

Executive summary

Key messages

Young people's specialist drug and alcohol treatment is 'at a crossroads'. There are different directions it could take, particularly at a time of political change, high octane public debate and tight public finances. Against this background, DrugScope embarked on a consultation process in 2009 with people working in young people's treatment. These are some of the things we found out from those on the frontline.

Working with young people in treatment is not only about problem drug or alcohol use, but multiple needs. Most young people who enter specialist drug or alcohol treatment have other, often multiple needs, such as mental health issues, involvement with the criminal justice system, social exclusion, or lack of education, training or employment opportunities.

A lot of the work done by specialist drug and alcohol services is not 'treatment' in the narrow medical sense. Most young people who access specialist drug and alcohol services do not need to be prescribed substitute drugs and very few indeed would benefit from residential treatment. Some do not even need structured therapy related to their substance use. Almost all, however, need support on other issues in their lives. Young people's treatment needs to be holistic.

Work with young people and young adults requires a wider conception of problem drug and alcohol use. It is clear that the drugs that cause the most problems for young people and young adults are cannabis and alcohol – and that today's younger substance users are mixing and matching different (and new) drugs. Polydrug use creates a new challenge for services.

Young people's services should not be judged by the same targets as adult services. Subjecting young people's services to the same measurements as adult services is of limited value. The client groups are different and the systems set up to evaluate a service user's progress in an adult service will often be less appropriate for use with younger clients.

A key challenge is the gap between young people's and adult services and the issues of transition this raises. Currently the adult and young people's treatment systems work with two different notions of substance misuse problems, different interventions, different approaches to alcohol, different lead departments in Government and different targets and outcomes. This all leads to large and often unbridgeable gaps for someone leaving young people's drug treatment aged 18 who needs further support – with adult services frequently not the right place.

Young people with drug problems may be involved in drug supply and services need to address this relationship. The same things that make young people vulnerable to problems with drug use can make them vulnerable to involvement in the supply of drugs. Workers need to be able to recognise and support young people at risk of offending and to help create exit strategies for those who are already involved in drug supply or gang-related activity.

We need investment in community and social regeneration as well as one-to-one support. It is important not to frame young people's substance misuse in exclusively individual and therapeutic terms and fail to invest in community resources. Employment and meaningful activity, decent accommodation and access to leisure activities for young people are all vital.

What you get is too dependent on where you live. Frontline workers reported services for young people are often patchy, with variation in funding allocations, problems servicing rural areas and the strength of relationships with other children's services all impacting on equity of provision.

Recommendations

DrugScope has subsequently reflected on what we have learned during consultation with members, service users and other stakeholders and has developed six key recommendations for the future direction of specialist drug and alcohol treatment for young people and young adults.

The Department of Health/NTA should lead a review of the basic assumptions and frameworks of the drug treatment system to take account of changing patterns of substance misuse, particularly among young people and young adults. We need to review the definition of 'problem drug use' as the use of heroin and crack cocaine as we move into an era when these drugs are becoming less common and polydrug use, including the use of alcohol, is coming to the fore.

The Government should review monitoring instruments such as the British Crime Survey, and invest in research, to ensure our policy and services are adapting to shifting patterns of drug and alcohol problems. More detailed information is needed on patterns of problematic and harmful substance use and different user populations to inform the development of responsive policy and services. For example, there is a clear information gap

around the problematic use of – and dependency on – skunk cannabis among young people.

A national ‘radar’ service should be established to provide early warning of new drug trends, enabling policy makers and service providers to respond to them quickly and effectively. Patterns of substance misuse are becoming more fluid and flexible, with evidence to suggest that the use of new substances like GHB/GBL, ketamine and mephedrone are on the increase. A bottom-up system is needed to inform policymakers, treatment services and mainstream services of new trends, particularly as many new substances will not be controlled under the Misuse of Drugs Act.

The next Government should develop a national policy framework for young adult services, which could take the form of a Green Paper. It would be helpful if the NTA and the DCSF produced a policy framework for 16 to 25 year olds, with a focus on transitional processes and arrangements. We would urge such a review to consider the merits of a new type of service platform for young adults, potentially extending young people’s services to encompass a wider age group, or possibly creating a new service platform for young people and young adults who are developing more serious substance use problems that do not correspond to existing concepts of ‘problem drug use.’

Low visibility, high threshold services should be balanced by a network of high visibility, low threshold services working in local communities. We would support a feasibility study to investigate the cost-effectiveness of developing a new kind of ‘High Street’ drug and alcohol service, that could offer a range of support, including harm reduction information, assessment, brief interventions, information about local services and about different treatment approaches and referral to other services where appropriate.

With the introduction of the new funding formula for young people’s treatment, the DCSF and the NTA should undertake a joint review of the availability and quality of young people’s treatment services, with a particular focus on local variations. This review should look at the impact of different relationships between Children’s Trusts, Drug Action Teams and the NTA on local provision of specialist drug and alcohol treatment services for young people, at the role of local commissioners, and at the outcomes that they are commissioning young people’s services to deliver. It should review the effectiveness of the current mechanisms for identifying and applying minimum standards and the case for developing a new national inspection regime for young people’s substance misuse services, possibly using the Care Quality Commission model.