Communications for the Future

The drugs information needs of three groups of vulnerable young people.

Report of Phase 1

A report prepared by The Lifeline Project for
Greater Manchester Drug Action Partnership

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Main report

Communications for the Future

Key Findings

General

- The most problematic young drug users and particularly heroin users, often shared a similar history: parental divorce, separation or bereavement; being looked after by the Local Authority; problems at and exclusion from school; early involvement with drugs and crime.

- The ‘scarecrow effect’ of heroin users was an extremely powerful influence on those who chose not to use the drug.

Key Findings

Young Offenders

- Heroin use is likely to be underreported in Young offenders Institutes, because of the stigma from other prisoners and the inadequate help with withdrawal when entering prison.

- For non-heroin users controlled use rather than abstinence was seen as the only realistic option on leaving jail.

- Heroin users usually got to a point after a number of sentences when they genuinely wanted to stop using heroin.

- Moving away from the area into stable housing: gaining employment, training or something to occupy there time; contact with family and non heroin using friends; sustained contact and help from a drug service were all seen as vital if they were to succeed.

- Overdose on release was common, even for those who wanted to stop.

- There was a real interest in being prescribed Naltrexone on release.

- The ‘Do Your RIP’ leaflet from Lifeline was by far the most popular of the existing resources.

- The style and credible content of information was seen as more important than who it was produced by.

Key Findings

Young Homeless

- Of the four groups of young drug users identified, heroin users were by far the most problematic and entrenched in their behaviour.
- Only a small number of under 18 year old heroin users were on the streets, however: those interviewed in there early twenties described early histories similar to many of the younger people interviewed in prison and children's homes.
- Not all Big Issue vendors are heroin users, but all 'homeless' heroin users interviewed were current or sporadic Big Issue vendors.
- The crime reduction benefits of selling the Big Issue were apparent, however; all acknowledged an increase in the amount and frequency of use when they became vendors.
- All the heroin users interviewed were injecting, all were using rock cocaine as well as heroin. Those whose rock cocaine habit increased became the most problematic.
- Poor and unhygienic injection techniques were common. Injecting in the groin was a particular concern.
- Overdose was commonly reported. Fear of being taken into custody was commonly cited as a reason for abandoning friends who overdosed.
- Needle fixation was cited as a problem by a number of people.
- Laziness and fear of being stopped by the police were reasons given for not returning needles to an exchange. Users even reported clean needles being confiscated.
- Breaking out of the cycle of having income from selling the Big Issue and spending it on drugs was seen as extremely difficult without access to long term residential services.
- Drugs advice and counselling were seen as desirable.
- Methadone would never be turned down, but maintenance prescribing was seen as pointless. Access to immediate Methadone detox was seen as vital.

- Guides to injection need to be simple using as few words as possible. Supplementing guides with training of selected users to recruit peers into services is recommended.

- Research could be used to help facilitate cooperation and joint working between agencies.

Key Findings

Young people in the care of the Local Authority

- Drugs were often used to self medicate, to deal with psychological scaring and mental health problems.

- Lack of effective sanctions to deal with running away was seen as a problem likely to lead to involvement with drugs and crime.

- Continuity of involvement with a key worker, who was available both regularly and at times of crisis was seen as vital by young people.

- Many care home staff felt they lacked the knowledge and experience to deal with drug problems.

- Differing rules between homes was seen as a problem. Young people pointed out that approaching staff about a drug problem was unlikely when using drugs were grounds for being kicked out.

- There was a strong feeling among staff in some areas that after care services and the transition between young people's service and adult services were inadequate.

- Leaving care was seen as the major flaw in the system by both staff and older residents.

- There is a pressing need to invest in training/support resources for staff working in care homes and a multi media resource for young people in care.

Executive summary

Background

The aim of this project is to "test out new ways of planning and delivering drug prevention communication campaigns". Phase 1 of the project involved pre-selecting three 'vulnerable/hard to reach' groups of young people (under 25) within the geographical area of Greater Manchester. The three groups of young people: the homeless, those in care and young offenders are often the same group of people at different stages of their lives.

The first phase of the project took place between late December 2000 to April 2001. Young people from these groups and service providers working with them were recruited and interviewed using both focus groups and individual semi-structured interviews. The views and opinions of those interviewed were used to assess the specific problems for these groups and to make recommendations as to the content, style and media for an appropriate communication product. The second phase of the project will involve the production and dissemination of the information product. This stage of the project will involve going back to the target groups to pilot the products.

Group 1.
Young Offenders (Both within and outside of custodial settings).

The short time scale of the study meant it was unfeasible to look at all aspects of the criminal justice system. At an early stage service providers from inside and outside the prison stated that the pressing need and gap in information was around leaving prison.

Background to offending

A typical background of a young offender would involve truanting and probably being expelled from school. Their drug use and criminal activity would have probably started before this but would have escalated at this point. Approximately half of those interviewed had experiences of being in care. Opinions were divided as to the significance of this, for many it was the most important event in their lives.

Drug use in Prison

Patterns of drug use varied but there was a marked difference between heroin users and the rest. There was a powerful anti heroin sentiment, even in a group who acknowledged the role drugs had played in their imprisonment, this is likely to mean heroin use is underreported in Y.O.I's. Regardless of the drug used all had experience of robbing/ thieving to pay for their drugs, with heroin users having a much higher daily drugs bill to find.

Once inside it would take a few days to a week to obtain drugs, usually cannabis although everything was available if you could afford it. Heroin users didn't withdraw before entering prison. Some were given help with withdrawal (usually DF118's or paracetamol). All stated this was ineffective and experienced severe withdrawals. Some would inform staff of their heroin use, others would not. All the heroin injectors stated that they only smoked heroin whilst inside.

Release from prison

All thought about having drugs and sex when they were released.
A typical scenario would involve being met by friends at the gate, who had drugs with them. Heroin users were more likely to be met for the £40 discharge money in their pocket and then go and buy drugs with the money.

For those not using heroin, the first night of release usually involved drinking and drug taking, this could often lead to re-offending (violence, robbery etc) at a very early stage. There seemed absolutely no desire to stop using amongst this group; indeed the question of abstinence usually led to howls of laughter. Staying in control of drug use was seen as desirable but unrealistic. To maintain some form of controlled use, non-heroin users, gave many of the same answers as heroin users. This involved getting a job, moving away from the area, occupying your time, getting new friends etc.

Heroin users on release

The heroin users had often been through a cycle of use, imprisonment, back to use and then back to prison for a longer sentence, then back to use etc. Some had made attempts at stabilising their heroin use or give up on release in the past but failed. There was always the "one more bag" feeling and always somebody they knew who had heroin. The length of sentence was seen as an important factor. As heroin users went through the 'cycle' and sentences became longer and they became older, they became more likely to think about stopping.

If heroin users were to break this cycle a number of things were important. Moving away from the area you came from; re-establishing contact with your family; finding non heroin using friends; finding a job, training or something to occupy your time. Will power was recognised as being the most important factor. A number had made a decision to stop and failed when faced with temptation. The use of other drugs, particularly getting involved or re-involved with the clubbing and ecstasy scene were seen as important factors in staying off heroin for some. None of those interviewed saw complete abstinence as an option. Engaging with a worker from a drug service was seen as important by those looking to break out of the cycle and was spoken of in glowing terms by those who had actually tried it. Methadone prescribing was often viewed as

counterproductive, there was however, a real interest in the use of Naltrexone on release.

Overdose on release

For those that continued use on release the problem of overdose was seen as important. Most felt using a £10 bag would lead to overdose. A £5 bag was thought to be sufficient without the danger of overdose. Many started smoking heroin again on release until they had built up a tolerance again. Others felt a need to inject straight away. Some described ways of dealing with friends, who had overdosed, this usually involved running away before the police arrived.

The resource

By far the most popular existing resource was Lifeline's leaflets and In particular the "Do Your RIP" leaflet. Unsurprisingly given the popularity of the "Do Your RIP" leaflet, there was an almost unanimous agreement as to the style and media of the resource: It should be a cartoon style leaflet. It should be similar in style and attitude to "Do Your RIP". Contrary to perceived wisdom, the prisoners said it would make no difference to the credibility of the leaflet who they thought had produced it or whose logo it carried. The leaflet should have some passages of writing but the text should be short, simple and easy to read. The content should be a storyline about being released from prison. It should cover information about overdose. It should look at controlled use for those non-heroin users, continuing to use. This should include the issue of avoiding violence. It should cover relapse prevention for all users but particularly heroin users and encourage them to attend or keep contact with drug services. It should look at options for staying off heroin for heroin users.

Group 2. Young Homeless/Sexworkers

Manchester City Centre was chosen to study young homeless/ sexworkers as it has a large number of homeless drug users, these often drift towards Manchester from other areas of Greater Manchester. Sex work is an area of equal merit, however it was not felt possible within the time-scale of this study to do justice to both subjects, we did little more than look at overlaps between the two groups.

The study concentrated on homeless young people. Of these 4 main groups were identified. A group of young people whose patterns of drug use can be described as both recreational and 'normal', a high proportion of these were gay men. A second group comprised of criminally active young people, involved in street robberies and dealing ecstasy. Both these groups were using a range of 'recreational' drugs, but were very anti heroin and heroin users. The 'scarecrow'

effect of visible heroin users was evident in al three studies. A third group consisted of 'runaways' from children's homes. Although this group were not heroin users, they could see themselves becoming involved in the future. The study concentrated on the fourth group; heroin users.

Homeless heroin users

The majority of this group are daily heroin injectors. Most used a number of other drugs particularly rock cocaine. All the heroin users interviewed were regular or sporadic Big Issue vendors. A number of people highlighted the crime reduction benefits of selling the Big Issue, but all the heroin users interviewed acknowledged that their habit increased once they started to sell the Big Issue. The majority would have injected heroin before selling the Big Issue; the rest would start injecting heroin because of the contact with other homeless heroin users. This group could not be described as chaotic as their day was very structured.

Injection practices

They would inject in a flat or friends house, in a toilet or just in the street. It was rare to find people sharing works, although injection practices were a real concern. It was usual to inject in the crook of the arm to start off with, a large number were injecting in the groin even if they still had surface veins. This was partly for cosmetic reasons; the groin is hidden even when wearing shorts; visible track marks could prevent access to hostels. Part of the reason was that older users were showing them how to inject in the groin, assuming it to be a better hit. Needle fixation was seen as a problem by a number of people.

Injection equipment

Injection equipment was usually just dropped wherever an injection took place. Part of this was put down to laziness and part attributed by users to the police stopping and searching people.

Overdose

Overdose was commonly reported. It was a general rule that close friends would look after one another, but there was reluctance with others to do anything more than run away for fear of getting arrested.

Breaking out of the cycle

Even though most stated they enjoyed using heroin, most stated a desire to come off. Most expressed the difficulty of being re-housed whilst they were using

heroin. This was because they were spending all there available cash on drugs. This led on to a vicious circle: selling the Big Issue brought in cash but whilst you had cash and were in contact with other heroin users/vendors, the temptation to score was too great. Going into rehab out of the area were seen as the most effective means of getting off heroin. Getting into rehab however was seen as incredibly difficult.

The resource

A general guide to homeless services and a guide for homeless gay young people were thought desirable, although neither of these are drug specific. A guide for runaways is covered under the section on looked -after children. For heroin users there are a number of suggestions.

There are a number of guides needed that should be very simple, to the point of almost using no words. They should address the issues around injection and in particular injecting in the groin. The publication could be supplemented by training a number of key contacts in the scene as to injection techniques. Another should also look at the issue of returning needles. A third should look at overdose. This would involve getting the co-operation of the police and ambulance services to put out a consistent message to encourage good practice. A further guide could look at the use of rock cocaine by heroin users. Given the contact the Big Issue have with this group, a training/presentation session, involving a number of agencies, looking at options for getting out of the cycle would appear the most useful resource for those looking to stop.

Group 3. Young people in the care of the Local Authority

An experience of being 'looked after' by the Local Authority is the common theme that has run through all the groups of young people studied. Despite this, research into drug use before and after care is thin on the ground. 'Looked After Children' proved by far the most problematic of the three studies. Lack of time, difficulty with access to children's homes and problems about researchers opening up issues and leaving them unresolved were major concerns. Police clearance for research staff was also an issue that caused problems. Nine service providers from a variety of disciplines and 18 young people from children's homes and independent units were eventually interviewed. Because of access problems, these were geographically split between Manchester and Stockport.

Drugs

The drugs most commonly used drugs in homes were cannabis, alcohol and solvents. Solvent use was a problem that came and went in waves. Older young people used ecstasy, cocaine and amphetamines. Most felt the use of heroin and rock cocaine was rare in homes. Young people within the care system often

used drugs for the same reasons as other young people, but were more exposed to drugs and more likely to self medicate to blot out their problems. A number acknowledged that being in care homes could in itself be the reason why young people got involved with 'hard' drugs such as heroin. Mental health problems and psychological scaring were also felt to be factors that made young people more vulnerable to drug use.

Some would pay for drugs by becoming involved with criminal activities, such as mugging, dealing. Running away and lack of effective sanctions were seen as both problems in themselves and likely to led to involvement with those involved in drugs and criminal activity.

Many staff felt they did not have the knowledge and experience to deal with drug issues. There was a general acknowledgement that staff training was needed. A number of young people pointed out that drug use was grounds for being 'kicked out' of some homes making admitting and addressing drug problems less likely**.**

All were aware that prostitution took place by residents in children's homes, although none of those interviewed were aware of anybody currently in the homes involved in sex work.

There was a strong feeling that after care services and the transition between young people's services and adult services were inadequate. Leaving care was viewed by staff as the major flaw in the system. It was a major concern of some of the older young people. There was a perception of poor access to drug services for young people.

The resource

Most service providers commented about the lack of resources for those who have literacy problems. Video's and training packs for both staff and young people were felt to be the most needed resource. The (unpublished) resource produced in draft form by Lifeline for a previous 'kids in care project' was enthusiastically received. A number mentioned the use of cartoons and using the words of other young people. Some young people felt they knew enough already about drugs others felt basic drugs education was needed.

One of the major difficulties in producing a communication for care homes is the inconsistency of policy and practice. None of the homes had the same rules or practice for dealing with drugs or any other issues. Both staff and young people highlighted this. This means it is difficult to be specific other than on a home by home basis.

The age range of those in the homes is another major issue. A communication for a 12-year-old would need to be vastly different from that aimed at a 16-year-old.

A communication aimed at such vulnerable young people could easily do more harm than good. It should not be used in isolation.

There are two suggestions that we have for a product:

The use of volatile substances seems to come and go in waves. Currently this was not identified as a major issue. However we showed the product initially produced as a pilot for the DoH to both staff and young people and it was very enthusiastically received. It should be possible to use this (as the DoH has already paid for its development). It could have locally drug agency information printed on the back. It would need some guidance notes for care home staff produced to go with it. This should be used as a pilot, if this were successful it may be possible to produce more products using a similar format covering different issues if the pilot is successful.

The use of video was mentioned by a number of people. Drugs can not be dealt with in isolation from the rest of the issues involved. The video could cover everything from entering to preparing people for leaving care; it could be as big and wide ranging as the budget allowed. This could cover case studies of people's experiences of different subjects at different ages. It should be part of a larger pack with exercises and guidance notes and training for staff. This is well beyond the logistical or financial means of this project.

Communications for the Future

Main Report

INTRODUCTION

Background

1 The Greater Manchester Drug Action Partnership (GMDAP) were one of the successful organisations to bid the Department of Health, to pilot a project entitled 'Communications for the Future' (appendix 1). The aim of this project is to "test out new ways of planning and delivering drug prevention communication campaigns". Other pilots are running in North Yorkshire and Redbridge and Waltham Forrest.

1.2 The GMDAP project involved pre-selecting three 'vulnerable/hard to reach' groups of young people as defined by the Health Advisory Service (The Substance of Young Needs 1996):

Young Homeless/sex workers;
Young people in the care of the Local Authority
Young Offenders (both within and outside of custodial settings).

1.3 The first phase of the project took place between late December 2000 to April 2001. The second phase of the project involves the production and dissemination of the information product. The overall aim of the project is to see if the model of research and production used can be usefully replicated. The aims and objectives of phase 1 are as follows:

1.4 AIM:
To provide the necessary information needed to produce an effective information product for the specified target groups. To find out if the process is replicable and effective.

1.5 Objectives:

* To provide an overview of the nature of the drug use and related lifestyle problems as identified by the service providers and the target group.
* To assess the current availability and effectiveness of available information sources as identified by the service providers and the target group.
* To provide an overview of the information needs of the target group as identified by the service providers and the target group.
* To refine and specifically define the target group.

* To provide an analysis and recommendations as to the nature and style of the message.
* To provide detailed content information for the production of the resource.
* To identify an appropriate method of disseminating the information.

2. Delivery of the project

The project was managed by GMDAP via a monthly steering group. The Lifeline Drugs Project successfully tendered for delivery of the first phase of the project. Manchester Metropolitan University successfully tendered for the process evaluation of the project.

2.1 Lifeline

Lifeline is a large non-statutory drug service and a registered charity that has operated in the North of England since 1971. Lifeline employs approximately 100 staff across a range of geographical areas in Greater Manchester, Lancashire and West Yorkshire. Lifeline has a large range of services for drug users in a variety of settings. Lifeline has both a research and a publications department. Lifeline's bid for phase 1 was based on its existing contact with and experience of the target group and It's research expertise and experience of producing publications for drug users.

3. Defining geographical areas and age range of the studies.

The intended age of the study was those under 25. This was defined so as not to exclude those of an older age with the experience and wisdom of hindsight. The actual age of the intended audience was younger but was to be more accurately defined as part of the research process. The geographical area of study was to be Drug Action Team areas within Greater Manchester and was further refined at the first steering group meeting.

3.1 Young Homeless/Sexworkers

Manchester City Centre was chosen to study young homeless/ sexworkers as it has a large number of homeless drug users, these often drift towards Manchester from other areas of Greater Manchester. Lifeline Manchester through its needle exchange and research activities had existing contact with large numbers of this target group.

3.2 Young people in the care of the Local Authority

Stockport was chosen to study Young People in Local Authority Care. The steering group wanted an area of study outside of Manchester. Of those suggested Stockport had an existing service dealing with this vulnerable young people and an ongoing research project that didn't overlap with the study. As it turned out this proved problematic and is discussed in more detail in the Young People in Care section.

3.3 Young Offenders (both within and outside of custodial settings).

Thorn Cross Young Offenders Institute in Warrington was chosen as the custodial setting for the study. There were a number of reasons for this: There are not any YOI's within the geographical boundaries of the study: Thorn Cross had a Lifeline worker based inside the jail; Thorn Cross is feeder prison, taking prisoners from across Greater Manchester and beyond towards the end of their sentence. The prisoners therefore had experience of a range of institutions; the regime of the prison permitted easy, confidential access to prisoners, the use of tape recorders etc.

4 METHODOLOGY

4.1 The methodology used in the studies is based on Lifeline's experience of producing publications for drug users over the last 15 years. It has had to be adapted only slightly to fit in with the brief provided by GMDAP. These adaptations have largely been as a result of the recording and evaluation process. The finished information product will also differ from Lifeline's usual methods in that it will have to meet with approval not just from the target group but from the steering group and ultimately the Department of Health.

4.2 The methods used make no pretence of being empirical; the process is probably closer to journalism than science. The process relies on an early analysis of the information, so that the study can be sufficiently sharply focused. In some, if not all cases this analytical process occurs during interviews or focus groups. The process relies in part upon instinct and experience. The outcome is therefore heavily reliant on the personnel involved.

4.3 The research conducted so far is only intended to be part of the process. The production of the resources will involve going back to the groups to test for accuracy, acceptability, style etc.

4.4 The methodology for each of the three areas of study shares a basic structure, differing slightly in each case to take account of practical issues.

4.5 In all cases confidentiality was assured within the usual guidelines applied to work with drug users. This was based on Lifeline's confidentiality policy. For those services providing access to client groups this was agreed with them before hand. In the case of those children in the care of the Local Authority, this was a particular issue of concern that is dealt with under that section of the report.

4.6 In each area of study a brief literature search was conducted. This involved gathering national and local available statistical information.

Service providers

4.7 Service providers and stakeholders were interviewed using a semi-structured questionnaire. This tended to be on a one-to-one basis, rather than in focus groups due to the practical problem of getting groups of people to sit down together on the same time and place. This had the advantage of allowing us to interview both managerial and front line staff separately. It came as no surprise that generally managers were more concerned with policy and knew less about the day-to-day life of the target group. Frontline workers could give a more detailed picture of the target group. The purpose of these interviews was to get a range of views and opinions as to the nature and extent of the problem and their views on the information product. Where necessary they were asked for access to their client group. The interviews were also used to look at their role as 'gatekeepers' for the dissemination of the information product.

The Target group

4.8 The target group were contacted in a number of ways depending on the study. This is discussed in more detail in the individual sections.

4.9 The respondents were paid a cash payment of £10 where possible. Prisoners were provided with cigarettes during the interview; money was usually donated to a fund administered by the staff in children's homes.

4.10 Focus groups of between 3 and 11 people from the target group were used as the initial method of framing a picture. In most cases this was quite literally a picture framing exercise. A stick person would be drawn on a flipchart. The group were then asked to fill in the details, first of age, sex, environment and relationships etc, that would represent a typical drug user in their situation. The group then had to decide what drugs the person would use, how they would use them, how they would pay for them, why they took them etc. As issues came up that were interesting they were explored in some detail. By this stage the group would usually start to recount personal experiences. When the daily life of this stick person was established the group were then asked to go forward and

backward in time. Backward to look at where this person had come from, when, where and why they started to use drugs. And forward in time to see what options this person had for the future. The group were then asked to look at various aspects of the picture to look at where and how information could be used effectively to make an impact on this person's life. They were then asked about what the information product would look like and how it could be disseminated.

4.11 Individual semi-structured interviews were used both as a way of gathering more personal information and to explore further the areas of interest that came from the focus group.

4.12 The information was then analysed and recommendations were made as to the subject, media, content and style of the intended information product.

Communications for the Future

Young offenders

Inside and outside of custodial settings

BACKGROUND INFORMATION

5 Young people and drugs

5.1 Surveys of self-reported drug use amongst young people, though useful, suffer from a problem of reliability. Nightclub based surveys generally show just about everybody to have used a drug. School based surveys usual show 40-50% having ever tried an illegal drug, with cannabis light years ahead in the popularity stakes. However percentages drop considerably when they asked about past week/month consumption. found 49% of 16-29 year olds reported ever having used a drug. Drug use in the last month fell to (16%).

Risk factors and vulnerability

5.2 The HAS (1996) Report identified a number of psychological, family and economic factors that would make children and young people 'vulnerable' to drug misuse. One of the groups identified as more likely to experience 'multiple' risk factors were young offenders.

Drug use and crime

5.3 Bennett and Sibbitt's study of drug use amongst arrestees (1997-99) found that 69% tested positive for at least one drug (excluding alcohol). In the study, those arrested for any offence had the option of giving urine samples (the most reliable evidence of current consumption). Though cannabis was the drug found most often, unsurprising given its use in the general population and greater length of detection in samples, 18% tested positive for opiates and 10% for cocaine/crack. One third of all arrestees said they were dependent on at least one illegal drug. Heroin or crack users also had a much higher level of illegal income £10-20,000 annually, compared to £4,000 for other arrestees.

5.4 Young drug users if arrested are dealt with in a number of ways. They may see a worker from an Arrest Referral Scheme whilst in police custody who could refer them to a drug service. They could be given a Final Warning if aged 10-17, which would mean them attending a Youth Offending Team. All of these are opportunities to address drug use if it plays a part in their offending behaviour or is a major problem in their

lives. If young drug users appear before a court, there are a range of non-custodial community options that can be imposed, including the new Drug Testing and Treatment Order's for those aged 16 or over.

Statistics on youth offending

5.5 During 1999 there were 1,884,000 completed proceedings at Magistrate's courts in England and Wales. Of these 12.5 % received immediate custody. 97,000 defendants had proceedings at Crown Court of which 62.6% received immediate custody. The prison population fluctuates day by day, so all figures are approximations taken from Home Office sources between 1998 and 2000. Currently there are 65,000 people incarcerated in England and Wales. Of these 13,000 are on remand. The sentenced population is 50,000 males and 2,500 females. The number of young offenders (those under 21) is 10,000 males and just over 300 females. Of the 10,000 young offenders just under 2,500 are aged 15 to 17. On average male young offenders served just under 6 months of their sentence. Currently there are just over 400 young offenders from Greater Manchester serving time in prisons covered by the Manchester, Mersey and Cheshire Area prison service (Others serve their time outside of this area).

The prison population

5.6 18% of the male prison population and 24% of the female prison population are from ethnic minorities. This is much higher than the proportion of ethnic minorities in the general population, but includes foreign nationals held in British jails. Adjusted figures for Black British males are just over 10% (just under twice that of the general population). There are also variations to these figures depending on the crime involved, Black male prisoners were more likely than white males to be held for drugs offences.

5.7 Of those in prison 14% of males (7,000) are incarcerated for drugs offences. The percentage of females is much higher with more than a third held for drugs offences (800). These figures of course only take into account people imprisoned under the Misuse of Drugs Act; they are not an indication of the number of prisoners who use drugs. Mandatory Drug Testing is no more than an indication of those caught. Currently 14% of tests are positive a drop from 18% in the previous year.

5.8 In recent study of drug use in a Welsh prison (Keene J) found 75% had used drugs during their time in prison. Whilst the majority were using cannabis there was a sizeable proportion 10% using heroin, with 9% reporting they had shared needles whilst in prison. In a major study in 1995 (Strang et al) It was found that the male prison population has

experience of much higher levels of drug use and injecting than the general population. The study also found the majority of injectors stopped injecting in prison; those that continued were more likely to have shared injection equipment.

5.9 In a recent study in HMYOI Portland a profile of the inmates of the prison showed the following: 73% left school before the statutory age with the vast majority having little or no qualifications or experience of work since leaving. 55% had been expelled, most for fighting but 11% for drugs 'offences'. 55% reported two or more year's experience of care. Only 18% reported living with both natural parents. 36% gave drugs and 25% alcohol as the reason for them committing their offence. 46% had been refereed for psychiatric examination and 17% reported a history of self-harm.

Re-offending

5.10 Of those released in 1995 the proportions that reconvicted within two years of release were Adult Males 53%; Male Young Offenders 77% and Females 47%.

5.11 There are a number of new initiatives like CARATs currently being evaluated. CARATs is designed to help prisoners with drug problems on release. Burrows et al found that among those identified as drug using prisoners 66% were daily heroin users before imprisonment. Four months after release 86% reported some form of drug use, with about half being daily heroin users. Lyon et al (1998) found that in Young Offender Institutes, drug users believed that they were at particular risk of re-offending. Many also believed that the difficulties of withdrawing from and staying off drugs were still being seriously underestimated.

Overdose

5.12 Seaman's study of HIV+ heroin users leaving prison found that in the first two weeks after release they were 34 times more likely to overdose than at other times on the outside.

6 The study

6.1 The methodology used is covered under the main methodology section. The brief was to look at young offenders inside and outside of custodial settings. As has been mentioned Thorn Cross was chosen as the custodial setting for the study. Thorn Cross is a category 'D' Y.O.I, housing approximately 300 inmates. The short time scale of the study meant it was unfeasible to look at all aspects of the criminal justice system. Young offenders dealt with in a community setting were not

interviewed, as at an early stage service providers from inside and outside the prison stated that the pressing need and gap in information was around leaving prison. It was therefore decided to focus on this and interviews were conducted with recently released prisoners. These were contacted through Lifeline's Prison Throughcare Team.

6.2 The prisoners interviewed were all male. Although the groups were not asked about their ethnic origin there were no visible minorities. The ethnic make up of the groups was entirely dictated by the membership of the existing groups or those who volunteered to attend. All of the prisoners and ex prisoners interviewed were 21 or under, the youngest was 16.

6.3 Four focus groups of prisoners were conducted inside Thorn Cross. One involved an existing relapse prevention group. This was made up of 11 prisoners using a variety of drugs who had identified drug use as a significant factor in there offending. Because of the anti heroin attitudes of this group, 3 heroin users were identified informally during a cigarette break and interviewed separately. This group was then used to help recruit a heroin-only group of 8 people the following week. A further group comprising of 6 prisoners from the juvenile unit were interviewed.

6.4 5 released prisoners were interviewed in probation offices and hostels throughout Greater Manchester. The time since release varied from 2 weeks to 9 months. 3 of those interviewed were primary heroin users; the other 2 were poly -drug users where heroin was not the drug of choice.

6.5 5 service providers from within the prison were interviewed individually, as were 2 service providers working with released prisoners.

6.6 The main findings from the research are divided into three main sections.

Young Offenders in Prison: These comments come from the focus groups of prisoners in Thorn Cross. Their comments are both about their own experiences and how they saw an 'average' person in their situation. The prisoners are categorised as either heroin users or non-heroin users. This is a somewhat artificial categorisation as the non-heroin-using group were a diverse bunch and some of this group had at one time tried heroin. However, the concerns and comments of 'full time' heroin users were so specific, they merited constituting as a separate group.

Released prisoners: This section contains case studies and comments from released prisoners contacted through the Lifeline's Prison Throughcare Team. Although those interviewed have a variety of stories to tell, by the nature of their contact with the team they are unrepresentative. They are far more likely to have had some form of 'successful' outcome.

The Resource: This section deals with the comments from all those interviewed about the information product. Service provider's comments were mainly about and contained in this section.

FINDINGS

7 YOUNG OFFENDERS IN PRISON

Life before Prison

7.1 A typical prisoner in a Young Offenders Institute would not have liked school, would have truanted and probably been expelled. Their drug use and criminal activity would have probably started before this but would have escalated at this point.

7.2 Approximately half of those interviewed have had an experience of being in care. When asked if this made them more likely to use heroin, there was a split based on personal experience. For those that had been in care and had used heroin it was about coming across other heroin users and dealing with problems.

"You pick up bad habits, learning things in care and there's a lot of it (heroin) about." Heroin user

"If a friend tried it you would be likely to have a go, it makes you forget about your problems". Heroin user

"It's your attitude as well. I got kicked out of my mum's house when I was fifteen – from then on I had a didn't give a fuck attitude, so that's how I started trying (heroin) because I didn't give a fuck".
Heroin user

7.3 Those that had been through care and not used heroin often thought of heroin users as being weak willed.

"When I was in care there was like enough people, like enough smack heads and shit, it never bothered me. All this dealing with your problems, that's shit, you face your problems man. I've had enough problems, I've seen what it (heroin) does, your friends won't trust you". Non heroin user

7.4 Regardless of the drug they currently used they would have started using cannabis and alcohol at about 13. Many saw the world outside as deteriorating and recounted stories of how they saw the world now. They spoke of children as young as 6 getting involved with heroin, although none of those interviewed could relate this to their own childhood.

"I know loads of people who started using heroin at 13, there's nine-year-old smackheads running around nowadays".

7.5 Heroin users spoke of their use of the drug as being the 'next thing'. They were usually sick the first time they took it, but liked the effects.

"The buzz was wicked yeah, but it made me sick".
Heroin user

7.6 None heroin users would have started drinking heavily and using pills (ecstasy) in their late teens. They would use cocaine when they could afford it. This use would mainly be of a weekend, which incidentally runs from Thursday to Sunday. Some of those who did not identify themselves as heroin users had tried the drug and rejected it after a short period.

"A mate said, if you've only had a habit for six months, get off while you can, I did". Ex- heroin user

7.7 Heroin users once they had tried the drug, initially by smoking, would either gradually escalate to daily use, or in many cases go straight into it. It could vary from weeks to years before they realised they were addicted.

"One night you're alright and then the next morning you just wake up and you need a bag. It doesn't gradually happen, it just hits you. You just can't get to sleep at night. Stinking cold, restless in your bed, can't sleep. You get warm and then you're sweating your bollocks off. You get cold and then you're freezing".
Heroin user

7.8 If heroin users had not already started to inject, this would often start once they realised they were addicted. The reasons for injection were economic.

"Then you just think, "fuck it" anyway. To toot takes five minutes fucking about with foil and that, (injection) just like Wham Bam Thank You Ma'am".
Heroin user

"You're taking more to get a gouch (desirable effect) aren't you, because you'll have a bag on the foil (smoke heroin) and the first time it'll do something for you, then you get up to three bags, and then you're off on the pin (inject) to try and get that first hit, so you're always chasing the first, but you never get it again. You get gouches but it's not as good so you're always chasing (the first hit/high)".
Heroin user

7.9 Heroin users lifestyles are usually 24 hour 7 day a week jobs involving obtaining money for and using heroin.

"Your day revolves around - robbing, getting money, scoring, having it, robbing, scoring, having it…"
Heroin user

7.10 Regardless of the drug used all had experience of robbing/ thieving to pay for their drugs. The only difference was the amount of money needed to pay for different drugs. The average drug bill for non-heroin users would be £40 –50 per day by their late teens. Though this was taken to mean on a 'good day' rather than a daily amount. If they were using heroin their daily bill would be dependent on how successful a criminal they were but would be much higher.

"At one point I was spending £300 a day on gear (heroin), it was crazy man". Heroin user

8 Reasons for imprisonment

8.1 The average person would have been through everything the criminal justice system had to offer before arriving in prison. The reasons for them being imprisoned were dependent on their drug of choice. Most acknowledge that a 'serious' criminal career started at 14 and they would be 17 by the time they first received custody. If they were non-heroin users they would most likely be inside for an assault or doing "something daft" when on drugs

"You get fuelled up (intoxicated) by mixing drugs and alcohol. Mixing stuff usually leads to violence".
Non heroin user

"Cocaine's like 'phew', pills your like alright with your mates and that, but if you didn't know them and they said something wrong you'd batter em".
Non heroin user

8.2 Though not exclusive to heroin users, it was much more likely they would be inside for stealing to pay for their drugs.

9 Drugs in prison

9.1 Regardless of drug use all would have used drugs the day before sentence, in some cases in the toilets at court. Once inside it would take a few days to a week to obtain drugs. Drugs are either smuggled into the prison or paid for with money, toiletries, phone cards etc. Prices were dependent on the prison. The tighter the security the more expensive the

drugs. On average £2 would buy a spliff (cannabis cigarette). Prison income varied between £8 and £22 a week. Whatever drug they were using they would not be using the same amount as they would have been on the outside.

9.2 The main drug in prison was cannabis,

"You take cannabis, it makes your time go quicker and you have a bit of a laugh". Non heroin user

9.3 When asked if there were any problems about using cannabis inside, a chorus of "Piss tests" rang around the room. Other drugs were available such as ecstasy, amphetamine, cocaine and benzodiazepines. This was dependent on the jail and how much money you had to spend.

"Cannabis, cocaine, speed "anything apart from smack" (repeated by several others). There's <u>enough</u> bag heads in this jail man".
Non heroin user

9.4 There was a powerful anti heroin sentiment, even in a group who acknowledged the role drugs had played in their imprisonment.

"Bag heads (heroin users) are dirty and smelly and inject".
Non heroin user

"Because it's a dirty drug, isn't it….. but other people; they don't know what it's like for a smackhead to be on smack".
Heroin user

9.5 This sentiment was so powerful that a number of heroin users denied they used heroin in the group. After the group had finished and heroin users were spoken to separately, it became clear that this was not just about being stigmatised. There was a real fear of violent reprisal if they spoke up about heroin.

9.6 The prison grapevine meant they all felt they were able to comment on what everybody else was doing. *"You chat with your mates, through windows, pipes".* They all knew 'lads' in prison with a heroin habit, in their view some had started to use heroin once inside.

9.7 Drug testing had made people be a *"bit more careful in 'cons' (adult prisons) but not here though".*

9.8 Heroin users didn't withdraw before entering prison, they "did a rattle" (cold turkey). Some were given help; some were given DF118's or

paracetamol, all stated this was ineffective. Some would inform staff of their heroin use, others would not.

"It depends, if you tell you're a smackhead, you get two paracetamol's, two cramp pills, and that's it yeah, and then it goes on your record that you're a heroin user. It can work for you, but it can work against you as well. So this time, when I came in on this sentence, I didn't tell no one that I was on smack, I just did a straight rattle".
Heroin user

"I told them because I wanted help, you know. If you want help, tell them, because there's a lot of help that you can get in jail if you're a user. But if you don't want help you're not going to say anything".
Heroin user

9.9 Heroin users all stated whether given drugs to help or not they experienced severe withdrawals when first entering prison.

"No sleep for about eleven days I had, then getting sleep for about an hour a night for just under a month, before I got my sleep back. Fucking horrible".
Heroin user

9.10 All the heroin injectors stated that they only smoked heroin whilst inside. Heroin users would still use in jail but could not maintain a habit.

X: "…I came in with drugs, I swallowed drugs, after about three days they came out, and say you do a bad rattle for a week, I was three days into that really bad rattle, and drugs came out and straight away smoked them, and then I've got to do another seven days after that again, and it was a big mistake. Say you do a rattle for your week or month or whatever, as soon as you're off it, even if someone offered me smack, you'd have to think a little bit more".

Y: "No, you wouldn't give a fuck".

X: "I know you'd have it but you'd have to think a bit more".

Y: "You'd think one bag wouldn't get me on me rattle again".
Heroin users in conversation

9.11 Even after withdrawal, heroin users usually stated that when offered heroin in prison, they would usually think about it for "a split second" before using.

10 Thoughts on freedom

10.1 All thought about having drugs and sex when they were released.

"Two weeks before release, you think about beer, drugs, sex, freedom! When you leave jail, it's straight back to using, if you're picked up at gate you would use drugs straight away. Probably go to your friends house to use, or go and shag your bird".
Non heroin user

"You dream about getting wasted, your buddies waiting outside the gate in a nicked car, smoking a spliff, snorting coke off dash board, a bird in the back (or two or three)."
Non heroin user

"You'd think about shagging first, if your bird's into the drugs you're gonna do it both at the same time. If your bird is not into drugs, you'd shag her first then do drugs".
Non heroin user

Heroin users also dreamt of a car waiting for them at the gate full of friends with a supply of heroin. But were realistic enough to realise that in reality if their friends did have drugs for them, they would have used them themselves by the time they walked out of the gate. They were more likely to be met for the £40 discharge money in their pocket and then go and buy drugs with the money.

10.2 After the drugs and sex question was resolved, they would want to buy new clothes and see their parents, children or relatives if they had any. A number spoke of the 'weirdness' of getting back to life on the outside.

10.3 That evening they would go out to a club or pub. A number of non-heroin users talked about the use of drugs and the ease with which this could lead to violence in the first few days of release.

"You'd be in a club, see your bird going with a fela, punch the fuck out of him and end up back in jail, then you'd do your proper RIP".
Non heroin user

"That night you'd go out get "coked up", get into pills/ tablets. Your life would be the same, could take you six months before you're back in same situation".
Non heroin user

10.4 Some had recognised this problem and had made attempts to control it

"Don't take as much, you'll end up fighting outside of clubs, you have to get out of club early, rather than get into fight in the street." Non heroin user.

10.5 A number stated a desire to temper their drug use and to have a controlled drugs habit, but *"It doesn't last on your first day out".* Their definition of a controlled drug user was,

"Weed for the week, save the class As (Es and coke) for the weekend".
Non heroin user

10.6 For those not using heroin, there seemed absolutely no desire to stop; indeed the question of stopping usually led to howls of laughter. Staying in control of drug use was seen as desirable but unrealistic.

"If your mates are doing it, your gonna do it ain't yer".
Non heroin user

To maintain some form of controlled use, non-heroin users gave many of the same answers as heroin users. This involved getting a job, moving away from the area, occupying your time, getting new friends etc.

"Stuff to occupy your time, girlfriend, house, you'd need regular sex, a man needs regular sex, needs a new set of friends. (you'd) Have to say to your mates if you wanted to stop".
Non heroin user

11 Heroin users on release

11.1 The heroin users had often been through a cycle of use, imprisonment, back to use and then back to prison for a longer sentence, then back to use etc. Commenting on why this was,

"Its just the feeling' "the buzz', I did a month in ..... straight out, straight back to use".

11.2 Some had made attempts at stabilising their heroin use on release,

"*You can only keep on top for a short while.* I've n*ever met a stable heroin user*".

11.3 This cycle usually got to a point where the heroin user wanted to stop, but this was easier said than done. There was always the "one more bag" feeling and always somebody they knew who had heroin.

"It's the day you're out, you might be determined, but you just have to have a bag, as soon as you've had that, that's it".

" There is always someone there, and they offer it to you, you can't say no".

"This is my fifth custodial sentence, four times I've looked forward to using when I come out, this time it's different. I think they'll be a time when heroin users will say, I can't be bothered with it anymore, they just want to start afresh".

"I only know one person who has sacked it (given up heroin) and that was after ten years in jail, I'm doing 18 months and I might be out in a couple of weeks, I don't want it or need it, but I know I'm still gonna have it".

11.4 The length of sentence was seen as an important factor. As heroin users went through the 'cycle' and sentences became longer and they became older, they became more likely to think about stopping.

"It depends how long your sentence is, like if you have six months you just think I'll have a hit when I get out, but if it's longer, after a while you think, fuck that"

11.5 Many recognised that even if they were determined to stop when in prison, this went out the window as soon as they were released.

V: "I'll tell you something yeah, I did a sentence last year, and I got out, and when you get to the gate you get a twinge in your stomach."

W "Course you do. Every year I got out of jail since about '96 – every year I've got out I've gone straight for a bag every time".

X: "I went straight for a bag. I was robbing the day I got out. So I can talk from experience."

Y: "Same here mate. Done all my money and gone and used heroin straight away".

Z "Exactly the same as me – I used heroin about three times in a twelve month sentence. I got out last year, yeah, only did twelve months – got out - straight away to ……, scored, and I thought "fuck it, I ain't going back to prison". I had that gear, then about three or four days later.. I wasn't robbing, but I was trying my hardest to get money, going round to my dad – "Here dad, you got a tenner?" Going to my sister saying, "Here…, lend us a tenner". Getting twenty quid, going to score half a gram, then two or three days later I'd do the same. And after a bit they were saying "we

aren't giving you money". I was saying, "I'm just going to the pub for a drink. Give me that note." And they were giving me tenners and fivers every other day, and after a bit then they'd start saying "isn't it about time you got a job" – you know, a couple of months later. And then I started robbing".

Help on the outside

11.6 Most heroin users had experience of Methadone. It was universally unpopular, but would never be turned down, as there was always a use and a cash value to having it.

"Methadone's worse (than heroin), most use on top to get higher".

"Methadone gets right into your bones, it's worse".

11.7 There was a real interest in the use of Naltrexone. Naltrexone is an opioid antagonist; this effectively stops an opioid like heroin from having an effect.

"I gonna try blockers (Naltrexone) when I get out".

"If you have a bag as well and have a blocker it makes you feel really ill, doesn't it. But if you have a bag once you've had a blocker it doesn't do anything for you, so you're not going to take it are you, if it's not going to do anything for you - it's a waste of a tenner. That tenner, you can go and get a few spliffs with or something, or a few cans of beer".

11.8 If heroin users were to break this cycle a number of things were important. Moving away from the area you came from; re-establishing contact with your family; finding non heroin using friends; finding a job, training or something to occupy your time. Will power was again recognised as being the most important factor. But a number had made a decision to stop and failed when faced with temptation.

On temptation,

"Someone says "You've got forty quid haven't you. Coming to buy a bag?". You say no. About an hour later, you see him coming back from scoring and he's smashed, yeah. You go and buy a burger at McDonald's or something and he says, "I'm just going in the toilet for a few lines". And you'd think straight away "Fuck it, I ain't spending..", but you'd still go and have a toot with him, wouldn't you. You'd still go in there, even if you'd said no, you know what I mean".

On willpower,

"You do it for yourself, I've let me family down and I want to make it up to them".

On life events,

"If your girl friend were pregnant, them is the sort of things that would make an impact keeps you more determined to stay off it".

On having friends who don't use heroin

'I've got non-smackhead mates and smackhead mates, and the non-smackhead mates, they're from when I was in foster care and stuff like that. When I left foster care, I moved to …… which is the area for smack, and I was bang on smack there, and I've got all these mates that don't agree with it, so I just go back with them mates. Because they're just smackhead mates, you don't give a shit about them. They're your good mates, who you care about".

11.9 Seeing a drugs worker on release was generally thought to be desirable but many acknowledge the reality of life once released

"(Drug services)- if not part of your licence, it's gonna have to be more than 'hobnobs' and a cup of coffee to make you want to turn up. When you get out you've got so many people to see and things to do".

11.10 The use of other drugs, particularly getting involved or re-involved with the clubbing and ecstasy scene were seen as important factors in staying off heroin. None of those interviewed saw complete abstinence as an option.

11.12 A job was seen as vital, as much as anything else for occupying time.

"if you've been on drugs and you want to get off it, you'd be willing to do something like that (a poorly paid job) because you know that if you haven't got a job then you've got idle time and you're going to end up fucked up".

"(You need)…. a job and a stable environment….. Every time I've got out, yeah, I've had somewhere to live, but it's not been too stable, and I've never had a job, and as soon as smack's come back into my life, I thought "Fuck it, I've got fuck all to lose, why not get back on smack". And that's the attitude I've had".

X: "*You don't think "why not get back on smack", it's "I'll have one more bag, and then I'll have another".*

Y: "Just one more bag".

X: "That's what I mean, and you get back on it. But if you get out and you've got a job, if you've got somewhere stable to live and you've got a job, it's just confidence really isn't it? You're more confident in yourself, you think you've got more to lose".

12 Overdose on release

12.1 For those that continued use on release the problem of overdose was seen as important. Some had experiences of this, one had overdosed 18 times. Others had developed their own way of coping,

"The last time I got out I started off on what I had when I first started using, which were 40ml" (thought 40ml was the equivalent of half a £10 bag.) I've never gone over".

"Most people go over when they get out. Depends if you're ready to give up, you're always gonna have one more bag".

12.2 Most felt using a £10 bag would lead to overdose. A £5 bag was thought to be sufficient without the danger of overdose. However others felt this unrealistic

"He'll use a bag. He'll want to get fucked – he's just done a two-year sentence – he'll do a bag"

12.3 Many started smoking heroin again on release until they had built up a tolerance again. Others felt a need to inject straight away.

"He'll have one dig (injection). If he's going to use the pin straight away. He'll only need the one".

12.4 Some described ways of dealing with friends who had overdosed.

"Round our way if you have an overdose, they drag you outside and phone the police."

'If they go over and the lips start turning blue, you get up and walk them about. If they were unconscious, straight on the phone, a bucket of water over the face and a few slaps, boot in balls."

"Rob his brown and do it!…….Slap him a few times – shake him about and try and wake him up, see what happens……Kick him in the balls. Get him out the house".

"Slap him, shake him, kick him out, ring for an ambulance and then scarper. Then go and get another bag with his money, what's left, and just forget about it…. …..and rob his Bensons (cigarettes)".

13 RELEASED PRISONERS

Non Heroin users

13.1 Those released from prison who had not been heroin users had all gone back to using drugs. All spoke of attempting to control their drug use in some way. This was either because they had got a job or had formed new relationships that had given them an incentive, or simply to avoid returning to prison. All had moved to new areas but still had contact with old friends.

13.2 Controlled drug use in their eyes involved smoking cannabis during the week and limiting their use of ecstasy and drinking of a weekend. One had identified a problem with and had stopped taking Temazepam, which had been the cause of previous violence and imprisonment. All spoke of the first night out of prison 'coming out' party.

"…..Everything seemed a bit weird for week, I moved to a new area. I went out on first night, drinking only pints, I only had one 'e' so I stuck to rules. I had made a decision to control my use when I was inside. I just take it at the weekend rather than just because it's there".

13.3 Heroin users case studies

<u>Case study A</u>

13.3 (A) is a twenty year old white male. He had been out of prison for 8 months. The last was his 9th custodial sentence, usually for stealing cars. He had started using cannabis and drinking alcohol before the age of 10. His drug use and behaviour led to his mother putting him into care aged 11. His drug use gradually escalated as he went through a range of children's homes, secure units and lock up schools. In his early teens, between care and living with his mother he first started to use heroin.

"After the second, maybe third sentence, everything I went to do was because of drugs…. It (heroin) was just the next thing. I just enjoyed myself, start on one drug, get bored of that drug, go on to the next drug,

you know what I mean. It came to one stage I was just taking whatever I could get…. Jail wasn't working for me any more, they were sending me to jail and I was just loving it. I was enjoying it, I was going in, meeting all my mates that I'd seen before."

During the custodial sentence before one, (A) had made a decision to stop using heroin. But was back in prison within 14 days of his release. He had started to use despite his decision to stop mainly through contact with friends,

"Temptation… it's always there, the temptation at the back of my mind. I'd say about the second or third day (after release), I was tempted, and I had some. But I wasn't tempted to go all out again…… I just smoked, it was there, I thought, yeah, started buzzing again. But even then I felt shit, I felt like a dickhead, thought what am I doing, you know what I mean, but I carried on".

The last time (A) was in jail he again made a serious decision to stop in the last few weeks before release.

"I thought, right that's it now, stop. I had people supporting me when I was in prison. It just all came together, I was losing everybody, I knew I was losing everybody…. the way I saw it, everyone had let me down, my family, my girlfriend had even walked away from me while I was locked up. I was just a walking time bomb. And it was either defuse or let me explode - it was time to stop, you know what I mean……it was my family that I needed. If it wasn't for them, I'd probably still be on it now, I'd probably be back in jail again."

(A) has used drugs recreationally and has had a relatively minor conviction since his release. His commitment to stopping heroin convinced the courts to give him community service, which he attends punctually. Re-establishing contact with his family, having the support of a drugs worker and avoiding mixing with his old friends were seen as vital factors by (A) in staying away from prison. But the most important factor was a desire to change his life.

"Your own self pride, that's what it's all about. If someone was sat here now, who's in the predicament that I was in, I'd say to them do you enjoy what you're doing? That's what I'd say, do you enjoy it? Because the simple fact is, deep down, they don't. You've got a choice all the time. I'm a shit thief, the drugs are doing me in, time to stop, it's all about choices. …I've got nothing to show for what – ten, eleven years worth of robbing, and I've got nothing to show for it. All I've got to show for it is scars. Scars and nothing, that's what it's all about. Make the choice".

Case study B

13.4 (B) is 18 and had just got out of prison two weeks earlier. He had come from an 'average' background. He had never been involved with crime before using heroin. He started using ecstasy and amphetamines at nightclubs with his friends. When he was 16 somebody offered him heroin in a nightclub. He smoked it and really liked the 'buzz'. He didn't tell his other friends, who really looked down on heroin and heroin users. From that first night, he started to use heroin on a daily basis. As his friends and family discovered his heroin use arguments started. He started to get more and more 'hassle' and ended up moving out from his home to be close by a dealer and other heroin users in a neighbouring area. He quickly ended up loosing his job and getting involved in crime to pay for heroin. He was caught and sentenced to six months for his first offence.

He had made a decision to stop using heroin when inside. On release he moved back to his original home with his family. He was accepted back with his friends and is back to going out and taking ecstasy. He is currently looking for college place. He never goes back to the area where the heroin users are and has not been tempted so far. He has come across some of his old heroin using friends already. He says a 'quick hello' and then walks away.

Case study C

13.5 (C) is 21 and has been using drugs since he was 10. He has used the full range of drugs. He was a user and injector of amphetamine for 6 years. He started using heroin at age 15 when there was an amphetamine drought on.

"Amphetamine gave me loads of energy, it's like I was "up and on one" all the time, but I liked the 'gouchy' bit of heroin, I took the anxiety away."

He quickly developed a heavy heroin habit that led to an escalation of his criminal activity and him being thrown out of his mother's house.

" When I was kicked out of mums house, I got a bit mad, nicking cars, dealing, ram raiding. I didn't care about anything, I didn't care about dying or anything."

His habit got to the point when he was using 15 (£10) bags a day. He had once spent £5,500 (the proceeds of a crime) in a 3-day drug binge. He was eventually caught for a series of 'ram raids' and given his first long sentence (12 months).

"I went down the hospital, (when first arriving in prison) and told them I was a heroin user. I got one DF118. I'd been injecting 15 bags a day and they gave me one DF118 to help with the rattle."

Unsurprisingly his withdrawal was severe. Inside he only used cannabis, partly because heroin was unavailable and partly because of the stigma of being a heroin user.

He was released with £150 in his pocket and walked 5 miles to a dealer's house.

"When I first came out I was itching for drugs… I walked down the end of street, then walks to Wigan, straight down to guy's house. I used some amphetamine, it was like I was on a 'mad one', I just swallowed it. Then straight down to the crowd here and got some gear. It's like 6 months you've been straight headed, you can't wait, it's like you forgot what it's like".

He smoked the heroin as his drug worker had explained the risks of injecting on release. The effect of the heroin was better than he had anticipated. He then decided he wanted to control his use by using ecstasy.

"I weren't sure; when I was in prison I was mainly thinking, I'm not gonna use (heroin). But since I've come out I have used a little bit (heroin). Not a lot, mainly taking 'E's and going clubbing and enjoying myself".

"I started to make a decision once I got off me head. I can't do this again; I could see myself down that road again. I'd have a bag, I spoke to myself 'got to stop', thinking 'got to stop', 'think of family, do I want to back on streets again".

There was too much temptation to use in the area he was living. He has been out of prison for a couple of months and lives in a probation hostel in an area where he does not think he could obtain heroin easily. He wants to re-establish contact with his family, but they will not entertain this until he has 'proved himself' and stopped his drug use and criminal behaviour. He has used heroin occasionally since his release, by spending a few days a week in his old area, but has not used heroin for the last month.

"Using it (heroin) again reminded me, it's not so good, what's the big deal. You've got to totally turn your head round. You don't like it, you don't love it. You've got to sort your head out. Sort your life out or you'll keep going in this circle. I don't want this life".

14 THE RESOURCE

Existing resources

14.1 No mention was made of CD-ROM's or computer games. A number of videos were used in prison, although these tended to be dramas concerning drugs that were then used to start discussion groups. Prisoners mentioned 'Nil by Mouth', as being entertaining as was "that one with Lenny Henry as a smack Head". Two service providers from the prison mentioned the use of videos featuring ex prisoners as being effective.

"The most effective means of getting through to the lads is one-to- one counselling. Information should be one- to -one or video. They will sit and listen to ex prisoners".
Service Provider

This was not as popular with the prisoners.

"Seen that one with prisoners, chatting like. It's shit".
Non heroin user

14.2 A number of leaflets had been seen. Existing leaflets were shown to the focus groups of prisoners.

"People don't read things like 'Drink less less less'. People don't read any of this stuff (prison leaflets) The only poster they look at is that picture of Danielle Westbrooks nose and that's only because it's funny".

14.3 By far the most popular leaflets were Lifeline leaflets with prisoner's, ex-prisoners and service providers. In particular the "Do Your RIP" leaflet had been seen by everybody interviewed and was mentioned without prompting by everybody.

"We got 'Do Your RIP' on the unit – that's the best."

"People like to read comics about something you know about. They don't read anything but Lifeline stuff".

"(About Do Your RIP) you read it and laugh, but get it. And you read it again".

"Do your RIP' is fab, hilarious."
Comments from heroin and non heroin users

"The Lifeline stuff 'Peanut Pete' is very good, because it talks in their 'speak', so they understand it. A lot of the government publications are a waste of space and just get used for roaches".

"Government Issue stuff is just words and stuff. We've got Lifeline publications here, which are really good; they are colourful and have lots of pictures in them. We do have lads who can't read, they can at least look at the pictures and get most of it. We should have more Lifeline books".

"They're (Lifeline publications) brilliant the pictures tell the story for those who can't read and write. The Government publications they just don't read".

"The leaflet should be a comic book style, it should have text but the text needs to be really simple, a lot can't read or don't read big chunks of text. I have to give them (Lifeline books) at the end of sessions, cause they just sit there and read it from cover to cover".
Comments from service providers

Only one person interviewed disagreed.

"I have never been a great believer in Peanut Pete, because there is always the underlining message that sides with them".
Comment from service provider

Media and style of communication

14.4 Unsurprisingly given the popularity of the 'Do Your RIP' leaflet. There was a unanimous choice amongst prisoners and ex-prisoners interviewed to have a cartoon based leaflet of a similar nature.

"Style should be same as 'Do Your RIP".

"Style should be comic, mad that (looking at 'Do Your RIP'), information on one page and then cartoons".

14.5 With one exception all the service providers agreed that a booklet should be produced using a cartoon format. Most commented on the need to make the language very simple and keep the number of words to a minimum.

"Not posh words, like young peoples words".
Heroin user

Target Audience

14.6 There was a general agreement among prisoners and ex-prisoners that the target audience should be all drug users when released. Service providers were split. Some felt a general prison leaflet would be good, some felt it should just be for heroin users.

"It's different drugs isn't it, not just heroin, because heroin isn't the drug that just leads to crime – it's crack, it's pills, everything. Weed and that, it's not as serious, it's crack, heroin, pills, they all lead to crime don't they? If you aim it at them, it's not just for heroin users, because you'd have to do another magazine for crack users".
Heroin user

Content

14.7 The picture technique used in the focus groups was used to attempt to identify the most interesting and useful areas to cover for the content of the resource. Non heroin using prisoners were unclear about content. Some just wanted another version of 'Do Your RIP' but with their names on and different jokes. Others pointed out that this was a waste of time if the existing leaflet was so popular. Some thought drugs information should be provided. When questioned about this there was little that they actually wanted to know that they didn't know already or could not get from existing resources.

"We g*et bombarded with drugs awareness. New drugs*!*, most people happy with the drugs they have now*".
Non heroin user

14.8 Some had asked for 'shock horror' approaches.

"Show your insides and all the shit stuff drugs to do to them".

When questioned about this, nobody actually had any wish for content of this nature and all unanimously stated it would not make, or would have not made, any difference to there drug use, past or present.

14.9 There was some talk of relaying the 'hard luck' stories of people in prison. Showing the paths that led to jail. This was true of both heroin users and non-heroin users. None of those interviewed however felt this would have prevented them being where they are now.

14.10 There was little support for targeting children in care, even when statistics were given to them of the numbers who had been in care before prison. This tended to restart the arguments about the effect of care. This may

well have been influenced by dominant characters in the groups who had firm views that care was an excuse for 'weak willed' people.

14.11 There was wide spread support for a leaflet aimed at people as they were leaving from both prisoners and service providers.

"Just as your leave, a few weeks before you leave. Overdose and stuff, should put in. Moving out of area, getting a job".
Non heroin user

"Peanut Pete when released. Getting out, going mad, coming back, sorting his head out. In for a short one, go out, do a long one then sort out".
Non heroin user

"Committing crimes to support his habit, goes in jail, can't wait to get out, overdoses a couple of times, comes back in a couple of times and then just realises he's had enough".
Heroin user

"(it should include)…. rules you say to yourself (controlled use). I'll just take like 2 pills at night".
Non heroin user

(Commenting on the inclusion of drugs other then heroin)… I don't care about weed. For some (heroin users) ecstasy is a saviour, it can be a benefit, but it is a matter of control and keeping on top of it".
Service provider

"Concentrate on relapse prevention; tie it in with support available".
Service provider

14.12 Surprisingly, the prisoners said it made no difference who produced the leaflet. This was a question about source credibility. The perceived wisdom is that this has an influence on the reader's opinion of the reliability, trustworthiness etc. Specifically they were asked about a logo on the back of a leaflet. They said it made no difference if it was the Prison service, Department of Heath, Lifeline etc. It just depended what it looked like.

Dissemination

14.13 The process of dissemination was dependent on the content and target audience. A general leaflet could be given to everybody in prison. If the leaflet was about getting out it was generally agreed it should be given out a month to two weeks before release. If the leaflet was just aimed at

heroin users it should be given out through the CARAT office. It would have to be small enough for heroin users to conceal or fold so that they could hide it from other prisoners. This is because of the stigma of heroin use mentioned earlier.

15 RECOMMENDATIONS FOR THE INFORMATION PRODUCT

Style and media

15.1 There was an almost unanimous agreement as to the style and media of the resource: It should be a cartoon style leaflet. It should be similar in style and attitude to 'Do Your RIP'. The leaflet should have some passages of writing but the text should be short, simple and easy to read.

Target group

15.2 The leaflet would be more focused if it were aimed at heroin users. But most of the prisoners and the majority of the service providers felt it should be aimed at all prisoners. The leaflet could use a multiple storyline with the issues involved for a range of users of different drugs. I still think however the emphasis should be on heroin use, particularly as it is highly likely (given the stigma of admitting to heroin use) the number of heroin users is greatly under reported.

15.3 Content

* The content should be a storyline about being released from prison.

* It should look at the period just before release when thoughts are turned to life outside.

* It should look at the moment of release and the first night party (or the first time you score/use, in the case of heroin users.

* It should cover information about overdose.

* It should look at controlled use for those non-heroin users, continuing to use. This should include the issue of avoiding violence.

* It should cover relapse prevention for all users but particularly heroin users

* It should encourage drug users to attend or keep contact with drug services.

* It should look at options for staying off drugs for heroin users.

* It should look at options for switching drugs for heroin users. In particular the option of entering or re-entering the 'ecstasy scene'.

* It should contain information about prescribing options on release for heroin users.

* It should look at Naltrexone, liver function tests and Hep B vaccinations.

* It should look at employment and training options.

* It should provide information about moving area and advice on housing.

* It should cover aspects of re-establishing contact with relatives.

* It should look at options such as rehab, therapeutic communities and NA.

* It should address readjustment to life outside and look at occupying time and relieving boredom.

* It should be interesting, credible and funny

15.4 Dissemination

The leaflet could be given out in a variety of custodial settings and would also be suitable for adaptation for adult prisoners.

Communications for the Future

Young Homeless/Sex workers

BACKGROUND INFORMATION

16.0 The HAS (1996) Report identified a number of psychological, family and economic factors that would make children and young people 'vulnerable' to drug misuse. One of the groups identified as more likely to experience 'multiple' risk factors was young homeless. Central Manchester was chosen as the location of this study. Central Manchester had a population of 430,818 at the time of the 1991 census. Greater Manchester has a population of just over 2,500,000. The ethnic breakdown of the Central Manchester population is as follows: 87.4% of the population is white, 4.7% black, 5.4% Southeast Asian and 2.6% Chinese and other groups.

Sex work

16.2 There is a stigma about sex work evident in the homeless and a stigma about homelessness among sexworkers. Sexworkers and the homeless are linked because they often share the same physical space in the city and may use the same drug dealers. Links between the groups were at first thought to be minor, but became more pronounced as we gained the confidence of the respondents. A number of respondents hinted at involvement in the sex industry without overtly stating it. It would be reasonable to assume therefore that the stigma associated with sex work means it has been under reported among homeless drug users.

16.3 Although two of those interviewed were current homeless sexworkers, the main focus of the study has been on young homeless people and drugs. Sex work is an area of equal merit, however it was not felt possible within the time-scale of this study to do justice to both subjects. We have therefore done little more than look at some possible overlaps between sexworkers and young homeless drug users.

16.4 In Wilcox's (1998) report for Lifeline on sex work in Manchester, 10% of sexworkers had no 'fixed abode'. 68% of the sample classed themselves as drug users. 31% were heroin users, just under a quarter of the sample were regular injectors. 13% in this study were under 18, with 3% under 16. All the under 18's worked on the street. 9% of respondents had been brought up in foster care or children's homes.

Young Homeless

Definitions of homelessness

16.5 There does not appear to be a common definition of homelessness agreed upon by services. Homelessness is often described as 'roofless' or sleeping rough on the streets. Yet the reality is that many people experience the loss of their homes or live in temporary or insecure accommodation without ever sleeping rough. The Big Issue's Vendor Survey (2000) shows that vendors in Manchester had spent the previous night in a wide variety of places. This ranged from 21% sleeping rough to 14% sleeping in their own home. In recognition of the complexity of housing needs, research has usually defined homelessness as a range of experience –from 'rooflessness' through insecurity of accommodation or inadequate housing.

16.6 Connelly and Crown (1994), define three basic groups. Firstly, they identify homeless families, who are the majority of the homeless accepted and re-housed by Local Authorities. Secondly there are a large group of individuals who sleep rough or live in temporary accommodation. These are not always accepted by the local Authorities as homeless and are sometimes referred to the private sector. Lastly, there are a group of people who could be described as 'inadequately housed' who face issues such as poor quality of housing or overcrowding.

Estimating homelessness in Manchester

16.7 Given the confusion in defining homelessness, it is unsurprisingly difficult to estimate prevalence with any degree of accuracy. According to Manchester City Council's, statistics between 2,000 and 3,000 people are in temporary accommodation or sleeping rough in Manchester at any one time. Between April 1999 and March 2000 nearly 2000 families presented as homeless (upwards of 6000 individuals). Six thousand individuals were reported as being homeless (MCC 2000) of these186 were asylum seekers and were accommodated through City Council services. 2,286 supported accommodation places are available in Manchester. 922 of these spaces are for families, 1,364 for single people of which 381 are managed by the council. 50 projects provide accommodation for the homeless, 8 of these are for women fleeing violence or families. Homeless people also use Bed and Breakfast accommodation and the City Councils Direct access team often refers people on to their B & B list.

16.8 Many projects will not accept drug users. Only 64 dedicated bed spaces are available for drug users in the city. It is a common experience for drug users to get thrown out of hostels if they are seen as or behave 'chaotically'.

16.9 Rough sleepers are head counted where they are visible (sleeping in doorways etc). They are not counted if they have sought shelter in a building or even if they are walking about with a sleeping bag. In November 1999, 46 individuals were counted in one night using this method. The Rough sleepers unit estimate about 10,000 people sleep rough in England at some point during a year.

16.10 The number of young homeless (under 25's) nationally has been estimated as 246,000 (Evans 1996). According to (Smith 1996) between 43,000 and 80,000 people under 19 become homeless every year. The Big Issue in the North estimate 20,000 single people become homeless in the North of England annually.

Defining the age of 'young homeless'

16.11 'Young' had been defined as anything under 25. Age is most often defined by services. In Manchester there are several services that are aimed specifically at young homeless people. The City Centre project caters for those aged between 16 and 25. 42nd Street, although not a specific project for the homeless sees clients between 14 and 18. Safe in the City caters for those under 18 and is the only non-statutory homeless service explicitly working with young people without an age barrier. The Big Issue have no upper age limit but vendors must be over 16. If under 16's turn up at projects, social services may be contacted, this depends on the policy of the service and the individual circumstances of the case. Lifeline (which operates on the same street as many of the services for homeless people) has a policy of referring any under 16 to its Under 18 team for assessment before any help /advice or syringes are exchanged.

Causes of homelessness

16.12 Klee and Reid's study interviewed 200 young homeless (14-25) people in Manchester. The main reason for leaving home was family tension (25%): 19% simply wanted to live elsewhere; 14% were thrown out because of family arguments; 10% because of parental abuse; only 7% gave drugs as the reason. In this study 52% had been taken into care, 63% of those had run away. The Big Issue Vendor Survey (2000) showed a number of similarities but a number of differences. Some of these differences are because of the higher age of the cohort, (31%) left home because of splitting up with a partner, (9%) became homeless after leaving prison and (3%) after leaving care. (27%) of the sample had spent time in care.

Health Issues

16.13 Ill health is common among the homeless; muscular skeletal and respiratory problems usually top the list. The average life expectancy of a rough sleeper is 42 years and they are much more likely to die of unnatural causes (Crisis 1996). Rough sleepers are 35 more likely to have attempted suicide (Crisis 1996). Rough sleepers are 11 times more likely, and people living in hostels 8 times more likely, than general population to experience depression and anxiety (Bines 1997). In Klee and Reid's 1998 study, 82% of those interviewed reported symptoms of mental health. Between the ages of 26 and 44, Baker (1997) found that young homeless men have much higher suicide rates than the general population. The Health Advocacy Project (2000) found in a study in Manchester that 47% of homeless patients interviewed reported a mental health problem; one, a refugee, reported torture injuries from their country of origin.

Drug use

16.14 Flemen (1997) found 88% and Carlen (1996) found 76% of the homeless in their respective studies had used an illegal drug. The Homeless and Health in Manchester report (The Homeless Advocacy Project 2000) found that 37% of the patients interviewed had used drugs "in ways that affected their health". In Klee and Reid's study in Manchester, drug use was the norm. 96% had used cannabis, 87% alcohol, 58% amphetamines and 48% LSD. Heroin use was rare in this study. Other more recent studies have found wide spread drug use but with regional variations as to the patterns of drug use. Adamczuk (1999) found 10% had used heroin in Newcastle and 22% in Birmingham.

Homeless people use drugs for a variety of reasons. Many of them are the same reasons anybody else uses drugs. In Klee and Reid's study 71 % used drugs to deal with stress. Downing, Orr (1996) found the following reasons for drug use 'escape', 'comfort', 'to cope better' and to 'combat stress'. Carlen (1996) found drug use could also provide an occupational framework to the day, facilitate introduction into a community, and helped identification with other drug users.

16.16 The Big Issue Vendor Survey (2000) shows 57% of the group 'saw drugs as a problem', only just below the figure for those that saw accommodation as a problem (59%). By the time vendors had spent 1-2 years selling the Big Issue, drugs had overtaken accommodation as a perceived problem; this tapered off after a two-year period. As Klee and Reid state,

"we anticipate that among the many factors influencing a decision to use drugs some of them would precede the homelessness state and others would be a part or consequence of that state".

17 Geography and local politics

17.1 Although hostels and accommodation projects are spread throughout Manchester, most of the specific services and economic activity takes place in the city centre. The Northern Quarter of Manchester encompasses the Oldham Street/Tib Street area. Most of the street services for homeless young people, The Big Issue and Lifeline's needle exchange are in this small geographical area. The Northern Quarter has a strange mixture of 'caring services', 'trendy' bars, record shops and some notorious public houses. The Northern Quarter is being redeveloped and has become a residential area with loft apartments springing up above many premises. The visible presence of drug users/drinkers and the percieved issue of discarded needles are a cause for concern amongst some local residence. Oldham Street runs right into the heart of the City Centre. Piccadilly Gardens is currently being redeveloped in time for the Commonwealth Games in 2002. In part this redevelopment is seen as a way of reclaiming Piccadilly Gardens from street drinkers, who converged in the gardens. Any communication for homeless drug users needs to take account of the sensitive political reality of the above issues.

17.2 The sensitivity of services in Manchester.

Drug use amongst the homeless in Manchester is a complex issue that has never been analysed with any degree of clarity. Drug use among the homeless is a sensitive issue and has caused service's to become defensive to the point of hostility. Services for the homeless and drug users often have different philosophies and sometimes compete for the same pools of money. The current climate in Manchester is not readily conducive to meaningful dialogue or co-operation between service providers. 'Drugs at the Sharp End' is a report and campaign run by the Big Issue. 28% of the sample of heroin users were homeless, 81% of these were daily heroin users. The report received considerable publicity and was highly critical of Manchester drug services, but was equally criticised by drug workers in Manchester. This report and its analysis of the problem takes place within this framework. Having said that, some of the conflicts have been improved by the contact during this study. It is hoped that a constructive way forward may be in part facilitated by, or be an outcome, for the project.

18 The study

18.1 The methods used are covered under the main methodology section. The brief was to look at young homeless/sexworkers, in total 36 homeless people were interviewed. The majority of those interviewed were male

(25), however the number of females interviewed was a reasonable reflection of the proportion actually on the streets (11). Although the groups were not asked about their ethnic origin there were a small number of visible minorities (3). A hostel for young black men was visited as part of this project, but the clients and their comments were more suitable for, and are included in, the 'looked after children' study. The ethnic make up of the groups was therefore dictated by the membership of the existing groups or those who volunteered to attend. The SYNCRA group are homeless heroin users recruited for a social exclusion project. The SYNCRA group was included both for the trust and openness that had developed and to look at the experience with the benefit of hindsight, their ages were therefore much older than the other interviews. The rest of the interviewees were aged between 24 and 14.

18.2 In total 8 focus groups were conducted. Two focus groups were conducted with the SYNCRA group. One group of young heroin users was recruited using a known member of the target audience. One group was recruited from a contact interviewed individually. Three other focus groups were conducted from homeless project clients. One group was cold contacted on the street. 3 Individual interviewees were recruited using Lifeline's needle exchange. 1 project refused access to their client group. 21 of the 36 interviewed were current heroin users, all of these were current or sporadic Big issue vendors.

18.3 Service providers were interviewed from 9 different projects working with the homeless or in hostels. They were all interviewed individually. Service providers comments were all extremely specific to their projects; those that had detailed knowledge tended to have this about one specific scene. Their comments are included under a separate section looking at the resource.

18.4 Defining groups

There are four main groups of young homeless drug users we have identified from the focus group profiles. All of them are poly -drug users, but the drugs they use and the way they use them are very different. Their information needs were also vastly different. These groups are used as a framework for understanding the comments from service providers and young people.

Group 1''Recreational' drug users
Group 2 'Children's home- runaways'
Group 3 'Economically active' drug users
Group 4 'Heroin users'

19 THE FINDINGS

Group Profiles

Group 1 '*Recreational' drug users*

19.1 This group are young people whose patterns of drug use can be described as both recreational and 'normal'. Their drug use was not a factor in them becoming homeless. Their drug use is similar to young people in general and they use largely for the same reasons as other young people. They became homeless around 15-16, due to 'family problems'. They would usually stay at friend's houses for a while; they would spend only a couple of nights on the streets or in a hostel before contacting social services and finding somewhere to stay.

19.2 Their drug use is dictated by choice and finances; they do not resort to crime to pay for there drugs, but rely on social security benefits. The main drugs they use are alcohol, cannabis and ecstasy occasionally. They may experiment with cocaine, GHB and ketamine if they have access and cash. They do not inject, use heroin or smoke rock cocaine and actively avoid contact with groups that use these drugs. They do not seek help or see themselves as having a drug problem. They would not sell the Big Issue,

'We have pride, we don't wanna be seen in town, it's just degrading, I mean the reputation that the Big Issue has".

19.3 There was one young girl in the group of South East Asian decent. She highlighted a particular problem. She had left home because her parents would not accept her 'white' boyfriend. She would not go into any hostels for young Asian women because it would have meant being away from her boyfriend who had runaway with her. There would appear to be a disproportionate number of gay men in this group. This is largely as a result of them leaving or being thrown out or leaving home because of arguments concerning their sexuality. All the gay men had experienced homophobia in the hostels. They would not stay in hostels due to this and feel uncomfortable with the other people staying there,

"They're full of heroin users who jack up in front of you and everything".

19.4 This is the least visible of the groups of young homeless people. They would view their situation as temporary and have a reasonably optimistic outlook on the future and settling down in a flat of their own.

19.5 Information Needs

The group wanted to know what help was available to them when they first became homeless. They felt many hostels were inappropriate for them. They wanted to know about claiming benefits and financial advice and generally any service that could help. This would need to be more than a list of phone numbers, but the reality of approaching services. The gay men felt that the Lesbian and Gay Foundation may be in the best position to offer this advice, as gay men would be most likely to trust and have contact with them.

Group2 'Children's Home- runaways'

19.3 This group whilst in some ways highly visible because of their age, are in other ways the least visible as they actively avoid detection. The group of 5 boys we interviewed were aged 14 and 15. They were all residents of different Local authority care homes in Manchester. They would usually 'runaway' for up to two weeks at a time, before returning to the home to change clothes etc before running away again,

"We'd run away to get away from bullying or to get money, you'd run away for a couple of days before being brought back by the police and then run away on the same day. (You) Might survive for a week or so".

"I go into the home change me clothes, get clothes for these lot (other group members), he's wearing my trousers and socks now, get food, like crisps and stuff and then straight back out".

19.4 They knew of a number of other similar groups in Manchester, even to the point of arranging 'dates' with groups of runaway girls. Girls were (according to them) likely to stay away from the homes for shorter periods. They also could name girls involved in the sex trade,

"I've only known a few girls selling sex …(names them), but only a few lads, probably get one or two in any kids home".

"It's worse for girls, they could get raped (on the street), more chance of a girl being raped then a boy"."There's some girls on the street. They only stay out 2 nights before going back to the children's homes. (Complains) They take about two days combing their hair and putting on make-up before they run away".

19.5 Although they were occasionally given condoms by the project they were in touch with, they were not really sure what to do with them.

19.6 They would arrange to meet in Central Manchester or Stockport. During the day they would hang out in shopping centres and get involved in petty crime. This was both to obtain food (sweets and crisps stolen from shops) and to obtain money for alcohol and cannabis. Of a night they had to hide both from the police and other homeless people. They had a couple of secret venues where they slept, that (usually) offered some degree of warmth and safety,

"You'd stay in places where no one could find you or think of looking".

"You wake up with your head and back hurting, bugs crawling over you. Underneath the (major Manchester hotel underground car park) where we have been staying for the last few nights they've got a big heater underneath there, been there 3 or 4 days. You go around looking for something better and you might fall asleep anywhere if you're stoned enough, but if you didn't find anywhere different you'd go back".

19.7 Sleeping out could be a frightening experience,

"Scariest thing is trying to go to sleep, you don't know whose gonna come and get you. L… got whacked over the head with a cosh when we were sleeping in (major Manchester Hotel underground car park) by a security guard. We had to run out through the fire exit".

"There's big tramps who take your stuff, they tried to rob my trainers. They like say 'you beg for me or you're gonna get beaten, or kill you' and stuff. There's like dealers and stuff (who) make you deal for them. I know a boy who had to beg for someone or he got beaten up…. It's alright now we get on with some of them".

19.8 Their drug use was usually confined to drinking and smoking cannabis, although some had experience of sniffing lighter fuel or nail varnish. Most talked of getting into bad habits from older boys,

" (He) Copies the footsteps of those around him, does what they do to fit in. He'll think, I'm sat here in the corner while his friend are using and think why am I <u>not</u> doing that. There's older people around you using. Might be alcohol, cannabis, sniffing tins or nail varnish, so you don't want to feel left out".

"Big kids in children's home, take you out robbing and smoking weed and stuff".

19.9 Drinking and smoking cannabis was both seen as a fun way of alleviating boredom, a way of helping them sleep on the street and a way of dealing with depression,

"He might take drugs to take the feelings away, I drink when I feel really down to stop thinking about it".

19.10 They had a negative view of heroin use and Big Issue vendors, but could see themselves ending up in their situation. A number had been offered or tried drugs other than cannabis,

"People go around food vans, I've been offered temazies (Temazepam) and a bit of brown (heroin). I had a bit of stone (rock cocaine) once, off this tramp, but I didn't like it, it made me feel sick. It was like me head was coming off me body, it was dead light".

"When he was 15, and he saw bag heads (heroin users) he would think that's horrible, but he might end up getting into it, depends how long he was on the streets for".

19.11 Asked why they ran away most said it was to escape boredom or bullying in the homes. Others were more philosophical,

"(He) thinks " fuck life, I don't give a fuck, fuck it all". It's freedom, freedom is one of the most addictive things you can have, drink beer, smoke dope fuck it".

"You can do what you want (in the homes), there's no discipline…… When I was first in a kids home, I thought like there's no one who can do anything, they can't hit you or ground you, all they can do is take spends off you. They tried to stop me (running away) by taking all my clothes, I was left in my boxers and t -shirt so I couldn't get off".

19.12 Their aspirations for the future were understandably vague. All spoke of a desire to get back with their parents or go back in time to make everything all right or resurrect a dead parent,

"I wish I knew what it was like on the streets before I went, there's no going back now is there?"

19.13 Information Needs

The group were extremely enthusiastic about Lifeline comics that they had all been familiar with for a number of years (to the point of all producing their own drawings to show to us). It was unsurprising to find that they felt this the most appropriate method of communication. They felt that the idea of producing a story for children's homes, showing what could happen to characters who run away and ended up on the street would be the most effective,

"You'd look at a cartoon, when you look at the cover you want to turn it over, if you look at something that is like proper real with writing you won't want to read it".

"(About Lifeline comics) the pictures explain the words if you don't want to read it".

"Books about people who have been in this situation, give 'em to kids homes. Stay in school, don't turn into us!"

Group 3 'Economically active' drug users

19.14 This is a group of young people who are active in the 'street economy' and 'heavy' drug users. The group were between16-17 years of age. They use the same range of drugs as the 'recreational drug users' group, but far more frequently. The group we interviewed were currently sleeping at Manchester Airport. Their day would involve using ecstasy (obtained for £1.50 each) in the morning and during the day to boost energy and for the 'buzz'. This was washed down with 4-5 cans of strong larger or cider and numerous cannabis joints.

19.15 They may well be involved in supplying drugs and would be involved in a number of criminal activities (which they were all too keen to brag about), street robbery, loan sharking, shop lifting. They were 'well connected' in city pubs where they would spend there day drinking and 'fencing' goods. Like the 'recreational' group, they would actively reject heroin and heroin users,

"It's a dirty drug taken by dirty people who look dead rough. We put our clothes first, smackheads don't. They'll gouch in front of everyone. We wouldn't sell the Big Issue. They're dirty and smelly. We have pride. It's embarrassing. You can see they're on heroin, they look like they have Parkinson's Disease".

19.16 As in the Young Offenders study, the 'scarecrow' effect of heroin use in the city centre is a powerful influence. This effect is where the visible appearance and behaviour of heroin users causes enough stigma to prevent aspiration to heroin use by other drug users.

19.17 The group had been kicked out or left home because of 'family problems'. They started off living with friends but then ended up in hostels, where they were 'kicked out'.

"There's always bagheads in hostels. We speak to heroin addicts, I mean were in the same boat, but we don't give them the respect that we give each other. We don't wanna know them, we don't really want them near us".

19.18 This group would regularly be stopped and searched by the police. They would view their situation as 'doing what's necessary',

"I mean, we look like thugs, we've got no friends in the world. At the moment it's all about survival".

19.19 They would also view their situation as temporary and would have quite 'normal' aspirations (legitimate job, own house, family),

"Once we have a house, all this will be gone. Get a job, pay off debts and smoke a bit of pot now and again".

19.20 Information Needs

They generally wanted information about getting housed. One group member suggested a board game, where the goal is to get out of being homeless. They felt a leaflet would only help if it was eye catching and funny.

"Young people never listen to anyone apart from their friends. If the advice is from someone older or family you go against it. If it's from a friend you have respect for it".

<u>Group 3 'Heroin users'</u>

19.21 This group are poly-drug users, but their drug of choice is heroin. Some may be smoking heroin but the majority would be daily injectors. Their entire life revolves around getting enough money for and using drugs. All the heroin users interviewed were regular or sporadic Big Issue vendors, all but one currently licensed. The Big Issue estimate there to be about 130 vendors working from the Manchester office at any one time, though

the numbers with pitches in the city centre are much smaller (37 in May 2001).

19.22 Homeless heroin users range in age from 15 to 50, though most between 25-35. There are probably no more than half a dozen teenage vendors. Those under 21 had usually been homeless since they were 18. They may have left care, prison or their home. They would drift into homelessness gradually, returning home or staying at friends in between hostels and sleeping rough. Some talked of leaving hostels because of bullying.

19.23 They would have started getting a problem with drinking and smoking cannabis at the age of 13 and used solvents if in care. They would be 15 or 16 by the time they tried heroin (slightly older if heroin use came after homelessness). Heroin was first offered to them by friends, in a hostel or in a care home. They would start off by smoking heroin; this would become a daily activity within a few weeks. They would start to inject partly for economic reasons and partly because they were curious about the effect,

"I came out of a kids home and I was sniffing glue and that, I came out of that into the city centre. I started knocking about with my sister, she was a drug user and all her friends were. It was just watching them and sitting there 24/7 with them. They're always going "go on try it" and eventually you just get encouraged. When I first came on the street, I wouldn't be seen dead begging, I wouldn't even touch the drugs, now look at me".

"Once you become homeless you tend to know a lot of the homeless and they start showing you the ropes; where to go for something to eat; how to make money. So you might try heroin if they are using and think this is nice. It makes you feel warm when you're cold; it makes you feel secure, so you carry on taking it then eventually after a week you've got a habit and as soon as you've got a habit you need it".

19.24 This group would get their main income from selling the Big Issue, making approximately £25-50 on an average day. They would supplement this with begging and opportunistic crime. They would spend approximately £5-10 on food and cigarettes; the rest would be spent on drugs,

"You'd either get 6 bags (heroin) for £50 or 5 bags for £45, most would get the 6 and sack the food. If you get 6 bags for £50, people just depend on the charities and the church groups for food".

"Most will have days when they spend £100, when they get their giro or something. Other days they might have a bad day and only do one bag; on average it's about £30 per day. Some days I've done nothing and rattled until the next day".

19.25 All those interviewed acknowledged that those with a heroin habit would see their habit increase once they started to sell the Big Issue,

"Your habit grows and grows and grows when you sell the Issue, you've got money and you've got nothing else to spend it on".

19.26 A number highlighted the crime reduction benefits of selling the Big Issue,

"The Big Issue does work in fact because a lot of vendors don't actually dip (pick pockets) anyone anymore".

19.27 Though heroin was the main drug used this would be supplemented with methadone and benzodiazipines (Temazepam tablets = 50p to 75p a tablet). Some would also drink alcohol (usually strong larger). Most would 'treat' themselves to a small amount of rock cocaine on a daily basis. Some would be using equal amounts (in cash) on rock cocaine and heroin. Some had gone from heroin to rock cocaine full time; other heroin users often saw these people as untrustworthy and dangerous.

"My boyfriends personality changed now he's just doing rock; his attitudes changed, always run down and your habit cost a lot more. He's spending a ton (£100) a day and he's having to sell more Issue and thieve more".

19.28 The majority would have injected heroin before selling the Big Issue; the rest would start injecting heroin because of the contact with other homeless heroin users.

"Someone offers to inject you, you just sit down, put this tourniquet on and shut your eyes, it feels great once that pricks done".

19.29 This group would usually get up early, between 6am and 8am. This would be dictated by where they were sleeping and on whether had saved any heroin from the night before (in reality a rare occurrence). Usually they would wake up 'rattling'. They would then go to the Big Issue offices at 8am and either sell enough magazines to buy a bag (about an hour), or if lucky, see a dealer or friend who could 'lay off' (lend) them a bag. They would then sell enough copies to get money for the heroin for the rest of the day and evening. Once they had made enough money for their daily drugs they would knock off work.

19.30 They would inject at a flat or friends house, in a toilet or just in the street. Heroin was cooked up on the street usually in a cut down coke can. This would be wiped 'clean' with a swab. It was rare to find people cleaning an injection site before a hit; swabs were used to wipe the site after injection. It was usual to inject in the crook of the arm to start off with, a large number were injecting in the groin even if they still had surface veins. Part of this was for cosmetic reasons; the groin is hidden even when wearing shorts. If they had no visible track marks they could get into a hostel and were less visible. Part of the reason was that older users were showing them how to inject in the groin, assuming it to be a better hit,

"Some people go straight in the groin. They might not want people to know that they're injecting, especially in the summer because you want to wear a T-shirt and you're not going to do that with track marks all over your arms".

"It's the people who are in contact with their family, because they can go back to the family and they can't see any marks, they can hide it".

"I've seen people with holes in their groin that you could get 4 pins in".

"People miss loads of times. He's done it to me loads of times and missed. I miss because I don't know how to do it and I've not read the Dig leaflet (Lifeline injection guide he was looking at)".

"They're not bothering to go in their arms, they're just going straight in your groin, cause it's quicker and easier. People think you get a better rush, it hits you faster".

19.31 A surprising number of people mentioned needle fixation as a major problem.

19.32 Injection equipment was usually just dropped wherever an injection took place. Part of this was put down to laziness and part due to the police stopping and searching people.

"There's a stigma about carrying used pins, you get caught with pins and you get a strip search and that".

"They search you in a van or in a police station, you get PNC's and shit. They (the police) don't like pins. Even if you tell them you're taking it back to a needle exchange they still search you, they probably think you're blagging them".

"They take needles off you as a matter of course even if they're brand new".

"It's the inconvenience of going to the cop shop for two hours, even though they don't charge you".

19.33 Sharing of injection equipment was rarely reported by any of this group. This may of course be due to the stigma attached to it (or admitting it). It may also be because the city centre homeless are well covered by needle exchanges even at night time,

"There's no need for that here (sharing equipment)…..When I first came to Manchester I was using the same pin about 5-6 times but now I use a clean pin every time because the facilities are here. Before that I had to get them from chemist shops".

19.34 Overdose was commonly reported. It was a general rule that close friends would look after one another, but there was reluctance with others to do anything more than run away for fear of getting arrested,

"Me and four mates of mine have got this pact that if any of us go over (overdose) we'll leave him there, they put me in a phone box and ring for an ambulance. I don't want them paying for my silliness, I don't want them going to jail".

"I've saved plenty of lives, you stay with them and get someone else to phone for an ambulance…I've never left anyone, but while I was there with him two of my mates robbed him".

19.35 This group often talked about lack of confidence and self-esteem. As they were the most visible of the groups they were the most conscious of what other people thought of them. This ranged from them being attacked to being given 'dirty looks',

"Respect us and we'll respect you. Homeless people are treated like dirt; it makes you feel like shit. They don't realise there's a person inside this shell".

19.36 Most in this group had lost interest in sex. Those that had partners and were sexually active would have sex wherever they could. They would not generally use condoms, even if they were provided. If women became pregnant it was generally seen as an opportunity to 'sort yourself out'.

"When I first found out I was pregnant, me and my boyfriend decided to stop. We were in a homeless family's hostel; we tried to keep ourselves busy. We came into town, getting more information about hostels, the social things, like that. We did a roast (withdrew from heroin) without anything, no aspirin, no nothing. It was the nights that were worst; we would just stay awake talking to each other, rubbing our tummies to stop the pain. You're just sitting there thinking of putting a pin into your arm. We didn't sleep for 3-4 days, after that it got better. As soon as I lost the baby, bang I was straight back on it, I had nothing to look forward to."

19.37 More drugs are taken of an evening. Although most mixed with other homeless drug users, it was rare for people to have an opportunity to talk about anything other than drugs,

" You're sleeping with one eye open all the time. If you're on gear it's not like sleep anyway. You're in a limbo between asleep and being awake".

"You take the most drugs at night, you gouch out, go to sleep then wake up. It's the same rigmarole".

"Even though I wouldn't be alone at night, you wouldn't talk about anything other than drugs, you'd never talk about personal stuff, you wouldn't trust them".

"You'd talk about drugs and who you scored off. Not a lot of people talk about their personal life, you've got nothing else to talk about".

"The only people you're mixing with are other street people and they've got their own problems, ain't they".

19.38 Even though most stated they enjoyed using heroin, most stated a desire to come off. They disliked the lifestyle and knew they would have to come off heroin to get out of it. Some had tried and failed to stop or gone through periods away from the scene. Many saw stopping as a vague desire for the future,

"You dream of a better life, independence, a flat, girlfriend, job, settling down or even education, but you need to get into rehab so you can lead a normal life".

19.39 To stop using heroin you would first need to be determined to change, often this was associated with a life event (like pregnancy mentioned above). If they wanted to stop they would approach a drug service for methadone,

"You go to a drug service and they give you an appointment a week later, which is too late, so you take more drugs".

"As soon as I got myself accommodation, I've come off it. I've got myself a script, I'm on a script now, I've got myself down to 15ml a day, I was on 40 ml".

19.40 Others were not keen on methadone and may use benzodiazepines bought on the street if they wanted to stop. Methadone was not seen to have a therapeutic value unless they wanted to stop,

"Methadone wouldn't work if you're on the streets, it only works if you're on the way out, you can give them a house but it's the boredom when you come off".

"I know a load of people who have taken tablets (benzodiazepines) to help them get off heroin, you'd usually down them (swallow), most people don't inject them. I won't go on methadone, coz it's going from one drug to another, it's worse than gear. The only reason I'd get it is to sell it, even if I was rattling".

"You're just changing your drugs you're changing into a methadone addict and you're still using heroin. The only thing it does is stop you rattling, some just sell it".

19.41 Many saw the chance of speaking to a counsellor as valuable,

'The most important thing is that you like the person and the advice they give you. Mainly it's to keep your mind busy to stop thinking about the heroin, do a course, get an education, if possible make new friends who are not on heroin".

19.42 Most expressed the difficulty of being re-housed whilst they were using heroin. This was because they were spending all their available cash on drugs. This led on to a vicious circle: selling the Big Issue brought in cash but whilst you had cash and were in contact with other heroin users/vendors, the temptation to score was too great,

"(You) need to get out the area, but you need money to get away. But as soon as you've got money you're gonna score".

"Young people will be given flats and just not bother, they don't know what to do with it. They'll go back on the street, 'cause the street is easier".

19.43 Going into rehab out of the area were seen as the most effective means of getting off heroin. Getting into rehab however was seen as incredibly difficult,

"Most want to change, but it's hard getting out of this circle. You can ask and ask, but all you hear is there's no room there, there's no room here. I've been trying for 3 years to get into rehab, that's what you want but it's if you can get it".

19.44 Rehab was viewed as not only the best means of escape, but talked of as a Holy Grail. This may have been in part because few had tried it, those that had been successful were presumably no longer in contact. Most just wanted the option. There was no mention of the possibility of rehab failing or being unsuitable. It was seen as a way of dealing with drug use and all the life events that had led up to it,

"I've got a place, I'm going into rehab in Oxford next month. I've got to get off my script before I go in. Then I can deal with the rape and me mam dying and things like that and get my kid back. They still let me see my kid once a month, but I've got to be clean for 7 years and then they've said I can get her back".

20. Information needs

There is a clear need to address the issue of overdose and returning needles. Both these need more than an information product aimed at heroin users. The police play an important role in preventing people from returning needles and reporting overdose. If the policing practices are as stated by the heroin users they need to change in order for an information product to be effective. If they are myths they need to be dispelled. The returning (lack of) and dumping of needles is a cause for concern amongst resident groups and the police. Further investigation is needed of exactly where (and if) they are being dumped, and where they come from. It may be the provision of secure sharps boxes could be considered for when exchanges are shut. This would need to be discussed with Environmental Health and the City Council. There is a scheme currently underway in Nottingham were ambulance services do not inform the police in the case of a reported overdose.

There is a clear need to address injection practices, particularly around injecting in the groin. There is a need for an injection guide using very simple language. It may be possible to look at running injection classes. The problem of visible track marks also needs addressing. This needs some creative thinking; it may for instance be worth while looking at cosmetics to cover marks.

There is a clear need to look at ways of getting out of the cycle of homelessness and heroin use. The lack of rehabilitation places, The Big Issue's role in sustaining and increasing heroin use and the Manchester Drug Services prescribing policies and waiting lists need to be taken into account. A guide would need to be specific to Manchester and the reality of services.

21.0 Service provider's comments

Service providers tended to comment very specifically on issues that effected their projects. Few comments were made that were drug specific. A general guide to homeless services in Manchester for under 16's was thought desirable, an eye-catching format. Both cartoons and packs with little cards in were mentioned. The problem was thought to be distribution; young people don't access places unless they know about them and they don't know about them unless you tell them about them. They could be distributed to a variety of services like LGF, Lifeline, care homes etc. For homeless people Direct Access was probably most people's first port of call and the best bet for distribution. Another problem was a lack of provision, there is no City Council youth service provision in the city centre and few B&B's that take under 25's.

One respondent had detailed knowledge and contacts with young male sexworkers. He was very keen on a guide for them similar to Lifeline's 'On the Beat' guide for women street workers.

22 THE RESOURCE

There are a number of resources that could be produced. They are presented here in no order of preference:

22.1 A general guide to homeless services

A general guide to services mentioned above. There are a number of difficulties with this apart from the ones mentioned above. Firstly this is not a drug specific product. Drug services are known about by those homeless people likely to need help with a drug problem. Secondly, it would be a waste of time producing a guide unless it was realistic i.e., some hostels are god forsaken places, there are problems getting services to co-operate even without telling the truth. The guide could only realistically be produced in printed form. The most popular choice would be a wallet with small cards in it. These could contain details of services and could be individually updated. It would have to be bright colourful and use as few words as possible, and should contain a map.

22.2 A board game.

This is an extremely interesting suggestion. A board game where the objective is to get out of being homeless. The difficulty would not be graphically but in the 'playability' of the game. It would need a specialist to work on this.

22.3 A gay guide

A guide for gay people becoming homeless would seem a more 'do-able' resource. It would be similar to the guide outlined in 22.1, but be gay 'friendly' and carry details of gay services and help.

22.4 A resource for runaways

This resource would be a cartoon based resource that looked at characters in their late teens who had run away or left care. It would fit more in the brief for Young people in the care of the Local Authority.

22.5 An Injection guide.

This is desperately needed. It should address injection issues and in particular injecting in the groin. It should also address the issue of returning needles. It should be very simple, to the point of almost using no words. The Recovery Alliance in Chicago has done this with some success. It should be supplemented by looking at providing out-of-hours sharps boxes and cleaning up shooting galleries. It may be it is possible to provide cosmetic cream as a way of hiding marks and bringing people into services. The publication should be supplemented by training a number of key contacts in the scene as to injection techniques or at least act as a signpost into appropriate services.

22.6 Overdose Guide

This guide should again be very simple clear and graphic rather than text based. It should make a set of rules for groups of friends. Co-operation is needed from the police and ambulance services. They should both agree to sign up to a common statement that could be put in the guide. Both the above guides could be distributed by Lifeline, The Big Issue etc.

22.7 Information guide on rock cocaine and keeping it under control.

This should be a guide for heroin users about managing to avoid chaotic rock cocaine use whilst maintaining a heroin habit. Like the above guides

it should be graphic-based and simple. It would have to use more text then the above two guides.

22.8 A guide to getting out of the cycle

This is a guide that should look at the warts-and-all possibilities of coming off heroin; breaking away from the life cycle of being a vendor heroin user. It would work best if it showed examples of people, what they have tried, what has failed and what has worked. It would work best if the Big Issue and Manchester Drug services co-operated. Both organisations provide a valuable service for probably the most problematic of all groups of drug users. Presenting drug users with a warts and all guide to the problems of getting out of the cycle would be useful. Given the contacts the Big Issue have with this group, training/presentation sessions, (involving a number of agencies) may be the best option.

Communications for the Future

Young people in the care of the Local Authority

23 **BACKGROUND**

The HAS Report (1996) identified a number of psychological, family and economic factors that would make children and young people 'vulnerable' to drug misuse. One of the groups identified as more likely to experience 'multiple' risk factors were children in care. Being looked-after can also be a risk factor for the other risk factors. Looked-after young people are highly represented in many of the risk groups such as truants, school excludees, young offenders, teenage prostitutes, pregnant teenagers, homeless etc.

23.1 An experience of being 'looked-after' by the Local Authority is the common theme that has run through all the groups of young people studied. 27% of Big Issue vendors had spent time in care, 55% of young offenders in Y.O.I's had spent more than two years in care. Despite this, research into drug use before and after care is thin on the ground.

23.2 During the year 2000, 58,100 children were looked-after in England (Department of Health, 2000). This was a rise of 4.8% on the previous year. The main increase came in the 10-15-age range. 55% of those looked after were boys, 43% were under 10. 6,500 were looked-after in Children's homes.

23.3 The way 'looked-after' children are dealt with by Local Authorities varies, some Local Authorities may rely on institutionalised care homes others may rely more on fostering, adoption and family conferencing with the use of children's homes being seen as a last resort. Within Children's homes there is a wide variety of policy and practice, in many cases within the same local Authority.

23.4 The Children's Act (1989) was implemented in 1991. It emphasised the needs of looked-after young people. A study into its effectiveness (Social Services Inspectorate 1997) was conducted amongst 89 Local Authorities. It found that a 1/3 were addressing needs in relation to substance misuse. Policy and provision was poor in another 1/3, whilst the remaining 1/3 paid no attention to the issue. In many homes staff were given little or no training on specific drug issues.

Drug Use

23.5 Most studies of problematic drug users can retrospectively trace back a disproportion number who have spent time in institutional care; studies within Children's homes are thin on the ground. Most studies have found alcohol; cannabis and solvents were the most commonly used substances (The Social Services Inspectorate 1997, Guirguis & Vostanis 1998). Guirguis & Vostanis carried out a small study of 20 people from two residential units. Cannabis was found to be the most commonly used drug. 16 out of the 20 interviewed had tried drugs although heroin, cocaine, amphetamine and ecstasy had been used by some of the group.

Key Issues

23.6 Whilst there are major issues throughout the care systems, opinions tend to be mixed. Leaving care has been identified as one of the major areas in need of improvement. The failure to help young people manage the transition from care to independent living is identified by Davies et al (1998) as a key target area for improvement.

24. THE STUDY

The study into 'looked-after Children' has been by far the most problematic of the three groups looked at. This was the last of the studies completed, lack of time was a major factor. Gaining access to the Children's homes proved both time consuming and difficult. One Local Authority took several months to give permission and then they only allowed us access to one home. One was reluctant to even consider it and one refused outright. We therefore had to seek permission from an area outside the original brief. We eventually got access to two homes in ……. and also conducted interviews with a project for Homeless Black youngsters in ……. that acted as a care home. None of the Social Services would allow us to interview young people in foster care. This meant that the plan to look at a geographical area had to be ditched.

24.1 Getting information and statistics also proved to be extremely difficult, with information either not being available or obtainable. Further difficulties arose around police clearance for research staff. This was in some cases got around by involving Lifeline Social Workers or having Care Home staff present. The difficulties in gaining access meant that we were not able to spend time getting to know the young people or staff before interviews. We were often speaking to a very mixed group together with staff, or a large number of adults present. We were very conscious of opening up personal issues with vulnerable young people and then leaving these issues unresolved. One of the 'runaways' interviewed in Lifeline's offices

for the homeless project was re-interviewed when we visited a care home. There was a marked contrast in the two interviews, in the care home there was little they would give away, whereas in our offices we could not shut them up. With hindsight working with a drug service who had knowledge of the homes and had the looked-after young people as clients would have been far more effective, as would interviewing young people away from care homes. Again with hindsight Young people who had recently left care should have been interviewed.

24.2 **Service providers**

9 service providers were interviewed individually and 2 focus groups of 3 and 4 people were held amongst service providers. The service providers were from staff within care homes, Lifeline's under 18 Team, health promotion, young people's and bail support projects, senior Social Service personnel and a DAT co-ordinator.

24.3 **Young people in care**

A total of 4 care homes were visited, length of stay varied from 2 months to 3 years. 2 were 10 bedded residential units with clients aged between 11 and 16. One was a semi-independent unit for those aged 16 and over. One was a home for young black people. In total 18 young people were interviewed, 12 male and 6 female. Focus groups were used for the interviews. This had mixed success, on the one hand it did not allow for the discussion of very personal issues, but as has been discussed earlier, this was deliberate, as we were conscious of raising issues and then leaving with those issues unresolved.

THE FINDINGS

The comments are divided into those collected from the young people and those from service providers.

Service Provider comments

Entering care

25.1 It was the view of service providers that main reasons for young people entering homes were: sexual, physical and emotional abuse; bereavement; family breakdown; dysfunctional families (mental disorders, drunkenness and drugs). They felt 50% of young people had parents with drug problems. In most cases care homes were seen as a last resort. There are usually three stages young people go through when entering homes: a visit for tea, an overnight stay; and then they move in. Some felt that young people still had a choice about entering the home, others felt

the decision has already been made. Some homes have an induction pack which all young people are taken through on entering the unit. Others did not.

Drug use

25.2 All acknowledged that drugs were taken in the care homes. The most commonly used drugs in homes were thought to be cigarettes, cannabis, alcohol and solvents. Solvent use was thought to be amongst isolated users rather than a group activity. Older young people used ecstasy, cocaine and amphetamines. The use of LSD and magic mushrooms was not reported. Most felt that the use of heroin and Rock cocaine was rare in homes. Young people in after-care were thought more likely to use heroin, rock cocaine, methadone and tranquillisers and more likely to be injecting drugs and using drugs in a chaotic way. A number mentioned cases in the past where people had died from the use of solvents or heroin. A number mentioned young people on prescribed medication.

Reasons for drug use

25.3 Young people within the care system were felt to be more exposed to drugs and more likely to self medicate to blot out their problems. Peer pressure was thought to be one of the main reasons why they started using drugs. It is always someone older who introduces the younger ones to drugs. Bullying is a major issue in care homes, so it is important to fit in. You are seen as different if you don't use drugs and therefore more likely to be bullied.

"These kids are very vulnerable, their self-esteem is very low, and so are less able to resist peer pressure".

25.4 Education or lack of it was seen as a factor, many of them get excluded from school so receive no education on drugs or sex. Their lack of education also meant some had difficulty with or could not read or write, so could not access written information. Several people also commented on the fact that many of the young people came from a home environment where their parents were using drugs. A number acknowledged that being in care homes could in itself be the reason why young people got involved with 'hard' drugs such as heroin.

"A 17 year old Asian female who only used alcohol and cannabis went into care and then started smoking heroin, she never would have touched heroin had she not been in care".

Being moved around from home to foster care and home and having different workers resulted in no bonding, thus making young people even

more vulnerable than they already were. Mental health problems were also felt to be factors that made young people more vulnerable to drug use.

25.6 Most felt that young people would pay for drugs by becoming involved with criminal activities, such as mugging and dealing.

25.7 Many felt they did not have the knowledge and experience to deal with drug issues. There was a general acknowledgement that staff training was needed.

25.8 There was agreement on the lack of drug services or access to them, as they tended to be aimed more at adults**.**

26 Prostitution

All were aware that it does go on, although they were not aware of any of the young people in care at present currently being involved in sex work.

27 Leaving care

One of the homes visited was a semi – independent unit. These are basically bed-sits; the staff are there to provide minimal support. They are given help with budgeting, cooking, DSS etc. Some of the children's homes had units like this within the home for the older children. Despite this there was a strong feeling that after care services and the transition between young people's services and adult services were inadequate. Leaving care was viewed by staff as the major flaw in the system.

"The services in …….. are crap, they're still kids when they leave here, and expected to be like adults. There are not enough resources".

"They are used to an institutionalised way of life, with everything being done for them".

"There should be a proper after care service. Kids should be assessed at the ages of 15,16,17 to see what they're capable of. You can't kick kids out at that age into a bedsit to fend for themselves; a safety net should be there for them to fall back on, the gaps should be filled. Ages should be split 10 – 14 and 16 – 18. The bit that is missing is when they leave the home and go out into the community".

"Once you reach 17 you are no longer a child, they will provide a service up to 16, but you are not an adult either because you are not 18. In terms of accommodation if your 17 some people wont touch you. In terms of secure accommodation, there are lots of 17 year olds who are very

vulnerable, at risk of self harm, suicide, no education or support, they don't get the option of going to secure accommodation because they're 17, and because there are no beds available".

28 Service providers views of current information

Most commented about literacy being a problem and the lack of resources for those who have literacy problems.

"If you're going to find kids with problems of literacy, then it will be kids in care".

Some felt there was a lack of information; others felt young people were bombarded with it until they were sick of it. Some felt messages were confusing around alcohol and tobacco, why are these acceptable? There was a mixed view on Lifeline publications. Some were extremely enthusiastic, others thought they encouraged you to take drugs. In ……. there are housing leaflets, and a new one about what services are available, although some felt it doubtful young people in care actually see them. There is also a scheme that when you reach 16 you receive a passport and booklet with information about what services are available. Every kid in the borough should receive one. The Brook Advisory centres were seen as good for non drug specific advice.

28.1 Service provider's comments on the content of the resource

The majority of them felt that being age, gender and race specific was crucial. Start young with honest appropriate information relevant to the age group. It was felt different approaches were needed for children with drug using parents, as there is a lot of stigma attached. Carers, foster carers and staff should also receive information. One drug worker commented,

"Producing something to improve the image of drugs workers would really help. They usually think that you're going to be, in the words of one young person, like a womble".

Mental health problems and the knock on effects of using drugs if you have mental health problems was highlighted as were a whole range of different issues: mixing drugs; bullying; self harm; leaving care; entering care; bereavement; criminal activities / lack of money; staff inexperience; lack of parental control; how to look after your mates if there are problems.

28.2 Media and style

A general style that involved information in a user-friendly format was mentioned by most,

"Written by young people, but with help, they know what other young people want".

Leaflets in cartoon style looking at the issues of being in care and the issues that they are going to face was a popular idea, as was the use of non printed materials,

"Walkmans would be a good idea, a good cheap way and also overcomes people with literacy problems".

Several people felt that videos would be a good way of getting around this issue.

"Video's and leaflets. A video by kids in care about kids in care. Lack of literacy skills must be taken into account".

Young peoples Comments

Entering care/ Living in children's homes

29. There were a number of reasons involved for being in care in the first place. Sometimes the young person saw the problem as their fault, *"your mum not being able to cope"* because they had got into trouble with the police etc. Sometimes being put into care was seen as a result of the young person being mistreated, abused or not being able to cope with life at home (usually involving a step-father or "new" family). Alternatively the parents were "drug addicts", ill or in prison, *"Mum's done something wrong and is in prison or a drug addict"*.

29.1 The length of time in care varied immensely, those that had spent any amount of time would however usually have been through a range of foster care and homes before arriving at their present location. Many had 'run away' from or foster placements or family units, or had a break down in the relationship. This often involved trouble with school or the police. Most stated they preferred it to foster care,

" (I) Prefer it here than in foster care, coz we're all in the same boat here".

Many found the experience of first entering homes frightening. The majority of them could not remember or stated they were not told why they were put into care,

"No –one told me anything (you're) just expected to get on with it".

29.2 Most of them understandably disliked being in home,

"(I) think its shite being in a kid's home".

Many felt they were in an institutionalised rather than a home, and complained of minor restrictions like having to ask to use the phone. Whilst restrictions on their lives were disliked, many saw the lack of control as a major issue. They usually felt that they could get away with far more as there were no punishments or sanctions the workers could impose that was felt to be effective. This was seen as both a problem and an advantage,

"You can do things here that you wouldn't do at home, what can they do?".

29.3 A number talked of the stigma of being in a home and said they would lie and not admit to living in kid's home to other people.

"I'd say, I live on my own, in a bedsit or with an aunt".

Day to day activity

30. Depending on their age most were either at college or school. Two of those interviewed were currently excluded from their school, one spent two hours a day in a scheme which specialises in working with black children who've been excluded. Although there were a whole series of organised activities, evenings were (like most teenagers) often characterised by boredom and often spent watching television. The pull of 'hanging around' on street corners or in the city centre was immensely strong, as it is with many young people. Despite restrictions many stated they stayed out later than allowed,

"(You're) meant to be in by 10pm, if you're not in by 12pm they report you to the police, I usually come in by 3am".

Hanging around with friends in the city centre often led to them getting into trouble or problems with the police for those in their mid teens. Increasingly late nights often led to staying away overnight or running away.

"People run away because they don't like it (children's homes), and because they're not your mum and dad and they can't tell you what to do, they can't do nothing except sanction you. If I was at home I wouldn't dare run away 'cause I know my mum would be waiting behind the door with a frying pan".

Rules on times varied between homes. Independent living units allowed more freedom on curfews and visiting.

Prostitution/ sex

30.1 All those we spoke to had come across prostitution among their peers. Although the reasons for involvement in the sex trade are complex, those that commented felt lack of money was the most common reason for involvement of young people from children's homes. None of those interviewed were asked directly about their current involvement in sex work for the reasons outlined earlier. A number felt there was a lack of advice about sex issues such as STD's and condoms. Others had access to advice and condoms. A number mentioned visits to the Brook centre as being useful. One girl spoke of her vulnerability and past sexual abuse (not whilst in a care home),

'I'm a man magnet. I always attract people who do bad things".

Crime

30.2 A number recounted getting into trouble with the police for acts of violence or vandalism when out in the evening. This often happened whilst drunk. Being in the home was also seen as a cause of involvement in crime. This mainly resulted from mixing with the 'wrong sort',

"I started getting into trouble with the police when I moved here. Most kids in care hang around with villains".

A small number of the older young people were heavily involved in crime or saw crime as their career.

'(I) Steel to survive, to buy new clothes, trainers and bud (cannabis) at the end of the day. I need to fix up, look good, 'cause it is bad when I look like a tramp and my friends are looking good…I'm gonna choose crime, it's better than living on the streets with no money".

Dealing with problems

30.3 Although a number were reluctant to talk about problems, seeing it as something to be kept private from both the researches and others in the homes, a range of problems were commonly mentioned. Bullying was the most often cited, physical and sexual abuse, Anorexia and Bulimia and self-harm were also mentioned. Some commented on staff in the home or social workers being there to talk to about these issues. Others felt they

did not have anybody to share problems with, or nobody there when they needed them,

"My social worker only works two days a week".

"(I would like) someone who you can talk to, to express feelings with, (somebody) if I got angry I could just talk to, even a helpline would be handy".

Drugs

30.4 Drugs were often seen as a way of coping with problems,

"They blank out all the personal stuff".

'I did it (sniffing nail varnish) to forget shit like eating disorders, so I could forget all my problems".

Though drugs were often used to 'self medicate' in some cases admitting to a drug problem only led to sanctions rather than help,

"You tell them (care staff) you've got a drug problem, you get kicked out".

By far the most popular drugs were alcohol and cannabis. The reasons for use were usually identical to the use of other young people: for pleasure, to relax, to relive boredom,

"It's a kids home, there's nothing else to do".

"You end up stereotyped as a care kid, so you take drugs anyway".

Older children were more likely to have used amphetamine, ecstasy and cocaine. All spoke of the ease of obtaining drugs,

"If I could afford to do drugs, I'd do them all the time".

A number knew of people who had used heroin whilst in care, though none of those interviewed had used heroin or found heroin use acceptable. A couple had experimented with crack cocaine, although its use was seen by many as unacceptable,

"Big men taking that shit are pussys'. They're just rats. I don't chill with crackheads, they're all older than me and not my kind of people".

A number spoke of contact with older young people in the home as a reason for being introduced to drugs,

"You see more drugs in care because, there's loads of rough people here. I should have been warned about drugs when I came here, because I didn't know anybody".

A number spoke of the use of solvents and volatile substances; some felt they had been addicted to solvents,

"If I had one sniff of a tin of gas, then I'd be hooked again straight away, I used to do it all day, every day".

Leaving care

30.5 Most of the younger children had very little concept of the difficulties of leaving care,

"It'll be different 'cause there's no one to help, I'll be getting takeaways every night".

Older ones either had a career ranging from joining the army to becoming a full time criminal in mind or they were pessimistic about the future,

(About aftercare) *" There's nowhere to go, not the support you need, you obviously need support to be in a kids home in the first place, at 18 you're kicked out ready or not".*

"If you get kicked out of the home you go to a stopover hostel which can only be slept in for one night. You have to be out of the hostel at 9 and then reapply to sleep there the next day".

Young people's comments on the resource

31. A number were shown the (unpublished) resource produced in draft form by Lifeline for a previous 'kids in care project', This was enthusiastically received. A number mentioned the use of cartoons and using the words of other young people.

Some felt they knew enough already about drugs others felt basic drugs education was needed. One mentioned the use of photographs of drugs,

"I'd like to learn about different drugs. What they do and that. People say heroin and brown but I don't even know what it looks like. If someone give it to me and said take it, I wouldn't know what it was".

'I know drugs 'cause I've grown up with all that bullshit. You learn what to take, what not to take".

The older group felt it better for people to talk rather than being given something,

"You can't ask a video or magazines questions".

None of the young black people asked felt the resource should be specifically aimed at black people,

"I don't think there are black issues. I see crack and smack as white drugs and bud as a black drug".

"Everyone's the same aren't they, I don't see there's a difference"

32. The Resource.

One of the major difficulties in producing a communication for care homes is the inconsistency of policy and practice. None of the homes had the same rules or practice for dealing with drugs or any other issues. Both staff and young people highlighted this. This means it is difficult to be specific except on a home by home basis.

The age range of those in the homes is another major issue. A communication for a 12-year-old would need to be vastly different from that aimed at a 16-year-old.

A communication aimed at such vulnerable young people could easily do more harm than good. It should not be used in isolation.

There are two suggestions that we have for a product:

The use of volatile substances seems to come and go in waves. Currently this was not identified as a major issue. However we showed the product initially produced as a pilot for the DoH to both staff and young people and it was very enthusiastically received. It should be possible to use this (as the DoH has already paid for its development). It could have locally drug agency information printed on the back. It would need the production of some guidance notes for care home staff to go with it. This should be used as a pilot; If this pilot were successful it may be possible to produce more product using a similar format covering different issues..

The use of video was mentioned by a number of people. Drugs can not be dealt with in isolation from the rest of the issues involved. The video could cover everything from entering care to preparing people for leaving care. This could cover case studies featuring experiences of different

subjects at different ages. It should be part of a larger pack with exercises and guidance notes together with training for staff. This is well beyond the logistical or financial means of this project. I am aware that Lifeline bid for such a resource from the DoH last year. I do not know if this is currently still in the DoH plans or if somebody else has been commissioned to produce it.

Communications for the Future

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Communications for the Future

The drugs information needs of three groups of vulnerable young people.

Phase 2: Producing the resources

A report prepared by The Lifeline Project for
Greater Manchester Drug Action Partnership

January 2001

Michael Linnell

Communications for the Future

Phase 2:

The aim of this project is to "test out new ways of planning and delivering drug prevention communication campaigns". The project was split into two parts as it was felt impossible to tender for the resources until the research had identified what those resources should be. Phase 1 of the project involved research among three 'vulnerable/hard to reach' groups of young people (under 25) within the geographical area of Greater Manchester. The three groups of young people: young homeless/sexworkers, those in Local Authority care and young offenders. The aim of the research was to indentify the style, media and content of the resources for phase 2.

Phase 2 involves the production and delivery of the resources. Although the research phase finished with the production of the report of phase 1, it was always an artificial divide as the development of the resources is a process that involves research before, during and after production.

Group 1.
Young Offenders (Both within and outside of custodial settings).

Refining the target groups

Early on in the research process a decision was made to concentrate on young men leaving prison. The choice of men was purely numerical in that far greater numbers are involved in the criminal justice process. The decision to concentrate on those leaving prison was made for a number of reasons: the brief was too wide to cover all aspects of youth offending, however, the chosen area covered a large part of this; a need and gap was indentified.

Messages/content

Langauge
Style

Production process The resource identified as the most useful was one similar in style to Lifeline's 'Do Your RIP' (a cartoon leaflet aimed at young offenders entering jail). The subject matter was to be leaving prison. It was to cover relapse prevention, staying out of trouble and avoiding overdose.

There were two distinct groups in YOI's that this publication was to be aimed at; poly drug users who didn't use heroin and poly drug users who did. Although this splitting into the two groups is somewhat artificial in that drug users cannot be so neatly boxed off in the real world, the non-heroin users were often extremely hostile to heroin users and unsympathetic as to their problems. The publication had to address the similarities and differences between these groups. Two main characters are used to represent the two groups; 'Mo' a young British Asian for the non-heroin users; 'Rattlin Ron' for the heroin users.

Early development

The starting point was to produce a summary of the points to be made and refine the message. Using the picture the research had built up of the lifestyle and behaviour of the young offenders pencil drawings were then produced of the main body of the cartoon. The first part of the cartoon aims to introduce the characters and to gain credibility by showing an understanding of common thoughts and feelings. 'Mo' relates his dreams of drugs, sex and partying on the day he leaves jail. Direct quotes from the research are used in a number of places, for instance 'Mo's' speech on the first page of the cartoon,

"Then I've got a decision to make. If the birds aren't into drugs, I'll shag them first and then do the drugs. If they are into drugs, I'll shag 'em and do the drugs at the same time"

Drug use in Prison

Patterns of drug use varied but there was a marked difference between heroin users and the rest. There was a powerful anti heroin sentiment, even in a group who acknowledged the role drugs had played in their imprisonment, this is likely to mean heroin use is underreported in Y.O.I's. Regardless of the drug used all had experience of robbing/ thieving to pay for their drugs, with heroin users having a much higher daily drugs bill to find.

Once inside it would take a few days to a week to obtain drugs, usually cannabis although everything was available if you could afford it. Heroin users didn't withdraw before entering prison. Some were given help with withdrawal (usually DF118's or paracetamol). All stated this was ineffective and experienced severe withdrawals. Some would inform staff of their heroin use, others would not. All the heroin injectors stated that they only smoked heroin whilst inside.

Release from prison

All thought about having drugs and sex when they were released.
A typical scenario would involve being met by friends at the gate, who had drugs with them. Heroin users were more likely to be met for the £40 discharge money in their pocket and then go and buy drugs with the money.

For those not using heroin, the first night of release usually involved drinking and drug taking, this could often lead to re-offending (violence, robbery etc) at a very early stage. There seemed absolutely no desire to stop using amongst this group; indeed the question of abstinence usually led to howls of laughter. Staying in control of drug use was seen as desirable but unrealistic. To maintain some form of controlled use, non-heroin users, gave many of the same answers as heroin users. This involved getting a job, moving away from the area, occupying your time, getting new friends etc.

Heroin users on release

The heroin users had often been through a cycle of use, imprisonment, back to use and then back to prison for a longer sentence, then back to use etc. Some had made attempts at stabilising their heroin use or give up on release in the past but failed. There was always the “one more bag” feeling and always somebody they knew who had heroin. The length of sentence was seen as an important factor. As heroin users went through the ‘cycle’ and sentences became longer and they became older, they became more likely to think about stopping.

If heroin users were to break this cycle a number of things were important. Moving away from the area you came from; re-establishing contact with your family; finding non heroin using friends; finding a job, training or something to occupy your time. Will power was recognised as being the most important factor. A number had made a decision to stop and failed when faced with temptation. The use of other drugs, particularly getting involved or re-involved with the clubbing and ecstasy scene were seen as important factors in staying off heroin for some. None of those interviewed saw complete abstinence as an option. Engaging with a worker from a drug service was seen as important by those looking to break out of the cycle and was spoken of in glowing terms by those who had actually tried it. Methadone prescribing was often viewed as counterproductive; there was however, a real interest in the use of Naltrexone on release.

Overdose on release

For those that continued use on release the problem of overdose was seen as important. Most felt using a £10 bag would lead to overdose. A £5 bag was thought to be sufficient without the danger of overdose. Many started smoking

heroin again on release until they had built up a tolerance again. Others felt a need to inject straight away. Some described ways of dealing with friends, who had overdosed, this usually involved running away before the police arrived.

The resource

By far the most popular existing resource was Lifeline's leaflets and In particular the "Do Your RIP" leaflet. Unsurprisingly given the popularity of the "Do Your RIP" leaflet, there was an almost unanimous agreement as to the style and media of the resource: It should be a cartoon style leaflet. It should be similar in style and attitude to "Do Your RIP". Contrary to perceived wisdom, the prisoners said it would make no difference to the credibility of the leaflet who they thought had produced it or whose logo it carried. The leaflet should have some passages of writing but the text should be short, simple and easy to read. The content should be a storyline about being released from prison. It should cover information about overdose. It should look at controlled use for those non-heroin users, continuing to use. This should include the issue of avoiding violence. It should cover relapse prevention for all users but particularly heroin users and encourage them to attend or keep contact with drug services. It should look at options for staying off heroin for heroin users.

Group 2. Young Homeless/Sexworkers

Manchester City Centre was chosen to study young homeless/ sexworkers as it has a large number of homeless drug users; these often drift towards Manchester from other areas of Greater Manchester. Sex work is an area of equal merit, however it was not felt possible within the time-scale of this study to do justice to both subjects, we did little more than look at overlaps between the two groups.

The study concentrated on homeless young people. Of these 4 main groups were identified. A group of young people whose patterns of drug use can be described as both recreational and 'normal', a high proportion of these were gay men. A second group comprised of criminally active young people, involved in street robberies and dealing ecstasy. Both these groups were using a range of 'recreational' drugs, but were very anti heroin and heroin users. The 'scarecrow' effect of visible heroin users was evident in al three studies. A third group consisted of 'runaways' from children's homes. Although this group were not heroin users, they could see themselves becoming involved in the future. The study concentrated on the fourth group; heroin users.

Homeless heroin users

The majority of this group are daily heroin injectors. Most used a number of other drugs particularly rock cocaine. All the heroin users interviewed were regular or sporadic Big Issue vendors. A number of people highlighted the crime reduction benefits of selling the Big Issue, but all the heroin users interviewed acknowledged that their habit increased once they started to sell the Big Issue. The majority would have injected heroin before selling the Big Issue; the rest would start injecting heroin because of the contact with other homeless heroin users. This group could not be described as chaotic as their day was very structured.

Injection practices

They would inject in a flat or friends house, in a toilet or just in the street. It was rare to find people sharing works, although injection practices were a real concern. It was usual to inject in the crook of the arm to start off with, a large number were injecting in the groin even if they still had surface veins. This partly for cosmetic reasons; the groin is hidden even when wearing shorts; visible track marks could prevent access to hostels. Part of the reason was that older users were showing them how to inject in the groin, assuming it to be a better hit. Needle fixation was seen as a problem by a number of people.

Injection equipment

Injection equipment was usually just dropped wherever an injection took place. Part of this was put down to laziness and part attributed by users to the police stopping and searching people.

Overdose

Overdose was commonly reported. It was a general rule that close friends would look after one another, but there was reluctance with others to do anything more than run away for fear of getting arrested.

Breaking out of the cycle

Even though most stated they enjoyed using heroin, most stated a desire to come off. Most expressed the difficulty of being re-housed whilst they were using heroin. This was because they were spending all there available cash on drugs. This led on to a vicious circle: selling the Big Issue brought in cash but whilst you had cash and were in contact with other heroin users/vendors, the temptation to score was too great. Going into rehab out of the area were seen as the most effective means of getting off heroin. Getting into rehab however was seen as incredibly difficult.

The resource

A general guide to homeless services and a guide for homeless gay young people were thought desirable, although neither of these is drug specific. A guide for runaways is covered under the section on looked -after children. For heroin users there are a number of suggestions.

There are a number of guides needed that should be very simple, to the point of almost using no words. They should address the issues around injection and in particular injecting in the groin. The publication could be supplemented by training a number of key contacts in the scene as to injection techniques. Another should also look at the issue of returning needles. A third should look at overdose. This would involve getting the co-operation of the police and ambulance services to put out a consistent message to encourage good practice. A further guide could look at the use of rock cocaine by heroin users. Given the contact the Big Issue have with this group, a training/presentation session, involving a number of agencies, looking at option for getting out of the cycle would appear the most useful resource for those looking to stop.

Group 3. Young people in the care of the Local Authority

An experience of being 'looked after' by the Local Authority is the common theme that has run through all the groups of young people studied. Despite this, Research into drug use before and after care is thin on the ground. 'Looked After Children' proved by far the most problematic of the three studies. Lack of time, difficulty with access to children's homes and problems about researchers opening up issues and leaving them unresolved were major concerns. Police clearance for research staff was also an issue that caused problems. Nine service providers from a variety of disciplines and 18 young people from children's homes and independent units were eventually interviewed. Because of access problems, these were geographically split between Manchester and Stockport.

Drugs

The drugs most commonly used drugs in homes were cannabis, alcohol and solvents. Solvent use was a problem that came and went in waves. Older young people used ecstasy, cocaine and amphetamines. Most felt the use of heroin and rock cocaine was rare in homes. Young people within the care system often used drugs for the same reasons as other young people, but were more exposed to drugs and more likely to self medicate to blot out their problems. A number acknowledged that being in care homes could in itself be the reason why young people got involved with 'hard' drugs such as heroin. Mental health problems and psychological scaring were also felt to be factors that made young people more vulnerable to drug use.

Some would pay for drugs by becoming involved with criminal activities, such as mugging, dealing. Running away and lack of effective sanctions were seen as both problems in themselves and likely to led to involvement with those involved in drugs and criminal activity.

Many staff felt they did not have the knowledge and experience to deal with drug issues. There was a general acknowledgement that staff training was needed. A number of young people pointed out that drug use was grounds for being 'kicked out' of some homes making admitting and addressing drug problems less likely**.**

All were aware that prostitution took place by residents in children's homes, although none of those interviewed were aware of anybody currently in the homes involved in sex work.

There was a strong feeling that after care services and the transition between young people's services and adult services were inadequate. Leaving care was viewed by staff as the major flaw in the system. It was a major concern of some of the older young people. There was a perception of poor access to drug services for young people.

The resource

Most service providers commented about the lack of resources for those who have literacy problems. Video's and training packs for both staff and young people were felt to be the most needed resource. The (unpublished) resource produced in draft form by Lifeline for a previous 'kids in care project' was enthusiastically received. A number mentioned the use of cartoons and using the words of other young people. Some young people felt they knew enough already about drugs others felt basic drugs education was needed.

One of the major difficulties in producing a communication for care homes is the inconsistency of policy and practice. None of the homes had the same rules or practice for dealing with drugs or any other issues. Both staff and young people highlighted this. This means it is difficult to be specific other than on a home by home basis.

The age range of those in the homes is another major issue. A communication for a 12-year-old would need to be vastly different from that aimed at a 16-year-old.

A communication aimed at such vulnerable young people could easily do more harm than good. <u>It should not be used in isolation.</u>

There are two suggestions that we have for a product:

The use of volatile substances seems to come and go in waves. Currently this was not identified as a major issue. However we showed the product initially produced as a pilot for the DoH to both staff and young people and it was very enthusiastically received. It should be possible to use this (as the DoH has already paid for its development). It could have locally drug agency information printed on the back. It would need some guidance notes for care home staff produced to go with it. This should be used as a pilot, if this were successful it may be possible to produce more products using a similar format covering different issues if the pilot is successful.

The use of video was mentioned by a number of people. Drugs can not be dealt with in isolation from the rest of the issues involved. The video could cover everything from entering to preparing people for leaving care; it could be as big and wide ranging as the budget allowed. This could cover case studies of people's experiences of different subjects at different ages. It should be part of a larger pack with exercises and guidance notes and training for staff. This is well beyond the logistical or financial means of this project.