

# THE NEW DRUG USERS

## An unsuitable case for treatment?

The use of illegal (ie those proscribed by the Misuse of Drugs Act) and quasi-legal drugs (eg solvents) in Britain has been increasing since the 1960s. It was the explosion of heroin use in the early 1980s amongst young adults from poorer urban areas notably in the Scottish cities, London and NW England, which really brought the issue into the public eye. Drug misuse has been high on the media's and politicians' agenda ever since not least because drug injectors were seen as a key group in relation to the spread of HIV/AIDS. In fact, Edinburgh and London aside, 'out reach' health and drugs services have been pretty effective at preventing needle sharing becoming a major transmitter of HIV infection. The media image of dishevelled drug injectors in dark corners dying of AIDS is a considerable exaggeration. The not so 'new' heroin users and poly drug injectors of the 80s, probably totalling 200,000 are now between 25 and 40 years old. There is still little sign of them giving up their habits although most are now in contact with drugs services such as needle exchanges and Drug Dependency Units or clinics where they may well receive regular prescriptions for methadone which is a heroin substitute. Methadone will tend to reduce their reliance on street drugs and there is reasonable evidence that it reduces the crime rates of what is a very criminogenic group.

Whilst forecasts for the use of crack-cocaine remain unclear it may well be that this smoked and highly habit forming drug will become more widely used during the 1990s. Crack remains an enigma in Britain when we look at its clear impact in the USA.

Apart from cannabis which is used across the age spectrum, illegal drug use is primarily an activity of youth. It follows therefore that drug use is tied up with youth culture and thus fads and fashion. This has been very much the case in relation to the present new wave of drug use initially associated with 'raves'. The main sources of prevalence information are self report type surveys which are all showing steep rises in the use of a whole range of drugs including cannabis but particularly what can be called *dance drugs* especially Ecstasy, amphetamine and LSD.

Work currently being carried out at Manchester University suggests a major social transformation is under way. Today's young basically reject heroin users and junkies as 'old' and as *history*. Yet

they are also, from the age of 14 experimenting with a wide range of illicit and illegal drugs. At Manchester we are following a cohort of 776 14 and 15 year olds from 8 schools in the NW of England. They are a representative sample by gender and class. Via anonymous self-report questionnaires administered personally by the researchers we are beginning to build up a picture of their perceptions and behaviour in relation to alcohol, drugs and rule breaking.

As the chart shows, 59% of these young people have been in situations where drugs have been on offer. It is important to note the high proportion of young women who have been in 'offer' situations. Most youngsters have not yet actually tried any of these drugs. However, 6 in 10 who have been offered a drug *have* tried at least one. Overall 36% of the sample have tried an illicit or illegal drug. Cannabis unsurprisingly is the most often used drug, followed by 'poppers', LSD and solvents. Solvents are by far the most dangerous of these drugs in terms of fatalities and it is important to remember that lighter fuels, aerosol sprays and the like are readily

has been found in other recent surveys.

The impact of the behaviour of these new drug users on the police and the criminal justice system may be dramatic over the next few years. These systems have not yet had to cope with very large numbers of young people, a significant

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minority of whom will be both young women and otherwise law abiding citizens.

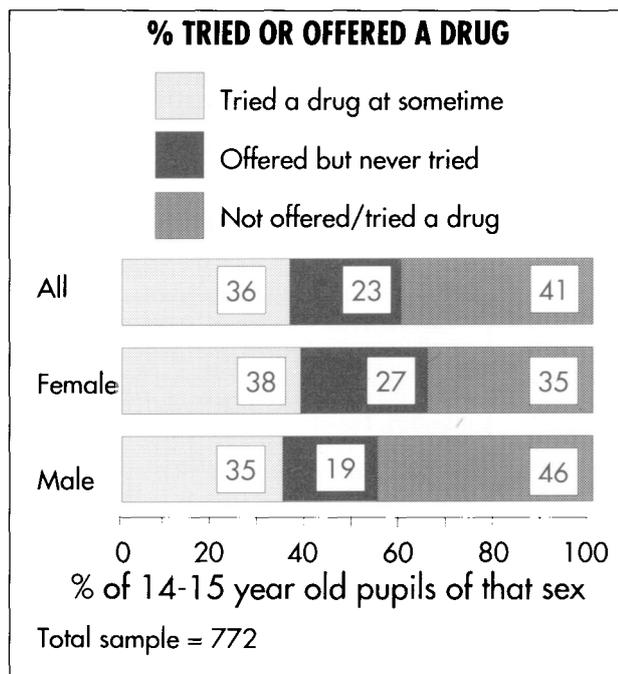
In relation to cannabis for instance arrests nationally continue to rise whilst in many local areas non-enforcement or cautioning strategies multiply. The law becomes devalued and serious inconsistency ensues. And how should the courts respond if a new wave of defendants appear on possession of LSD (a Class A drug) but with no apparent history of directly associated offending or even other crime? Six months in a young offender institution is unlikely to be beneficial. Compulsory treatment orders, via the 1991 Criminal Justice Act, remain

contentious and largely untried. And so on. Indeed any sanction is likely to be perceived by the offenders as too severe for what they increasingly regard as a recreational pursuit rather than a heinous crime or suitable case for treatment.

These new issues will slowly move up the criminal justice agenda. It is important that the professionals involved gain a clear understanding of not only the immediate legal dilemmas of drug enforcement but also a deeper understanding of the lived **meaning** of drug use for an increasing number of young people. *The Daily Mail* is not the appropriate vehicle for finding out about 'acid blotters' and 'speed wraps' or better understanding the pressure faced by young

people in a rapidly changing leisure-pleasure market. A more balanced and flexible approach will be required if social tension and resentment are not to be the consequence of knee jerk responses from local justice systems.

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available 'dangerous' substances accounting for over 150, mostly young, deaths every year in England and Wales.

There is little doubt that the incidence (that is new cases) and prevalence (number of drug users in a community) of drug use amongst today's youth will continue to rise in the foreseeable future. Indeed results from our follow up of this cohort clearly indicate this trend which