



*Proceedings of the 2nd Annual
Critical Social Thinking
Conference,
28th January 2011*

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‘Old Wine in New Bottles’: A study of under-18s presenting with drug and alcohol problems to Adolescent Drug and Alcohol Services

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Abstract

This paper is based on the process of conducting a mixed method study of adolescent substance users in the Cork and Kerry region. It involved gathering and analysing quantitative data on under-18 problematic substance users attending Arbour House Youth Drug and Alcohol treatment services in 2009. This data was synthesized with qualitative data gathered on the lived experiences of five service users and their parents. Ultimately this information produced a set of theoretical explanations grounded in the data gathered and analysed. This can be of use to researchers and drug and alcohol treatment stakeholders.

Introduction

In its broadest terms the original research is an attempt to study drug and alcohol use among under 18s in Cork and Kerry and its implications for service delivery. The central research question in the study is what are the subjective drug use experiences of adolescent substance users in the Cork and Kerry region? This article provides an account of the aims, objectives and the rationale for conducting this study. The literature review, the theoretical framework and the methodology that was used to carry out the research is outlined. Particular attention is paid to ethical considerations in relation to researching adolescent drug users. The article also provides some analysis and discussion on the findings from the fieldwork.

Aims, objectives and rationale

Article 12 of *UN Convention on the Rights of the Child* (UNCRC), European Commission guidelines (Commission of the European Communities, 2006) and Irish National Children's Strategy (2000) suggest that it is important to create a space for the views, opinions and experiences of young people to emerge. With this in mind the study:

- Generated knowledge and understanding of adolescent drug users attending for outpatient treatment at Arbour House in 2009.
- Uncovered some of the subjective drug use experiences of young psychoactive substance users and their parents attending the Arbour House youth drug and alcohol treatment services during 2010.
- Gave meaning and insight into some of the key drug and alcohol issues that affect adolescents from the perspective of the young people themselves and their parents.
- In some way, addressed the paucity of qualitative research available on adolescent substance users in the Cork and Kerry region.
- This generated material for discussion, and theoretically, has implications for researchers and service delivery in the region. To achieve these aims it was necessary to;
- Devise a rigorous scientific methodology, suitable for conducting research in the social sciences.
- Develop a clear, practical and cogent set of ethical guidelines and a theoretical framework appropriate for researching adolescent substance users.
- To carry out a literature review to create a context and a theoretical framework.

The extent of current problematic drug use within this particular target group was provided by conducting primary research into the nature and prevalence of psychoactive substance misuse in Health Service Executive (HSE) South area between January and December 2009. This data was then synthesised with semi-structured interviews with five young service users and their parents in 2010. According to Kilkelly and Donnelly (2006: p.2), in a study they conducted into the legal framework for young people's participation in the healthcare setting, the state has a legal obligation to listen to young people in the healthcare sector and more

importantly, this process in turn, can have a therapeutic effect that is worth harnessing. More specific to the area of drug and alcohol treatment, Cullen (2006) in his *Report to HSE Regional Drug Coordinating Office – Adolescent Treatment Framework*, suggested that in developing services targeting adolescents there should be consultation with the teenagers themselves, their families and the communities from where they come.

Theoretical framework

Adolescent substance use is a very complex social phenomenon, so to conduct this study and to answer the research question adequately it was necessary to devise a multi-method inquiry to attempt to understand this aspect of our social world. The philosophical assumption that underpins this research is based on what Creswell (2007: p.17) calls ‘the inductive logic of discovery and the emergence of a theory based on a study of the available data’. There is a dearth of academic research into young people and substance use in Cork and Kerry. Fraser and Robinson (2005) cited Denzin (1977: p.2) as framing the sociology of children as a new departure when he argued: ‘Children must be viewed as historical, cultural, political, economic and social productions’.

The philosophical and epistemological approach to this mixed methods and multi-paradigmatic study on adolescent substance use might best be considered from the interpretive paradigm and from a constructivist or symbolic interactionist perspective. Creswell (2007) forwards the view that the constructivist perspective emphasises the importance of the subjective meaning that participants attribute to experience, which is located not just socially but historically. The symbolic interactionist focus is on the subjective understandings and perceptions of and about people, symbols and objects. Blumer (1969) cited in Berg (2009) writes about symbolic interactionism as being a school of thought that attempts to explain some aspects of human behaviour through the ways people interpret their social world through learning and communication. The symbolic interactionist paradigm suggests that people create meaning derived from internal realities, based on their social interaction processes. The theoretical perspective that guided this research is grounded theory.

Methodology

This project began by analysing primary data gathered on adolescent service users attending Arbour House. This approach allowed for analysis of the reactions of all service users to the questions asked between January and December 2009. This local data collected by staff in Arbour House was extracted from national data that in turn contributed to Health Research Board's (HRB), Alcohol and Drug Research Unit¹ (ADRU) national survey of drug use. This allowed a set of findings in relation to drug use trends in the southern region during that period to emerge.

The remaining data for this study came from semi-structured qualitative interviews with five service users and their parents attending Arbour House in 2010. Kvale and Brinkman (2009: p.29) describe the qualitative interview as a research method that gives privileged access to a person's basic experience of their lived world.

Participants were male adolescent substance users attending Arbour House youth drug and alcohol services in 2010 and their respective parents. The interviews took place in Arbour House, were conducted on an individual basis and targeted both female and male participants. The one female participant withdrew from the study and stopped attending the service without any notice. This type of attrition is common in research with substance users and is one of the difficulties in trying to conduct this type of study, according to Onken and Blaine (1997).

The interviews with the young people were semi-structured with some probing for detail on the answers. They were fifteen-minute conversations along three different themes;

- What they enjoyed about using drugs?
- How this impacted on their lives?
- Suggestions as to how Arbour House services could be improved to help them address these issues.

The impact on their lives was assessed through using eight scaling questions on how their use of substances has affected their lives in a number of domains; family, school/work, relationships, social life, financially, mental health (depression/suicide

¹ The ADRU is a multi disciplinary team of researchers and information specialists who maintain a database of information on the Irish alcohol and drug situation and its consequences and informs drug and alcohol policy and responses nationally (HRB, 2009).

attempts/ideation/paranoia), physical health and any legal difficulties they might be experiencing. Each participant was invited to rate on a scale of zero to five the impact of substance use on each area of their lives as listed above. Zero meaning no impact and five meaning it had a big impact².

Rather than this being a positivistic attempt to quantify the severity of impact that substance use had on these young lives, the scaling questions were used instead as an in-road to explore each area of the young person's life based on why they located themselves on that particular point in the scale. This particular method was chosen after a pilot interview had very little focus and drifted from the area of investigation. Parents participated in similar interviews and answered the same questions from an adult perspective. Each domain was then explored with open-ended questions to allow the young person or parent to elaborate on each topic. Using qualitative inquiry and open-ended questioning allowed the respondents to offer an understanding of their views without predetermining their responses, which is what Patton (2002: p.21) would recommend.

Synthesizing the primary quantitative data collected in Arbour House with the qualitative data gathered from interviews with young people and their parents allowed for triangulation and this can increase what Berg (2009) identifies as the depth of the investigation. The underlying rationale for this mixed method inquiry was to generate deeper and broader insights into adolescent substance use and attract a wider range of interests and perspectives on the study. There by contrast, this qualitative method provided a richer, more detailed narrative from a smaller number of participants. Nonetheless, it offers further insight into the experiences of adolescent psychoactive substance users in Cork and Kerry throughout the period under investigation.

Ethical considerations

In Ireland there has been a huge increase in multi-disciplinary research on young people over the last few years. Compared to requirements in research with adults, research with adolescents faces additional ethical considerations. Fraser et al. (2005) put forward the view that this has to do with their ability to make informed decisions

² This is known as a Likert scale named after Rensis Likert who first demonstrated the use of this type of survey in the 1930's (Mc Millan, Weyers, 2007)

and the role that *gatekeepers* such as their parents or guardians, have in the research process. Felzman et.al. (2009) assert that the strong demand for protecting young people from harm needs to be balanced with the equally urgent need for empirically sound research findings that can help improve services for young people.

Bearing these points in mind, this study was carried out in accordance with the ethical guidelines laid down by the Sociological Association of Ireland (SAI), the British Economic and Social Research Council (ESRC) and by the ethical guidelines of the professional accrediting body the Irish Association of Alcohol and Addiction Counsellors (IAAAC).

The voluntary informed consent of each young person was sought and obtained prior to their participation in the research. Parental consent was sought in all cases, once the young person had agreed to participate. All of the participants received a detailed description of the purpose of the research, as well as an account of what their participation involved, in terms of commitment of time required and the nature and content of the interview. Participants were given assurances of confidentiality, including the guarantee that their name would not be mentioned in any written dissemination of the research findings. However, all participants were informed of the limits to that confidentiality. If any information was disclosed that indicated that they were at risk of coming to harm or if they intended to harm another, then it was required to inform a relevant concerned adult. Confidentiality was assured with cognisance to age and safety.

Considering the vulnerable position in which adolescent substance users may find themselves and the possible perception of an imbalance of power when they first attend for treatment, new clients of the service were not interviewed. Instead, interviews were conducted after a minimum waiting period of a month so they could stabilise their use or were abstinent and not as vulnerable and were in a position to provide informed consent. All information was stored confidentially and safely in Arbour House in a secure filing system and was subject to the Freedom of Information Act 1997 and Data Protection Acts 1988 and 2003. Information and data written in this article remains anonymous and no participant can be identified by their contribution to the study. All data was rendered irreversibly anonymous, where practicable. Participants could have withdrawn from the study at any stage and were

assured that withdrawal would not affect the service they receive from Arbour House. Finally, participants were informed that to take part in the interview is part process of contributing to a Masters degree and it was also aimed at improving services for young people with drug and alcohol problems.

Limitations

There are limitations to this study. In agreement with the view of Cooper (2009) these research findings and for that matter research findings in general urge us to be cognisant us of the limitations of the scientific method such as, the methods, measures or procedures that influence the findings. The small sample size in this particular study reduces the generalizability of the findings. The assumptions of the researcher, their agendas or biases or the generalities rather than the specifics of the outcomes or findings, urges us to be cautious when interpreting this research. This author carried out the interviews so the issues of a pre-existing relationship and interviewer bias must be factored into any interpretation of the study. Denzin (2008 p.440) makes the point that very often interviewees will say what is expected of them and what interviewers think respondents meant and what they actually mean can be different. A simple but effective example is to walk into a room and say 'its cold in here' which could mean '*it's cold in here*' or possibly '*please close the window*' or '*why haven't you paid the heating bill*'.

This study was not an attempt at providing a comprehensive understanding of adolescent substance use as this could be likened to trying to describe an infection. It should be considered as a snapshot of adolescent drug use in Cork and Kerry that may be accurate only for a particular moment in time and this particular location.

Literature review

The literature review consisted of the relevant international and national literature related to adolescent psychoactive substance use. The literature regarding how to conduct qualitative studies using grounded theory and the legal and ethical issues for conducting research with young people and;

- The curricula of Irish training programmes for addiction workers in the field ³
- Contemporary literature in relation to substance misuse treatment systems and interventions for young people who have problems associated with substance use.
- An appraisal of publications from the European Monitoring Center on Drugs and Drug Addiction (EMCDDA) and the American National Institute of Drug Abuse (NIDA) in relation to adolescent substance use.
- Various Irish government publications and national policies and strategies in relation to drugs and young people.
- A search of on-line journals and databases using the terms; adolescent substance use, adolescent treatment, adolescent poly-drug use, student drug use, teenage drug and alcohol treatment..

Findings and Analysis

This section provides an analysis of the statistics gathered from Arbour House and synthesises those with the data gathered from the interviews with young people and their parents. It provides a synopsis of the main themes that emerged from the study. These themes that emerged centred on; demographics; ethnic and cultural issues; the effect of substance use on family functioning; polydrug-use; financial and legal issues; school and social lives and the physical and mental health of the participants in the study. The analysis finishes with a consideration of some of the suggestions that were made about improving services for young people in the context of current practice and the implications for service provision in Arbour House youth services.

³ A review of all available courses on addiction in Ireland was carried out to see if there was training provided to addiction personnel that would help them to treat adolescent psychoactive substance users effectively. The curriculum review was included to identify whether the training of addiction professionals included training on best practice in relation to working with teenagers with drug and alcohol problems. The directory of training courses and training programmes on drug misuse in Ireland, (Dunne, 2010), available from the national documentation centre on drug use (NDC 2010) was reviewed. Only three of the one hundred and two courses that offered drug and alcohol related training had content that specifically mentioned skills for working with young people. These courses ranged from single sessions to courses lasting up to three years and included certificate, diploma, degree, masters and PhD programmes.

Demographics

The Under 18s Report⁴ (2005) found that a significant amount of the workload at drug and alcohol treatment centres consists of interventions with adolescent substance users. Over 14% of all new cases treated in Ireland during 2008 were aged under 18 years, a slight increase from 2007 (ADRU, 2010). Arbour House has a catchment area spanning Cork and Kerry and serves an approximate population of 621,000 thousand people (Census 2006). Only five percent of the activity in Arbour House in 2009 was with under 18 clients compared to fourteen percent nationally. This may not represent the full picture when thinking about activity in the centre. Adolescents (because of the age of consent) are encouraged to attend the service with an adult and will usually have a number of other professionals involved in their case, for example social workers, juvenile liaison officers, probation officers, community outreach workers and teachers. This, by default, increases the workload involved in each individual case requiring treatment, when compared to adult service provision.

The statistics show alcohol and cannabis are consistently the drugs of choice. Nonetheless, we have seen in the mid 1990s a surge in heroin use among this age group in HSE Eastern region and the new millennium saw a huge increase in cocaine use nationally, according to Under 18s report (2005). There has been an increase in heroin use among the adult population in Cork over the last three years but this doesn't appear to have transferred in to the adolescent population yet.

Nationally, problem drug users in treatment are typically, young and male, have low levels of education and are unlikely to be employed (ADRU, 2009: p.127). A typical adolescent client attending Arbour House could be described as being 16 years old, Irish, male, from the North side of Cork City, still living at home with his parents and going to school, having completed junior cert. After being referred to the service for the first time by an outreach worker because of polydrug use, this typical client would have had to wait ten days to be seen. However, there is a likelihood that the brief intervention or individual counselling they received was successful and a family member would have supported their attendance.

⁴ Report of the Working Group on Treatment of under-18-year-olds Presenting to Treatment Services with Serious Drug Problems, from this point onwards is called the Under 18s Report

Fifty percent of adolescent clients come from the North side of Cork City. The North side of Cork City is an area that has historically experienced social and economic disadvantage, with high levels of unemployment, dependency and early school leaving, and low levels of transfer to further education according to (O’Fathaigh, 1998). Areas that are affected by this type of social exclusion tend to have higher rates of substance use problems.

Ethnicity and Culture

Based on the available statistics it would appear that no adolescent members of the Travelling community are accessing services in Arbour House. In a study she carried out on behalf of the National Advisory Committee on Drugs (NACD), Fountain (2006: p.14) found that Traveller young people are at risk of problematic drug use. The reasons for this are the disadvantages they face socially and economically in areas such as; health, education, employment, accommodation, history of or current drug use, criminality, family, social networks and the environment. Fountain (2006) also suggests that there is evidence of on-going drug use among the Traveller communities.

Substance use among this ethnic grouping is very much an undocumented phenomenon and up to as recently as 2009 there were no statistical data available on Traveller drug use. The only mention of Travellers in the National Drugs Strategy (NDS) 2001-2008 was that research should be carried out on drugs issues in the Travelling community. The National Drugs Strategy (NDS) 2009-2016 acknowledged that there still weren’t figures available on the prevalence of substance use among this ethnic group. However, efforts are being made to change this (NDS) 2009-2016 and what emerged from this study is that data is now collected on ethnicity in local and national statistics. Or rather, a field has been created on the forms used to gather statistics on this cohort of substance users, but there are still no data to enter in the fields at least in relation to those attending Arbour House adolescent services. Fountain (2006: p.19) suggests this may be because there are barriers to accessing services for Travellers. These barriers are;

- Lack of awareness of the existence and nature of drug services
- Lack of formal education, literacy issues around form filling etc.
- Stigma and embarrassment

- The lack of cultural competence by services
- Racism and discrimination

There are also systemic factors that may explain the reasons for Travellers not presenting to Arbour House services. Over the last number of years the Cork City Local Drugs Task Force has provided funding for a project called the Traveller Visibility Group, to set up a support project on drugs and alcohol which targets members of the Travelling community specifically. This service provides confidential information support and drop in services for this target group. While this may provide an understanding of reasons or barriers to accessing services at Arbour House, Travellers need to be considered to be a particularly vulnerable group and their needs are based on issues of inequality, marginalisation and social exclusion.

Family

The family has a big part to play in setting the scene for adolescent substance use. Family involvement is a crucial part of the work with cases under 18 years of age attending Arbour House. On average, one family member attended with each client. The most family members that attended with a client were three. The young people and their parents, who were interviewed, suggested that drug use had a major impact on the whole family. It affected family interactions, caused stress, impacted on parental relationships, caused distrust and caused one parent to even hate his son, as a result of his behaviour. Parent-child relationships and the family environment can both protect adolescents and also offer protection against progressing substance use that has already been initiated. When drug use has been initiated, the effects on the family are huge, according to these young people and their parents; marital relationships deteriorated, the family became dysfunctional, disorganised and there were financial difficulties. All of these impact hugely on the young person already using drugs and, according to risk and protective factor theories (Gilvarry, et al. 2001; Newcomb, 1995; Liddle, 2004), any other children in the family, by default, are at higher risk of developing substance use problems themselves.

There were a number of actions in the National Drug Strategy NDS (2009-2016: p.50) that emphasised the needs of adolescent drug users and their families in treatment. The NDS recognised that treatment services for under 18s at Tier 3 within the 4 Tier

treatment system need to be developed outside of Dublin and it was recommended that treatment programmes should include family therapy. The strategy also recognised that families have the potential to play an important supportive role in the rehabilitation process.

There are a number of evidence based family substance misuse treatment programmes that have been tested in control trials and process studies. These are identified by (Liddle, 2004: p.1) as Brief Strategic Family Therapy (BSFT) (Szapocznik *et al.* 1986), Multisystemic Therapy (MST) (Henggeler 1999), a family empowerment intervention (Dembo, *et al.* 1998), an integrative cognitive behaviour therapy and family therapy model (Waldron *et al.* 2001), Community Reinforcement Approach and Family Training (CRAFT) (Myers, 1999) and Multidimensional Family Therapy (MDFT) (Liddle 2002).

These family based programmes are empirically supported in their claims to produce significant reductions in substance use, involvement in crime, school and family problems and involvement with deviant and substance involved peers. In a meta-analysis of psychological therapies provided for adolescent substance users, Carr (2000) suggests that family therapy is the intervention that has the most successful outcomes. Some of these programmes are based on what might seem like simplistic systemic thinking, postulating that - if you bring about improvements in the family interactions - that the family will function better, thereby, protecting youth from gravitating towards other young people with problems (Liddle, 2004: p.2). This systemic approach also includes assisting families in their interactions with other systems such as schools, social services, the criminal justice or social services/welfare systems, again hoping to pry the young person away from other negative influences in their environment. By working on drug using behaviour and cognitions with the individual, working with the parents on the family environment and the family as a whole on their everyday psychosocial world, improvements can be achieved in a milieu of ecological influences that impact on the young person (Liddle, 2004: p.3).

Polydrug Use

Interestingly, three of the four young people interviewed in this study were aware of the effect that substance use had on all domains of their lives. They also made

distinctions between the varying intoxicating effects the different substances had on them and the different behaviour associated these effects. Each of the young persons interviewed was a poly-drug user, meaning that they were using a number of substances. This was consistent with the majority of other young people attending the service during 2009, fifty-seven percent using at least two drugs, thirty-three percent using three different drugs and eighteen percent using four substances. The most popular being alcohol and cannabis, followed by benzodiazepines and cocaine. Although polydrug use among adolescents can be an indicator of early initiation leading to problematic substance use or dependency in later years, in addition to risk behaviours or deviance, there can be a number of other reasons a young person might misuse multiple substances (EMCDDA, 2009).

Different substances when taken together, it must be noted, can have idiosyncratic effects. One young person said that when he consumes alcohol and ‘smarties’ (benzodiazepines) ‘you just don’t know what’s going on. You’d just be running around the place trying to rob anything you see. Breaking into cars everything you wouldn’t even know the next day’. This indicates a link for this young person between polydrug use and criminal behaviour. Different substances can also have cumulative or complementary effects or they may be mixed to increase the overall drug experience or ‘buzz’ as one of subjects of the study would say. Offsetting the negative effects of a drug can be another reason to take an additional substance; for example, benzodiazepines to counteract the effect of taking hallucinogens or to help the user sleep after taking amphetamines, ecstasy or cocaine. One of the young people interviewed reported that it helped him ‘to go over and crack on to girls and he wouldn’t even think twice about it’. These are important comments as they provide valuable insights into the reinforcing aspects of this young person’s drug use. For this individual recovery will inevitably involve developing more effective coping and social skills.

It should be noted that heroin can also be used to assist with the ‘come down’ or the ‘burnout’ experienced after ecstasy, amphetamine and cocaine use. One interviewee reported that those experiences were particularly hard to cope with. Polydrug use may also occur because particular substances become cheaper, more expensive or more available at particular times. Emerging from the statistics analysed in this study,

herbal cannabis (weed) is more prevalent in Cork and Kerry at the time of writing. This could be because the alternative to herbal cannabis is cannabis resin (soap bars)⁵ and these can be mixed and compressed with anything including camel faeces. While early initiation may increase the likelihood for later problematic use, harmful use or dependence on substances, there are also acknowledged concerns around the impact substances may have on the developing adolescent body and brain, the extent of which may only become evident in later life.

Alcohol was one of the substances causing most problems for the young people attending Arbour House during the period of the study. It has been acknowledged to be a contributing factor leading to young people causing long-term damage to their developing brains and can damage learning and memory processes. It also impacts on the economy through increased policing costs, health related costs, absenteeism, public order problems, crime, drink driving (Mongan, et al. 2009: p.20). The costs of the pain and suffering caused to individual problem drinkers and their families and the communities they come from are far more difficult to calculate.

Financial and Legal issues

The young people interviewed in this study acknowledged that they were either in conflict with the criminal justice system or were aware that if they were caught that it would cause legal difficulties for them. Even so, they continued to use substances. One interviewee reported that he had engaged in acquisitory crime to pay for drugs and another interviewee had sold and transported drugs to pay for their own supply. All the interviewees except one reported spending all of their money on drugs. One also reported a level of fear in relation to their personal safety as a result of drug debts. This was also recognised in the NDS (2009-2016: p.14);

Concerns were raised about increased levels of intimidation within local communities across the country. The nature and scale of intimidation has increased with families of drug users increasingly regarded as targets. The

⁵ Cannabis resin sold as hash, especially the 'Soap Bar' variety, is usually cut with other substances to increase the bulk and thus to increase the supplier's profit. The contaminants may include a variety of substances, with reports of henna, turpentine, boot polish, animal poo, and even tranquillisers. These impurities are then smoked and inhaled along with the cannabis resin. (<http://www.talktofrank.com/drugs.aspx?id=172>).

increase in intimidation is, in part, thought to be due to increased levels of drug-related debts.

It was suggested that this was associated with the increased prevalence and use of cocaine. Drug debts are a common factor for adolescents attending Arbour House. There is, in some cases, an expectation from drug using peers that a young person shares drugs and also provides drugs at certain times. This can sometimes be a reciprocal arrangement. Those with access to a regular supply may buy larger amounts to secure their own supply and to, maybe, sell to friends, the profit is then used to fund their own use. As a young person's use increases very often they end up owing money to dealers who use violence and intimidation to secure payment. Other times they require a young person to transport drugs for them. The young person runs the risk of being caught in possession of drugs, or with intent to supply. Often they are caught, as was the case for one of the participants in the study. Sometimes parents end up paying off drug debts for the young person. This is the struggle that one parent faced which was expressed as 'He owes thousands and is being threatened and beaten up. I don't have the money to give them, I only work in a [place of employment] If I pay them where will it stop'? This is a regular occurrence and sometimes parents have even re-mortgaged their homes to finance their children's drug use (Mc Queen, 2010).

School and Social Lives

Involvement in sports or other social activities and school were additional areas of these young people's lives that didn't escape the effects of developing a relationship with substances. This is consistent with the *Social psychological framework for studying drug use* developed by (Jessor and Jessor, 1980). These authors suggest that when someone increases their involvement with substances, the more frequent and intense that the use becomes, it increases the likelihood that academic achievement as a value diminishes. This becomes apparent as the young person spends more time acquiring, ingesting and recovering from the substance.

These young people talked about having fun with their friends, 'the buzz', the good feelings, and the escape from home life problems or relief from negative affect. These are powerful immediate reinforcers of substance using behaviour. Using terms

borrowed from behavioural economics, which are applicable to studying substance use where the essential problem is excessive demand for substances. Marlatt, et.al. (1997 p.68) argue that; ‘Demand for any commodity is a function of the economic context, for example the price, the price of other commodities and income. Behavioural economics then suggest that future probabilistic outcomes are discounted at varying degrees’.

According to these authors, practitioners at Arbour House need to consider the current value of substance use to young people and that they may discount the future more heavily than non-users. This discounting may explain why some of these young people give up the possibility of a better future in favour of the immediately reinforcing aspects of substance use. This consistent with the theory of operant conditioning (Skinner, 1953 cited in Rotgers, et.al. 1996) which suggests that behaviour is likely to be repeated, based on feedback from the environment which is perceived as subjectively positive or rewarding (physical pleasure from drug use) or subjectively negative, an avoidance of bad experiences (e.g. relief of social, physical or psychological discomfort). This also has implications for providing services like those provided in Arbour House because very often drug using behaviour becomes very highly valued if not the most valued activity for clients. If insisting on abstinence means to the user, the removal of something so valued, then helping them replace it with something of equal value must be a priority. Helping them quickly to identify and engage in valued alternative activities in their communities that can reinforce non-substance using behaviour, or possibly, allow some substance use until they are ready to devalue substance-using behaviour, could greatly enhance the possibility of more effective outcomes. It also can assist practitioners in understanding the motivations of clients who may be unwilling or unable to engage in treatment services provided in Arbour House.

Physical Health and Mental Health

There was some uncertainty expressed by the young people in this study in relation to the impact drug use had on their physical and mental health. The young people interviewed were uninformed about the physical impact of substance use on their developing bodies and brains. After starting to use drugs, young people tend to think they have their use under control. A number of authors suggest that, very often what

they don't know is that regular use has been found to affect the way their brains work and how their genes are expressed

(<http://www.nida.nih.gov/scienceofaddiction/sciofaddiction.pdf>), Mash et al. (2007) and Torres (1999). This, then, affects their behaviour and can sometimes lead to dependence or addiction with the presence of compulsive drug craving, drug seeking, tolerance and withdrawals in some cases.

Injecting drug use and sharing of injecting equipment or '*risk behaviour*' doesn't appear to be an issue for the young people attending the service or for those interviewed. The figures in this study show only two heroin users presenting at Arbour House. These were non-injectors and weren't engaging in risk behaviour, which would indicate that they were smoking heroin, or 'chasing the dragon' as it is known as in 'drug subculture argot'⁶ (Johnson, 1980).

In another attempt to map terms more usually associated with economics onto this situation, it may only be a matter of time before smokers start to inject heroin. If a smoker has a habit that requires using two twenty-five euro bags per day, it makes more sense economically to inject. Injecting increases the drug effect, as more of the drug reaches the brain more quickly, giving a 'rush'. The route of transmission is quicker, it increases the drug's bioavailability as it bypasses the body's detoxifying defences in the liver and the half-life of the drug is extended. Hence, reducing the amount of the drug needed to produce the same effects and the burden of cost of the drug to the individual user (Medical Officer Arbour House, personal communication). This is very common in controlled environments like prisons, if heroin is scarce there tends to be a shift from smoking to injecting (Long, et al. 2003).

Two of the young people interviewed reported that they get depressed and one was experiencing auditory hallucinations and was being treated for depression. As cannabis is the most commonly used illegal substance it is worth drawing attention to the mental health risks associated with its use. There is a growing amount of literature that would suggest that cannabis use could trigger mental health problems such as

⁶ A secret language used by various groups—including, but not limited to, thieves and other criminals—to prevent outsiders from understanding their conversations (<http://en.wikipedia.org/wiki/Argot>)

schizophrenia, depression and suicidal ideation and suicide attempts among young people (Corrigan, 2004). This is even more relevant as modern production methods have allowed for more potent forms of cannabis to be marketed like skunk⁷. Corrigan (2004) in his paper on the impact of drugs on mood, memory and learning, cites Hall (2004 p.509-515) one of the world's leading experts on cannabis who has suggested; 'Three groups are particularly vulnerable to the psychotogenic potential of these drugs namely; those with a history of mental illness; those who are daily or near daily users; and those who have had a bad experience with Cannabis'.

So, apart from these substances having the potential to be dependency-forming or addictive, they also have the ability to impact on an individual's mental health. There are estimates that up to two thirds of adolescents with substance use disorders have co-morbid psychiatric disorders. More and more young people who present to child and adolescent mental health services (CAMHS) also misuse substances. This could be to self-medicate as a result of distressing psychiatric symptoms or visa versa. The main co-morbid disorders are attention deficit disorder (ADHD); conduct disorder (CD), anxiety disorders, mood disorders and psychosis. These sometimes co-exist with a substance use disorder and need to be screened for at the assessment stage they very often require parallel treatment interventions requiring psychosocial interventions alongside pharmacotherapy (Checinski, 1996).

Suggestions on how services could be made more effective

The young people interviewed didn't have many suggestions on how services could be improved other than some suggestions on 'having a pool table or some Bob Marley colours'. This says something about the clinical environment in which they receive services. One young person said that 'staff that had been through this themselves and understand what it is like for us', was important to him. This indicates the priority that this young person places on professionals being able to understand what they are going through and being able to relate or empathise with them. Although the suggestions weren't extensive these are the things that young people using the services consider to be important.

⁷ A cultivated hybrid Cannabis plant that is a cross mix between Cannabis Sativa and Indica. It has the high and flavour of the Sativa combined with the fast growing and blooming of the Indica. These plants can reach THC-quantities from 8% up to more than 20% depending on the variety that is used.

Apart from positive recognition of the work already being done in Arbour House, some of the suggestions from parents were that maybe interventions could be delivered in their homes. This, according to one of the parents, would make the intervention more real and a part of the young person's life. Liddle (2004: p.79) while making a case in point for family therapy type interventions, specifically Multi-Dimensional Family Therapy (MDFT), states that treatment interventions need to be flexible in their formats. They need to be able to bring the session to the client if you like, with sessions held in clients' homes, at school, at juvenile courts or other institutions. Further suggestions are that the intervention should be tailored to individual family's needs in different settings, so that treatment interventions are adaptable to the individual clinical case, and also to real-world clinical settings. Local and national policies, protocols or treatment services in Ireland don't appear to be that progressive in their approach currently NDS (2009-2016) and Under 18s report (2005).

Another parent requested that they shouldn't have to drive for two hours each way to a treatment centre, and that each county and town should have an adolescent treatment service. That same parent requested that there be detox facilities for young people that are dependent on substances and unable stop without medical assisted withdrawal. Current services provide six residential treatment beds in Cork and no residential detox facilities are available for adolescents in the region. This parent's frustration is understandable. The Under 18s report (2005) recommended that the services would be adolescent-specific, local and accessible, and have a combination of disciplines on site. However, Arbour House is able to provide community based detox on demand for young people where necessary.

Implications for service provision

All of the young people attending arbour house in 2009 received brief interventions or individual counselling type interventions. The young people interviewed in this study indicated that their needs required more comprehensive types of interventions as they presented with multiple and complex needs. It is important for service providers to be able to work directly with the young person on reducing the harms they are exposing themselves to by using substances. It also requires them to have the skills to be able to work in an interdisciplinary and multi-systemic way with their families, with medical

services providers, mental health services, the juvenile justice system, schools and other community based supports to effectively bring about change in the environmental and ecological milieu of the young person and their families. To do this a thorough understanding of adolescent development and adolescent substance use is a priority for all those working in drug and alcohol treatment services. Service users need to have more of an input into how services are developed, configured and delivered. Practice needs to be guided by the needs of the service users. Practitioners working with adolescents in need to be guided by more than; their own life experience, their colleagues, academic training or supervisor guidance, but also informed by the most up to date research available on what works in adolescent substance use treatment provision. Services that value reflexive praxis may need to consider their ability to deliver this type of inclusive and effective treatment. Services need also be able to provide equality of service to ethnic groups. Especially, among the Travelling community and other new communities, to make youth services more accessible and collaborating with services like the Traveller Visibility Group (TVG) and other organisations providing drug and alcohol services to marginalized groups. This may require equality proofing processes, procedures and protocols, adapting the organisational culture and increasing the profile of treatment services. These goals could be achieved through cultural awareness training, sensitivity to literacy and comprehension issues and by engaging with these minority communities to ask them what they need from the service.

As a service which is identified as being located at Tier 3 within the 4 Tier system with expertise in addiction and mental health it appears vital that not only should Arbour House provide drug and alcohol specific-interventions but must also be equipped to deal with co-morbid disorders and a plethora of family problems. To do this effectively it will require the requisite resources of a child psychiatrist or a psychiatric registrar and a family therapist to manage the medical treatment options for substance use disorders and the assessment of developmental and adolescent mental health issues.

It may also require adopting and adapting some of the empirically supported drug and alcohol and family programmes identified earlier in this article. Most notable of these family programmes that would require transportation and dissemination are; MDFT

(Liddle, 2002) and CRAFT (Myers, 1999). These empirically supported programmes have produced effective outcomes and have been shown to be cost effective. Adolescent treatment services also need to recognize the importance of having appropriate assessment protocols and tools available for use in gathering valid, accurate, and precise information for clinical research on practice and outcomes for clients this is also recommended by Corrigan, et al. (2008: p.4). Psychometrically sound instruments are necessary to differentially describe the young person's journey through the treatment system and document clinically significant changes that come about (or do not come about) during and after treatment. To the degree that treatment services can or cannot implement adequately these measures, they cannot be sure to what extent and for whom their treatment is the most (and least) effective. These types of client-centred, needs-led services could aspire to the status of 'centres of excellence' which could also be reflected across other services within the 4 Tier system of treatment delivery.

Conclusion

This article provided an account of how the aims and objectives of the study were achieved. In terms of scientific rigour, a valid and scientific methodology for conducting research into adolescent substance use was produced and implemented. After taking into account the particular vulnerabilities of the participants in the study, ethical considerations were given a high priority. The data discussed in this study provides some pieces of the puzzle when it comes to adolescent substance use in Cork and Kerry. The findings indicate that many aspects of adolescent substance use remain a mystery. There is a growing amount of international research and some national research available on adolescent substance use treatment. More research into adolescent substance use is required in Cork and Kerry that is qualitative in focus and provides relevance and meaning to statistics, which are sometimes devoid of any of the important participant understandings of the problem at hand. This study contributes to this process.

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