



Consultations with young people have shown the need to refocus drug and alcohol services to make them directly relevant.

**Marcus Roberts** explains

**A** year ago DrugScope published *Drug treatment at the crossroads*, a report that focused particularly on the debate about the respective merits of abstinence-based treatment versus harm reduction. At a time when the BBC among others was challenging the scale of use of substitute drugs like methadone, our first *Crossroads* report aimed to give a balanced viewpoint. It recognised that there had been huge strides forward, while arguing that there was still plenty to do.

This first report was largely silent on young people, but drug and alcohol treatment for the under-18s has been undergoing its own significant – if more modest – expansion. The numbers of under-18s in treatment went up from 17,001 in 2005-06 to 24,053 in 2008-09, with central government investment rising from £15.3m in 2003-04 to £24.7m in 2007-08. Only a minority of young people entering treatment are using heroin or crack cocaine (around 3 per cent in 2008-09, according to the NTA's annual report on substance misuse among young people). Most of them (nine out of ten) are seeking help with cannabis and/or alcohol.

The expansion of young people's drug and alcohol treatment has been partly driven by the wider Every Child Matters agenda, with the Department for Children, Schools and Families working jointly with the NTA nationally, and directors of children's services working with drug action teams locally – at least in theory. Of course this works better in some areas than others.

So last year we embarked on a second round of *Crossroads* consultations to get DrugScope members and other key stakeholders' views on young people's drug and alcohol treatment. We held consultation events in London, Birmingham, York and Gateshead, conducted a survey of more than 40 young people's substance misuse services, and talked with young people in East Ham and Brixton in London. We consulted members of the London Drug and Alcohol Network (LDAN), which merged with DrugScope last March. Finally, in February, we launched the second *Crossroads* report at a national conference on young people's treatment in central London, which we co-hosted with the National Children's Bureau. Here are some of the report's key messages:

**The cannabis debate**

There has been widespread concern about the impact of potent strains of cannabis

on young people, particularly domestically-produced 'skunk'. In its 2008 report on cannabis classification, the ACMD was far from sanguine in its assessment of the potential harms of cannabis for a small minority of users. Some young people appeared to be spending large sums of money in pursuit of intense intoxication and psychological dependence was acknowledged as a real – if rare – phenomenon.

Of 43 young people's services responding to DrugScope's survey, two thirds believed that more potent strains of cannabis were resulting in greater harm to their clients. There is very little data to enable us to get a grip on the extent or consequences of heavy cannabis use. The British Crime Survey measure of 'frequent use' among 16 to 24-year-olds is 'use of any illicit drug at least once a month in the last year', which is of only limited help.

**Polydrug use and legal highs**

Last September DrugScope's *Druglink* magazine published its Annual Street Drugs Trend Survey. It found that 'young, recreational users are now swapping or combining cocaine, ketamine, GHB, ecstasy, cannabis and alcohol on a night out'. *Druglink* has produced regular reports on the emergence of 'legal highs', including GBL, BZP Spice and mephedrone. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) declared in 2009 that 'polydrug patterns are the norm, and the combined use of different substances is responsible for, or complicates, most of the problems we face'.

Our report calls for more effective mechanisms for monitoring emerging trends, including the establishment of a national 'radar' service working with frontline services to share intelligence and to provide early warning of new trends. Such a service could be linked into, inform and support the needs assessment work of local commissioners.

**A generational shift?**

Only a small minority of under-18s in treatment are 'problem drug users' in the adult sense. Patterns of drug use are changing among 18 to 24-year-olds in treatment too. Last year an NTA press release heralded a 'generational shift in patterns of drug dependence in England' and the end of the 'Trainspotting generation'. One in five young adults entering treatment in 2008-09 sought help for powder cocaine problems. More recent NTA data, released in March, suggests that seven out of 10 people treated for powder cocaine have stopped using the drug after six months, or substantially reduced their use. This partly reflects the work to develop psychosocial interventions, which the NTA has prioritised since the publication of our first *Crossroads* report, which highlighted the need for a broader menu of treatment options to respond to emerging drug trends.

The emergence of new synthetic drugs and the growth in polydrug use is placing strains on our legal and policy frameworks too. How do you make rational decisions about the control of newly synthesised drugs before sufficient scientific



evidence is available? How does a legal and policy framework that has operated in substance-specific terms – for example, in the way harm is assessed by the drug classification system and problem drug use is defined – respond to harms that arise from interactions between drugs?

Against this background, our report calls for a review of the basis assumptions and frameworks of the drug treatment system, to take account of changing patterns of substance misuse – particularly among young people and young adults. It is questionable whether a purely substance-specific definition of ‘problem drug use’ is appropriate to the challenges ahead. In particular, the challenge of polydrug use requires a closer link with alcohol policy and alcohol services, and increased investment in the latter.

### Contextualised view

Most people who are in specialist drug and alcohol treatment are otherwise at risk, or in trouble, or facing social exclusion. The young people who spoke to DrugScope about their own drug problems were clear about how everything connected in their lives. You can end up smoking skunk all day when it’s readily available in your neighbourhood, your friends are using it, and you’ve got nowhere to go and nothing else to do. Getting ‘out of it’ is one way of coping with going back to a run-down flat in an unsafe neighbourhood.

We should not be surprised that most clients of young people’s drug services have other problems too, and it makes sense that a lot of the support they receive from those services addresses the other issues in their lives. Young people we spoke to said that the main benefits of treatment services to them were things like positive and supportive relationships with keyworkers, help with housing, education and employment, the opportunity to mix with peers in a safe environment and access to music studios and IT equipment. A lot of these young people were not heavy drug or alcohol users and were not being treated in the narrow medical sense.

Is the focus on socially excluded and vulnerable young people something we should welcome or worry about? Surely it is appropriate given the links between drug and alcohol use and other problems, and it is a route through which young people can get holistic support. But the concern is that once a young person falls into the net of children’s specialist treatment services everything about them may be labelled and pathologised, while more affluent young people are left to mature out of substance misuse.

Conversely, middle class young people with substance misuse problems may not find their way to treatment services, because they are unlikely to be directed through the main referral routes. DrugScope’s report calls for the development of low threshold, high visibility drug and alcohol services in our towns and cities, so that young people who feel they may be developing problems know where to go for help, and can access brief interventions (and referral to other services where appropriate) in non-clinical settings.

**‘While those from the most marginalised communities are left to fend for themselves, young adults from supportive backgrounds receive a turbo charge from the state to propel them into adulthood’**

### A word about transition

Finally, what happens to people who hit their 18th birthday and still need specialist help for a drug or alcohol problem? The answer is that they may have no option but to drop out of the treatment system altogether, or to move over to adult services that can work very differently. We need a fundamental rethink of how we work with vulnerable young people in this transitional phase, recognising that processes of transition are multiple and complex.

The young people we talked to were not interested in moving to adult drug services, but they all talked about the other challenges of moving into adulthood – education, jobs, housing and relationships. A recent report from the Transition to Adulthood Alliance declares ‘while there is recognition that under-18s deserve support and are worth investing in, there is a complete attitudinal change once they are over 18. While those from the most marginalised communities are left to fend for themselves, young adults from supportive backgrounds receive a turbo charge from the state to propel them into adulthood.’

DrugScope’s report calls on the next government to develop a national policy framework for young adult services, which could take the form of a Green Paper. We will be looking to work with colleagues in other sectors – including mental health and criminal justice – to campaign for a more joined-up approach to transitional arrangements.

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*Young people’s drug and alcohol treatment at the crossroads is available on the DrugScope website at [www.drugscope.org.uk](http://www.drugscope.org.uk) If you would be interested in joining DrugScope as a member and supporting this and other policy work, contact Carlita McKnight, membership development officer, by emailing [carlitam@drugscope.org.uk](mailto:carlitam@drugscope.org.uk)*