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Building bridges: the distinctive Stockport landmark, the red viaducts, were built to carry the first long-distance railway over the River Mersey in the 1830s. It is the largest brick-built structure in Europe.



LOST IN TRANSITION

Little do they know it, but young people in the Manchester satellite town of Stockport are at the forefront of what could be a major shift in the drug using habits of under-25s. **Gibby Zobel** reports on how a local drug service is leading the way in treatment.

On Stockport's many back streets and cobbled lanes you'll find pubs aplenty – many unchanged for decades. In the background looms the towering brick building of Robinson's Brewery; the smell of ale wafts through the town.

The brewery was founded in 1838, the same year a Stockport MP, Richard Cobden, formed the Anti-Corn Law League in protest against what amounted to a tax on bread, the staple of the working classes. His statue now stands in Stockport precinct, the shabby shopping heart of this Manchester satellite.

Among the old style pubs you'll also find a growing number of a new breed of watering holes that appeal to a younger clientele, such as the Bamboozler.

"Wednesday night is all you can drink for a tenner. Go past on a Thursday morning and there's vomit everywhere," says Chris, a shop assistant. "I've fought my way out of there at least three times. You go in with the wrong t-shirt ... it's carnage."

A few minutes walk from the brewery, past the Nirvana Head Shop, complete with two enormous silhouettes of rastas smoking a joint in the window, is an unassuming building that's home to Mosaic – the town's drug and alcohol service for young people.

Mosaic stands virtually alone among young people's services in the UK – because it helps clients up to age of 25, past the usual cut-off age of 18.

"We identified that 18 to 25 year olds had different needs to adults. The services on offer for adults, which focus on heroin and crack, are not ideal for younger clients – because their main problems are binge drinking, cannabis and powder cocaine," explains Janet

Sewart, Stockport's DAT strategic manager.

Of the 530 18-25 year olds referred to Mosaic between 2007-2008, 193 sought treatment for cannabis, 175 for alcohol and 115 for cocaine. Just 27 were for heroin.

The north-west suffers the highest rates of alcohol-related deaths, illness and incapacity in England. Alcohol-related mortality rates in Stockport are 55.9 per 100,000, compared to a national average of 47.2 among males.

The 2008 Stockport Young Persons Lifestyles Survey, commissioned by the local Primary Care Trust and the local authority confirms significant increases in the amounts of alcohol consumed by those who drink regularly and further increases in powder cocaine uptake amongst young 'recreational' drug users.

In addition, the *Stockport Young Peoples Substance Misuse Needs Assessment*, commissioned by the local DAT, found a quarter of 19-25 year old males in Stockport are drinking above safe limits. "It is within this population that problems with drinking are most likely to be gestating," said the report.

The most commonly tried substances among the same group are cannabis (64 per cent), powder cocaine (33 per cent) and ecstasy (32 per cent).

The figure for the number of young people who have tried cocaine is double the official national measure rate – and one of the highest rates ever recorded in a regional self-report survey. Users say coke can be bought for as little as £20 for low-grade powder or £35 for higher grade 'flake'.

"We started 18 months ago and as far as we know we are the first people to

set up a young people service that deals with people up to the age of 25. At first we had a mixed reception. We had some resistance because there had to be a bit of a cultural shift. It was a bit of risk I suppose in a way. It was innovative, it was different," says Sewart.

The Stockport scene represents possibly the clearest example yet of the arrival of what Howard Parker, Emeritus Professor at Manchester University, has dubbed the 'ACCE' profile – polydrug use of alcohol, cannabis, cocaine and ecstasy among young people.

Parker outlined the changing landscape in a speech at last year's National Drug Treatment Conference.

"Ever since 1997, drug treatment has been focused on crack and heroin, and on reducing crime," Parker told *Druglink*. "But in those first wave heroin cities such as Manchester and Liverpool, where heroin arrived in the early 1980s, today's young people's services are hardly seeing any young heroin users. The heroin users are an ageing population and younger presenters are 'ACCE'rs needing a very different form of treatment."

Parker says young people are drinking twice as many units per week as they were in the 90s. "In England we are seeing alcohol as the primary substance now in terms of presentations to our under-18s services. Cannabis is by far the largest illicit drug of that group. It's all skunk with high THC content – it's the best seller. Cocaine use is filtering down through the age groups to the teens. You can even get cannabis-flavoured absinthe – the drinks industry understands the 'ACCE' profile."

Parker, with 25 years of experience in the field, claims that support falls away when young people reach the age of 18.

"My real issue is that we need transitional services," he says. "Stockport has been particularly proactive in developing Mosaic. This is an unusually large and diverse service which is 'ahead of the game'. The transitional arrangements which have created a treatment service embracing

alcohol and drug problems up to 25 years of age is an ideal fit for Stockport's problem profile," he says.

Tellingly, the NTA's needs assessment good practice guide for young people asks services to ask themselves: 'Are those referred on to adult services being appropriately retained? Are there appropriate services to refer on to for 18+ substance misusers? Are the needs of 18-21 year olds being appropriately met?'

"Typically, adult community drug and alcohol teams haven't got the expertise to treat ACCERs, even if the young ones would go to these services – which they won't," says Parker.

Tom Aldridge, young people's lead for the NTA told *Druglink* that NTA guidance "is clear that services should be based on individual need first and foremost.

"There are a number of services defined as young people's that work with people over 18, and in many cases a transition from young people's services to adults' is not appropriate to meet the specific needs at that stage.

"Transition for young people is vitally important to get right. The NTA will be publishing a report on young people's interventions in the New Year to inform practice in this area," he says.

Mosaic conducts drug prevention outreach work in Stockport's 14 schools, has a weekly GP visit and gets regular referrals of 18-25 year olds who test positive for drugs from the police.

Joanne Harris is the treatment and criminal justice team manager for Mosaic and says the fact they do not stop at 18 means offenders referred to the service have a bigger window in which to get help.

"They might not be motivated at that time, but we are finding they are coming back. Seeing us must have made an impact, because after a while they are thinking 'actually yeah, my cocaine and alcohol use has got a bit out of hand' and that's all we want really. A lot of people out there don't know what treatment is – they think it is for opiate



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use – so we have to get that information out," she says.

Caseloads are kept low at Mosaic, so they can provide a more holistic service, says Harris. "We don't get into that culture of only being able to see a client for five minutes. We know everyone by name. There's always someone available, even though we are not a crisis service."

Harris says many of Mosaic's young clients have no self-esteem, are often unemployed and living at home with

their parents. "They get into trouble with cocaine and drinking because they feel they can control it. It starts with a few pints and a few lines at the weekend and then becomes a regular thing. But then they need more and more to have the same effect," she says.

Fergus, 21, is typical. He referred himself after running up debts of £3,000 to feed a four grams of cocaine a day habit. Sacked from his job, and with dealers turning up at the door of the family home, his parents had to pay

them off. After eight weeks of support at Mosaic he had kicked the habit and agreed to regular drug tests to prove to his parents he was clean.

The term recreational drug use, says Sewart, is a red herring. "A lot of people do not think they have a problem, it is culturally the norm, but we know they are on the brink. It's interesting, because years ago everyone said you don't need to worry about recreational drug users. But things have changed," she says.