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One problem among many: drug use among care leavers in transition to independent living

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It is generally recognised that young people with a state care background are a vulnerable and disadvantaged group. They are also particularly at risk of developing or having drug problems. This study, conducted between July 2001 and June 2002, examined young care leavers' patterns of drug misuse as they moved from care to living independently. Their average age was 18 years.

Key points

- The group reported higher levels of drug use than the general population – one-third said they smoked cannabis every day.
- The use of other drugs was also reported – 15% had used ecstasy in the last month, 10% cocaine. Around a tenth reported taking heroin or crack cocaine at some time in their lives.
- Steadily lower levels of drug consumption were reported as the young people began to live independently. However, levels increased during periods of transition to independent living and when movement to independent living was problematic.
- Practical responsibilities and parenthood encouraged more responsible levels of drug use and young care leavers appear to grow out of drug use more quickly than the general population.
- There is a lack of specialist services for young people with drug problems. Assisting young people in the transition from care to independent living is one of Social Services' responsibilities and they need to be prepared to deal with drug-related issues.
- Interventions should be part of more general planning to help young care leavers with housing, employment and training.

Care leavers face the challenge of setting up and managing a home, getting a job, coping financially and developing a support network at a very young age. The Children (leaving care) Act 2000 placed a new responsibility on Social Services to assist care leavers in this transition to independent living beyond the age of 16. For a variety of reasons – adverse childhood experiences, a high incidence of psychological and behavioural problems and feelings of loss and fragmentation following time in care – young care leavers are considered particularly vulnerable to having, or developing, drug problems. Where drug use may have become established while in state care, risky patterns of drug use may develop as a young person moves

towards independence. To date, little research has focused on care leavers and their drug use.

This study aimed to examine the way in which care leavers' drug use developed during the process of transition from state care to living independently.

Research methods

A survey was conducted with 200 young people. They were either preparing to leave state care, or had left the family home – typically in conflict situations – to live on their own (runaways). They were asked, in face-to-face interviews, about their experiences with drugs, including alcohol and tobacco, together with other health and lifestyle issues.

The views expressed in these findings are those of the authors, not necessarily those of the Home Office (nor do they reflect Government policy)

The care leavers in the survey:

Average age: 18 Male: over half
 White: 59% Black: 31%
 Mixed race: 10%

From the 200 young people who participated in this survey, 30 were selected for in-depth interviews, six months after first contact. In addition, 15 staff members from Social Services Leaving Care Teams and housing and homeless agencies were interviewed.

Findings from the survey

Illegal drug use

There were high levels of illegal drug use among this group (see Figure 1), with three-quarters saying they had used, or were using drugs. Smoking cannabis was commonplace – three-quarters had smoked it at some stage in their lives and a third smoked it every day. These levels are much higher than those reported in surveys of the general population (Ramsay et al., 2001; Parker et al., 1998). Ecstasy was the second most frequently used drug. Indeed, the young people had used all the drugs linked with the nightclub scene – ecstasy, cocaine, amphetamines and nitrates – at significant levels. The sharpest difference between the care leavers and the general population, however, was in their greater use of Class A drugs such as ecstasy, cocaine, crack and heroin. 13% had used crack and 9% heroin at some time in comparison with 2% and 0.6% respectively for those aged 16 to 18 interviewed in the BCS (Ramsay et al., 2001).

Most respondents viewed every drug, other than cannabis, as ‘very harmful’. Three-quarters viewed cannabis as ‘not very’ or ‘not at all’ harmful.

Little difference was found between the men and women in their drug use. However, amongst the different ethnic groups, black people leaving care were less likely to use drugs (56% had done so) than white (82%) or mixed race (95%) care leavers. The runaways had higher levels of drug use (for almost all drugs) when compared with the care leavers – although not significantly so.

Drug use and risk

An attempt was made to discover who in the sample might have, or was at risk of developing, problematic drug use.

However, it should be noted that the researchers found some of the measures in the test (Swadi, 1997) rather crude. A fifth of the sample were assessed as being at risk of either becoming addicted to crack cocaine or heroin or of having major life difficulties such as homelessness or involvement in crime, as a result of drug use.

Changes in drug using patterns

Overall, there had been a decline in drug use amongst the young people over the last year. Reasons given were:

- finance
- more responsibility and maturity
- changing social groups
- less need to experiment
- mental or physical health scares
- having friends or loved ones deteriorate due to their drug use.

These findings support those from other studies (Measham et al., 1998) which suggest that young people often grow out of drug use, following an experimental phase in adolescence.

A fifth of care leavers said they were using drugs more often for the following reasons:

- they had more money or increased access to a range of drugs
- peer pressure or changes in their social life
- to combat loneliness.

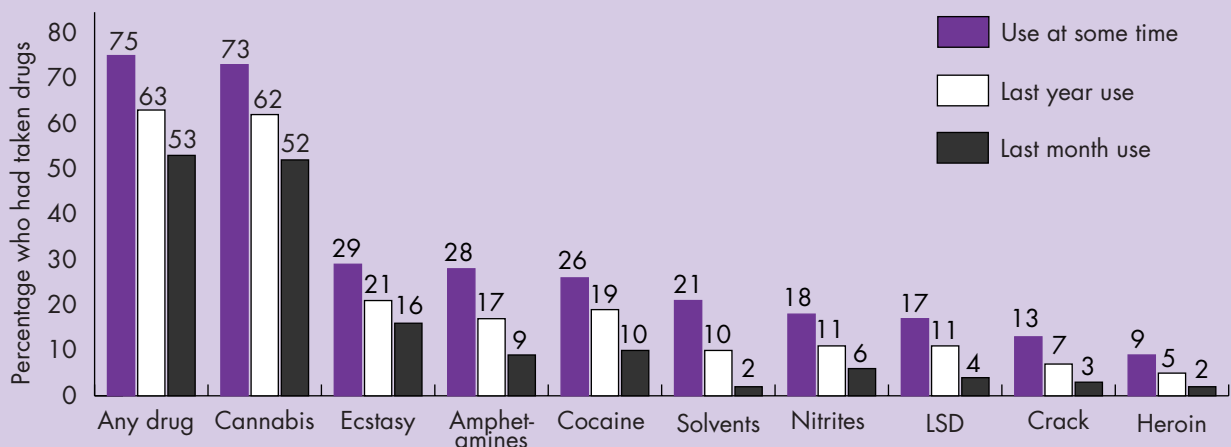
Cigarette smoking

Two-thirds of the young people smoked on a daily basis and had been smoking, on average, since the age of 13. The majority of both the smokers and the non-smokers rated the activity as ‘very’ or ‘fairly’ harmful, suggesting that smokers were aware of the damage they could do to their health. These high levels can be explained by the fact that individuals living away from their parents are more likely to smoke (Foster et al., 1990).

Alcohol consumption

Only a small minority (9%) said that they drank every day (and on average five drinks or more per session). Indeed, 15% said that they had never drunk, or had stopped. A third

Figure 1 Frequency of care leavers’ drug use



– the ‘social’ drinkers – said they drank once a week; 20% once a month; and 23% less than once a month. Half of the ‘social’ drinkers said they had five drinks or more in a typical session.

The majority of social or non-drinkers viewed alcohol as ‘very’ or ‘fairly’ harmful. Most of the problematic drinkers rated alcohol as ‘not very’ or ‘not at all’ harmful, suggesting they were either unaware or in denial about the harm they could be doing to themselves.

Most respondents said that, over the last year, their drinking had either stayed the same (31%); had reduced (29%); or had stopped altogether (9%). This is similar to the drug use findings. They said this was due to maturing, changing living arrangements, a new baby or one on the way or health problems. In contrast, the quarter whose drinking had increased said this was due to easier access (now being of an age to be served in pubs); to relieve boredom, loneliness or depression; or, interestingly, to help cut down on their use of illegal drugs.

Findings from the in-depth interviews

The in-depth interviews with 30 care leavers provided a fuller understanding of how drug use was bound up with the period of transition from leaving care to living independently. Only those who had used drugs at some stage in their lives were interviewed, so that any changes in their drug use during transition from care could be examined. In all other ways, the 30 people reflected the characteristics of the larger survey sample from which they were drawn.

The interviewees could be divided into two main groups, relating to their experience of transition from care:

A relatively smooth transition

This group had gone from their last care placement into their own settled independent accommodation fairly quickly. These young people tended to be very resilient – despite their difficult pasts.

A chaotic transition to independence

Their lives had ‘fallen apart’ for a time – including periods of homelessness, drug problems, staying in hostels and forming inappropriate and exploitative relationships. Such chaotic transitions were closely associated with heavy drug use.

Based on their drug use only, the 30 young people were further divided into three categories of drug user:

- ‘moderate occasional’ drug users – cannabis users or controlled users of drugs like amphetamines, ecstasy or cocaine
- ‘regular poly’ users – those who took a whole range of drugs over a sustained period, usually when night-clubbing
- ‘problem’ users – those who had either become addicted to heroin or crack cocaine or had become homeless or involved in crime as a result of their drug taking.

At the time of interview, most of the participants had passed through their peak time of drug taking – usually around the age of 16 to 17, which coincided with the time most were leaving care. At the peak, most had gone beyond ‘moderate occasional’ use into ‘regular poly’ drug use. Over a third had reached the point where they said their drug use was

‘problematic’. However, at interview, most had levelled out to moderate occasional use or had stopped. Just five young people were classed as ‘problem’ drug users at this stage.

Reasons behind increased drug use

Staying at a hostel during transition from care had a marked effect on a young person’s drug taking. Socialising with other residents – particularly night-clubbing – encouraged more drug use, as did the habit of gathering together in the hostel and falling into a pattern of drug taking and drinking day and night. Peer pressure within this setting made resistance to drug taking difficult, particularly as respondents described their peers in the hostel as ‘family’ – offering them friendship and support.

The stresses associated with a premature departure from care or from the family home also encouraged damaging use of drugs and alcohol – as did feelings of not being able to cope with transition. However, the young people rarely made the connection between this difficult time and their increasing use of drugs.

Reasons behind decreased drug use

A growing sense of maturity and increasing responsibilities were clearly associated with a decrease in drug use. The care leavers were fully aware that the responsibilities of running their own home and managing a household budget were not compatible with unhindered drug use and that such drug taking could jeopardise their new found independence.

Pregnancy and parenthood also had an impact on the way the young people viewed their drug use. Whilst cannabis smoking was seen as acceptable (and, indeed, helpful in coping with a new baby) other drug use was seen as much more serious and unacceptable. The young women were also aware that drug taking could result in their children being taken into care.

A more common reason for young people’s reduced levels of drug taking was the effect such behaviour was having on their own or others’ health. Many of the interviewees were aware that they were still recovering from the mental and physical consequences of having taken drugs.

Support and service provision

All the young people who took part in the in-depth interviews were asked about where they had sought help with their drug problems – both formally and informally.

The first barrier to receiving help is accepting that one needs it and a number of the young people were in denial about their ‘risky’ drug taking. A second barrier can be knowing where to seek that help. Unfortunately, those young people who have very serious drug problems tend not to make seeking help a priority. Also, they are not easy to keep track of because of their very chaotic lifestyles.

Formal sources of support

Social Services Leaving Care Teams usually referred young people to specialist agencies for help with drug problems. They would seek out available treatments and arrange for the young person to receive those treatments.

The staff who were interviewed said there was a shortage of specialist provision for young people with drug problems. This was partly because they were too old for children's services but too young for adult services (see also Ashton, 1999). Even where these services are available, there is a long recognised difficulty with effective communication between providers and young people.

Agencies working with young homeless people address drug issues as part of their working routine and many were developing a holistic approach to the problem. They aimed to address all aspects of their lives – housing, health, finance, family relations – as well as drugs issues. In this way, drug misuse can be viewed as a symptom rather than a cause of a young person's problems.

Some of the young people had become disillusioned with formal agencies – particularly those with a long and complicated care history. High levels of staff turnover – 'they change every week' – appeared to be a particular problem.

Informal sources of support

The care leavers sought informal help from a wide variety of people. However, due to their backgrounds many could not rely on their own families for help. Many of the young people, particularly those from more problematic backgrounds, were mutually supportive of each other, and very resilient. Partners, particularly the girlfriends of the male interviewees, offered strong support – both with drug taking and transition generally. Unfortunately, a few of the young women in the study had experienced destructive relationships which had a negative impact on their drug taking.

More positively, many carers, friends, partners and ex-foster families took a very hands-on role in helping the young people with drug issues and were a greatly valued source of support.

Conclusions and recommendations

It was clear that, for most of the care leavers in the study, drug taking had been a passing phase. It had diminished as they had matured and taken on more responsibilities. Even those with quite serious problems had reduced their intake as their lives had begun to stabilise. A minority continued to have serious and persistent drug habits which would require help for some time to come. The study pointed to some areas where drugs services for young care leavers could be improved:

- A particular type of drugs education would be of use to young care leavers, with a focus on help in resisting pressure to take drugs or move on to 'harder' drugs. This would be particularly useful for those living in hostels where peer pressure is very strong. Denying that such drug taking is happening – because of a zero tolerance ethos – simply ignores the problem.
- As Social Services Leaving Care Teams are the main source of support for these young people, it is essential that their training includes a comprehensive understanding of drug use and its treatment.
- Young runaways were at particular risk both of having drug problems and of not being picked up by the formal networks. More flexibility is required within official service provision to support this very vulnerable group.
- Drugs are only a small part of the challenges these young people face when leaving care. Any intervention should be part of a holistic plan addressing housing, employment and training as well as drug issues.
- More specialist services are needed for young people with drug problems.

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For a more detailed report see *One problem among many: drug use among care leavers in transition to independent living* by Jenni Ward, Zoe Henderson and Geoffrey Pearson. (2003). Home Office Research Study No. 260. London: Home Office. Copies are available from the Communication Development Unit. It will also be available on the Home Office RDS website <http://www.homeoffice.gov.uk/rds/>

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