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VOICES OF YOUNG PEOPLE: Experiences with drugs and alcohol

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Very little research about young people's use of drugs and alcohol is directly informed by the voices of the young people themselves. This study, conducted by the University of York, set out to explore young people's experiences with drugs and alcohol across York and North Yorkshire with a central aim to inform drug and alcohol service development through listening to what young people said they wanted and needed when they ask for help.

THIRTY YOUNG PEOPLE AGED 14 TO 17 CURRENTLY ENGAGED WITH DRUG AND ALCOHOL SERVICES were interviewed for the study, augmented by interviews with **THIRTEEN FRONTLINE DRUG AND ALCOHOL WORKERS**. Interviews centred on patterns and reasons for use, motivations for quitting, asking for and receiving help, and ideas to improve services. This information will inform potential approaches for improving support for young people.

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KEY POINTS

- Motivations for continued use of drugs or drink often centred on managing complex feelings in contrast to initial use which centred on experimentation and fun with friends and siblings; or alternatively was about being bored, with nothing else to do.
- A realisation that their substance use was harming others was the key reason to quit, and many young people had clear insights into the need to make a change.
- Other reasons for quitting included the cost of the drugs or alcohol; the fact that it had stopped being fun; that it was making them ill; or interfering with their future goals, and often it was a combination of some or all of these factors.
- Very few young people had actively sought help themselves from a drug and alcohol service emphasising the importance of trusted adults, like parents and teachers, in making appropriate referrals, always with the consent of the young person.
- Most young people were highly appreciative of the help they received from drug and alcohol services, regarding that help as non-judgmental, supportive and practically useful in helping them to reduce the harms associated with their drug and alcohol use.
- Successful engagement required young people to feel they were not being told what to do but were in control of working towards their goals, at their own pace, with the support of their drug and alcohol worker. Easy and anonymous access was seen as important as was a flexible approach to assessment.
- Young people thought that more people should know about what help was on offer. Practitioners agreed and were supportive of a social media marketing campaign that centred young people's voices.
- Practitioners were keen to see a dedicated space or hub where they could see young people, making them independent from schools. They thought that schools should be more open, facilitating and consistent in their engagement with drug and alcohol services.
- Both young people and practitioners saw benefits in resourcing activities such as walking as part of appointments.
- Contemporaneous, joint working with CAMHS was seen as crucial by practitioners, with an end to the practice of dealing with mental health and substance use as separate issues.

METHODS

This was a small-scale, exploratory, qualitative study. Semi-structured interviews were conducted with young people currently engaged with drug and alcohol services.

Thirty young people participated in the study, ranging in age from 14 to 17 years with an average age of 15.6 years. Twelve girls and 18 boys took part, and each was given a pseudonym to ensure anonymity. Each young person participated in a face-to-face interview which was audio recorded with consent and took place in a safe and confidential space¹. Participants were asked about their experiences with drugs and alcohol to understand their journey from initial to current use; capture key influences on their drug and alcohol use; and understand their experiences with being offered or accessing support. The young people were paid £20 in shopping vouchers for their time.

Semi-structured interviews with 13 frontline practitioners from drug and alcohol services were also conducted to gather their views on the challenges young people face around drug and alcohol use and what improvements were needed to drug and alcohol services designed to meet the needs of these young people.

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Careful engagement with practitioner partners ensured that young people who were considered particularly/highly vulnerable were not recruited to the project and the research team were guided by those working most closely with the young people, with detailed knowledge of their past and current circumstances, as to whether it was appropriate to recruit them to the study.

¹ Two young people chose not to be audio-recorded but still participated in the study. Participants were also given the option to have their drug and alcohol worker at the interview and five chose to do this.

FINDINGS: YOUNG PEOPLE

First use of drugs and alcohol

Encouragement, ease of access and facilitation through friends and siblings were the most frequently cited motivations for first time use and this was true for both cannabis and alcohol which were the substances most young people tried first. For example, Joe (15) and Lara (15) both reported that their older siblings influenced their decision to try cannabis for the first time. Others cited the influence of their friends in trying drugs or alcohol. Bill (16) reported that whilst out with his friends one day they had surprised him with bottles of vodka to try. Similarly, Lizzy (17) when she was aged 12, tried alcohol for the first time with her friends.

It is important to note that many of the young people saw drug and alcohol use as part of recreation and fun, indeed as part of everyday life, and did not see an issue with their use, at least initially:

'I think my first experience, I was a bit like, this is different, but good different. It just made me, like, forget about things. Made me happy' (Lauren, 16).

'Just wanted to try it, because, like, you see your parents drinking sometimes, and you're like, well, I want to try this' (Dom, 17).

'When me and [name of friend] were smoking together, we never got in trouble. When we were sat smoking, we just had laughs together, like proper laughs and a joint, and then go out and walk about and that it was sick, like it were actually wicked times' (Daly, 15).

Only two young people said they had initially tried drugs and alcohol to cope with difficult feelings. Lauren (16) revealed that she first took ketamine when she was going through an emotionally difficult time: *'I did that when I was going through a really bad place ... I just kind of turned to drugs, and thought that's going to be my safe space, you know, I did it. It made me feel good, and then I was on come down, and it was really bad. I felt awful'*. Similarly, Lily (14), found her first experience with drugs both positive and negative: *'the good part is that you feel numb. You feel like nothing, because you're in your own little world, so like nothing matters... but when you're coming off it and you've got nothing left, it's like the anger and everything's building back up'*.

Some young people reported enjoying their first experience, whilst others voiced that they were worried and disliked the feeling of intoxication. Four young people generally used drugs alone rather than with friends.

Young people were deliberately not asked to disclose where they purchased or accessed drugs or alcohol as it was thought this could undermine their trust in the confidential nature of their conversation with the researcher. However, it was clear from the interviews that most young people accessed drugs and alcohol through their friends and that most lived in a world where drug and alcohol use was ubiquitous. As noted above, older siblings or other relatives also provided access in several cases, with two young people also describing stealing alcohol from their parents. Whilst several young people talked about planning with friends to use drugs at a specific future event, most use was opportunistic and spontaneous, at least initially. Only two young people mentioned purchasing drugs directly from a dealer.

Motivations for continued use

Motivations to continue drug and alcohol use were more strongly associated with using substances as a coping mechanism than was initial use. Several young people said that their continued use was underpinned by a need to cope with complex feelings:

'I was quite sad at the time. I was doing it to get away. So, I took more to feel a bit different' (Joe, 15).

'I've been using it [alcohol] for every single day to cope with feelings' (Lizzy, 17).

'Just something to kill the boredom a bit and I kind of overthink quite a bit. So, like, after I have one [a joint], I just don't really have to think about other things' (Edward, 14).

'Just calmed me down and made me forget things that happened' (Kala, 14).

Ella (14) said that her family life was difficult, that her mum's ex-partner was abusive to her and so she took drugs to "make the pain go away". Ollie (16) explained that his continued use of a THC vape was, in part, due to his mental health which he described as "not very good".

Some young people cited the influence of their friends for their continued use. Layla (14) realised that her friendship group was having a negative effect on her use and so made the decision to leave the group for the sake of her health: *'That was the main influence where we, that's all we did together. And I just thought, can't keep doing this'*. In contrast, Daly (15) also started smoking more cannabis because of his friends but saw this as a positive bonding experience.

Several participants said that they felt that young people were forgotten about or ignored in their communities as recreational activities were removed or curtailed resulting in there being nothing for them to do. This sparked boredom and encouraged alcohol and drug use to pass the time:

'It started off as, like, me and me mates were just like bored...there's nowt really to do, like where I live, so just got bored. We went out, had a joint and that were that' (Edward, 14).

'Where we live, right...there's nothing to do. And when we're, like, on a night, we're all sat there in our village, literally, there's like two benches...where we can actually sit... we actually do get so bored, and that's what pushes all my mates to want to do more drugs, because they're just that bored' (Hayes, 16).

Motivations to quit

Other people being worried about their substance use was a key motivation for the young person to quit or reduce their use. Most commonly this was a parent, though often parental concern took time to sink in:

'I kept doing it, and then every time she'd say something... It didn't really hit me. And then once I stopped for them two weeks, it kind of made me realize what she said. And then it like sunk in' (Rich, 15).

'I might say, "oh, yeah", but I can't be bothered talking about it. But I'll go back into my bedroom, and I'll start thinking about it. I'll be like, you know what? What they're saying is true' (Hannah, 15).

'I was annoyed at my mum at the time but like I loved it too much, like the weed. But now I just look back and it's like, oh, I know I should have listened to her' (Joe, 15).

'I didn't really listen to them, didn't really take on their advice. Kind of thought, well, this is my life. I'm going to lead how I want it to be, until later on I realized that's not the right decision' (Lizzy, 17).

Others were concerned more broadly about the impact their substance use was having on their family:

'When I do get really drunk, I get angry, and this is what I hear. I don't remember. Apparently, I just snap...A bit like, a bit sad to be honest to hear that my dad's scared of me. My dad shouldn't be scared of me... but I can't control it' (Luke, 17).

'Because my mum [and] dad saw what I was going through, it was breaking their hearts, so I stopped it, and it was getting me in a lot of trouble. And, yeah, I was hanging around with wrong people and getting in bad crowds because of it' (Lily, 14).

'And then I turned to ket2, and my family was really disappointed in me. I was real disappointed in myself that I'd done it, and then that's when I decided I wanted to make a change for myself, you know, not do it' (Lauren, 16).

'The time when I was drinking the most heaviest was, I was 14 at the time...my dad, he left ... and it just really impacted... the family so much. So, I thought, you know, and I was like, drink to get out of the way. It didn't really help at all. Made things 10 times worse for me, my mum, and my brother' (Hannah, 15).

Often young people had their own insights into the harm their drug use was causing and realised that they needed to make a change:

'There was a moment where I've realised what I was doing. I was doing it, and you just don't realise what you are doing. And you genuinely are doing it a lot, but you don't seem to care until someone tells you or you just figure it out for yourself. But it's better to figure it out sooner rather than later and I'm just glad I did' (JJ, 17).

Some associated their drug use as negatively impacting their future successes:

'Because I wanted to go back to school, I wanted to actually... get my GCSEs and my career and... I was just tired of seeing mum and dad ... disappointed in me, so I stopped it' (Lily, 14).

'So that's why I've tried, trying to stop smoking it, because I'm doing my GCSEs in 17 weeks ...I want to get them done and smashed. So, I do regret it. I don't think it was a bad experience, necessarily. I just think my life would be so different now if I didn't do that, do you know what I mean' (Lauren, 16).

Another key reason for quitting was cost. Many reported that buying drugs and alcohol was a waste of money and that spending so much represented an increasingly problematic relationship with drugs and alcohol:

'Because it just it didn't really entertain me no more. I wasn't getting the effect of it no more that I wanted to keep buying and buying more, and I had to keep babysitting more and more to get the money for it' (Lily, 14).

'Waste of money. It's expensive. No point in doing it' (Logan, 16).

'Yeah, I was stressed just because of the amount of money I was spending on it. I was literally working to pay off what, to get high... Most of my wage was going into drugs. It was literally leaving me with like 100 pound a week. And so, you can't really live off that' (Neil, 17).

'When it was the only thing that was on my mind, like, the only thing I wanted to do in my spare time, the only thing I wanted to spend the money on...Waste of money, honestly, it's 20 quid, 20/25 quid down the drain, like, just for a bit of a good time innit. That's just drugs innit. So same with alcohol is like, alcohol is what you can get cheap bottles for, like a tenner, and then it's like, still a tenner that's just been wasted on something that's only temporary' (Dom, 17).

Several young people reported that they were motivated to quit when their drugs or alcohol use made them feel physically unwell. After a sustained period of taking ecstasy pills, Daisy (16) said she had "lost loads of weight from doing pills because I was sick all the time". Similarly, Lily (14) said she had been hospitalised through smoking spice:

'Yeah, very scary, because all the time I was just being sick, and it was like I had proper bad belly and all from it. Yeah, I went to hospital once with it, but they didn't know it was spice because it doesn't come up in your bloods' (Lily, 14).

Joe (15) also realised that his cannabis use was making him feel ill: 'it was starting to hurt when I took it, like my heart started hurting. It was awful. There was this weird stage, where I felt like I was literally dying. It was awful'. JJ (17) was worried about the impact on his body longer term: 'Well, yeah, of course I was worried. I don't know what it does in the long run, but obviously it's killing your body off innit, you only get one body you need to look after it'; and Layla (14) felt tired all the time: 'I was tired all the time. I always had... I looked really pale. I felt sick most of the time. Didn't want to eat anything. It was quite bad'.

Of course, for many of the young people it was a combination of all or some of these factors that culminated in a decision to quit:

'It stopped being fun when you needed it...I don't know. It was a bit depressing to be fair, thinking about it because it's just, you need money to buy it, so then once you don't have it, you're wanting it more. Just takes over your life, really' (Neil, 17).

'That's why I decided to turn my life round and start stopping, because it's just got to that point where it was a certain feeling over and over again, and it just seemed like a big waste of money. I just decided that it's wrong to even be doing it. So, I stopped... because it's like, there's no fun for you in the end and it just makes you feel tired and stuff. It's a bit boring' (Jordan, 15).

'So, I was speaking to my mum, and I decided it were costing me, like, too much money, and I was snapping with my parents, like, when, I didn't have it. I was, like, very, very, like, emotional. So, I decided it was probably best if I stopped for a while' (Edward, 14).

'When it was the only thing that was on my mind, like, the only thing I wanted to do in my spare time, the only thing I wanted to spend the money on. "Oh, payday comes up soon. Oh, I get paid this much, like 200 odd quid I can buy. I'll put this much away when I can buy this much with that much" ... when I stopped seeing my friends who were like, good for me, when I stopped seeing them as much so I could hang out with mates who aren't so good. Was like, when I was like, shit, I need to actually do something about this' (Dom, 17).

'And the more I drank, the more depressed I got in myself, because I drank that much in my life at just a young age...And one time I got drunk, I went really suicidal on myself and nearly tried killing myself, but didn't work out. Thank the Lord, but yeah, from that day onwards, I've just promised myself I wouldn't drink anymore' (Hannah, 15).

'And because I kept on relying on it, I was constantly drunk, which affected my education, friends, and family members, and because of that, it wasn't really fun hearing what they, what their opinion is. But also later on, it just it wasn't as fun as it used to be, since I wouldn't be hanging out with other people, eventually I'd be drinking by myself' (Lizzy, 17).

'Because at the time, it was like a different feeling, just like giggling and stuff and got the munchies. Well now it's just it led me down like a rabbit hole, just constantly doing it, and it affected my health and my mental health' (Rich, 15).

Help-seeking

Sometimes such realisations encouraged the young person to seek help, often initially from their parents: *'Yeah, there was a point where I asked my mum for help. I need help, really. Can't really do it on my own... Which you can't really. You need someone there to talk to ... Just need someone there really' (Neil, 17).* Layla (14) got a good response from her mum: *'It went all right. She was very supportive';* as did Hannah (15) *'Yeah, I asked my mum. I asked CAMHS, I asked [name of support worker], obviously, at school, I asked everyone. They all gave me the help I needed'.*

However, some young people were not so affected by their parent's concerns:

'Yeah, she normally talks to me about it, like, every day need to stop and stuff but didn't really, because, like, from my point of view, I thought it was like harmless pretty much, it was just something like a hobby or whatever' (Edward, 14).

'I wasn't bothered. I'm still not bothered. My mum still doesn't want me smoking weed, I don't care' (Amy, 16).

Furthermore, it is important to note that most of the young people did not actively seek help themselves and were either referred to drug and alcohol support through another service with whom they were working (for example, Social Services, Youth Justice or CAMHS); by a parent with or without their knowledge; or through their school, again sometimes with their knowledge, sometimes not:

'Can't really remember, I think, [name of] College. So, when speaking to the teachers, they referred me to the mental health, and then they have referred... pretty certain to this service'. (Lizzy, 17).

A sizable minority also did not seek help because they did not think they needed it and were in control of their substance use:

'I wasn't worried about my own drug use because I know if I wanted to, I could have stopped it' (Ryan, 16).

'I know what I'm doing when I'm stoned, it's not like I'm completely out of it and I don't know what I'm doing, and I get angry and that, which is what it was like on ket and coke. Like I'm fine when I'm stoned, I don't see why I need to cut down' (Amy, 16).

What helped?

It is important to acknowledge that alongside their appreciation of the professional help they received, young people frequently cited their parents, most often their mum, as being the person that had helped them most:

'She [mum] just gave me the reassurance I needed to be fair. Just kept telling me I can do it. Kept coming around, seeing me, keeping me away from my mates as well. It's like doing stuff on weekends and stuff like that' (Neil, 17).

'Um, my mum. Because she doesn't...she didn't get disappointed if I was to try or if I were to stop... When I stopped and then did it again, she didn't get disappointed. She just said she understood that I had and that she'd help me stop if I needed to again' (Layla, 14).

'Cos she [mum] can every time she found out, she tried, like, putting me on the right path. And that's all she's like, ever tried to do. Just make it the best for me' (Rich, 15).

'My mum, she's always been there by my side no matter what, even if it's through arguments, we end up always just making it out to look sorry what I've done. She's always been there' (Hannah, 15).

When it came to engagement with drug and alcohol services, the most frequently cited factor in getting the best help was being able to talk to someone, who listened and tried to understand what was going on for that young person:

'By talking with me and getting to the point where it was the 'why' question, why did you start drinking? I wasn't in the right head space' (Lizzy, 17).

'Just speak to them, just see what's going on and why' (Rich, 15).

'So, it helps a lot more having someone to talk to, not only about drugs, but also mental health in a way' (Dom, 17).

'Just being able to speak somebody about drugs and that it's just nice to have that person to speak to' (Lily, 14).

'I think what's worked best is a good chat...I love talking about it because I rather keep it out than in. I love chatting about it' (Hannah, 15).

'Because I have other social care workers and stuff as well, but they are really professional and, like, they kind of do things from their own perspective, or like, how they want you to do it. Is more like, "oh, I guess I'll listen to what you have to say but probably won't do anything about it". But with [name of drug and alcohol worker], it's more like, "well, I see how. You know, this is from your perspective, but, you know, maybe reconsider so this..." but... in like, an understanding way' (Grace, 17).

The young people were clear that those helping not only had to listen but also needed to be non-judgmental in their approach:

'The no judgment bit is a good bit. Because some people don't speak up because they feel like they are being judged. So, it's good when there's no judgment so that they don't feel anxious to speak about it, well as anxious to speak about it' (Layla, 14).

'I mean, the people that I worked with over here, they were really nice, sympathetic, they understood. They weren't there to judge, and it felt more as in a friend than like, even though you would talk about your feelings...I didn't have to talk about certain things if I didn't want to or talk about something else' (Lizzy, 17).

'It's nice because you can sit down and talk like an adult. No, they're not going to judge you. They're not going to do this; they're not going to do that. And then you can, kind of, as you're saying it out loud and speaking about it, you kind of then start to understand what you've done' (Riley, 17).

Conversations that focused on helping the young person understand the risks associated with their drinking and drug use were seen as particularly useful: *'the service, they explained what the possible*

risks ... and yeah, helps me to decrease it' (Lizzy, 17). The young people also appreciated being spoken to like an adult, not a child: *'Even though I'm acting like a child, I'd rather speak like an adult about the situation. I think that's a lot more effective than, I mean, a lot more effective than consequences and stuff, like consequences, with me have never worked' (Riley, 17);* and the confidential nature of their conversations: *'Just speaking about it, really, you don't really come across people every day, like who are offering out, like one to one, like, keep it completely confidential' (Hayes, 16).*

Several young people noted the fear of getting into trouble if they told someone about their drinking or drug use, even if that was to ask for help. In particular, they were fearful of the consequences of telling a teacher who might take action without talking to them first:

'Sometimes, when you tell the teachers, they take immediate actions because of the laws and the acts put in place, which, at first, sometimes, as a student, you don't have anyone to tell, so you go to the teachers, and then, by them taking a further action without, sometimes without you knowing, or sometimes when you know that you don't consent... you don't have any word in it. And I think that's unfair. I think you should decide, and not the teachers [to] go further with it' (Lizzie, 17).

Kala (14) had lost trust in her teachers, because they had reported her drug use to her parents, without her consent, which, in Kala's view, had contributed to her mother leaving the family home:

'And that's when I really didn't trust teachers anymore. Because I'd tried telling them something. And I asked them to not tell my mum because I knew that it would hurt her. It did. That's when...she didn't want to be a part of my life anymore. A few days after that that's when she left my dad ...They [teachers] said I'm a bad person for using drugs and reported it to my mum. Thinking that she'd call the police' (Kala, 14).

Luke (17) was frustrated because he did not feel that the help teachers offered was particularly useful:

'I tried saying to teachers and that, well, you need to help me, because you are not doing anything for me like I'm trying. I'm asking you to help. You're not doing owt and... Well, I did, I did [get help], but it wasn't the help I needed, right?'

Fears of getting into trouble through disclosing drug or alcohol use, made Rich (15) suspicious of all support services: *'Yeah, because around that time, I just thought everyone was like out for me, like just trying to get me in trouble...Yeah, get in more trouble with them [drug and alcohol service]. Obviously not'.* Understanding that they could talk and not get 'told off' was a significant relief: *'Yeah, and it was nice to speak about it and not get scolded. You know, it was nice to be able to just say it, knowing that there's going to be no "oh you're an arse", this that, you know, I mean, you know, it was nice' (Riley, 17).*

Improvements to help and support

It should be emphasised that most of the young people were very positive about the support they had received from their drug and alcohol worker, and many could not think of ways in which to improve the support they received:

'From what I got I don't think there's nothing because to say, see where I am now. And then if you'd have looked a month ago, you'd... there's a big difference. I feel loads and loads better (Neil, 17).

'She's [drug and alcohol worker] helped me through my alcohol use ...she's helped me so much. I genuinely can't say anything bad about her' (Hannah, 15).

However, Amy was frustrated that her drug and alcohol worker was not listening to what she wanted to do, which was to stop taking some drugs, but continue using cannabis and found their approach too 'forceful':

'I understand that they've helped me come off like alcohol, doing ket and all. But they just need to understand that I don't want to stop smoking weed... I don't understand why people are trying to make me change it. I'm not bothered. Everyone seems a lot more bothered about it than I am. They're just like...trying to, like, every time I have a meeting with [name of drug and alcohol worker], he's like have you cut down on it? I'm like, no, I'm not going to. And he's like, repeating it like you need to. I don't want to. I tell everyone, I really don't want to and they're still trying. I know that they like care and that but like there's no point. I don't care about it' (Amy, 16).

Similar Riley (17) wanted someone to work with him on *his* goals and at *his* pace:

'Obviously, you can't 100% understand where someone's...coming from. Even though you can say you can, you will never understand 100%, but you can try and understand as much as you can and keep on like reassuring them of that, and instead of trying to just completely bring them to a stop, because that's you know, you gotta be honest, it's not gonna happen. Well, rarely gonna happen. Start to just dial it down a bit, but also start to bring in, get them to put themselves in other people's shoes'.

A key improvement suggested by the young people was to ensure that more people knew about what help was on offer and where to go to get that help:

'More people should definitely know about it' (Neil, 17).

'More, like people being more aware of it. For young people ...really not a lot of people know about it ...they don't know where to go' (Lizzy, 17).

'I'd say like, making more aware of what it like actually does, because some people don't know, like, fully what it's like, obviously about' (Edward, 14).

'Don't do drugs because this is why it will ruin your life. Like, is it worth it? Like stuff like that, or like stuff promoting this. Because I know that more people would reach out if they knew that it existed' (Grace, 17).

Lauren (16) thought it would be useful to make use of websites or social media to advertise support and to hear about other people's experiences:

'I think that would help people to speak up and, you know, share how they've struggled or how they've been through, you know, whatever drugs or if it's alcohol, you know, I think that would really help if there was, like, just more things advertised, or like, more people to help, do you know?'

Easy and anonymous access to support was also emphasised, and this linked with the fear of disclosing and getting into trouble as previously highlighted:

'Make it really accessible. Make it so ... it's more between you and the young person, rather than having to do it through other people ... people are scared of that because they think that if they say one wrong thing, they have to, you have to be careful what you say, because you say one wrong thing. Then you got these people, and then they find out stuff, and then it just goes back in circles. And then to you, your life is just gone' (Dom, 17).

'Probably do something anonymously because it's mainly because they're scared to speak up and people know that they do have a problem. People do get very embarrassed to admit they do have a problem with it' (Layla, 14).

Hannah (15) emphasised how important early intervention was with a young person: *'I would just warn people in general, because some people out there, they've already been in that deep, dark rabbit hole, and they can't get out of it. They've made their lives a mess. But if you catch them at a young age, there's a good possible chance you can get them out of it'.* Ryan (16) agreed: *'If you showed it [information video] to younger people, then maybe, but I know, in like high school, if me and my mates saw a video like that, we just won't care. But the younger kids, like would care'.*

Ella agreed and thought that she would have got help sooner had she heard about it or talked about it with a peer, someone her age who has similar issues in their life and to whom she could relate because *'kids don't want to listen to adults'* (Ella, 14). Similarly, Lily (14) talked about the risks attached to leaving it too late to speak to young people, and, indeed, impressed upon young people the need to ask for help early on too:

'Yeah...he needs to speak up and that before it gets too late...because if [it] gets too late, there's going to be kids who end up dying and stuff off of drugs...I'd probably send ... whole emails out to everybody's phone and that. Warning them about drugs and stuff'.

Other participants mentioned how important it was to speak at the right level to the young person, and to ensure their situation is fully understood, and that, in turn, they fully understand what is said to them:

'Don't try and make them come up to your level, stoop down to their level...think about what they're doing [and] the reasons why, because that can help people dig deeper into what they're saying so they can actually look at it, understand it' (Kala, 14).

'Then I said, I'm not really understanding this at all. And then it started getting explained in a different way. And then I completely got it. And then everything went really, really good' (Riley, 17).

'I think it's just to get the words out there, don't like try to bring people down. Say, show them all the bad things. Obviously, showing the bad things of it, but don't always shame people. Obviously, I know you don't shame people ... if you really just try to lift the mood, it might work. Might, you know, put a little smile on their face, little razzle dazzle on their face' (Hannah,15).

Young people had mixed attitudes to the legality of drugs as a way to more effectively address drug use, with Daly (15) advocating legalisation of cannabis: *'Literally, if weed became legal, I don't think that many people would want to smoke it, because it won't be as tempting because it's not legal'*. Hayes (16), in comparing cannabis to

alcohol, said: *'I think weed's better than drinking. I think that should be illegal'*. Rich (15) advocated a focus on help rather than a criminal justice response: *'just try and resolve it with something other than making them like, just maybe less harsh consequences... some people get caught by like police and instead they'll have a criminal record instead of help'*.

More broadly, the young people argued for *'more things to do'* (James, 16). And lamented the fact that they had lost goalposts, parks and places to hang out with their friends: *'Give them like activities to do so they're not fucking like ... try and make activities for them to do, like for everyone around the area and that'* (Luke, 17). Riley (17) talked about combining an activity with meeting his key worker as something he found really valuable:

'You know, like, go on a walk, because, because I've done that with my old social worker... and we'd like take the dog for a walk, and it really just gets you to open up a lot more because you're doing something that you'd normally do, but you're doing it with someone that you can talk to ...you're already in a happy place, doing what you already enjoy...just something like that. It really does mean a lot'.

Daisy (16) also saw the value of physical activity and structure in her day:

'You've just got to be strong about things... Just go to gym, just sort your life out. Get a routine, you know, do stuff, read books'.

Dom (17) was frustrated by the cost of activities and argued that if these were more affordable, they would be more accessible to teenagers:

'It's like doing activities would help, being able to afford activities... an hour or two where all activities are free for teenagers and young people who have issues with substance abuse, make it so they can, instead of spending their money on that, they can spend their money on activities for cheaper prices, and have something to do that will give them the same serotonin that drugs do... you could go to like, nightclubs, and they'd be for kids, where they'd give like Coke and things like that, not cocaine but coca cola, things like that. And you can just have a little thing like, it's the same environment, same type of environment, and it's just a lot more, just something to do innit' (Dom, 17).

Finally, Grace (17) suggested better joined up working would really help:

'Because usually a lot of kids who have, are like, here in the drug and alcohol one are also in like, social services and like the hospital and stuff. And if, like, we could bring it together [in] one building like that might be kind of cool, or, like, just have, like, all the work be connected somehow... Like, you could have like, four meetings with, like, all the different places in a week. Um, well, that's a bit exaggerating, but depending on how many services you're with, just having them be combined together would be really convenient'.

FINDINGS: PRACTITIONERS

Most practitioners interviewed were frontline drug and alcohol workers from a range of drug and alcohol services across North Yorkshire. In addition, four were working in the drugs field within a criminal justice setting³. Experience working in the drug and alcohol field varied considerably from less than a year to 25 years, though many practitioners had worked in various support roles prior to specialising in drugs and alcohol. Because of the small numbers involved we have not identified any participant's role or service and have simply given each participant a pseudonym.

Patterns and challenges regarding young peoples' drug and alcohol use

Participants reflected on the very early use of drugs seen amongst the cohort of young people they worked with and their desire to drink to get 'wrecked' rather than for pleasure: *'their initial ladder of drunkenness is sober to wrecked. There's no steps in between'* (Paul); *'one of the questions you would ask when people refer themselves in is when they first tried alcohol, and it would normally average out around about ten years old'* (Rachel). Most thought that problems with alcohol were decreasing but were concerned about the rise in vaping THC and Spice and the use of Ketamine⁴. They gave a variety of reasons as to why drinking and drug use was so prevalent including:

- Boredom and a lack of meaningful activity: *'One thing I have noticed is that a lot of times some people are quite bored. So, using substances is something to do when they are bored and then you can try and like look and work through other activities but it's just like that instant with substances, instantly not bored, I guess'* (Sophie).
- Trauma and self-medication of mental illness and unidentified learning difficulties: *'These children are not using to addiction level because they've woken up that day and thought "this is a great idea". They usually have trauma, exploitation, domestic violence at home'* (Kate); *'I would say a good handful of our kids have some form of diagnosis, whether it's ADHD, autism'* (Rachel).
- Low self-esteem, low confidence and the pressures of modern life: *'I feel like a lot of young people now they have quite like low confidence in themselves and low self-esteem. So, I feel like it's a challenge there is realising that they actually... can do this if you [are] wanting to stop'* (Sophie). *'I think there's a lot of pressures on kids nowadays and I think that somehow, sometimes, just to manage that, they can self-medicate'* (Claire).
- A lack of social connection or sense of isolation: *'An epidemic of loneliness with young people staying in ... not socialising as much...on social media... and it just makes us as humans feel further apart'* (Adam).
- Social media: *'It always baffles me how the kids can show you stuff on Snapchat and... you've got Class A, Class B drugs there just blatantly being sold'* (Claire).
- Family and peer influence: *'You have to realize that drugs, to some young people...is almost like food.... If they've grown up in a household where all moods have been regulated through a variation of certain drug use or alcohol use'* (Steve); *'I do notice...peer pressure...definitely for young people, its "oh well all my friends do it" and then that's how they start sometimes when it's like friends doing it and then it's like the social aspects of all these together'* (Sophie).

Practitioners were acutely aware of the fact that they had to try to address these deep-seated

³ All those working in a criminal justice setting were focused on education, prevention and support and diversion from formal criminal justice processes.

⁴ THC is the active ingredient in cannabis and is now available in liquid form to be used in a Vape. Spice is a synthetic cannabinoid.

reasons in their work – or refer young people on to others who could help.

Participants also thought that both ease of access and greater acceptability of drug use contributed to increased use, and that many young people no longer believed there would be legal consequences for drug taking, particularly cannabis use:

'I think that's been the biggest change is just the sort of attitude of young people towards how open they can be to everybody, not just me coming in as a drug worker, but in front of parents, in front of other family members, friends, teachers, the police even. It's not something which they view as something I'm going to get into trouble for' (Paul).

Some noted the irony that drugs were cheaper and easier to obtain for this age group than alcohol: *'It's cheaper than alcohol in some cases, so they're not going to be able to walk into Sainsbury's and buy a bottle of vodka, but within two Snapchats they could have a £10 bag of cannabis' (Debbie);* and that this availability distorted young people's attitude to drugs: *'because cannabis is easier [than alcohol] to get their hands on...there's a little bit of programming here to go: "Well it can't be that bad, because I can get it so easily"' (Paul).*

Practitioners particularly lamented the loss of those activities and services that might offer some support, such as youth services or clubs; and those that might also provide a positive and trusted adult role model for young people to connect with. Many felt they were filling that role themselves to some degree, if only for a short time.

Some of the practitioners were concerned that there were signs of exploitation in the young people they were working with:

'We have...indication of early signs of possible exploitation, even for cannabis. So young people age, let's say 13/14, also been involved in kind of running or selling cannabis, which they say "right, I probably manage my cannabis use alright. I don't see there's an issue" and they probably just smoke cannabis from the money that they get the profit from. And so, they don't see the greater concerns of exploitation and what the kind of risks [are] associated with that' (Sean).

'So, you kind of get a very flippant view of cannabis. But the thing is, you know, I guess you can take it at the exploitation level of there's a certain cohort of young people who are being exploited and being paid in drugs, and they don't see a problem with that' (Kate).

Barriers to accessing help

Reflecting on barriers to young people seeking and accessing help, practitioners identified that young people feared any disclosure of drug or alcohol use would get them into trouble at school or at home; and that often they simply did not know how to go about seeking help or where to look for help: *'So whether they just don't know about the service, whether this kind of support exists, so there's knowing about it and whether support even exists in the first place' (Roy).* Sean noted that young people might feel that drug and alcohol services were for adult dependent drug users: *'obviously they don't want to be stigmatized as a majority of, let's say, adults because they compare young people [to] adults ... they're kind of druggies, they're bad. And, you know, I don't want to go to that place. I don't want to be classed as them. You know, I'm not that bad. I'm not that bad like my parents...So that's the way they see it'.* Participants said that getting parents on board was often difficult and that young people did not always seek help because they did not see a

problem with their drinking or drug use and saw adults as just 'nagging them to get help...nagging them to get support' (Juliet).

Practitioners agreed with the young people that a focus on early prevention work was a clear gap in service provision and were concerned that a lack of awareness and/or reluctance to seek help meant that young people were often not referred to services until they reached a point of crisis:

'We tend to get referrals at the point of crisis. So, where a young person is maybe engaged in some form of risk-taking behaviour, not always around the drug, but it's been influenced by the drug or the drink and then when we are working with them, we find more information out which is that maybe they'd experimented with other things' (Paul).

Many participants discussed the disparity in school attitudes with several mentioning that their attitudes to drug use were sometimes unhelpful and that some schools did not want to even accept they had a problem with drugs. Whilst some schools were very supportive in facilitating their engagement with a young person, others put up barriers to that engagement, for example refusing to take a child out of lessons for an appointment with their drug and alcohol worker:

'A lot of schools will instantly say "Oh, like we don't have a drug problem at this school, and [we] don't think its relevant for us". Some schools will be more like open and really actively want to help to get the young people support' (Sophie).

'There [are] others [schools] who will refer someone, not speak to you and then create a lot of barriers to get to that child. Like they've got not rooms, or you can't see them at this point because they're doing this, and it's back and forward and a barrier to that child. And we've had to...raise it to Heads of school...because you can't put a barrier. You can't acknowledge that this child might need support and then put a barrier in at every turn' (Kate).

What was seen as particularly counterproductive was when schools permanently excluded young people for a single incidence of drug use: 'Some schools are worse than others, but they're very quick to permanently exclude people' (Pippa). This often meant that excluded students were left with nothing to do and unsupervised, increasing the risk that they will engage in risk-taking behaviours including drinking and drug use. Claire pointed out that this was further exacerbated by PRU⁵ attendance policies which often meant that students did not have to attend full time, and where drug use was frequently normalised:

'But they struggle in mainstream education and that's not particularly for [their] teachers to manage because they've got 30 plus... so when they're placed into this, the PRU schools, where there's a lot of drug use and then they get half the day off anyway, or they might only be in there two days'.

Reflections on working with young people

Ensuring that young people were able to make informed choices was very high on the practitioners' agenda and they did feel able to improve young people's understanding, skills and knowledge to enable those better choices to be made:

'I think it's about like empowering the young person to make informed decisions' (Sophie).

'I think for young people, I think it's empowerment that's a biggie, giving them skills, knowledge, a voice to make informed choices with factual information that we can rest assured that whether they've abstained from a substance, whether they've reduced their use, we know that if they're faced with an issue, they've got the skills to maybe react to that issue so if they can see their cannabis use rising or alcohol use going up a little bit. We know they've got those skills, those qualities to address this. I think that's quite empowering for them' (Paul).

Practitioners were also clearly focused on safeguarding and hoped that those with whom they were engaged would be able to safeguard not only themselves but also their friends with their newly acquired harm reduction knowledge. Like the young people, practitioners emphasised the central importance of being a non-judgmental adult in the young person's life, someone with whom they could make a trusting connection without the risk of getting into trouble:

'Just a sensible adult to talk to, to go through thoughts and feelings about why they're doing it...they come to their own conclusion, but they've never had that opportunity to really air it without thinking that "if I talk about drugs, I'm going to get into trouble...They're going to grass me up to so and so, and...I'm gonna get excluded or I'm gonna get bollocked". It's quite a nice little unique setting where they can talk very judge free' (Roy).

However, some felt that the processes to which they had to adhere were not helpful in developing this trusting relationship. For example, several discussed the requirement that they conduct a formal assessment of the young person at their first meeting and felt that this was too intrusive a process before trust had been built and would be far better done once rapport had been developed: *'I feel that because we do it so early on... there's that little bit of resistance depending on how they've been referred, what their trust levels are like around professionals' (Paul).*

These issues were exacerbated if the young person was initially resistant to engaging with the service, either because they did not believe they had a problem with drugs or alcohol; because they generally had low motivation; or because they felt that the referral was coercive as it was made through a criminal justice intervention: *'the young people have very low motivation while they are on, for example...court orders...'* (Sean). More generally, some participants felt that their caseload and administrative burden was too high and that too great an emphasis was placed on completing paperwork and meeting KPIs rather than prioritising direct engagement with young people:

'The first session, we have 14 days to contact that client, to book the initial appointment... and then the next bit is getting them open on the first session, Y-PAW, alcohol audit, initial assessment, sharing consents, recovery plan. You know the list goes on. They want us to get that in the first...to hit the timeframes...the KPI deadlines' (Claire).

Practitioners also faced considerable barriers in their interagency work. They were aware that many of the young people they worked with had had negative experiences of services in the past and so their role in encouraging future engagement with those services was crucial. Several also bemoaned the lack of information-sharing between them and other support services. Many expressed considerable frustration with CAMHS⁶ insistence that a young person should work on their drug and alcohol use before engaging with mental health services, rather than work on what were clearly mutually reinforcing issues at the same time or indeed tackling a young person's mental health problem as a priority and an issue that was driving their drug or alcohol use. In addition, delays in accessing CAMHS could mean that any progress made on drug or alcohol use is undermined during that waiting period:

'The reason why those young people take substances, it would be ... trauma based.... So for them, that element that needs to be core addressed with the mental health services or psycho-counselling... because they use substances to block that...most of the young people...have mental health either identified or unidentified needs and that's what's probably [the] support that I feel is lacking' (Sean).

'One of the things that has come up quite a few times is that young people that are using drugs to self-medicate, that the CAMHS have said that they need to stop using the drugs before they'll help them, which just doesn't seem to you know, they're using the drugs to self-medicate. So, they need something else to help them, but if they're not, they're telling them to not use the drugs. And then it's like a vicious circle, I think, with CAMHS' (Pippa).

Suggested improvements

Many practitioners were keen to see the provision of a space, a hub, for them to meet their young clients: *'So I would have bespoke kind of buildings where the second people were in that building, they realised we're about change, we're about education...put your feet up on the sofa...tell me about your earliest experiences'* (Steve). Paul felt that visiting clients at school did not help with building trust and that any connection young people made between their service and school was counterproductive and therefore a clearer separation would be beneficial:

'I think having that central point away from school and away from somewhere which is viewed as almost authority would be very, very good because that's automatically giving that young person their own voice and I think that can take a lot of time to build up the confidence for them to have their own voice, because a referral usually has to come from a source of authority whether that's a parent, school, another professional, somebody who that young person may or may not get along with or may not share the same values' (Paul).

Changes in education processes were mentioned more generally in terms of reducing permanent exclusions and changing student engagement in PRUs to make their attendance full-time.

More generally, practitioners were keen to have the young people's voices more clearly heard in the development of service provision and supported the idea of a marketing campaign to raise awareness of their services and widen the pool of young people they could support:

'So maybe this big marketing campaign ... something to continue the awareness of it... because I think a lot of the services are aware that maybe there's another pool of people outside of people involved with services...and I think...if someone's out there, wants support and doesn't know about it, then that what we don't want' (Roy).

They were keen too to see flexibility built into their work, allowing them to work at the young person's pace, and to conduct assessments at a time that seemed right for that young person. Some also thought that the forms used with the young people could be better adapted to 'fit our clients' (Claire).

Like the young people, they saw benefits in engaging with walking appointments or other activities as part of their work with young people and would welcome more resource to facilitate this:

'So, I walked around school before with young people, just to get them to open up and... it works like a charm... having that freedom to be able to just go for a walk with a young person so they can open up... I think it should be done more' (Adam).

Instead of engaging only at the point of crisis, several practitioners highlighted the benefits of early interventions to reach out to young people across a range of challenges they might be facing:

'So, if I'm doing intervention work to reduce substance use, it'll be maybe a year six leavers education...something to try to get in their minds before drug dealers do' (Roy).

'What about your education? what about your housing? What about risk of offending behaviour that your drug use has? ... Increasing that element, identifying that support early, that would probably be beneficial' (Sean).

Better contemporaneous, inter-agency joint working with CAMHS was seen as crucial to ensuring that young people's needs were more effectively met, with most practitioners identifying this as a key priority going forward. Some practitioners suggested the reinstatement of a CAMHS worker on the team – something they used to have and missed dearly:

'To have a CAMHS worker on our team, because you know anxiety, paranoia and self-harming and stuff like that and he could just come along with us' (Claire).

'I would think the joint working between the young person, substance misuse service and CAMHS or other, you know, joint planning of the sessions, of the work, that would be probably very effective' (Sean).

'It would be interesting to see if there was more support around mental health for kids, if there would be a lower need for substance use services, if they were getting the right support that they needed so they weren't turning to self-medicate' (Rachel).

RECOMMENDATIONS

This research demonstrates the value of listening to young people to gain insight into their reasons for using drugs and alcohol and to learn how best to support them in reducing the harms associated with that use. Specifically, the findings suggest that the following should be considered:

- Exploring opportunities to share the voices of young people captured in this research into local planning processes such as Local Plans to promote positive healthy recreation for young people as a way of reducing harmful substance use.
- Facilitating anonymous access to support services, widely advertised both in spaces young people frequent and through social media. This will ensure those needing help know how to get it and that those without a trusted adult to refer them can self-refer easily.
- Ensuring that all referrals made by adults are done so with the young person's consent.
- Finding ways to leverage parental concerns to facilitate constructive and honest conversations about drugs and alcohol with their children.
- Focusing on drug and alcohol support that is non-judgmental, confidential and conducted at the young person's pace and focused on their goals.
- Designing harm reduction messages for young people which are directly informed by them, their goals and their needs.
- Developing evidence-based, universal early interventions alongside services for young people already in crisis.
- Allowing the first meeting between the young person and their drug and alcohol worker to be an opportunity for rapport and trust building, with any formal assessment delayed to later appointments.
- Supporting more flexible engagement with young people including activity-based and/or walking and talking style appointments.
- Engaging peers as positive role models in drug and alcohol services.
- Ensuring a consistent approach in all schools regarding referrals being made only with the young person's consent; full facilitation of appointments with drug and alcohol workers at school; and avoiding exclusion wherever possible.
- Facilitating joint working through co-location of professional support services.

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The City of York's York Drug and Alcohol Partnership Board and North Yorkshire Drug and Alcohol Partnership Board are responsible for understanding, describing and taking co-ordination action to address the needs of people who use substances. One of the recommendations of the latest North Yorkshire Drugs Needs Assessment (2022) was as follows: 'dedicated young people substance use needs assessment is undertaken, which entails extensive consultation with young people (particularly those in treatment and those in at risk groups), and the professionals who work with young people at risk'. The partnerships funded the University of York to complete this research to inform planning and service delivery, from their 2024-25 targeted *drug strategy funding allocation*.



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