breakout, run by Derbyshire Mental Health Services NHS Trust and Chairman of the National Young People's Drug Treatment Forum. "We have pockets in the UK where these young users can be found, usually within areas consisting of a lot of social depravation, single parent families, long term unemployment, high school exclusions and high rates of youth offending. Many are children of parents who use drugs themselves. These pockets are not just limited to the inner cities, they can also be found in old mining towns."

WHAT TYPE OF CARE?

"It is the case," says Tom Aldridge, Young Person's Manager at the National Treament Agency, "that

Alone, Scared, Depressed and Afraid
by Claire

Well my thoughts and feelings are not going in the right way and even if I tried to make them go in the right way they would still end up going in the wrong way. My head is so pissing well messed up I've got to tell myself my feelings are worth looking for, but well, I'm to afraid to look for them because of what I will find and then I start to feel alone and being alone is going to hell and its not very nice and then I start to become depressed huh which is where I think I am at this point in my alone, scared, depressed and afraid life.

falling. **Max Daly** on how the system is dealing with younger Class A users

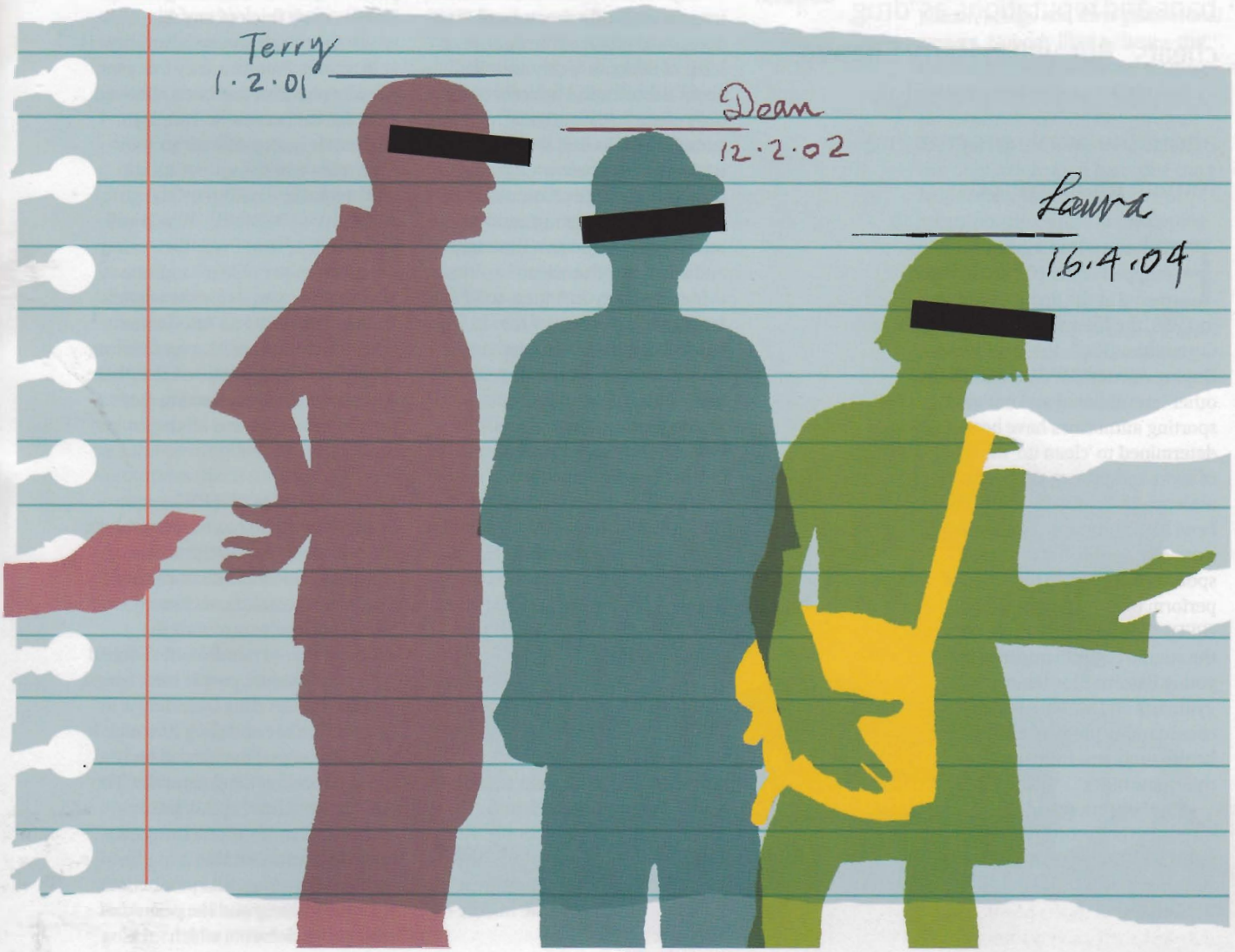
children are coming into treatment at a much earlier age, with very complex needs. This does raise the question of what type of care there is for them and is there enough of it? There is a need for an increase in community detox facilities and we need to assess whether we can meet the need for residential treatment. These children have a whole range of issues such as housing, family, bullying, school and crime, so we need to provide a holistic assessment as well as medical interventions."

The country's three child-centred residential rehabs claim most of the children leaving their units emerge drug and drink free. But child treatment experts say that residential programmes are not suitable for every child with a drug dependence. "If there are enough community-based treatment services for children then the need for residential rehab reduces," says Moira Shaw, Project Manager at The Zone, a young people's drug and alcohol service in Dudley, West Midlands. "Residential rehabs are not ideal for everyone: when they leave, children, unlike many adults, invariably return to exactly the same circumstances which created the problem in the first place. In addition, if a young person is not prepared to go to rehab, then they are being set up to fail."

> **Children are more impulsive and less consciously committed to treatment than adults**

According to Shaw, services for young people are not yet geared up to deal with the size or nature of the problem. "We find there are patchy services across the country, with pockets of good practice. At the moment the NTA does not have a system in place to measure the size of the problem. There are some areas where services are only just being set up, have just one youth offending worker or have their children's services based in adult services.

The government target is to reduce young people taking Class A drugs, but because the coverage of services is not yet sufficient we will see an increase in young Class A users before we see a decrease." ■



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