

CHEMICAL REACTION

With a growing market in highs such as ketamine, GBL, Spice and mephedrone and a trend towards young people mixing and matching drugs with alcohol, drug services are facing a different set of issues than they were at the turn of the millennium. **Marcus Roberts** introduces our coverage of what is set to become a new era of drug use and treatment.

In March 2009, DrugScope's report *Drug Treatment at the Crossroads* concluded that, in order to meet new challenges as drug trends change, there was a need to look again at our understanding of what 'problem drug use' is. It observed: 'Those young people gearing up to be the next generation of problem drug users appear to be developing problems linked to cheap alcohol and cannabis, maybe along with cocaine, ecstasy and tranquillisers.' It asked whether drug services, traditionally focussed on treating heroin users, were equipped to meet this challenge.

If anything, these issues have come into sharper focus since we published the report. In October, the National Treatment Agency reported a dramatic fall in heroin use among young adults and proclaimed a "generational shift in patterns of drug dependence in England". It noted an increase in the

numbers of young adults seeking help for powder cocaine use.

A 2009 report from the European Monitoring Centre for Drugs and Drug Addiction claimed that 'in Europe today, polydrug patterns are the norm, and the combined use of different substances is responsible for, or complicates, most of the problems we face'. In September/October 2009, *Druglink's* Street Drug Trends Survey found that 'younger, recreational users are now swapping or combining cocaine, ketamine, GHB, ecstasy, cannabis and alcohol on a night out'.

Heroin and/or crack cocaine dependency is especially harmful. It has surely been right to target it. If we are now seeing signs that the numbers of people developing 'problem drug use' in this sense are falling, then that is a major achievement. It is not, of course, grounds for complacency, and we



certainly should not be taking our eyes off this ball.

But we need to be thinking about new problems too – and cannot assume 'the drug problem' will take the same form in five, 10 or 20 years as it has in the last decade. Professor Howard Parker has recently argued that 'alcohol is cheaper and more available, cannabis is far stronger, cocaine is half the price it used to be and you can get a dozen ecstasy tablets for £10', and gone so far as to conclude that when you put all this together 'you've got just as serious a problem for health, family life and society as heroin'.

Is a substance-specific definition of problem drug use (or index of harm)



sustainable if poly-drug use is, as the EMCDDA says, 'responsible for most of the problems we face'? Someone who is swapping and combining drugs may have serious problems, but not with one specific substance. How does our concept of 'dependency' operate in such circumstances? Is the boundary between problem and recreational drug use defensible as it is currently drawn?

With cheap, strong alcohol a key element in harmful patterns of substance misuse, is it time to get serious about bringing drug and alcohol policy together? Are there substantial numbers of people out there who are at risk of serious substance misuse problems, but who are completely off

the radar for standard drug and alcohol services? If so, how can we reach this group and what kinds of specialist help would benefit them?

IS IT TIME TO GET SERIOUS ABOUT BRINGING DRUG AND ALCOHOL POLICY TOGETHER?

Most fundamentally, can the whole legal framework set out in the Misuse of Drugs Act 1971 adapt and survive in the face of changing drug

markets, 'legal highs', synthetic innovation and promiscuous forms of poly-drug use?

Recent changes in patterns of drug use raise some fundamental questions for drug policy, as well as challenges for drug and alcohol services in the here and now.

DrugScope is now working on a follow-up to our Crossroads report, which will focus on young people's drug and alcohol treatment. This report will revisit and develop the themes I have mentioned above, and will be published in February.

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