

A substance misuse clinic for adolescents

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We describe the operation of a substance misuse clinic for adolescents as a joint venture between a voluntary organisation 'Streetwise' and the Adult Substance Misuse Services and Child and Adolescent Psychiatry Services in Newcastle upon Tyne. A number of issues are discussed relevant to improving clinical services for adolescent substance misusers.

Substance misuse is a growing problem among the adolescent population (Plant & Plant, 1992) yet services for the treatment of this group remain fragmentary (Swadi & Zeitlin, 1989). The adolescent misuser may be referred to statutory adult substance misuse (ASM) services, or to child and adolescent psychiatry (CAP) services, or may be seen by a variety of non-statutory agencies, with debate on occasion as to which service should accept clinical responsibility.

Background

Streetwise is an independent organisation based in the centre of Newcastle upon Tyne which opened in 1991. It employs a co-ordinator and two project workers who provide a general information, advice and support service for young people aged 13 to 25. Streetwise recognised that young people may also need help in specific areas but can be reluctant to approach official agencies. Since opening it has liaised with a number of organisations to make their expertise available within the more informal setting of the project. At present the Newcastle Careers Service, the Newcastle Family Planning Service and the Regional Drug and Alcohol service each run weekly sessions at the project.

The substance misuse clinic

The Regional Drug and Alcohol Service has provided a substance misuse clinic for adolescents at Streetwise since early 1992. The clinic is staffed by a consultant psychiatrist/senior registrar, an occupational therapist and nursing staff. A formal link was made with the CAP services with a consultant in child and adolescent psychiatry providing regular input and supervision

of cases. The clinic sees a mixture of self-referrals, referrals from the Streetwise staff, primary care and from other agencies. In an average week there will be two new assessments and two to four follow-ups.

A member of the substance misuse team makes an initial assessment of the young person. The aims of the assessment are to establish the young person's understanding of the issues involved, the accuracy and veracity of the information offered and to identify any conflict between the assessor's perception of the young person's needs as opposed to his or her own wishes. A team meeting held at the end of each session allows discussion of the cases seen. The consultant psychiatrist in substance misuse together with the child and adolescent psychiatrist supervise the decision reached in each case and provide specific advice in particular cases of difficulty.

The clients present with problems of varying complexity. In cases where factual information only is required, an individual team member may be able to provide sufficient advice and support. With more severe problems, the young person may be unable to give consent and the substance misuse team then need to consider obtaining multi-agency involvement to further the assessment and management process.

The Streetwise project workers do not attend the initial assessment meeting but they do play an important role in the management of the young person with regard to the implementation of specific tasks (e.g. advice regarding housing, benefit, legal rights, relationship issues etc) appropriate to their level of training. In some cases the young person may attend one of the other specialist sessions available at the project.

The majority of clinic attenders will be reviewed on a number of occasions.

Issues raised

The operation of this specialist substance misuse clinic in conjunction with a voluntary organisation focused attention on the following areas.

- (a) Confidentiality – conflict may arise when balancing the ‘needs’ v. the ‘wishes’ of the individual and also when considering parental and societal attitudes, wishes and needs. This conflict is particularly clear in the area of confidentiality and the maintenance of professional standards. Staff have a duty to seek to persuade the child/young person to discuss the matter with the parent/guardian (The Children Act [HMSO, 1989]).
- (b) Consent to treatment by a young person under 16 years of age – the competence of young persons to give informed consent to most treatments is not clearly defined except possibly medical involvement in the area of contraception (Gillick-case Law, 1985).
- (c) Training and research – staff working with children and young people in a particular area such as drug and alcohol misuse must have a competence in these specific areas and operate within a clearly defined supervisory policy and within the agency structure and policy.

In relation to the Streetwise project workers, they have completed counselling courses and one project worker attended a foundation course in substance misuse at the Regional Drug and Alcohol Unit. This training has enabled the project worker to play a more active role in the intervention process at the substance misuse clinic (e.g. advice on harm minimisation, taking part in group work with the occupational therapist, and checking urines).

Research should also be an integral aspect of any new service and a number of studies of clinic attenders and non attenders are underway.

Addressing the issues

A series of workshop mornings took place in 1993 to agree a co-ordinated response to the management of young people attending the substance misuse clinic and the Streetwise project in general. These involved the Streetwise project workers, CAP and ASM services, family planning and social services. The meetings contributed to greater harmony and an increased understanding of the complexity of some of the issues that arise and enabled the establishment of child

protection guidelines for all staff working at Streetwise and its specialist clinics.

A separate document outlining principles of good practice for vulnerable children and young people has also been agreed between the ASM, CAP and social services in Newcastle upon Tyne. At a national level there are no agreed guidelines on working with the under 16 year old age group. The Northern Drug Services Child Care Group guidelines (1992) are welcome but caution is required with regard to the suggested use of ‘Gillick’ criteria modified to apply to the drug user under 16 years of age.

In conclusion, much could be achieved within the existing framework of the health service to improve the treatment of adolescent substance misusers by pursuing the following strategy.

- (a) The establishment of formal links at a local level between the ASM and CAP services.
- (b) An increased willingness to work alongside non-statutory agencies.
- (c) The development of training programmes at all levels for workers interested in working with adolescent substance misusers.
- (d) Research to clarify many issues which remain poorly evaluated in this field.
- (e) The development of services would be facilitated by further legal clarification of the issues involved.

Perhaps other regions might try ‘The Streetwise Experience’.

References

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